

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G322	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/21/2013
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NAME OF PROVIDER OR SUPPLIER  OCCAZIO INC	STREET ADDRESS, CITY, STATE, ZIP CODE 568 YORKTOWN RD GREENWOOD, IN 46142
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: October 16, 17, 18 and 21, 2013</p> <p>Facility Number: 000840 Provider Number: 15G322 AIMS Number: 100244010</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/31/13 by Ruth Shackelford, 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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W000125	<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, interview, and record review, for 2 of 4 sampled clients (clients #3 and #4) and three additional clients (clients #6, #7, and #8), the facility failed to allow and encourage independent access to sharps.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 10/17/13 from 6:20 AM until 8:10 AM. At 6:58 AM, staff #1 took a chef's knife and the blender blades and placed them in a locked room. Clients #6 and #8 ate their breakfasts in the kitchen area, client #7 wiped off the table in the kitchen and client #5 took out the trash from the kitchen during the observation.</p> <p>Staff #1 was interviewed on 10/17/13 at 7:10 AM. She indicated staff were to lock up the sharps in the house because client</p>	W000125	<p>W125 Protection of Client Rights The facility failed to allow and encourage independent access to sharps for Clients 3, 4, 6, 7 and 8. What corrective action will be accomplished? Formal programming for accessing sharps for Clients 3, 4, 6 and 7 will be implemented. Client 8 was discharged from Occazio services. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All other residents have the potential to be affected by the same deficient practice. The QIDP will review all clients programming to ensure restrictive measures for the safety of another client does not restrict those of clients who do not need to be restricted. The QIDP will monitor the residents programming and behavior needs on a regular basis. As the resident's needs change or new concerns are identified, changes will be reflected in their programming, assessments, ISP and behavior plan. Staff training will occur so they are aware of</p>	11/20/2013			

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	<p>#5 had a history of behavioral issues in the past involving sharps.</p> <p>Client #3's record was reviewed on 10/17/13 at 11:45 AM. Client #3's Individual Plan of Protective Oversight dated 7/13/13 indicated, client #3 "will not misuse sharps and hazmats (hazardous materials). She can use them safely and with staff assistance. They are available for her use." There was no evidence of a plan to learn to access to sharps.</p> <p>Client #4's record was reviewed on 10/17/13 at 1:35 PM. Client #4's Individual Plan of Protective Oversight dated 8/4/13 did not identify a risk for client #4 and the use of sharps. There was no evidence of a plan to learn to access to sharps.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) and Site Manager were interviewed on 10/17/13 at 2:52 PM. The QIDP indicated client #5 had a restriction regarding the use of sharps due to a history of handling them unsafely in the past, but no other clients in</p>		<p>any restrictions regarding knives/sharps relevant to each resident and client rights at their team meeting. Training with QIDP regarding necessary programming regarding restrictive interventions. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The QIDP will review all clients programming to ensure restrictive measures for the safety of another client does not restrict those of clients who do not need to be restricted. The QIDP will monitor the residents programming and behavior needs on a regular basis. As the resident's needs change or new concerns are identified, changes will be reflected in their programming, assessments, ISP and behavior plan. Staff training will occur so they are aware of any restrictions regarding knives/sharps relevant to each resident and client rights at their team meeting. Training with QIDP regarding necessary programming regarding restrictive interventions. How will the corrective action be monitored to ensure the deficient practice will not recur? Site Manager will monitor via monthly home observation for any restrictions. QIDP will monitor via monthly home observation for any restrictions. Area Residential Coordinator will review ISPs and Behavior Plan updates along with</p>				

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	<p>the home had the need for the restricted access. She indicated the sharps were to be kept in a locked room which all clients had access to via staff or a key kept hanging in the medication room which was unlocked and accessible to clients unless medications were being administered. She indicated clients #3, #4, #5, #7 and #8 required staff assistance to use the key to access the knives and client #3, #4, #7 and #8's objectives to learn independence in using a key had been discontinued as client #5 planned to move from the group home.</p> <p>Client #3, #4, #6, #7, and #8's QIDP reviews of objectives were reviewed on 10/17/13 at 3:30 PM. The objective, "Will use a key to locate sharps" for each of the clients was discontinued in September, 2013.</p> <p>9-3-2(a)</p>		<p>programming for clients as they are done to ensure that restrictions are addressed formally. Area Residential Coordinator will monitor via their monthly home observations for any restrictions. What is the date by which the systemic changes will be completed? November 20, 2013</p>		

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W000137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation, record review, and interview for 1 of 4 sampled clients (client #3), the facility failed to provide unimpeded access to her cigarettes.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 10/17/13 from 6:16 AM until 8:10 AM. At 7:45 AM, client #3 smoked a cigarette on the front porch.</p> <p>Client #3 was interviewed on 10/17/13 at 7:45 AM. She indicated her cigarettes were kept in the QIDP (Qualified Intellectual Disabilities Professional) and Site Manager's office.</p> <p>Staff #7 was interviewed on 10/17/13 at 7:55 AM. She stated client #3's cigarettes were now kept in the locked office because "She can't manage them herself. They weren't well managed and went too fast-not sure if she smoked them or someone else." She indicated client #3 could gain access of her cigarettes from staff.</p>	W000137	<p>W137 Protection of Rights The facility failed to provide unimpeded access to her cigarettes for Client 3. What corrective action will be accomplished? IDT will meet to discuss Client's 3 ability to access cigarettes independently. Formal Programming for Client 3 in regard to carrying own cigarettes on person will be implemented. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All other residents have the potential to be affected by the same deficient practice. QIDP will review all clients programming to ensure restrictive measures for the safety of another client does not restrict those of clients who do not need to be restricted. The QIDP will monitor the residents programming and behavior needs on a regular basis. As the resident's needs change or new concerns are identified, changes will be reflected in their programming, assessments, ISP and behavior plan. Staff training will occur so they are aware of any restrictions regarding cigarettes relevant to each</p>	11/20/2013

