

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G433	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/06/2012
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3938 PRANGE AVE LAFAYETTE, IN 47905
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: May 31, June 1, 4, 5, and 6, 2012</p> <p>Facility Number: 000947 Provider Number: 15G433 AIM Number: 100244580</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>These deficiencies also reflect state findings under 460 IAC 9. Quality Review completed 6/13/12 by Ruth Shackelford, 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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed to exercise operating direction over the facility for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6, and #7) who lived in the home, to ensure their home was in good repair.</p> <p>Findings include:</p> <p>On 5-31-12 from 3:45 p.m. until 6:15 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, and #7 was conducted. The carpet in the family/medication room had a run 2 feet by 1 inch and a snag/run 1 foot by 1 inch, and two dented, rusted vents. The vent by the kitchen table was rusted and dented. The kitchen walls had chipped paint and dark stains on the baseboards. The three vents in the dining room were rusted and had dark stains on them. There were eight wooden slats on the dining room which had dents with paint missing. Client #3's bedroom door had a 12 inch by 12 inch hole in it. The television room had a snag/run in the carpet 3 feet by 1 inch. The patio door off of the television room had dark stains and was rusted. The fireplace cover had dark stains and was rusted.</p>	W0104	<p>The facility ensures that for all individuals living in the home, that the home remains in good repair. Indiana Mentor maintenance staff have contacted vendors to remove the snagged, torn or stained carpet located in the family/medication room. Vendors will remove the old flooring, and replace it with new flooring. The vent by the kitchen table has been replaced. The walls and baseboards in the kitchen have been repainted. The three vents in the dining room which were rusted and dented, have been replaced. The dented slats in the dining room paneling have been replaced and repainted. The door to client #3's bedroom has been replaced. Indiana Mentor maintenance has contacted vendors to remove the flooring in the television room and replace it with new flooring. The patio door, off of the television room has been repaired and repainted. The fireplace cover has been replaced. The Home Manager will complete at least a weekly walk through of the home to identify any maintenance needs. The Home Manager will document any maintenance needs on the weekly home manager checklist. The Home Manager will report</p>	07/06/2012			

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	<p>On 6-4-12 at 1:00 p.m. an interview with the Qualified Mental Retardation Professional indicated the home of clients #1, #2, #3, #4, #5, #6, and #7 did have repairs which should be addressed.</p> <p>9-3-1(a)</p>		<p>any maintenance issues to Indiana Mentor maintenance staff for repair. The Program Director will ensure that all maintenance requests have been completed. The Program Director will document this on the Monthly Supervisory Checklist. Please note that some maintenance issues may be lengthy to complete, some repairs may not be complete by the correction date of 7/6/12. Responsible Parties: Program Director, Home Manager, Maintenance Staff Completion Date: 07/06/2012</p>		

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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review, and interview, for 2 of 4 sampled clients (clients #2 and #4), the facility failed to ensure the clients had legally sanctioned representatives to assist them with medical and financial decisions.</p> <p>Findings include:</p> <p>On 5-31-12 from 3:45 p.m. until 6:15 p.m. clients #2 and #4 were observed in their home. Client #2 spent her time walking through her home or sitting in a chair. Client #4 spent his time sitting on his bed with the covers over his head, swaying back and forth. Clients #2 and #4 did not communicate their wants and needs to staff during this observation.</p> <p>On 6-4-12 at 10:20 a.m. a record review for client #2 was conducted. The Individual Support Plan (ISP) dated 11-2-11 indicated she was an emancipated adult. The ISP indicated she had targeted behaviors of anxiety, eating unauthorized food, and scratching herself. The ISP indicated she was not able to speak and</p>	W0125	<p>The facility will ensure the rights of all clients. The facility allows and encourages individual clients to exercise their rights as citizens of the United States. Client's #2 and #4 have family members which are willing to become legal guardian for their loved one, but cannot afford to do so. Indiana Mentor will facilitate legal representation to assist family members in obtaining guardianship, in order to ensure that clients understand their rights. Please note that the court proceedings involved with a guardianship may exceed the correction date of July 6, 2012. Responsible Party: Program Director Completion Date: July 6, 2012</p>	07/06/2012			

