

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G417	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/06/2012
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5625 E 56TH ST INDIANAPOLIS, IN 46226
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W0000	<p>This visit was for the fundamental annual recertification and state licensure survey.</p> <p>Survey dates: 8/27/12, 8/28/12, 8/29/12, 9/4/12, 9/5/12 and 9/6/12.</p> <p>Facility Number: 000931 Provider Number: 15G417 AIM Number: 100244550</p> <p>Surveyor: Keith Briner, Medical Surveyor III, QDDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 9/11/12 by Tim Shebel, Medical Surveyor III.</p>	W0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0124	<p>483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#1 and #4), the facility failed to ensure the clients' guardian or health care representative (HCR) had been informed and consented to the use the use of a psychotropic behavior management medication.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 8/29/12 at 11:08 AM. Client #1's ISP (Individual Support Plan) dated 6/18/12 indicated client #1's sister was his guardian. Client #1's BSP (Behavior Support Plan) dated 10/17/11 indicated the use of Escitalopram (Depression/Anxiety) for behavior management. Client #1's record did not indicate client #1's HCR had been informed of the use of Escitalopram for behavior management.</p> <p>Interview with client #1's HCR/niece on 9/5/12 at 11:45 AM indicated client #1's previous guardian/sister had died May 2011. Client #1's current HCR/niece had</p>	W0124	<p>The Program Director will receive retraining on ensuring that consumers' guardians or Health Care Representatives are notified of any additions or changes to consumers' psychotropic medications and any additions or changes to consumers Behavior Support plans. The Program Director will also receive retraining on ensuring that consumers' guardians and/or Health Care Representatives review and approve any changes or updates to psychotropic medications and/or Behavior Support plans prior to their implementation.</p> <p>For the next 3 months, the Program Director will provide documentation to the Area Director that consumers' guardians or Health Care Representatives have received notification of any changes to psychotropic medications and Behavior Support Plans and have approved any changes. After the 3 month period, the Area Director will review the documentation that guardians or Health Care Representatives are receiving</p>	10/06/2012			

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	<p>been appointed HCR July 2012 and had not been made aware of client #1's use of Escitalopram or current BSP.</p> <p>2. Client #4's record was reviewed on 8/28/12 at 11:38 AM. Client #4's ISP (Individual Support Plan) dated 5/19/12 indicated client #4 was sedated for medical appointments. Client #4's ISP indicated her parents served as her legal guardians. Client #4's BSP (Behavior Support Plan) dated 10/18/11 indicated the targeted behavior of anxiety during medical and dental appointments. Client #4's BSP 10/18/11 indicated the use of a PRN (As Needed) of Triazolam (Sedative) 0.5 mg prior to medical or dental treatment. Client #4's BSP 10/19/11 section 3: Program Approvals indicated, "I have seen and read this article today for the first time! I will sign only that I have now read this [client #4's guardian], dated 8/19/12." Client #4's guardians were not informed of client #4's BSP dated 10/18/11 and use of psychotropic medications until 8/19/12.</p> <p>Interview with AS (Administrative Staff) #1 on 8/28/12 at 1:00 PM indicated client #4 was prescribed Triazolam 0.5 mg prior to medical and dental appointments. AS #1 indicated the PRN was included in client #4's BSP dated 10/18/11 and client #4's guardian signed the BSP on 8/19/12.</p>		<p>updated copies of consumers BSPs a minimum of quarterly to ensure that these requirements continue to be met.</p> <p>Responsible Party: Program Director, Area Director.</p>				

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	<p>AS #1 indicated client #4's guardian should have been informed and approved the BSP prior to 8/19/12.</p> <p>Interview with AS #1 on 9/5/12 at 4:15 PM indicated client #1's HCR should be notified of client's psychotropic medications.</p> <p>9-3-2(a)</p>			