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	<p>Client #3's record was reviewed on 10/17/13 at 11:45 AM. Client #3's record did not include an identified need for locking her cigarettes, or a plan to regain access to her cigarettes.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) and Site Manager were interviewed on 10/17/13 at 2:52 PM. They indicated client #3's cigarettes had been secured in the office for safekeeping, but there was not a program in place to teach client #3 independence in accessing her cigarettes.</p> <p>9-3-2(a)</p>		<p>resident and client rights at their team meeting. Training with QIDP regarding necessary programming regarding restrictive interventions. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: QIDP will review all clients programming to ensure restrictive measures for the safety of another client does not restrict those of clients who do not need to be restricted. The QIDP will monitor the residents programming and behavior needs on a regular basis. As the resident's needs change or new concerns are identified, changes will be reflected in their programming, assessments, ISP and behavior plan. Staff training will occur so they are aware of any restrictions regarding cigarettes relevant to each resident and client rights at their team meeting. Training with QIDP regarding necessary programming regarding restrictive interventions. How will the corrective action be monitored to ensure the deficient practice will not recur? Site Manager will monitor via monthly home observation for any restrictions. QIDP will monitor via monthly home observation for any restrictions. Area Residential Coordinator will review ISPs and Behavior Plan updates along with programming for clients as they are done to ensure that</p>		

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			restrictions are addressed formally. Area Residential Coordinator will monitor via their monthly home observations for any restrictions. What is the date by which the systemic changes will be completed? November 20, 2013		

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview, the facility neglected to implement policy and procedures to protect 1 of 4 sampled clients (client #4) and 3 additional clients (clients #5, #6, and #7) by failing to document a thorough investigation in regards to injuries of unknown origin (clients #5 and #6), failed to protect clients #5 and #7 from physical aggression, and failed to timely report 2 of 31 reports reviewed of physical aggression involving clients #4, #5 and client #7.</p> <p>Findings include:</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 10/16/13 at 3:25 PM and included the following:</p> <p>1. A BDDS report dated 4/2/13 and reported 4/4/13 indicated client #4 hit client #5 while client #5 was in the shower. The report indicated client #4 communicated in one word sentences and it was uncertain as to the cause of the physical aggression between the clients.</p>	W000149	<p>W149 Staff Treatment of Clients The facility neglected to implement policy and procedures to protect Clients 4, 5, 6 and 7 by failing to document a thorough investigation in regards to injuries of unknown origin (5 and 6), failed to protect clients 5 and 7 from physical aggression, and failed to timely report 2 of 31 reports reviewed of physical aggression involving clients 4, 5 and 7. What corrective action will be accomplished? Review of all behavior plans to ensure interventions for physical aggression are effective.IDT to meet to discuss Client #4's aggression and to determine if any revisions are needed for her behavior plan.Training with Support Staff regarding behavior plans and verbal intervention necessary to prevent physical aggression.Training with Support Staff and QIDP regarding how to complete unknown injury and peer to peer documentation in Therap GER's.Retrain Support Staff and QIDP on Occazio's policy #2105 abuse, neglect, exploitation. This policy also covers the investigation process for unknown injuries.Retrain QIDP regarding BDDS reporting requirements and survey regulations as they relate to</p>	11/20/2013			

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	<p>The report indicated client #4 had a plan to address physically aggressive behavior and staff would follow her plan and ensure client #4 did not enter the bathroom in the future when other clients were showering.</p> <p>2. Additional BDDS reports were reviewed on 10/16/13 at 6:10 PM. A report dated 9/25/13 and reported 9/27/13 indicated client #4 was "agitated" and slapped client #7 on the left buttock. The report indicated client #4 had a behavior plan to address physical aggression and staff would continue to follow the plan and intervene to prevent injury to others. An attached Peer to Peer Questions dated 9/25/13 indicated client #7 was completing a chore in the kitchen. Staff #3 "heard a resident screaming and I came to see what was going on," and "What appeared to be the triggering factor to the incident? Nothing it came out of nowhere." Client #7 was not injured in the incident which had occurred in the group home's kitchen, and client #4 was prompted to stop and was praised for calming down.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 10/16/13 at 4:40 PM. She indicated the incident involving clients #4 and #5 was reported late and stated, "There was no</p>		<p>incident reporting (W149, W153, W154, W155, W156 and W157). Training with QIDP regarding reporting and investigating peer to peer incidents and injuries of unknown origin. Residential Coordinators/QIDP were provided training regarding specific questions that need to be addressed in all investigations. Residential Coordinators/QIDP have been provided with checklist regarding investigations to ensure that all issues are addressed. Area Residential Coordinators have been trained on the components of an investigation to ensure that all components are completed and processes are followed. Materials for a portion of this training came from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH. Daily, weekly and monthly checklists will be created for the Site Manager, Residential Coordinator, and Area Residential Coordinator to ensure that the needs of the residents and the home are being monitored. These checklists include the review of accident/injury reports and behavior documentation. The Program Specialist will monitor these checklists and oversee the operations of the team. Training has been completed with potential investigation committee members to ensure that they understand all components of an</p>				

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	<p>reason why."</p> <p>The Residential Coordinator was interviewed on 10/16/13 at 4:58 PM. She indicated staff had been retrained on reporting procedures.</p> <p>Client #7 was interviewed on 10/17/13 at 9:50 AM. When asked if she felt safe in the group home, she stated, "At times I don't feel safe with [client #4]...If she's mad, she'll attack you out of nowhere. It's not safe. It's dangerous."</p> <p>The Service Coordinator for day services was interviewed on 10/17/13 at 10:35 AM. He indicated there had been a meeting and change in behavior plan for client #4 due to recent behavioral incidents involving physical aggression. He indicated staff were being injured when they attempted to block client #4 from physical aggression to other clients. He indicated client #4 was to be removed from the area to a room with an open door by wheeling her wheelchair into the room if necessary and staff were not to interact with her until calm as part of her behavior plan for planned ignoring.</p> <p>Case Conference Minutes dated 9/26/13 were reviewed 10/17/13 at 10:35 AM and indicated client #4 "has had some behavior issues in her new group. The</p>		<p>investigation and their role as a committee member. Materials for a portion of this training came from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH. Site Managers, Residential Coordinator/QIDP and Area Residential Coordinators have completed a competency test regarding abuse, neglect and exploitation investigations and their roles. The Program Specialist or their designee will review and sign off on all abuse, neglect and exploitation investigations that are completed to ensure that the investigation is thorough prior to the recommendations being carried out. The Area Residential Coordinator or their designee will review and sign off on all unknown injury investigations that are completed within Therap GER's to ensure that the investigation is thorough. Support Staff, Site Managers, Residential Coordinator/QIDP and Area Residential Coordinators will complete a competency test regarding the investigation process for unknown injuries, falls and peer to peer investigations. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All other residents have the potential to be affected by the same deficient practice. The QIDP will review all</p>		

