

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G672	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/18/2013
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3100 W PRIVATE RD 385 N NORTH VERNON, IN 47265
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>Dates of Survey: October 15, 16, 17 and 18, 2013.</p> <p>Provider Number: 15G672 AIM Number: 200076390 Facility Number: 008879</p> <p>These federal deficiencies reflect state findings in accordance with 42 CFR part 483, subpart I and with 460 IAC 9.</p> <p>Quality Review completed 10/28/13 by W. Chris Greeney, QIDP</p>	W000000		

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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W000252	<p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure the clients' behavior program data was documented.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 10/16/13 at 9:00 AM. Client #1's BMP/Behavior Management Program dated 1/29/13 indicated client #1 had the following targeted behaviors for which data was to be recorded by staff: Temper tantrums (included spitting, hitting, kicking, throwing eyeglasses, yelling, stomping feet, cursing, self injurious behavior/SIB (tearing toenails, rubbing face to cause bruising), and property destruction. Cues (name for idiosyncratic behaviors) included flipping light switches, staring, tapping, banging on things, asking questions repetitively, bm (bowel movement) smearing and SIB. Client #1's program data sheets for the time frame of 9/2012 through 9/2013 was reviewed on 10/16/13 at 2:00 PM. Behavior data tracking was not in the book with the other training programs.</p> <p>2. Client #2's record was reviewed on 10/16/13 at 10:00 AM. Client #2's BMP/Behavior Management Program dated 12/04/12 indicated client #2 had the following targeted behaviors for which data was to be recorded by staff: Temper tantrums (included falling to the ground, beating her head against the floor, screaming, cussing, hitting, kicking and choking others, scratching others, and refusing to move).</p>	W000252	W252 QIDP will be retrained on appropriate documentation of behavior tracking data. QIDP will ensure that tracking data is kept and filed appropriately in each client's record. QIDP or designee will check the tracking sheets in the home at least weekly for one month to ensure that staff are recording data appropriately. QIDP will continue to review behavior tracking data at least monthly and share results with psychiatrist at least quarterly or more often as needed. Responsible for QA: SGL Manager, QIDP	11/17/2013			

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	<p>Self Injurious Behaviors/SIB (included hitting her chin/jaw with her fist, hitting her head on wall/floor, sticking her fingers in her mouth). Cussing (several four letter words said in a repetitive manner). Stealing (taking/stealing car keys, cell phones, credit cards). Client #2's program data sheets for the time frame of 9/2012 through 9/2013 was reviewed on 10/16/13 at 2:10 PM. Behavior data tracking was not in the book with the other training programs.</p> <p>3. Client #3's record was reviewed on 10/16/13 at 9:30 AM. Client #3's BMP of 1/29/13 indicated client #3 had the following behaviors which were to be tracked and documented: Signaling with cues, when she becomes agitated, low humming sounds, staring, rubbing fingernails together, grinding movements of mouth and breathing hard. Physical Aggression, hitting, scratching others with her fingernails, and kicking. Food seeking, eating/drinking at inappropriate times. Client #3's program data sheets for the time frame of 10/2012 through 9/2013 was reviewed on 10/16/13 at 2:15 PM. Behavior data tracking was not in the book with the other training programs.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) and the Administrator were interviewed on 10/16/13 at 3 PM. The interview indicated the facility was to track relevant behavior data for each client according to their BMPs. The QIDP consulted with her assistant, QIDPd (Qualified Intellectual Disabilities Professional designee) and staff #3 but the behavior data sheets could not be located. The QIDP could not provide evidence clients #1, #2, and #3's targeted behavior data was tracked and reviewed.</p>						

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	9-3-4(a)			

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W000312	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 3 of 3 sampled clients receiving medications to control behaviors (clients #1, #2 and #3), the facility failed to implement a plan of reduction the clients could achieve to reduce and eventually eliminate the behaviors for which the clients received psychoactive medications.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 10/16/13 at 9:00 AM. Client #1's BMP/Behavior Management Program dated 1/29/13 indicated client #1 had the following targeted behaviors for which data was to be recorded by staff:</p> <p>Temper tantrums (included spitting, hitting, kicking, throwing eyeglasses, yelling, stomping feet, cursing, self injurious behavior/SIB (tearing toenails, rubbing face to cause bruising), and property destruction.</p> <p>Cues (name for idiosyncratic behaviors) included flipping light switches, staring, tapping, banging on things, asking questions repetitively, bm (bowel movement) smearing and SIB.</p> <p>The record review indicated the client received the following behavior medications: Divalproex (anticonvulsant) 1000 mg/milligrams daily for "explosive behavior," Haloperidol 5 mg. twice daily antipsychotic, and lorazepam (anti-anxiety) 0.5 mg. twice daily for "outburst."</p> <p>The BMP indicated: "Medication reduction will be sought in conjunction with psychiatric,</p>	W000312	<p>W312 QIDP will review Behavior Support Plans for all clients. Revisions will be made as determined necessary and specifically for Clients #1, #2, and #3 to identify attainable goals for reduction of medication used to control behaviors. Medication reduction plan will include identification of medications targeted for reduction. QIDP will review behavior tracking data monthly and share results with psychiatrist at least quarterly for review and consideration of medication reductions based on meeting targeted goals.</p> <p>Responsible for QA: QIDP</p>	11/17/2013			