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W0140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to assure a full and complete accounting of clients' finances.</p> <p>Findings include:</p> <p>1. Client #1's financial record was reviewed on 8/28/12 at 11:10 AM. The review indicated the following:</p> <ul style="list-style-type: none"> - January 2012, Check Register Record and Cash on Hand Ledger not available for review. -The February 2012 CRR indicated the following notation, "Missing December Records. Records not completed correctly. COH exceeds \$30.00 company mandated limit. COH missing receipts. All records not in balance." -March 2012, CRR indicated, "No Activity" for the month of March 2012. The March 2012 CRR indicated the following notation, "All accounts are not in balance. Missing bank statement and receipts. Missing records." 	W0140	<p>The Program Director and Home Manager will receive retraining client finances to ensure that they are completing a full and complete accounting of clients financial transactions including client check register records and cash on hand ledgers are balanced and reconciled weekly by the HM and monthly by the Program Director and copies of records are provided monthly to the Client Finance Specialist. Ongoing, the Home Manger will record and balance all client transactions a minimum of weekly and note this in the clients finance records. Ongoing the Program Director will review and reconcile client finances a minimum of monthly and note this in the client finance records. The Program Director will provide copies of the clients' financial transactions to the Client Finance Specialist a minimum of monthly. Monthly, the Client Finance Specialist will provide the Area Director a list of what client finances have not been turned in by the scheduled deadlines and any corrections that need to be made so the Area Director can follow up with HM and/or PD to ensure these requirements are being met. Responsible Party: Home</p>	10/06/2012			

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	<p>-April 2012, CRR and COH not available for review.</p> <p>-May 2012, CRR and COH not available for review.</p> <p>-June 2012, CRR and COH indicated, "No Activity." The June 2012 CRR indicated the following notation, "Missing April and May records. Checking not in balance. COH not in Balance. Exceeds \$30.00 maximum balance allowed by company policy.</p> <p>-July 2012, CRR and COH not available for review.</p> <p>2. Client #2's financial record was reviewed on 8/28/12 at 11:05 AM. The review indicated the following:</p> <p>-The January 2012 CRR indicated the following notation, "Missing December records. Bank record does not equal record (CRR). Missing receipts in COH. All records do not balance."</p> <p>-The February 2012 CRR indicated, "No activity." The February 2012 CRR indicated the following notation, "Missing December records, Missing bank statement. Missing bank record. Missing receipt in COH. All accounts do not balance. Forms not completed correctly."</p>		<p>Manager, Program Director, Client Finance Specialist, Area Director.</p>		

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	<p>- The March 2012 COH indicated, "No Activity." The March 2012 CRR indicated the following notation, "All accounts are not in balance. Missing bank statements and receipts. [Bank] (-\$223.95). No pay stubs."</p> <p>-April 2012, CRR and COH not available for review.</p> <p>-May 2012, CRR and COH not available for review.</p> <p>-The June 2012 CRR indicated the following notation, "Missing April and May 2012 records. Checking not in balance. COH not in balance."</p> <p>-July 2012, CRR and COH not available for review.</p> <p>3. Client #3's financial record was reviewed on 8/28/12 at 11:20 AM. The review indicated the following:</p> <p>-The January 2012 CRR indicated the following notation, "Missing December 2011 records. Missing Pay stubs. Record not completed correctly."</p> <p>-The February 2012 CRR indicated the following notation, "Missing December 2011 records. Missing COH receipts."</p>				

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	<p>Records not completed correctly."</p> <p>-The March 2012 CRR indicated, "No activity." The March 2012 CRR indicated the following notation, "All accounts are not in balance."</p> <p>-April 2012, CRR and COH not available for review.</p> <p>-May 2012, CRR and COH not available for review.</p> <p>-The June 2012 CRR indicated, "No activity." The June 2012 CRR indicated the following notation, "Missing April and May 2012 record. Checking not in balance. COH not in balance. No bank statement or reconciliation."</p> <p>-July 2012, CRR and COH not available for review.</p> <p>4. Client #4's financial record was reviewed on 8/28/12 at 11:25 AM. The review indicated the following:</p> <p>-No COH January 2012 through date of review, 8/28/12.</p> <p>-No CRR January 2012 through date of review, 8/28/12.</p> <p>Client #4's record was reviewed on</p>						