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	<p>current behavior plan is house specific, but not workshop specific. [Day services] is having difficulty redirecting [client #4] and she is becoming physically aggressive with staff." The notes indicated client #4 was to be removed from the area and "planned ignorance except when you calm, no friends talk or chair talk when during behavior. If ICS (Inappropriate Coping Skills) continues, start again...no appeasement to get through situation...no bandaids...."</p> <p>Client #4's record was reviewed on 10/17/13 at 1:35 PM. A Behavior Plan dated 5/31/13 indicated target behaviors of Inappropriate Coping Skills (ICS): screaming, yelling, Inappropriate Social Skills: crying that is not appropriate to the situation, agitation (upset, able to calm) that is not appropriate to the situation, Physical Aggression: hitting, kicking, biting, throwing objects at people with the intent to harm, Self Injurious Behavior (SIB): biting arms/hand, hitting self, and head banging. The plan included the use of a two person escort to assist her to another area or her bedroom to calm.</p> <p>The QIDP was interviewed on 10/17/13 at 2:52 PM. She indicated there had been no interdisciplinary team (IDT) meetings regarding client #4's aggression except to address issues at work. She indicated a</p>		<p>behavior plans to ensure interventions for physical aggression are effective. Review of peer to peer and unknown injuries to ensure that they have been thoroughly investigated. The QIDP will monitor the residents programming and behavior needs on a regular basis. As the resident's needs change or new concerns are identified, changes will be reflected in their programming, assessments, ISP and behavior plan. Training with QIDP regarding reporting and investigating peer to peer incidents and injuries of unknown origin. Training with Support Staff regarding behavior plans and verbal intervention necessary to prevent physical aggression. Training with Support Staff and QIDP regarding how to complete unknown injury and peer to peer documentation in Therap GER's. Retrain Support Staff and QIDP on Occazio's policy #2105 abuse, neglect, exploitation. This policy also covers the investigation process for unknown injuries. Retrain QIDP regarding BDDS reporting requirements and survey regulations as they relate to incident reporting (W149, W153, W154, W155, W156 and W157). Residential Coordinators/QIDP were provided training regarding specific questions that need to be addressed in all investigations. Residential</p>				

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	<p>meeting had been held on 9/26/13 to address client #4's behaviors at work.</p> <p>Client #4's IDT notes were reviewed on 10/17/13 at 2:52 PM, and indicated client #4's plan was being updated to reflect her current status of changing work groups.</p> <p>The QIDP indicated on 10/17/13 at 3:30 PM the incident on 8/25/13 involving physical aggression by client #4 to client #7 had not been reported to her and she was unaware of the incident between the clients until she read a General Events Reports (GER) dated 9/25/13 on 9/27/13.</p> <p>3. The facility's General Event Reports (GER) were reviewed on 10/16/13 at 6:20 AM. A report dated 4/24/13 for client #5 indicated "Staff seen (sic) 3 bruises on her left leg. When staff asked how she got there (sic) she told staff she doesn't (sic) know." There was no additional information to indicate the bruises had been investigated. A report dated 7/5/13 indicated for client #6 a bruise "undetermined" in cause was discovered on her right arm, "multi-colored." There was no additional information to indicate the bruise had been investigated.</p> <p>The QIDP was interviewed on 10/16/13 at 6:35 PM and indicated the injuries had not been investigated, and stated, "I know</p>		<p>Coordinators/QIDP have been provided with checklist regarding investigations to ensure that all issues are addressed. Area Residential Coordinators have been trained on the components of an investigation to ensure that all components are completed and processes are followed. Materials for a portion of this training came from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH. Daily, weekly and monthly checklists will be created for the Site Manager, Residential Coordinator, and Area Residential Coordinator to ensure that the needs of the residents and the home are being monitored. These checklists include the review of accident/injury reports and behavior documentation. The Program Specialist will monitor these checklists and oversee the operations of the team. Training has been completed with potential investigation committee members to ensure that they understand all components of an investigation and their role as a committee member. Materials for a portion of this training came from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH. Site Managers, Residential Coordinator/QIDP and Area Residential Coordinators have completed a competency test regarding abuse, neglect and exploitation investigations and</p>		

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	<p>I'm supposed to."</p> <p>The facility's policy and procedures "Suspected Abuse, Neglect &amp; Exploitation Reporting" was reviewed on 10/16/13 at 5:02 PM and indicated "Occazio will not tolerate mistreatment, abuse, neglect or exploitation of any Occazio resident/consumer. Employees who witness any form of abuse, neglect or exploitation...must report the incident to their immediate supervisor...." Physical Abuse was defined as "any violent or physical act which may injure a person. Some examples include, but are not limited to: striking, dragging, shoving, kicking, punching and deprivation." Unknown injury was defined as "a visible physical injury with no verification as to its origin. An unknown injury includes any bruise, any laceration, or any puncture wound...In the case of an unknown injury, the responsible Residential Coordinator and Direct Support Assistant and Area Residential Coordinator serving the injured party will attempt to determine the cause of the injury within 24 hours of receiving the report....The Residential Coordinator for the injured party or the Residential Coordinator on call will report by Internet all allegations of abuse, neglect or exploitation to Adult Protective Services (APS) and the District and Central offices of the Bureau of</p>		<p>their roles. The Program Specialist or their designee will review and sign off on all abuse, neglect and exploitation investigations that are completed to ensure that the investigation is thorough prior to the recommendations being carried out. The Area Residential Coordinator or their designee will review and sign off on all unknown injury investigations that are completed within Therap GER's to ensure that the investigation is thorough. Support Staff, Site Managers, Residential Coordinator/QIDP and Area Residential Coordinators will complete a competency test regarding the investigation process for unknown injuries, falls and peer to peer investigations. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The QIDP will review all behavior plans to ensure interventions for physical aggression are effective. Review of peer to peer and unknown injuries to ensure that they have been thoroughly investigated. The QIDP will monitor the residents programming and behavior needs on a regular basis. As the resident's needs change or new concerns are identified, changes will be reflected in their programming, assessments, ISP and behavior plan. Training with QIDP regarding reporting and</p>				