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	<p>guardian review and consultation per below criteria. Medication reduction will be sought when instances are at or below..." Temper Tantrums 10 instances for 12 months, Cues 7 instances for 6 months.</p> <p>No medication had been identified as the first to be withdrawn.</p> <p>Client #1's program data sheets for the time frame of 9/2012 through 9/2013 were reviewed on 10/16/13 at 2:00 PM. No behavior data tracking records were found of his behaviors. There was no evidence the behaviors for which the drugs were used was being documented.</p> <p>2. Client #2's record was reviewed on 10/16/13 at 10:00 AM. Client #2's BMP/Behavior Management Program dated 12/04/12 indicated client #2 had the following targeted behaviors for which data was to be recorded by staff:</p> <p>Temper tantrums (included falling to the ground, beating her head against the floor, screaming, cussing, hitting, kicking and choking others, scratching others, and refusing to move).</p> <p>Self Injurious Behaviors/SIB (included hitting her chin/jaw with her fist, hitting her head on wall/floor, sticking her fingers in her mouth).</p> <p>Cussing (several four letter words said in a repetitive manner).</p> <p>Stealing (taking/stealing car keys, cell phones, credit cards).</p> <p>Client #2's record indicated she received the following medications for behaviors, Abilify 2 mg at hour of sleep (antipsychotic), Trazadone 50 mg (antidepressant) at hour of sleep for insomnia, and lorazepam/Ativan 0.5 mg (anti-anxiety) as needed for stress (not to exceed 3 tablets in a 24 hour period).</p> <p>The BMP indicated: "Medication reduction will be sought in conjunction with psychiatric, guardian review and consultation per below criteria. Medication reduction will be sought when</p>						

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	<p>instances are at or below..." Temper Tantrums 3 instances for 12 months, Self Injury 4 instances for 12 months.</p> <p>No medication had been identified as the first to be withdrawn.</p> <p>Client #2's program data sheets for the time frame of 9/2012 through 9/2013 were reviewed on 10/16/13 at 2:10 PM. Behavior data tracking was not in the book with the other training programs. There was no evidence the behaviors for which the drugs were used was being documented.</p> <p>3. Client #3's record was reviewed on 10/16/13 at 9:30 AM. Client #3's BMP of 1/29/13 indicated client #3 had the following behaviors which were to be tracked and documented: Signaling with cues when she becomes agitated, low humming sounds, staring, rubbing fingernails together, grinding movements of mouth and breathing hard. Physical Aggression, hitting, scratching others with her fingernails, and kicking. Food seeking, eating/drinking at inappropriate times.</p> <p>Client #3's record indicated she received the following medications for behavior management: clonazepam 1 mg. at night for psychosis, Divalproex 3000 mg. at night for Intermittent Explosive disorder/IED, Zyprexa (antipsychotic) 20 mg. at night for IED, risperadone 5 mg. (antipsychotic) daily for behavior.</p> <p>The BMP indicated: "Medication reduction will be sought in conjunction with psychiatric, guardian review and consultation per below criteria. Medication reduction will be sought when instances are at or below..." Signaling with cues 10 instances for 12 months, Physical Aggression 3 instances for 12 months, and Seeking food 20 instances for 12 months.</p> <p>No medication had been identified as the first to be withdrawn.</p>						

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	<p>Client #3's program data sheets for the time frame of 10/2012 through 9/2013 was reviewed on 10/16/13 at 2:15 PM. Behavior data tracking was not in the book with the other training programs. There was no evidence the behaviors for which the drugs were used was being documented.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) and the Administrator were interviewed on 10/16/13 at 3 PM. The interview indicated the facility was to track relevant behavior data for each client according to their BMPs. The QIDP consulted with her assistant, QIDPd (Qualified Intellectual Disabilities Professional designee) and staff #3 but the behavior data sheets could not be located. The QIDP could not provide evidence clients #1, #2, and #3's behavior data relative to the withdrawal of their medications was being tracked and reviewed.</p> <p>9-3-5(a)</p>			