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	<p>8/28/12 at 11:38 AM. Client #4's ISP (Individual Support Plan) dated 5/19/12 indicated, "[Client #4] receives Social Security benefits and he parents and legal guardians are representative payee for her. [Client #4's guardians] hand her checking account and replenish [client #4's] petty cash in the group home as needed. [Facility] is responsible for managing [client #4's] petty cash. [Client #4] cannot manager her own finances...."</p> <p>Interview with HM (Home Manager) #1 on 8/28/12 at 11:25 AM indicated client #4 did not have a petty cash ledger or COH ledger.</p> <p>AS (Administrative Staff) #1 was interviewed on 8/28/12 at 12:06 PM. AS #1 stated, "Yes, we do have petty cash. The [HM} and the [guardian] are the only two people that have access to the money. The guardian brings the money in and replenishes the money, we take money out, return the change and receipts." AS #1 indicated the facility did not keep an accounting or ledger of client #4's petty cash.</p> <p>AS #1 was interviewed on 8/29/12 at 1:42 PM. AS #1 indicated monthly CRR's and COH's should be balanced. AS #1 indicated monthly CRR's and COH's should be reconciled weekly by the HM</p>				

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	and monthly by the PD (Program Director). 9-3-2(a)			

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W0148	<p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to notify client #1's guardian of a fall resulting in injury.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 8/27/12 at 3:13 PM. The review indicated the following:</p> <p>-BDDS report dated 8/10/12 indicated on 8/10/12, "Staff went to wake up [client #1] to get ready for the day. [Client #1] fell to the floor when he was transferring from his bed to his wheelchair and he slipped to the floor and hit his head on the floor. Staff went to aid [client #1] when staff noticed blood. (sic) Staff called house nurse and she told [staff #1] to take him to the med check and to start his fall protocol. Staff took him right to he med check and [client #1] received three stitches above his right eye."</p> <p>Interview with client #1's guardian on</p>	W0148	<p>The Program Director and Home Manager will receive retraining on the need to ensure that consumers' guardians or Health Care Representatives are notified of any significant incidents including falls and injuries or any other changes in medical condition.</p> <p>Ongoing the Program Director will indicate on the BDDS reports and Indiana Mentor internal incident reports that a guardian or Health Care Representative has been notified of any significant incidents and/or changes in medical condition. The Area Director will review all BDDS reports to determine that guardians or Health Care Representatives have been notified as needed.</p> <p>Responsible Party: Home Manager, Program Director, Area Director</p>	10/06/2012			

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	<p>9/5/12 at 11:45 AM indicated she was not contacted by the facility regarding client #1's stitches. Client #1's guardian indicated she learned about the stitches from client #1 later in the week. Client #1's guardian indicated the facility home manager mentioned the incident later but could not recall a date. Client #1's guardian indicated she would like to have been notified of the incident within 24 hours.</p> <p>Interview with AS (Administrative Staff) #1 on 9/5/12 at 2:39 PM indicated guardians should be notified of changes in medical condition or services within 24 hours.</p> <p>9-3-2(a)</p>			

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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4), the Qualified Mental Retardation Professional (QMRP) failed to monitor client's programs in regards to data. The QMRP failed to ensure the client's guardian or health care representative (HCR) had been informed and consented to the use of a psychotropic behavior management medication for client #1 and client #4. The QMRP failed to assure a full and complete accounting of clients' finances for clients #1, #2, #3 and #4. The QMRP failed to ensure client #1's HCR was notified of a fall resulting in an injury. The QMRP failed to ensure the facility obtained written informed consent from the clients legal representatives prior to implementing of restrictive programs regarding client #1 and #4.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 8/29/12 at 11:08 AM. Client #1's Participant Status Monthly Summary for July 2012 indicated client #1 had a 6/18/12 ISP (Individual Support Plan) training objective to punch out his</p>	W0159	<p>1. An audit will be completed on all clients (Including Clients #1, #2, #3 and #4) Individual Service Plans and Program Goals/Objectives to ensure that the clients' most current program objectives are being implemented by staff. Updated goal tracking sheets will be provided to staff as needed and staff will be retrained on implementing any new program goals. Program Director will be retrained on QMRP responsibilities including up to date and accurate goal tracking sheets being provided to the staff monthly and ensuring that updated program plan objectives are make available to staff as soon as possible after the ISP is completed/updated. Ongoing, when completing monthly reviews, the Program Director will review the client's goals/objectives to ensure that the objectives from the most recent program plans are being tracked. 2. The Program Director will receive retraining on ensuring that consumers' guardians or Health Care Representatives are notified of any additions or changes to consumers' psychotropic medications and any additions or changes to consumers Behavior Support</p>	10/06/2012			