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	Developmental Disabilities Services (BDDS) within 24 hours of receipt of the Occazio employee's (or other individual's) initial report of abuse, neglect or exploitation...."  9-3-2(a)		investigating peer to peer incidents and injuries of unknown origin.Training with Support Staff regarding behavior plans and verbal intervention necessary to prevent physical aggression.Training with Support Staff and QIDP regarding how to complete unknown injury and peer to peer documentation in Therap GER's.Retrain Support Staff and QIDP on Occazio's policy #2105 abuse, neglect, exploitation. This policy also covers the investigation process for unknown injuries.Retrain QIDP regarding BDDS reporting requirements and survey regulations as they relate to incident reporting (W149, W153, W154, W155, W156 and W157).Residential Coordinators/QIDP were provided training regarding specific questions that need to be addressed in all investigations.Residential Coordinators/QIDP have been provided with checklist regarding investigations to ensure that all issues are addressed.Area Residential Coordinators have been trained on the components of an investigation to ensure that all components are completed and processes are followed. Materials for a portion of this training came from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH.Daily, weekly and monthly checklists will be created		

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			for the Site Manager, Residential Coordinator, and Area Residential Coordinator to ensure that the needs of the residents and the home are being monitored. These checklists include the review of accident/injury reports and behavior documentation. The Program Specialist will monitor these checklists and oversee the operations of the team. Training has been completed with potential investigation committee members to ensure that they understand all components of an investigation and their role as a committee member. Materials for a portion of this training came from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH. Site Managers, Residential Coordinator/QIDP and Area Residential Coordinators have completed a competency test regarding abuse, neglect and exploitation investigations and their roles. The Program Specialist or their designee will review and sign off on all abuse, neglect and exploitation investigations that are completed to ensure that the investigation is thorough prior to the recommendations being carried out. The Area Residential Coordinator or their designee will review and sign off on all unknown injury investigations that are completed within Therap GER's to ensure that the investigation is thorough. Support		

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			<p>Staff, Site Managers, Residential Coordinator/QIDP and Area Residential Coordinators will complete a competency test regarding the investigation process for unknown injuries, falls and peer to peer investigations.</p> <p>How will the corrective action be monitored to ensure the deficient practice will not recur? Site Manager will monitor via monthly home observation to ensure behavior plans are being implemented.QIDP will monitor via monthly home observation to ensure behavior plans are being implemented.The Area Residential Coordinator will monitor via monthly home observations to ensure that behavior plans are being implemented.The Area Residential will review peer to peers and unknown injury investigations to ensure that they are investigated thoroughly.Abuse, neglect, mistreatment and exploitation investigations will be reviewed by the Program Specialist or their designee as they occur. What is the date by which the systemic changes will be completed? November 20, 2013</p>		

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview, the facility failed to timely report 2 of 31 reports reviewed of physical aggression involving clients #4, #5 and client #7 to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>Findings include:</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 10/16/13 at 3:25 PM and included the following:</p> <ol style="list-style-type: none"> <li>1. A BDDS report dated 4/2/13 and reported 4/4/13 indicated client #4 hit client #5 while client #5 was in the shower.</li> <li>2. Additional BDDS reports were reviewed on 10/16/13 at 6:10 PM. A report dated 9/25/13 and reported 9/27/13 indicated client #4 was "agitated" and slapped client #7 on the left buttock.</li> </ol>	W000153	<p>W153 Staff Treatment of Clients The facility failed to timely report 2 of 3 reports reviewed of physical aggression involving clients 4, 5 and 7 to BDDS in accordance with state law. What corrective action will be accomplished? Training with QIDP regarding timely reporting and investigating peer to peer incidents and injuries of unknown origin. Timely as defined as: reported to administrator immediately, report filed to BDDS within 24 hours. Training with staff regarding the importance of reporting peer to peer and unknown injuries timely to their supervisor. Training with the Site Manager regarding the importance of reporting peer to peer and unknown injuries timely. Training with Support Staff and QIDP regarding how to complete unknown injury and peer to peer documentation in Therap GER's. Retrain Support Staff and QIDP on Occazio's policy #2105 abuse, neglect, exploitation. This policy also covers the investigation process for unknown injuries. Retrain QIDP regarding BDDS reporting requirements and survey</p>	11/20/2013			

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	<p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 10/16/13 at 4:40 PM. She indicated the incident involving clients #4 and #5 was reported late and stated, "There was no reason why."</p> <p>The Residential Coordinator was interviewed on 10/16/13 at 4:58 PM. She indicated staff had been retrained on reporting procedures.</p> <p>The QIDP indicated on 10/17/13 at 3:30 PM the incident on 8/25/13 involving physical aggression by client #4 to client #7 had not been reported to her and she was unaware of the incident between the clients until she read a General Events Reports (GER) dated 9/25/13 on 9/27/13.</p> <p>9-3-2(a)</p>		<p>regulations as they relate to incident reporting (W149, W153, W154, W155, W156 and W157).Residential Coordinators/QIDP were provided training regarding specific questions that need to be addressed in all investigations.Residential Coordinators/QIDP have been provided with checklist regarding investigations to ensure that all issues are addressed.Area Residential Coordinators have been trained on the components of an investigation to ensure that all components are completed and processes are followed. Materials for a portion of this training came from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH.Daily, weekly and monthly checklists will be created for the Site Manager, Residential Coordinator, and Area Residential Coordinator to ensure that the needs of the residents and the home are being monitored. These checklists include the review of accident/injury reports and behavior documentation. The Program Specialist will monitor these checklists and oversee the operations of the team. Training has been completed with potential investigation committee members to ensure that they understand all components of an investigation and their role as a committee member. Materials for a portion of this training came</p>		