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	<p>expressed herself by scratching herself, moaning or yelling. The ISP indicated client #2 had minimal problem solving skills, did not follow simple commands and was unable to provide informed consent. The ISP indicated she needed hand over hand assistance for cooking, cleaning, to adjust water temperature, for personal hygiene tasks, and pedestrian safety skills. The ISP indicated client #2 did not have the ability to understand money, budgeting, or spending. The ISP indicated client #2 needed complete assistance with all aspects of her medications and medical needs.</p> <p>On 6-4-12 at 12:00 p.m. a record review for client #4 was conducted. The ISP dated 2-8-12 indicated he was an emancipated adult. The ISP indicated he had targeted behaviors of anxiety at medical/dental appointments, food theft, and temper outbursts. The ISP indicated client #4 was nonverbal and would grunt and laugh. The ISP indicated client #4 was unable to give informed consent. The ISP indicated client #4 needed assistance with his medications and all his medical needs, he needed assistance with cooking, cleaning, personal hygiene, and had no concept of money.</p> <p>On 6-4-12 at 1:00 p.m. an interview with the Qualified Mental Retardation</p>			

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	Professional indicated clients #2 and #4 did not understand their rights, medications, or their finances and did not have legally sanctioned representatives to assist them in these areas. 9-3-2(a)				

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W0210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 1 client (client #1) who was newly admitted, to ensure she had a sensorimotor assessment within 30 days of admission.</p> <p>Findings include:</p> <p>On 5-31-12 from 3:45 p.m. until 6:15 p.m. client #1 used a walker to assist her with walking.</p> <p>On 6-4-12 at 9:30 a.m. a record review for client #1 was conducted. A physical form dated 10-20-11 indicated client was not in need of physical or occupational therapy. The form did not indicate client #1's sensorimotor needs had been assessed.</p> <p>On 6-4-12 at 1:00 p.m. an interview with the facility nurse indicated client #1 did not have a sensorimotor assessment done within 30 days of admission.</p> <p>9-3-4(a)</p>	W0210	<p>The facility will ensure that assessments or re-assessments are performed within 30 days after admission to the facility. The Nursing Supervisor will retrain the facility nurse on State and Company requirements, regarding any and all assessments, or re-assessments as required for individuals moving into the facility, or being re-admitted to the facility. Ongoing, prior to the admission of a new client, or re-admission of an existing client who may be returning to the facility after an absence, the Nursing Supervisor will review necessary assessments with the facility nurse to ensure that all assessments or re-assessments are scheduled within 30 days of admission to the facility. Responsible Parties: Nursing Supervisor; Facility Nurse Completion Date: 7/6/12</p>	07/06/2012	

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 1 additional client (client #6) to ensure goals/objectives per the Individualized Support Plan were implemented at all times of opportunities.</p> <p>Findings include:</p> <p>On 5-31-12 from 3:45 p.m. until 6:15 p.m. an observation at the home of clients #2, #4, and #6 was conducted. Client #2 drank a drink prepared by direct care staff #2, walked around her home, sat in a chair in the dining room, received a medication, and placed ketchup and barbeque sauce on the table for supper. Client #4 carried his attend to the trash, walked around his home, sat on his bed with the covers over his head, and received a medication. Client #6 carried around a sippy cup and walked around her house, sat on the couch in the family/medication room, received a medication and she wrote her name.</p>	W0249	The facility ensures that each client receives continuous active treatment, consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Facility staff will be retrained on policy and procedures relating to Active Treatment, Individual Support Plan, and running goals and objectives. Staff will be retrained to ensure that the goals and objectives as written in the Individual Program Plans are implemented at all times of opportunities. The Home Manager and Program Director will conduct Active Treatment observations three times per week, for 30 days. This observation will include one morning observation, one evening observation and one weekend observation. The active treatment observation will serve to supplement and support the retraining of the facility staff regarding active treatment, providing supervisors the opportunity to observe active treatment and model for staff,	07/06/2012			