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	<p>medication 50% of the time with physical assistance and one verbal prompt daily. Client #1's goal tracking sheets did not indicate a tracking sheet for data collection in regards to the mentioned objective for 8/12, 7/12, 6/12 and 5/12.</p> <p>Client #1's Participant Status Monthly Summary for July 2012 indicated client #1 had a 6/18/12 ISP training objective to prepare a healthy lunch for work five times weekly with four verbal prompts and one gesture prompt in 65% of trials. Client #1's goal tracking sheets did not indicate a tracking sheet for data collection in regards to the mentioned objective for 8/12, 7/12, 6/12 and 5/12.</p> <p>Client #1's Participant Status Monthly Summary for July 2012 indicated client #1 had a 6/18/12 ISP training objective to identify a penny, nickel and quarter correctly with two physical prompts and three gestures in 40% of trials. Client #1's goal tracking sheets did not indicate a tracking sheet for data collection in regards to the mentioned objective for 8/12, 7/12, 6/12 and 5/12.</p> <p>Client #1's Participant Status Monthly Summary for July 2012 indicated client #1 had a 6/18/12 ISP training objective to help prepare a side dish for the evening meal with one physical prompts and four</p>		<p>plans. The Program Director will also receive retraining on ensuring that consumers' guardians and/or Health Care Representatives review and approve any changes or updates to psychotropic medications and/or Behavior Support plans prior to their implementation. For the next 3 months, the Program Director will provide documentation to the Area Director that consumers' guardians or Health Care Representatives have received notification of any changes to psychotropic medications and Behavior Support Plans and have approved any changes. After the 3 month period, the Area Director will review the documentation that guardians or Health Care Representatives are receiving updated copies of consumers BSPs a minimum of quarterly to ensure that these requirements continue to be met. 3. The Program Director and Home Manager will receive retraining client finances to ensure that they are completing a full and complete accounting of clients financial transactions including client check register records and cash on hand ledgers are balanced and reconciled weekly by the HM and monthly by the Program Director and copies of records are provided monthly to the Client Finance Specialist. Ongoing, the Home Manger will record and balance all client</p>		

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	<p>verbal prompts in 65% of trials. Client #1's goal tracking sheets did not indicate a tracking sheet for data collection in regards to the mentioned objective for 8/12, 7/12, 6/12 and 5/12.</p> <p>Client #2's record was reviewed on 8/29/12 at 12:22 PM. Client #2's Participant Status Monthly Summary for July 2012 indicated client #2 had a 6/18/12 ISP training objective to prepare a side dish for the dinner to be served three times a week with three verbal prompts in 80% of trials. Client #2's goal tracking sheets did not indicate a tracking sheet for data collection in regards to the mentioned objective for 8/12, 7/12, 6/12 and 5/12.</p> <p>Client #2's Participant Status Monthly Summary for July 2012 indicated client #2 had a 6/18/12 ISP training objective to complete her laundry twice a week with two or fewer verbal prompts. Client #2's goal tracking sheets did not indicate a tracking sheet for data collection in regards to the mentioned objective for 8/12, 7/12, 6/12 and 5/12.</p> <p>Client #2's Participant Status Monthly Summary for July 2012 indicated client #2 had a 6/18/12 ISP training objective to put away all her clothes in the appropriate location independently. Client #2's goal</p>		<p>transactions a minimum of weekly and note this in the clients finance records. Ongoing the Program Director will review and reconcile client finances a minimum of monthly and note this in the client finance records. The Program Director will provide copies of the clients' financial transactions to the Client Finance Specialist a minimum of monthly. Monthly, the Client Finance Specialist will provide the Area Director a list of what client finances have not been turned in by the scheduled deadlines and any corrections that need to be made so the Area Director can follow up with HM and/or PD to ensure these requirements are being met. 4. The Program Director and Home Manager will receive retraining on the need to ensure that consumers' guardians or Health Care Representatives are notified of any significant incidents including falls and injuries or any other changes in medical condition. Ongoing the Program Director will indicate on the BDDS reports and Indiana Mentor internal incident reports that a guardian or Health Care Representative has been notified of any significant incidents and/or changes in medical condition. The Area Director will review all BDDS reports to determine that guardians or Health Care Representatives have been notified as needed 5. While completing the plan of correction,</p>		