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			<p>from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH.Site Managers, Residential Coordinator/QIDP and Area Residential Coordinators have completed a competency test regarding abuse, neglect and exploitation investigations and their roles.The Program Specialist or their designee will review and sign off on all abuse, neglect and exploitation investigations that are completed to ensure that the investigation is thorough prior to the recommendations being carried out.The Area Residential Coordinator or their designee will review and sign off on all unknown injury investigations that are completed within Therap GER's to ensure that the investigation is thorough.Support Staff, Site Managers, Residential Coordinator/QIDP and Area Residential Coordinators will complete a competency test regarding the investigation process for unknown injuries, falls and peer to peer investigations. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All other residents have the potential to be affected by the same deficient practice.The Area Residential Coordinator and QIDP will review peer to peer and unknown injuries to ensure that they have been</p>		

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			<p>reported in a timely manner. Training with QIDP regarding timely reporting and investigating peer to peer incidents and injuries of unknown origin. Training with staff regarding the importance of reporting peer to peer and unknown injuries timely to their supervisor. Training with the Site Manager regarding the importance of reporting peer to peer and unknown injuries timely. Training with Support Staff and QIDP regarding how to complete unknown injury and peer to peer documentation in Therap GER's. Retrain Support Staff and QIDP on Occazio's policy #2105 abuse, neglect, exploitation. This policy also covers the investigation process for unknown injuries. Retrain QIDP regarding BDDS reporting requirements and survey regulations as they relate to incident reporting (W149, W153, W154, W155, W156 and W157). Residential Coordinators/QIDP were provided training regarding specific questions that need to be addressed in all investigations. Residential Coordinators/QIDP have been provided with checklist regarding investigations to ensure that all issues are addressed. Area Residential Coordinators have been trained on the components of an investigation to ensure that all components are completed and processes are followed.</p>		

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			Materials for a portion of this training came from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH. Daily, weekly and monthly checklists will be created for the Site Manager, Residential Coordinator, and Area Residential Coordinator to ensure that the needs of the residents and the home are being monitored. These checklists include the review of accident/injury reports and behavior documentation. The Program Specialist will monitor these checklists and oversee the operations of the team. Training has been completed with potential investigation committee members to ensure that they understand all components of an investigation and their role as a committee member. Materials for a portion of this training came from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH. Site Managers, Residential Coordinator/QIDP and Area Residential Coordinators have completed a competency test regarding abuse, neglect and exploitation investigations and their roles. The Program Specialist or their designee will review and sign off on all abuse, neglect and exploitation investigations that are completed to ensure that the investigation is thorough prior to the recommendations being carried out. The Area Residential		

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			<p>Coordinator or their designee will review and sign off on all unknown injury investigations that are completed within Therap GER's to ensure that the investigation is thorough. Support Staff, Site Managers, Residential Coordinator/QIDP and Area Residential Coordinators will complete a competency test regarding the investigation process for unknown injuries, falls and peer to peer investigations. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>The Area Residential Coordinator and QIDP will review peer to peer and unknown injuries to ensure that they have been reported in a timely manner. Training with QIDP regarding timely reporting and investigating peer to peer incidents and injuries of unknown origin. Training with staff regarding the importance of reporting peer to peer and unknown injuries timely to their supervisor. Training with the Site Manager regarding the importance of reporting peer to peer and unknown injuries timely. Training with Support Staff and QIDP regarding how to complete unknown injury and peer to peer documentation in Therap GER's. Retrain Support Staff and QIDP on Occazio's policy #2105 abuse, neglect, exploitation. This policy also covers the investigation process</p>	

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			for unknown injuries. Retrain QIDP regarding BDDS reporting requirements and survey regulations as they relate to incident reporting (W149, W153, W154, W155, W156 and W157). Residential Coordinators/QIDP were provided training regarding specific questions that need to be addressed in all investigations. Residential Coordinators/QIDP have been provided with checklist regarding investigations to ensure that all issues are addressed. Area Residential Coordinators have been trained on the components of an investigation to ensure that all components are completed and processes are followed. Materials for a portion of this training came from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH. Daily, weekly and monthly checklists will be created for the Site Manager, Residential Coordinator, and Area Residential Coordinator to ensure that the needs of the residents and the home are being monitored. These checklists include the review of accident/injury reports and behavior documentation. The Program Specialist will monitor these checklists and oversee the operations of the team. Training has been completed with potential investigation committee members to ensure that they understand all components of an		

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			<p>investigation and their role as a committee member. Materials for a portion of this training came from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH. Site Managers, Residential Coordinator/QIDP and Area Residential Coordinators have completed a competency test regarding abuse, neglect and exploitation investigations and their roles. The Program Specialist or their designee will review and sign off on all abuse, neglect and exploitation investigations that are completed to ensure that the investigation is thorough prior to the recommendations being carried out. The Area Residential Coordinator or their designee will review and sign off on all unknown injury investigations that are completed within Therap GER's to ensure that the investigation is thorough. Support Staff, Site Managers, Residential Coordinator/QIDP and Area Residential Coordinators will complete a competency test regarding the investigation process for unknown injuries, falls and peer to peer investigations. How will the corrective action be monitored to ensure the deficient practice will not recur? QIDP will review incident reports daily to ensure that all peer to peer incidents have been reported. Area Residential Coordinator will review incident</p>		

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			reports daily to ensure that all peer to peer incidents have been reported. In the event it is determined that incidents are not reported timely, disciplinary action will occur. What is the date by which the systemic changes will be completed? November 20, 2013	