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	<p>On 6-1-12 from 6:30 a.m. until 9:15 a.m. an observation at the home of clients #1, #2, #3, and #4 was conducted. At 7:30 a.m. client #4 received his carbamoxide ear drops for cerum impaction, his multivitamin for nutritional supplement, senna for constipation, mineral cream for dry skin, econazolenitrate for fungal infection, clindamycin phosphate for acne, benzoyl peroxide for acne and his Chlorhexidine oral rinse. The House Manager assisted client #4 with his medication administration.</p> <p>The House Manager did not have client #4 identify his medications.</p> <p>At 8:00 a.m. client #3 received his Lexapro for behaviors, cetirizine HCL for allergies, oyster shell with vitamin D for nutritional support, seroquel for behaviors, and oxybutynin for incontinence. The House Manager assisted client #3 with his medication administration.</p> <p>The House Manager did not prompt client #3 to identify his medications.</p> <p>At 8:35 a.m. client #1 was observed to receive her glimepiride for diabetes, evista for her bones, polyethylene glycol for constipation, calcium for bones,</p>		<p>appropriate and sufficient active treatment as well, and to ensure that goals and objectives are implemented at all times of opportunities. Following the 30 day requirement, the Home Manager will conduct weekly active treatment observations. Active treatment observations will be reviewed by the Program Director monthly. Responsible Parties: Program Director, Home Manager Completion Date: 7/6/12</p>		

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	<p>metformin for diabetes, lisinopril for kidney protection, docusate sodium for stool softener, carbamazepine for epilepsy, vimpat for epilepsy, divalproex sodium for epilepsy, and fluoxetine for anxiety. The House Manager assisted client #1 with her medication administration.</p> <p>The House Manager did not prompt client #1 to identify her medication or state why she took them.</p> <p>At 9:00 a.m. client #2 received her loratadine for skin rash, docusate sodium for constipation, tizanidine HCL for bruxism, chlorhexdine rinse for gingivitis, furosemide for edema, levetiracetam for seizures, and betamethasone cream for her ear.</p> <p>On 6-4-12 at 9:30 a.m. a record review for client #1 was conducted. The ISP dated 10-20-11 indicated client #1 had goals/objectives to identify her medication and state why she takes them.</p> <p>On 6-4-12 at 10:20 a.m. a record review for client #2 was conducted. The ISP dated 11-2-11 indicated client #2 had goals/objectives to interact 10 minutes with staff, identify one of her medications, prepare a dish for dinner, identify a quarter, point to a picture of a</p>						

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	<p>doctor in a book, be assisted to the toilet every 2 hours, and point to her communication book.</p> <p>On 6-4-12 at 11:00 a.m. a record review for client #3 was conducted. The ISP dated 1-18-12 indicated client #3 had the goal/objective to identify his medications.</p> <p>On 6-4-12 at 12:00 p.m. a record review for client #4 was conducted. The ISP dated 2-8-12 indicated client #4 had goals/objectives to identify his medications, select a nickel, use sign language, and turn on the food processor.</p> <p>On 6-4-12 at 12:15 p.m. a record review for client #6 was conducted. The ISP dated 8-31-11 indicated client #6 had goals/objectives to choose a dime, point to pictures in a communication book, dust her dresser, stir a pitcher of juice, and push the button on the food processor.</p> <p>On 6-4-12 at 1:00 p.m. an interview with the Qualified Mental Retardation Professional indicated clients should be prompted every 15 minutes to participate in an activity and ISP goals should be implemented as written.</p> <p>9-3-4(a)</p>						