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W000313	<p>483.450(e)(3) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must not be used until it can be justified that the harmful effects of the behavior clearly outweigh the potentially harmful effects of the drugs.</p> <p>Based on observation, record review and interview for 1 of 3 sample clients receiving medications to control maladaptive behaviors (client #1), the facility failed to provide evidence to justify an increase in client #1's Haloperidol (antipsychotic) medication.</p> <p>Findings include:</p> <p>During observations at the facility on 10/16/13 from 6:10 AM until 8:05 AM and on 10/16/13 from 3:30 PM until 6:00 PM, client #1 was observed to go about his daily routine. Client #1 was observed to be drooling as he sat to eat breakfast and during his evening meal. Client #1's affect was flat.</p> <p>Client #1's record was reviewed on 10/16/13 at 9:00 AM.</p> <p>According to review of client #1's psychiatric visit records, he was on Haloperidol 1 mg/milligram twice daily (antipsychotic) for behavior management in 6/4/12. The psychiatric visit records indicated the client's Haloperidol had been increased 3/8/13 to 2 mg. twice daily. The record indicated client #1's Haloperidol had been increased to 5 mg twice daily on 4/15/13 and remained there at the time of the survey.</p> <p>Client #1's BMP/Behavior Management Program dated 1/29/13 indicated client #1 had the following targeted behaviors for which data was to be recorded by staff:</p> <p>Temper tantrums (included spitting, hitting, kicking, throwing eyeglasses, yelling, stomping</p>	W000313	<p>W313 Client #1 has had a follow up psychiatric appointment. Concerns over the increase of the Haloperidol were discussed and this medication has now been reduced to 2mg twice daily. Behavior tracking data is being kept and will be reviewed by QIDP at least monthly and shared with psychiatrist at least quarterly. QIDP will be retrained on appropriate documentation of behavior tracking data. QIDP will ensure that tracking data is kept and filed appropriately in each client's record. QIDP or designee will check the tracking sheets in the home at least weekly for one month to ensure that staff are recording data appropriately. QIDP will continue to review behavior tracking data at least monthly and share results with psychiatrist at least quarterly or more often as needed. Responsible for QA: SGL Manager, QIDP</p>	11/17/2013			

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	<p>feet, cursing, self injurious behavior/SIB (tearing toenails, rubbing face to cause bruising), and property destruction.</p> <p>Cues (name for idiosyncratic behaviors) included flipping light switches, staring, tapping, banging on things, asking questions repetitively, bm (bowel movement) smearing and SIB.</p> <p>The record review indicated the client received the following behavior medications: Divalproex (anticonvulsant) 1000 mg/milligrams daily for "explosive behavior," Haloperidol 5 mg. twice daily antipsychotic, and lorazepam (anti-anxiety) 0.5 mg. twice daily for "outburst."</p> <p>Client #1's program data sheets for the time frame of 9/2012 through 9/2013 were reviewed on 10/16/13 at 2:00 PM. No behavior data tracking records were found of his behaviors. There was no evidence of increased behaviors to justify the increase in the Haloperidol from 2 mg to 10 mg daily.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) and the Administrator were interviewed on 10/16/13 at 3 PM. the interview indicated client #6 had been discharged from the facility on 4/8/13 due to severe behavioral and medical issues. The interview indicated all clients living in the facility had been affected by client #6's issues in February, March and April of 2013 but things had calmed down after her discharge. The QIDP could not provide evidence to justify the increase in client #1's Haloperidol nor could she explain why an attempt at reducing it had not been made.</p> <p>9-3-5(a)</p>						