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	<p>tracking sheets did not indicate a tracking sheet for data collection in regards to the mentioned objective for 8/12, 7/12, 6/12 and 5/12.</p> <p>Client #2's Participant Status Monthly Summary for July 2012 indicated client #2 had a 6/18/12 ISP training objective to choose the amount of change to make a purchase twice a week with no more than verbal prompts in 75% of trials. Client #2's goal tracking sheets did not indicate a tracking sheet for data collection in regards to the mentioned objective for 8/12, 7/12, 6/12 and 5/12.</p> <p>Client #3's record was reviewed on 8/28/12 at 2:23 PM. Client #3's Quarterly Summary for July 2012 indicated client #3 had a 11/21/11 ISP training objective to punch out her medication five times weekly at AM medication pass with one gesture prompt and four verbal prompts in 50% of trials. Client #3's goal tracking sheets did not indicate a tracking sheet for data collection in regards to the mentioned objective for 5/12 and 7/12.</p> <p>Client #3's Quarterly Summary for July 2012 indicated client #3 had a 11/21/11 ISP training objective to work on learning three new simple American Sign Language gestures with four gesture prompts three times a week in 40% of</p>		<p>it was discovered that W157 was not included in the 2567. Area Director will follow up with Michelle Young and once we are notified of the details of the citation a corrective plan will be submitted ASAP. The Program Director will receive retraining on ensuring that consumers' guardians or Health Care Representatives are notified of any additions or changes to consumers' psychotropic medications and any additions or changes to consumers Behavior Support plans. The Program Director will also receive retraining on ensuring that consumers' guardians and/or Health Care Representatives review and approve any changes or updates to psychotropic medications and/or Behavior Support plans prior to their implementation. 6. For the next 3 months, the Program Director will provide documentation to the Area Director that consumers' guardians or Health Care Representatives have received notification of any changes to psychotropic medications and Behavior Support Plans and have approved any changes. After the 3 month period, the Area Director will review the documentation that guardians or Health Care Representatives are receiving updated copies of consumers BSPs a minimum of quarterly to ensure that these requirements continue to be met Responsible</p>				

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	<p>trials. Client #3's goal tracking sheets did not indicate a goal tracking sheet for data collection in regards to the mentioned objective for 8/12, 7/12, 6/12 and 5/12.</p> <p>Client #3's Quarterly Summary for July 2012 indicated client #3 had a 11/21/11 ISP training objective to make a small purchase \$2.00 or less and wait for her changes one time weekly with staff at the local gas station with four verbal prompts. Client #3's goal tracking sheets did not indicate a goal tracking sheet for data collection in regards to the mentioned objective for 8/12, 7/12, 6/12 and 5/12.</p> <p>Client #3's Quarterly Summary for July 2012 indicated client #3 had a 11/21/11 ISP training objective to dust her dresser in he room with one gesture prompt and four verbal prompts in 50% of trials. Client #3's goal tracking sheets did not indicate a goal tracking sheet for data collection in regards to the mentioned objective for 8/12, 7/12, 6/12 and 5/12.</p> <p>Client #3's Quarterly Summary for July 2012 indicated client #3 had a 11/21/11 ISP training objective to add the correct amount of laundry weekly with four prompts in 60% of trials. Client #3's goal tracking sheets did not indicate a goal tracking sheet for data collection in regards to the mentioned objective for</p>		Party: Home Manager, Program Director, Area Director				

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	<p>8/12, 7/12, 6/12 and 5/12.</p> <p>Client #4's record was reviewed on 8/28/12 at 11:38 AM. Client #4's Participant Status Monthly Summary for July 2012 indicated client #2 had a 5/19/12 ISP training objective to participate in 20 consecutive minutes of exercise with one or no verbal prompts in 60% of trials. Client #4's goal tracking sheets did not indicate a goal tracking sheet for data collection in regards to the mentioned objective for 8/12, 7/12, 6/12 and 5/12.</p> <p>Client #4's Participant Status Monthly Summary for July 2012 indicated client #2 had a 5/19/12 ISP training objective to initiate cleaning her eyeglasses given three or fewer verbal prompts. Client #4's goal tracking sheets did not indicate a goal tracking sheet for data collection in regards to the mentioned objective for 8/12, 7/12, 6/12 and 5/12.</p> <p>Client #4's Participant Status Monthly Summary for July 2012 indicated client #2 had a 5/19/12 ISP training objective to rub her medicated foot cream on her feet given three or fewer verbal prompts in 75% of trials. Client #4's goal tracking sheets did not indicate a goal tracking sheet for data collection in regards to the mentioned objective for 8/12, 7/12, 6/12</p>						