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed to document a thorough investigation in regards to injuries of unknown origin (clients #5 and #6).</p> <p>Findings include:</p> <p>The facility's General Event Reports (GER) were reviewed on 10/16/13 at 6:20 AM. A report dated 4/24/13 for client #5 indicated "Staff seen (sic) 3 bruises on her left leg. When staff asked how she got there (sic) she told staff she doesn't (sic) know." There was no additional information to indicate the bruises had been investigated. A report dated 7/5/13 indicated for client #6 a bruise "undetermined" in cause was discovered on her right arm, "multi-colored." There was no additional information to indicate the bruise had been investigated.</p> <p>The QIDP was interviewed on 10/16/13 at 6:35 PM and indicated the injuries had not been investigated, and stated, "I know I'm supposed to."</p> <p>9-3-2(a)</p>	W000154	<p>W154 Staff Treatment of Clients The facility failed to document a thorough investigation in regards to injuries of unknown origin. What corrective action will be accomplished? Training with QIDP regarding reporting and investigating peer to peer incidents and injuries of unknown origin. Training with Support Staff and QIDP regarding how to complete unknown injury and peer to peer documentation in Therap GER's. Retrain Support Staff and QIDP on Occazio's policy #2105 abuse, neglect, exploitation. This policy also covers the investigation process for unknown injuries. Retrain QIDP regarding BDDS reporting requirements and survey regulations as they relate to incident reporting (W149, W153, W154, W155, W156 and W157). Residential Coordinators/QIDP were provided training regarding specific questions that need to be addressed in all investigations. Residential Coordinators/QIDP have been provided with checklist regarding investigations to ensure that all issues are addressed. Area Residential Coordinators have been trained on the components of an investigation to ensure that</p>	11/20/2013			

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			all components are completed and processes are followed. Materials for a portion of this training came from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH. Daily, weekly and monthly checklists will be created for the Site Manager, Residential Coordinator, and Area Residential Coordinator to ensure that the needs of the residents and the home are being monitored. These checklists include the review of accident/injury reports and behavior documentation. The Program Specialist will monitor these checklists and oversee the operations of the team. Training has been completed with potential investigation committee members to ensure that they understand all components of an investigation and their role as a committee member. Materials for a portion of this training came from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH. Site Managers, Residential Coordinator/QIDP and Area Residential Coordinators have completed a competency test regarding abuse, neglect and exploitation investigations and their roles. The Program Specialist or their designee will review and sign off on all abuse, neglect and exploitation investigations that are completed to ensure that the investigation is thorough prior to the	

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			<p>recommendations being carried out. The Area Residential Coordinator or their designee will review and sign off on all unknown injury investigations that are completed within Therap GER's to ensure that the investigation is thorough. Support Staff, Site Managers, Residential Coordinator/QIDP and Area Residential Coordinators will complete a competency test regarding the investigation process for unknown injuries, falls and peer to peer investigations. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All other residents have the potential to be affected by the same deficient practice. The Area Residential Coordinator will review peer to peer and unknown injuries to ensure that they have been thoroughly investigated. Training with QIDP regarding reporting and investigating peer to peer incidents and injuries of unknown origin. Training with Support Staff and QIDP regarding how to complete unknown injury and peer to peer documentation in Therap GER's. Retrain Support Staff and QIDP on Occazio's policy #2105 abuse, neglect, exploitation. This policy also covers the investigation process for unknown injuries. Retrain QIDP regarding BDDS reporting requirements and survey</p>		

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			<p>regulations as they relate to incident reporting (W149, W153, W154, W155, W156 and W157).Residential Coordinators/QIDP were provided training regarding specific questions that need to be addressed in all investigations.Residential Coordinators/QIDP have been provided with checklist regarding investigations to ensure that all issues are addressed.Area Residential Coordinators have been trained on the components of an investigation to ensure that all components are completed and processes are followed. Materials for a portion of this training came from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH.Daily, weekly and monthly checklists will be created for the Site Manager, Residential Coordinator, and Area Residential Coordinator to ensure that the needs of the residents and the home are being monitored. These checklists include the review of accident/injury reports and behavior documentation. The Program Specialist will monitor these checklists and oversee the operations of the team. Training has been completed with potential investigation committee members to ensure that they understand all components of an investigation and their role as a committee member. Materials for a portion of this training came</p>		

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			<p>from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH.Site Managers, Residential Coordinator/QIDP and Area Residential Coordinators have completed a competency test regarding abuse, neglect and exploitation investigations and their roles.The Program Specialist or their designee will review and sign off on all abuse, neglect and exploitation investigations that are completed to ensure that the investigation is thorough prior to the recommendations being carried out.The Area Residential Coordinator or their designee will review and sign off on all unknown injury investigations that are completed within Therap GER's to ensure that the investigation is thorough.Support Staff, Site Managers, Residential Coordinator/QIDP and Area Residential Coordinators will complete a competency test regarding the investigation process for unknown injuries, falls and peer to peer investigations. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>The Area Residential Coordinator will review peer to peer and unknown injuries to ensure that they have been thoroughly investigated.Training with QIDP regarding reporting and investigating peer to peer</p>		

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			<p>incidents and injuries of unknown origin. Training with Support Staff and QIDP regarding how to complete unknown injury and peer to peer documentation in Therap GER's. Retrain Support Staff and QIDP on Occazio's policy #2105 abuse, neglect, exploitation. This policy also covers the investigation process for unknown injuries. Retrain QIDP regarding BDDS reporting requirements and survey regulations as they relate to incident reporting (W149, W153, W154, W155, W156 and W157). Residential Coordinators/QIDP were provided training regarding specific questions that need to be addressed in all investigations. Residential Coordinators/QIDP have been provided with checklist regarding investigations to ensure that all issues are addressed. Area Residential Coordinators have been trained on the components of an investigation to ensure that all components are completed and processes are followed. Materials for a portion of this training came from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH. Daily, weekly and monthly checklists will be created for the Site Manager, Residential Coordinator, and Area Residential Coordinator to ensure that the needs of the residents and the home are being monitored. These</p>	

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			checklists include the review of accident/injury reports and behavior documentation. The Program Specialist will monitor these checklists and oversee the operations of the team. Training has been completed with potential investigation committee members to ensure that they understand all components of an investigation and their role as a committee member. Materials for a portion of this training came from the "Components of a Thorough Investigation" presented by Steve Corya, ISDH. Site Managers, Residential Coordinator/QIDP and Area Residential Coordinators have completed a competency test regarding abuse, neglect and exploitation investigations and their roles. The Program Specialist or their designee will review and sign off on all abuse, neglect and exploitation investigations that are completed to ensure that the investigation is thorough prior to the recommendations being carried out. The Area Residential Coordinator or their designee will review and sign off on all unknown injury investigations that are completed within Therap GER's to ensure that the investigation is thorough. Support Staff, Site Managers, Residential Coordinator/QIDP and Area Residential Coordinators will complete a competency test regarding the investigation		