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W000317	<p>483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually in a carefully monitored program conducted in conjunction with the interdisciplinary team, unless clinical evidence justifies that this is contraindicated. Based on record review and interview for 3 of 3 sample clients receiving medications to control maladaptive behaviors (clients #1, #2 and #3), the facility failed to provide evidence an annual medication reduction had been attempted or specific contraindications as to why an attempt was not made.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 10/16/13 at 9:00 AM. Client #1's BMP/Behavior Management Program dated 1/29/13 indicated client #1 had the following targeted behaviors for which data was to be recorded by staff: Temper tantrums (included spitting, hitting, kicking, throwing eyeglasses, yelling, stomping feet, cursing, self injurious behavior/SIB (tearing toenails, rubbing face to cause bruising), and property destruction. Cues (name for idiosyncratic behaviors) included flipping light switches, staring, tapping, banging on things, asking questions repetitively, bm (bowel movement) smearing and SIB. The record review indicated the client received the following behavior medications: Divalproex (anticonvulsant) 1000 mg/milligrams daily for "explosive behavior," Haloperidol 5 mg. twice daily antipsychotic, and lorazepam (anti-anxiety) 0.5 mg. twice daily for "outburst." The BMP indicated: "Medication reduction will be sought in conjunction with psychiatric,</p>	W000317	<p>W317 QIDP will review Behavior Support Plans for all clients. Revisions will be made as determined necessary and specifically for Clients #1, #2, and #3 to identify attainable goals for reduction of medication used to control behaviors. Medication reduction plan will include identification of medications targeted for reduction. QIDP will review behavior tracking data monthly and share results with psychiatrist at least quarterly for review and consideration of medication reductions based on meeting targeted goals. Responsible for QA: QIDP</p>	11/17/2013
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	<p>guardian review and consultation per below criteria. Medication reduction will be sought when instances are at or below..." Temper Tantrums 10 instances for 12 months, Cues 7 instances for 6 months.</p> <p>No medication had been identified as the first to be withdrawn. There was no evidence an attempt at a gradual reduction of one of client #1's behavior medications had been attempted. The record review indicated client #1 had been prescribed the same dosages of lorazepam and Divalproex with no changes since 6/4/12 according to review of a psychiatric consult dated 6/4/12.</p> <p>Client #1's program data sheets for the time frame of 9/2012 through 9/2013 were reviewed on 10/16/13 at 2:00 PM. No behavior data tracking records were found of his behaviors. There was no evidence the behaviors for which the drugs were used was being documented to contraindicate an attempt at a medication reduction.</p> <p>2. Client #2's record was reviewed on 10/16/13 at 10:00 AM. Client #2's BMP/Behavior Management Program dated 12/04/12 indicated client #2 had the following targeted behaviors for which data was to be recorded by staff: Temper tantrums (included falling to the ground, beating her head against the floor, screaming, cussing, hitting, kicking and choking others, scratching others, and refusing to move). Self Injurious Behaviors/SIB (included hitting her chin/jaw with her fist, hitting her head on wall/floor, sticking her fingers in her mouth). Cussing (several four letter words said in a repetitive manner). Stealing (taking/stealing car keys, cell phones, credit cards). Client #2's record indicated she received the following medications for behaviors, Abilify 2 mg at hour of sleep (antipsychotic) and</p>						

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	<p>lorazepam/Ativan 0.5 mg (anti-anxiety) as needed for stress (not to exceed 3 tablets in a 24 hour period).</p> <p>The BMP indicated: "Medication reduction will be sought in conjunction with psychiatric, guardian review and consultation per below criteria. Medication reduction will be sought when instances are at or below..." Temper Tantrums 3 instances for 12 months, Self Injury 4 instances for 12 months.</p> <p>No medication had been identified as the first to be withdrawn. There was no evidence an attempt at a gradual reduction of one of client #2's behavior medications had been attempted. antipsychotic) 20 mg. at night for IED, risperadone 5 mg. (antipsychotic) daily for behavior. The record review indicated client #2 had been prescribed the same dosages of lorazepam and Abilify with no changes since 12/11/11 (according to review of an old BSP dated 12/11/11).</p> <p>Client #2's program data sheets for the time frame of 9/2012 through 9/2013 were reviewed on 10/16/13 at 2:10 PM. Behavior data tracking was not in the book with the other training programs. There was no evidence the behaviors for which the drugs were used was being documented to contraindicate an attempt at a medication reduction.</p> <p>3. Client #3's record was reviewed on 10/16/13 at 9:30 AM. Client #3's BMP of 1/29/13 indicated client #3 had the following behaviors which were to be tracked and documented: Signaling with cues when she becomes agitated, low humming sounds, staring, rubbing fingernails together, grinding movements of mouth and breathing hard. Physical Aggression, hitting, scratching others with her fingernails, and kicking. Food seeking, eating/drinking at inappropriate</p>						

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	<p>times.</p> <p>Client #3's record indicated she received the following medications for behavior management: clonazepam 1 mg. at night for psychosis, Divalproex 3000 mg. at night for Intermittent Explosive disorder/IED, Zyprexa (antipsychotic) 20 mg. at night for IED, risperadone 5 mg. (antipsychotic) daily for behavior. The record review indicated client #3 had taken the same behavior medications with no changes in dosage since 2/3/12 according to a psychiatric consult of the same date.</p> <p>The BMP indicated: "Medication reduction will be sought in conjunction with psychiatric, guardian review and consultation per below criteria. Medication reduction will be sought when instances are at or below..." Signaling with cues 10 instances for 12 months, Physical Aggression 3 instances for 12 months, and Seeking food 20 instances for 12 months.</p> <p>No medication had been identified as the first to be withdrawn. There was no evidence an attempt at a gradual reduction of one of client #3's behavior medications had been attempted since 2/12.</p> <p>Client #3's program data sheets for the time frame of 10/2012 through 9/2013 was reviewed on 10/16/13 at 2:15 PM. Behavior data tracking was not in the book with the other training programs. There was no evidence the behaviors for which the drugs were used was being documented to contraindicate an attempt at a medication reduction.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) and the Administrator were interviewed on 10/16/13 at 3 PM. The interview indicated the facility was to track relevant behavior data for each client according to their BMPs. The QIDP consulted with her assistant, QIDPd (Qualified Intellectual Disabilities</p>						