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W0252	<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 observation, record review, and interview, the facility failed for 1 of 4 sampled clients (client #3) to ensure an effective tracking system was in place to determine the number physical aggressions that occurred.</p> <p>Findings include:</p> <p>On 5-31-12 from 3:45 p.m. until 6:15 p.m. an observation at the home of client #3 was conducted. Client #3 had 6 episodes of scratching/pinching during the observation. Direct care staff #1, #2, #4, #5, and the House Manager prompted client #3 not to pinch or scratch others.</p> <p>On 6-1-12 from 6:30 a.m. until 9:30 a.m. an observation at the home of client #3 was conducted. Client #3 had 3 episodes of scratching/pinching during this observation. Direct care staff #6, #7, #8, #9, and #10 prompted client #3 not to pinch or scratch.</p> <p>On 6-4-12 at 11:00 a.m. a record review for client #3 was conducted. The Behavior tracking sheet dated 5-31-12 did not have any marks to indicate client #3</p>	W0252	<p>The facility ensures that data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. The Program Director has contacted the client's behavior consultant to request a tracking system which will indicate the number of client to client aggressions, in frequency. This tracking sheet will be to track the number of aggressive incidents that occur. In addition, the tracking sheet will include information to indicate if the client to client aggression resulted in injury to another client. Staff will be retrained on the revision of the data collection form to ensure that all staff understand the intent of the revision. The Home Manager will review all behavior data weekly to ensure that incidents are being documented completely and per the BSP guidelines. The Program Director will review behavior data monthly, and indicate behavioral concerns and Incident Reports on the monthly review. Responsible Parties: Program Director and House Manager Completion Date: 7/6//12</p>	07/06/2012			

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	<p>had physical aggression. The tracking sheet dated 6-1-12 did not have any marks to indicate client #3 had physical aggression. The tracking sheet did not indicate if the physical aggressions were client to client aggressions, with or without injury.</p> <p>On 6-4-12 at 1:00 p.m. an interview with the Qualified Mental Retardation Professional indicated the tracking system did not indicate if the physical aggressions were client to client aggression or if they resulted in injury.</p> <p>9-3-4(a)</p>			

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W0255	<p>483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>Based on record review and interview the facility failed for 1 of 4 sampled clients (client #2) to ensure her goals/objectives were revised when successfully completed in her Individualized Support Plan (ISP).</p> <p>Findings include:</p> <p>On 6-4-12 at 10:20 a.m. a record review for client #2 was conducted. Client #2's ISP dated 11-2-11 indicated she had a behavior goal, social skills goal, medication goal, personal hygiene goal, domestic skills goal, finance goal, health and well being goal, appointment goal, incontinence goal, communication goal, and dental goal. The Qualified Mental Retardation Professionals (QMRP) monthly summary form indicated from 7-11 through 4-12 for client #2's social skills goal she had achieved 100% with recommendations to continue the goal as written. Client #2's personal hygiene goal was recorded at 98-100% accomplished for 7-11/4-12 with the recommendation to</p>	W0255	<p>The facility ensures that the individual program plan is reviewed by the Qualified Mental Retardation Professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives. The Area Director will retrain the Program Director (QMRP) on policies and procedures regarding development of goals and objectives as required per the Individual Support Plan. In addition, the Area Director will retrain the Program Director on goal criteria and revision. The Program Director will review goal data every month. The Program Director will revise each goal, as necessary depending on the individual's success, or lack of success with that goal. The Program Director will indicate the revision on the monthly summary. The monthly summary will be given to the Area Director, each month for review to ensure that revisions of objectives are completed as appropriate. Responsible Parties: Area Director, Program</p>	07/06/2012			

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	<p>continue as written. Client #2's Domestic skills goal from 7-11/3-12 indicated she achieved 98/100% with the recommendation to continue as written. Client #2's health and well being goal was recorded for 97%/100% for 7-11 through 4-12 with the recommendation to continue as written.</p> <p>On 6-4-12 at 1:00 p.m. an interview with the Qualified Mental Retardation Professional indicated the goals for client #2 had been continued from 7-11 through 4-12 with no changes when the goals were met.</p> <p>9-3-4(a)</p>		DirectorCompletion Date: 7/6/12		