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	<p>and 5/12.</p> <p>Client #4's Participant Status Monthly Summary for July 2012 indicated client #2 had a 5/19/12 ISP training objective to thoroughly dust her dresser given two or fewer verbal prompts in 85% of trials given. Client #4's goal tracking sheets did not indicate a goal tracking sheet for data collection in regards to the mentioned objective for 8/12, 7/12, 6/12 and 5/12.</p> <p>Administrative staff #1 was interviewed on 8/30/12 at 7:35 AM. AS #1 indicated clients' ISP objectives should have data collection/tracking sheets for each ISP goal.</p> <p>2. The QMRP failed to ensure the client #4's guardian or client #1's HCR had been informed and consented to the use of a psychotropic behavior management medication. Please see W124.</p> <p>3. The QMRP failed to assure a full and complete accounting of clients' finances for clients #1, #2, #3 and #4. Please see W140.</p> <p>4. The QMRP failed to ensure client #1's HCR was notified of a fall resulting in an injury. Please see W148.</p> <p>5. The QMRP failed to ensure the facility</p>						

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	<p>obtained written informed consent from the clients legal representatives prior to implementing of restrictive programs regarding client #1 and #4. Please see W263.</p> <p>9-3-4(a)</p>			

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W0263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#1 and #4) with psychotropic behavior control medications, the facility's human rights committee (HRC) failed to ensure the facility obtained written informed consent from the client legal representative prior to the restrictive program.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 8/29/12 at 11:08 AM. Client #1's ISP (Individual Support Plan) dated 6/18/12 indicated client #1's sister was his guardian. Client #1's BSP (Behavior Support Plan) dated 10/17/11 indicated the use of Escitalopram (Depression/Anxiety) for behavior management. Client #1's BSP was not approved by the client, the client's sister/guardian or client #1's niece.</p> <p>Interview with client #1's current guardian/niece on 9/5/12 at 11:45 AM indicated client #1's previous guardian/sister had died May 2011. Client #1's current guardian/niece had been appointed guardianship July 2012 and had not been made aware of and did not approve client #1's use of Escitalopram or current BSP.</p> <p>2. Client #4's record was reviewed on 8/28/12 at 11:38 AM. Client #4's ISP (Individual Support Plan) dated 5/19/12 indicated client #4 was sedated for medical appointments. Client #4's ISP</p>	W0263	The Program Director will receive retraining on ensuring that consumers' guardians or Health Care Representatives are notified of any additions or changes to consumers' psychotropic medications and any additions or changes to consumers Behavior Support plans. The Program Director will also receive retraining on ensuring that consumers' guardians and/or Health Care Representatives review and approve any changes or updates to psychotropic medications and/or Behavior Support plans prior to their implementation. For the next 3 months, the Program Director will provide documentation to the Area Director that consumers' guardians or Health Care Representatives have received notification of any changes to psychotropic medications and Behavior Support Plans and have approved any changes. After the 3 month period, the Area Director will review the documentation that guardians or Health Care Representatives are receiving updated copies of consumers BSPs a minimum of quarterly to ensure that these requirements continue to be met. Responsible	10/06/2012			

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	<p>indicated her parents served as her legal guardians. Client #4's BSP (Behavior Support Plan) dated 10/18/11 indicated the targeted behavior of anxiety during medical and dental appointments. Client #4's BSP 10/18/11 indicated the use of a PRN (As Needed) of Triazolam (Sedative) 0.5 mg prior to medical or dental treatment. Client #4's BSP 10/19/11 section 3: Program Approvals indicated, "I have seen and read this article today for the first time! I will sign only that I have now read this [client #4's guardian], dated 8/19/12." Client #4's record did not indicate client #4's guardian had approved the BSP or use of behavior control medications until 8/19/12.</p> <p>Interview with AS (Administrative Staff) #1 on 8/28/12 at 1:00 PM indicated client #4 was prescribed Triazolam 0.5 mg prior to medical and dental appointments. AS #1 indicated the PRN was included in client #4's BSP dated 10/18/11 and client #4's guardian signed the BSP on 8/19/12. AS #1 indicated client #4's guardian should have been informed and approved the BSP prior to 8/19/12. AS #1 indicated informed written consent was needed prior to the approval/implementation of the clients' restrictive programs.</p> <p>9-3-4(a)</p>		Party: Program Director, Area Director		