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	<p>Professional designee) and staff #3 but the behavior data sheets could not be located. The QIDP could not provide evidence clients #1, #2, and #3's behavior data relative to the withdrawal of their medications was being tracked and reviewed so there was no evidence to contraindicate an attempt of an annual gradual withdrawal of a behavior medication for the clients.</p> <p>9-3-5(a)</p>				

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W000386	<p>483.460(l)(4) DRUG STORAGE AND RECORDKEEPING The facility must, on a sample basis, periodically reconcile the receipt and disposition of all controlled drugs in schedules II through IV (drugs subject to the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. 801 et seq., as implemented by 21 CFR Part 308). Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), and one additional client (client #5), the facility failed to ensure the disposition/receipt of the clients' controlled drugs was documented.</p> <p>Findings include:</p> <p>During observations at the facility on 10/16/13 from 6:10 AM until 8:05 AM, the medication administration for clients was observed. Clients were observed to receive medications in individual envelopes with the names of the medications, the dosage, the client's name and the time and date they were to be administered. Client #1 was observed to receive (at 7:48 AM on 10/16/13) 0.5 mg/milligrams of lorazepam (used for seizures or panic disorders) contained in an envelope dated 10/16/2013 for 7:00 AM from staff #3. Staff #3 did not count or document the number of the lorazepam disbursed or those remaining in the medication envelopes. Client #5 was observed to receive (at 7:58 AM on 10/16/13) 0.5 of lorazepam (used for seizures or panic disorders) contained in an envelope dated 10/16/2013 for 7:00 AM from staff #3. Staff #3 did not count or document the number of the lorazepam disbursed or those remaining in the medication envelopes.</p> <p>Review of client #1's record on 10/16/13 at 9:00 AM indicated he was prescribed 0.5 of lorazepam</p>	W000386	W386 SGL Manager and Medical Care Coordinator will review all client medications and identify any Schedule II – IV meds currently being packed in ATC packs. Request will be made to the LTC Pharmacy to have these meds packed in individual packaging such as bubble cards and sent with Controlled Substance count sheets. These meds will continue to be kept double locked and staff will reconcile upon receipt in the home and at any disposition of the medication. Should discrepancies be identified in any home, more frequent reconciliation will be required such as per shift. QIDP and/or agency nurse or designee will conduct random checks to ensure that counts are being maintained with no discrepancies. Responsible for QA: SGL Manager, Medical Care Coordinator, QIDP, Agency nurse	11/17/2013			

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	<p>twice daily for behavior. The record review did not indicate documentation of the disbursement or receipt of the lorazepam.</p> <p>Review of client #2's record on 10/16/13 at 10:00 AM indicated she was prescribed 0.5 of lorazepam as needed for stress (up to 3 tablets in 24 hours). The record review did not indicate documentation of the disbursement or receipt of the lorazepam.</p> <p>Review of client #3's record on 10/16/13 at 9:30 AM indicated she was prescribed clonazepam 1 mg. at bedtime for psychosis. The record review did not indicate documentation of the disbursement or receipt of the clonazepam.</p> <p>The facility's medication administration record/MAR for 10/13 was reviewed on 10/16/12 at 4:00 PM. There were no descending count sheets or information regarding the disbursement of the lorazepam/clonazepam medication which were contained in the individual medication envelopes. Review of the Food and Drug Administration's website on 10/17/13 at 10:00 AM indicated the medications lorazepam/clonazepam were schedule IV controlled drugs.</p> <p>Interview with staff #1 on 01/31/12 at 3:00 PM indicated client #2's clonazepam, which was contained in individual dose envelopes for each medication time (7:00 AM and 8:00 PM daily), had not been counted for the 2/01/12 through 2/15/2012 time period. The interview indicated thirty-one 2 mg. clonazepam pills for client #2 had not been counted and quantities of it were not documented as it was dispensed twice daily at the facility.</p> <p>9-3-6(a)</p>			

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