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W0256	<p>483.440(f)(1)(ii) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is regressing or losing skills already gained.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #2) to ensure her goals/objectives were revised as needed in her Individualized Support Plan (ISP).</p> <p>Findings include:</p> <p>On 6-4-12 at 10:20 a.m. a record review for client #2 was conducted. Client #2's ISP dated 11-2-11 indicated she had a behavior goal, social skills goal, medication goal, personal hygiene goal, domestic skills goal, finance goal, health and well being goal, appointment goal, incontinence goal, communication goal, and dental goal. The Qualified Mental Retardation Professionals (QMRP) monthly summary form indicated client #2's medication goal was recorded at 0% for 7-11 through 4-12 with the recommendation to continue as written. Client #2's incontinence goal was recorded at 0% for 7-11/4-12 with the recommendation to continue as written.</p> <p>On 6-4-12 at 1:00 p.m. an interview with</p>	W0256	<p>The facility ensures that the Individual Program Plan is reviewed at least by the qualified mental retardation professional and revised as necessary, including but not limited to situations in which the client is regressing or losing skills already gained. The Area Director will retrain the Program Director (QMRP) on policies and procedures regarding development of goals and objectives as required per the Individual Support Plan. In addition, the Area Director will retrain the Program Director on goal criteria and revision of goals, as needed when a client exceeds or regresses in the area or domain that is being tracked. The Program Director will review goal data every month. The Program Director will revise each goal, as necessary depending on the individual's success, or lack of success with that goal. The Program Director will indicate the revision on the monthly summary. The monthly summary will be given to the Area Director, each month for review to ensure that revisions of objectives are completed as appropriate.</p>	07/06/2012	

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	<p>the Qualified Mental Retardation Professional indicated the goals for client #2 had been continued from 7-11 through 4-12 with no changes made.</p> <p>9-3-4(a)</p>		<p>Responsible Parties: Area Director, Program DirectorCompletion Date: 7/6/12</p>		

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W0268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview, the facility failed for 2 of 4 sampled clients (clients #3 and #4) and for 1 additional client (client #6) to ensure their clothing protectors were not set on the table with their dishes on top of them.</p> <p>Findings include:</p> <p>On 5-31-12 from 3:45 p.m. until 6:15 p.m. an observation at the home of client #6 was conducted. Client #6 had a clothing protector around her neck with the clothing protector set on top of the table. Client #6's plate and bowl were placed on her clothing protector.</p> <p>On 6-1-12 from 6:30 a.m. until 9:15 a.m. an observation at the home of clients #3, #4 and #6 was conducted. Clients #3, #4, and #6 ate their breakfast with their clothing protectors around their necks and the other end resting on the table. Clients #3, #4, and #6's breakfast dishes were placed on top of their clothing protectors.</p> <p>On 6-4-12 at 1:00 p.m. an interview with the Qualified Mental Retardation Professional indicated dishes should not be placed on top of clothing protectors.</p>	W0268	<p>The facility ensures that policies and procedures promote the growth, development and independence of the client. Staff will be retrained to use clothing protectors in an appropriate manner, including not placing the clothing protector on the table with their dishes on top of them. The Home Manager and Program Director will conduct meal time observations three times per week, for 30 days. This observation will include one morning observation, one evening observation and one weekend observation. The meal time observation will serve to supplement and support the retraining of the facility staff regarding, meal time requirements, active treatment, providing supervisors the opportunity to observe active treatment, and meal time behavior and model for staff, appropriate and sufficient active treatment as well, and to ensure that goals and objectives are implemented at all times of opportunities. Following the 30 day requirement, the Home Manager will conduct weekly active treatment observations. Meal time observations will be reviewed by the Program Director monthly. Responsible Parties:</p>	07/06/2012	