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			process for unknown injuries, falls and peer to peer investigations. How will the corrective action be monitored to ensure the deficient practice will not recur? QIDP will review incident reports daily to ensure that all peer to peer incidents have been reported. Area Residential Coordinator will review incident reports daily to ensure that all peer to peer incidents have been reported. The Area Residential Coordinator will review peer to peer and unknown injuries to ensure that they have been thoroughly investigated. What is the date by which the systemic changes will be completed? November 20, 2013		

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W000164	<p>483.430(b)(1) PROFESSIONAL PROGRAM SERVICES Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual program plan.</p> <p>Based on record review, observation and interview for 2 of 4 sampled clients (clients #1 and #4), the facility failed to assure the professional program services clinician (behavioral consultant) was available in the group home to develop and ensure implementation of behavior plans to their behaviors.</p> <p>Findings include:</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 10/16/13 at 3:25 PM and included the following:</p> <p>1. A BDDS report dated 4/2/13 and reported 4/4/13 indicated client #4 hit client #5 while client #5 was in the shower. The report indicated client #4 communicated in one word sentences and it was uncertain as to the cause of the physical aggression between the clients. The report indicated client #4 had a plan to address physically aggressive behavior and staff would follow her plan and ensure client #4 did not enter the bathroom in the future when other clients</p>	W000164	<p>W164 Professional Program Services The facility failed to assure the professional program services clinician (behavioral consultant) was available in the group home to develop and ensure implementation of behavior plans to their behaviors.</p> <p>What corrective action will be accomplished? IDT to meet to discuss Client #1 and #4's behavior plans to determine if any revisions need to be made. Observations will be completed on Client #1 and #4 by a qualified coordinator. Staff training will be completed on Client #1 and #4's BSP and the behavior needs of the observations that are identified. Client #1 and #4's BSP's will be reviewed and revised by a qualified coordinator.</p> <p>How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the same deficient practice. The behavior plans of clients in the home will be reviewed by a qualified coordinator; appropriate revisions will be made. Observations will be completed by a qualified</p>	11/20/2013	

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	<p>were showering.</p> <p>2. A BDDS report dated 8/7/13 indicated client #4 became physically aggressive on the van and was physically restrained to prevent her from harming other clients. The report indicated there was a plan in place to address client #4's physically aggressive behavior.</p> <p>3. Additional BDDS reports were reviewed on 10/16/13 at 6:10 PM. A report dated 9/25/13 and reported 9/27/13 indicated client #4 was "agitated" and slapped client #7 on the left buttock. The report indicated client #4 had a behavior plan to address physical aggression and staff would continue to follow the plan and intervene to prevent injury to others. An attached Peer to Peer Questions dated 9/25/13 indicated client #7 was completing a chore in the kitchen. Staff #3 "heard a resident screaming and I came to see what was going on," and "What appeared to be the triggering factor to the incident? Nothing it came out of nowhere." Client #7 was not injured in the incident which had occurred in the group home's kitchen, and client #4 was prompted to stop and was praised for calming down.</p> <p>Client #7 was interviewed on 10/17/13 at 9:50 AM. When asked if she felt safe in</p>		<p>coordinator. Staff training will be provided based on the outcomes of the observations. The QIDP will monitor the residents programming and behavior needs on a regular basis. As the resident's needs change or new concerns are identified, changes will be reflected in their programming, assessments, ISP and behavior plan. QIDP will review behavior data monthly and forward report to a qualified coordinator for review and recommendations. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The behavior plans of clients in the home will be reviewed by a qualified coordinator; appropriate revisions will be made. Observations will be completed by a qualified coordinator. Staff training will be provided based on the outcomes of the observations. The QIDP will monitor the residents programming and behavior needs on a regular basis. As the resident's needs change or new concerns are identified, changes will be reflected in their programming, assessments, ISP and behavior plan. QIDP will review behavior data monthly and forward report to a qualified coordinator for review and recommendations. How will the corrective action be monitored to ensure the deficient practice will</p>		

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	<p>the group home, she stated, "At times I don't feel safe with [client #4]...If she's mad, she'll attack you out of nowhere. It's not safe. It's dangerous."</p> <p>The Service Coordinator for day services was interviewed on 10/17/13 at 10:35 AM. He indicated there had been a meeting and change in behavior plan for client #4 due to recent behavioral incidents involving physical aggression. He indicated staff were being injured when they attempted to block client #4 from physical aggression to other clients. He indicated client #4 was to be removed from the area to a room with an open door by wheeling her wheelchair into the room if necessary and staff were not to interact with her until calm as part of her behavior plan.</p> <p>Case Conference Minutes dated 9/26/13 was reviewed on 10/17/13 at 10:35 AM and indicated client #4 "has had some behavior issues in her new group. The current behavior plan is house specific, but not workshop specific. [Day services] is having difficulty redirecting [client #4] and she is becoming physically aggressive with staff." The notes indicated client #4 was to be removed from the area and "planned ignorance except when you calm, no friends talk...during behavior...no appeasement to get through</p>		<p>not recur? QIDP will review behavior data monthly and forward report to a qualified coordinator for review and recommendations. A qualified coordinator will monitor via monthly home observation to ensure behavior plans are being implemented. The Area Residential Coordinator will monitor via monthly home observations to ensure that behavior plans are being implemented. The Site Manager will monitor via monthly home observations to ensure that the behavior plans are being implemented. The QIDP will monitor via monthly home observations to ensure behavior plans are being implemented. What is the date by which the systemic changes will be completed? November 20, 2013</p>				

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	<p>situation."</p> <p>Client #4's record was reviewed on 10/17/13 at 1:35 PM. A Behavior Plan dated 5/31/13 indicated target behaviors of Inappropriate Coping Skills: screaming, yelling, Inappropriate Social Skills: crying that is not appropriate to the situation, agitation (upset, able to calm) that is not appropriate to the situation, Physical Aggression: hitting, kicking, biting, throwing objects at people with the intent to harm, Self Injurious Behavior (SIB): biting arms/hand, hitting self, and head banging. The plan included the use of a two person escort to assist her to another area or her bedroom to calm.</p> <p>Client #1's plan was reviewed on 10/17/13 at 12:31 PM. Client #1's Behavior Plan dated 6/14/13 indicated target behaviors of Unacceptable Social Behaviors: calling individuals on her "Not approved" list, monopolizing the phone so her housemates cannot make or receive phone calls, Unacceptable Sexual interaction; soliciting staff and peers for sex, touching staff or peers in and unacceptable way, sexual comments, or standing too closely to others, privacy (entering another person's bedroom), agitation: screaming/yelling/cussing at staff and peers, slamming doors, crying, short tempered, physical aggression:</p>						