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W0331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility nurse failed to ensure facility staff administered a PRN (As Needed) medication.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/27/12 from 5:22 PM through 6:20 PM. At 6:10 PM client #1 was talking with HM (Home Manager) #1 and began coughing. Client #1's coughing lasted 5 seconds, sounded wet and gargled. Client #1 indicated he had been coughing throughout the day and asked HM #1 for a PRN. HM #1 indicated she would get client #1 a PRN for his coughing.</p> <p>Observations were conducted at the group home on 8/28/12 from 5:55 AM through 7:55 AM. At 6:20 AM client #1 began coughing. Client #1's coughing lasted 7 seconds with wet and gargled sounds.</p> <p>Interview with HM #1 on 8/28/12 at 7:45 AM indicated client #1 had requested a PRN for coughing on 8/27/12. HM #1 indicated she had instructed her staff to administer client #1's PRN on 8/27/12.</p>	W0331	<p>All staff and Home Manager will be retrained on the need to ensure that if a client asks for a PRN for a medical need (eg. coughing) that they are given the PRN medication and it is documented on the MAR. Staff will also ensure that the Program Nurse is notified of any PRN medications that are given to clients for any reason. Home Manager will receive retraining to include following up to ensure that PRN medications are given and recorded on the MAR when staff are instructed to do so. Home Manager will also ensure that the Program Nurse is notified of any PRN medications that are given. Ongoing the Home Manager and Program Nurse will review the MAR a minimum of weekly to ensure that all PRN medications are documented and the Program Nurse is notified of any that are given. Responsible Party: Home Manager, Program Director, Program Nurse</p>	10/06/2012			

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	<p>Client #1's MAR (Medication Administration Record) was reviewed on 8/29/12 at 12:30 PM. Client #1's Physicians order form for August 2012 indicated a PRN of guaifenesin solution 100/5 milliliters give one teaspoonful (5 milliliters) by mouth every 4 hours as needed for cough. Client #1's Physicians Order form did not indicate client #1 had been administered the PRN.</p> <p>Interview with AS (Administrative Staff) #1 on 8/29/12 at 12:31 PM indicated client #1 should receive a PRN for coughing if he is coughing and asking for the PRN.</p> <p>9-3-6(a)</p>				

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W0371	<p>483.460(k)(4) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Based on record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure the client had medication administration training in place.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 8/28/12 at 11:38 AM. Client #4's Participant Status Monthly Summary for July 2012 indicated client #4's 5/19/12 ISP (Individual Support Plan) did not include a medication administration training objective. Client #4's ISP indicated client #4 was not independent in medication administration. Client #4's Physicians Order form dated 7/26/12 indicated client #4 was prescribed the following medications:</p> <ul style="list-style-type: none"> -cephalexin suspension 250/5 milliliters (antibiotic) -ciclopirox shampoo (dermatitis) -ketoconazole cream (fungus infection) 	W0371	<p>A medication administration objective will be developed for Client #4. Program Director will receive retraining on the need to ensure that all consumers have goals and objectives for any areas that they are not independent in. All staff will be trained on Client #4 medication objective. Ongoing, the Program Director will ensure that all consumers have training goals developed and implemented based on their needs and abilities. The Area Director will review the next 3 ISPs submitted by this Program Director to ensure that all consumers have training goals developed and implemented based on their needs and abilities including medication administration objectives. Responsible Party: Program Director, Area Director</p>	10/06/2012			

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	<p>-levothyroxine tablet 50 milligram (hypothyroidism)</p> <p>-metronidazole cream (dermatitis)</p> <p>-natural fiber therapy powder (constipation)</p> <p>AS (Administrative Staff) #1 was interviewed on 8/28/12 at 12:06 PM. AS #1 indicated client #4 should have medication administration training.</p> <p>9-3-6(a)</p>			