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	9-3-5(a)		Program Director, Home Manager Completion Date: 7/6/12		

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W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (client #3) to ensure his medication bubble pack matched the physician's orders.</p> <p>Findings include:</p> <p>On 6-1-12 at 8:00 a.m. a medication administration for client #3 was conducted. Client #3's divalproex sodium sprinkle bubble pack for mood stabilization indicated there were 125 mg (milligram) capsules with 2 bubble packs with 2 pills in one bubble pack and 1 pill in another bubble pack for a total of 375 mg to be given. The MAR (Medication Administration Record) dated 6/2012 at 8:05 a.m. indicated he was to get one 500 mg tablet.</p> <p>On 6-4-12 at 11:00 a.m. a record review for client #3 was conducted. The physician orders dated 6-1-12/6-30-12 indicated divalproex sodium 500 mg tablet was to be given by mouth daily at 8:00 a.m. and 9:00 p.m.</p> <p>On 6-4-12 at 1:00 p.m. an interview with the facility nurse indicated the physician's</p>	W0331	<p>The facility will provide clients with nursing services in accordance with their needs. The nursing supervisor will retrain the facility nurse to utilize proper procedures and policy when checking in the medications each month. The facility nurse will ensure that each medication bubble pack matches what is written on the physician orders. The Program Director will retrain the Home Manager to also check the medications as they are placed into the medication area of the home. The Home Manager will check each medication to ensure that they match what is written on the physician order form. The Home Manager will document on the Home Manager checklist that this has been completed. The Home Manager will immediately report any medication discrepancies to the facility nurse to ensure correct medications are dispensed. Responsible Parties: Nursing Supervisor, Facility Nurse, Program Director, Home Manager Completion Date: 7/6/12</p>	07/06/2012			

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	<p>order, bubble packs and the medication administration record should all match with the same information and client #2's information did not match.</p> <p>9-3-6(a)</p>			

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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (client #2) to ensure her medications were passed without error.</p> <p>Findings include:</p> <p>On 6-1-12 at 9:00 a.m. client #2 was assisted with her medication administration by the House Manager. Client #2 received her loratadine for skin rash, docusate sodium for constipation, tizanidine HCL for bruxism, chlorhexidine rinse for gingivitis, furosemide for edema, levetiracetam for seizures, and betamethasone cream for her ear. At 9:10 a.m. the House Manager brushed client #2's chlorhexidine rinse on her teeth. The House Manager did not assist client #2 in rinsing her mouth after 5 minutes. At 9:17 a.m. client #2 was assisted to the van. At 9:30 a.m. client #3 continued to sit in the van with her mouth still not rinsed.</p> <p>On 6-4-12 at 10:20 a.m. a record review for client #2 was completed. The physician's orders dated 6-1-12/6-30-12 indicated client #2 was to rinse her mouth</p>	W0369	<p>The facility ensures that the system for drug administration must assure that all drugs, including those that are self administered, are administered without error. The staff will be retrained to ensure that all medications are dispensed appropriately, as written on the medication administration record. The Home Manager and Program Director will conduct medication administration observations three times per week, for 30 days. This observation will include one morning observation, one evening observation and one weekend observation. The medication administration observation will serve to supplement and support the retraining of the facility staff regarding medication administration, providing supervisors the opportunity to observe active treatment and to ensure that supervisors observe accurate and appropriate medication administration. Following the 30 day requirement, the Home Manager will conduct weekly active treatment observations. Active treatment observations will be reviewed by the Program Director monthly. Responsible Parties: Program Director, Home</p>	07/06/2012

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	<p>5 minutes after her chlorhexidine rinse had been applied. The Medication Administration Record (MAR) dated 6/12 also indicated to rinse the chlorhexidine after 5 minutes.</p> <p>On 6-4-12 at 1:00 p.m. an interview with the Qualified Mental Retardation Professional indicated the MAR and the physician's orders should be followed for client #2.</p> <p>9-3-6(a)</p>		ManagerCompletion Date: 7/6/12		

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 3 additional clients (clients #5, #6, and #7) to ensure they participated in meal preparation.</p> <p>Findings include:</p> <p>On 5-31-12 from 3:45 p.m. until 6:15 p.m. an observation at the home of clients #1, #2, #3, #4, and #6 was conducted. Direct care staff (DCS) #1 opened cans of vegetables, took spices out of the cabinet, added broth and spices to the vegetables and roast, then placed it in the oven. Client #2 walked around the house, client #1 sat in a chair watching television, client #6 sat on the couch, and client #4 sat on his bed with the covers over his head. Direct care staff #2 prepared client #2 a drink. Direct care staff prepared a glass of milk for client #7. Direct care staff got out the measuring cups and a pan, client #5 added water then DCS #1 added the gravy and stirred. Clients #2 sat at the table as DCS #1 stirred the gravy. DCS #1 stirred the gravy again as client #6 walked around, client #4 sat on his bed, and client #2 sat in a chair. DCS</p>	W0488	<p>The facility ensures that each client eats in a manner consistent with his or her developmental level. Facility staff will be retrained on active treatment and meal time behavior, as is consistent with what is documented in each individual's comprehensive functional assessment. Staff will be trained to encourage and assist each individual with meal time assistance, as is consistent with his or her developmental level. The Home Manager and Program Director will conduct meal time observations three times per week, for 30 days. This observation will include one morning observation, one evening observation and one weekend observation. The meal time observation will serve to supplement and support the retraining of the facility staff regarding, meal time requirements, active treatment, providing supervisors the opportunity to observe active treatment, and meal time behavior and model for staff, appropriate and sufficient active treatment as well, and to ensure that individuals are given the opportunity and encouragement to participate in assisting with preparing their own meals. Following the 30 day</p>	07/06/2012			

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	<p>#1 placed the frozen yogurt and the fruit in the blender. Client #1 pressed the button to start the blender. DCS #1 placed the roast in the food processor and blended it. DCS #2 placed the potatoes and gravy on the table. Client #2 sat in the chair and client #6 sat on the couch. DCS #2 poured client #3's milk for him. DCS #1 placed the meat on the table. DCS #2 poured client #2's juice for her. DCS #1 pureed the vegetables. DCS #1 brought more meat and vegetables to the table. The House Manager poured client #4's drink for him. DCS #1 served clients #2 and #3 more food.</p> <p>On 6-1-12 from 6:30 a.m. until 9:30 a.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, and #7 was conducted. DCS #7 placed lunch boxed in a tote and took them to another room. DCS #8 boiled water on the stove for hot cereal. DCS #8 put pancakes in the toaster. Client #3 stood in the kitchen. DCS #8 placed the pancakes in the blender then added milk, poured the puree pancake into a bowl, added the hot cereal to the boiling water. DCS #8 got the clothing protectors and the syrup out from the pantry. DCS #8 added butter and sugar to the hot cereal. DCS #8 poured a can of nutritional supplement into a cup and shook it for client #3. DCS #8 placed the juice on the table. DCS #8 cut the</p>		<p>requirement, the Home Manager will conduct weekly active treatment observations. Meal time observations will be reviewed by the Program Director monthly. Responsible Parties: Program Director, Home Manager Completion Date: 7/6/12</p>		

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	<p>pancakes up with a round cutter. DCS #8 placed the pancakes and syrup on the table; client #4 watched him. DCS #8 placed the bowls, hot cereal, and silverware on the table. Clients #3, #4, and #7 were walking around their house. DCS #8 poured milk and added a thickening agent for client #3. DCS #10 added syrup to client #4's pancakes for him and poured his milk for him. DCS #8 poured the milk and juice for client #1.</p> <p>On 6-4-12 at 1:00 p.m. an interview with the Qualified Mental Retardation Professional indicated clients should assist with meal preparation.</p> <p>9-3-8(a)</p>			