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	<p>hitting/pushing/slapping staff or peers; threatening physical aggression, PTSD (Post Traumatic Stress Disorder): "displayed as reports of bad dreams, reports of fears that [name] is going to hurt her or her children, being easily startled, and having feelings of anger." The plan included "If [client #1] were to revert back to past behaviors, and she became aggressive, had uncontrollable emotional mood swings, or left the house unsupervised, staff will call 911 to call for assistance and request that she be evaluated at the ER (emergency room) for a psychological evaluation."</p> <p>The QIDP was interviewed on 10/17/13 at 2:52 PM. She indicated there had been no interdisciplinary team (IDT) meetings regarding client #4's aggression except to address issues at work. She indicated a meeting had been held on 9/26/13 to address client #4's behaviors at work. She indicated client #4 and #1's plans had not been developed by a behavioral consultant.</p> <p>9-3-3(a)</p>			

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W000220	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include speech and language development.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (client #4), the facility failed to re-evaluate her specific needs in the area of communication skills.</p> <p>Findings include:</p> <p>During observations at the group home on 10/16/13 from 5:05 PM until 6:45 PM, and again on 10/17/13 from 6:17 AM until 8:10 AM, client #4 yelled loudly to gain attention of staff, and staff would ask her questions to determine what she was attempting to communicate. Client #4 nodded her head yes or no in response to their questions. Client #4 was not observed to use sign language or a communication book during the observation.</p> <p>Client #4's record was reviewed on 10/17/13 at 1:35 PM. The ISP Plan dated 8/4/13 indicated client #4 "communicates using some verbals (sic), but mostly through the assistance of a communication and sign language. She is not always able to specifically communicate her wants and needs and can become extremely agitated in the</p>	W000220	<p>W220 Individual Program Plan The facility failed to re-evaluate Client 4's specific needs in the area of communication. What corrective action will be accomplished? Client 4 will have a speech evaluation done to assess her communication needs. Formal programming for Client 4 will be implemented in accordance with recommendations from speech therapist. Client 4's ISP and IPOP assessments will be updated to reflect the recommendations made in the speech evaluation. The IDT will meet to discuss the use of Client #4's communication book. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the same deficient practice. The QIDP will review the resident's most recent speech evaluations. If necessary, an updated evaluation will be requested. The QIDP will review the residents' speech evaluations and will implement programming based on the recommendations. The QIDP will monitor the residents programming and behavior needs on a regular basis. As the</p>	11/20/2013			

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	<p>communication process if she is not understood." The ISP Plan included an ISP Program to "Apologize/sign," and indicated "Staff will demonstrate the sign for 'sorry' and ask [client #4] to apologize to peer or staff (anyone that she hit/kicked or attempted to hit/kick)." Client #4 was to show the sign for "sorry." Staff were to demonstrate the sign for "wrong" and ask client #4 if what she did was wrong, and client #4 was to give the sign for "wrong."</p> <p>An Individual Plan of Protective Oversight-General Information dated 8/4/13 indicated in the area of Communication Abilities, client #4 required the use of a communication book, "verbal prompt needed at times," and client #4 communicated her wants and needs with "verbal, signs." Client #4 "communicates with one-word verbalizations and uses some signs to communicate." A Behavior Plan dated 5/31/13 indicated target behaviors of Inappropriate Coping Skills (ICS) : screaming, yelling, Inappropriate Social Skills: crying that is not appropriate to the situation, agitation (upset, able to calm) that is not appropriate to the situation, Physical Aggression: hitting, kicking, biting, throwing objects at people with the intent to harm, Self Injurious Behavior (SIB): biting arms/hand, hitting self, and head banging. The plan included the use</p>		<p>resident's needs change or new concerns are identified, changes will be reflected in their programming, assessments, ISP and behavior plan.QIDP and IDT will review recommendations of speech therapist at annual ISP to ensure that recommendations are carried out. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The QIDP will review the resident's most recent speech evaluations. If necessary, an updated evaluation will be requested.The QIDP will review the residents' speech evaluations and will implement programming based on the recommendations.The QIDP will monitor the residents programming and behavior needs on a regular basis. As the resident's needs change or new concerns are identified, changes will be reflected in their programming, assessments, ISP and behavior plan.QIDP and IDT will review recommendations of speech therapist at annual ISP to ensure that recommendations are carried out. How will the corrective action be monitored to ensure the deficient practice will not recur? Area Residential Coordinator will review recommendations from speech therapist upon receipt and review programming to ensure recommendations are carried out.QIDP and IDT will review</p>				

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	<p>of a two person escort to assist her to another area or her bedroom to calm.</p> <p>A speech therapy evaluation dated 2/20/11 indicated "Communication should focus on the following areas: a) Increasing her ability to sign language/vocabulary skills. Staff should target 2-3 activities/objects which are highly motivating to [client #4] (help, more, magazine/book, specific leisure objects, etc)...b) increase ability to identify common objects upon request." The methodology indicated staff should model the signs for the objects and activity and encourage client #4 to use the signs to build her vocabulary during everyday activities. Client #4 was to be encouraged to participate in social activities to promote vocabulary and language development, such as "Uno, Go Fish, Memory, Concentration, etc." The evaluation indicated client #4 should be re-evaluated in 2 years (2013) "or sooner should concerns arise."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) and the Site Manager were interviewed on 10/17/13 at 2:52 PM. The Site Manager stated client #4 would go "into a rage" if asked to use her communication book, and it was no longer in use. The QIDP indicated there had been no revision to client #4's plan to</p>		<p>recommendations of speech therapist at annual ISP to ensure that recommendations are carried out. The QIDP will monitor as they complete their monthly data collection. What is the date by which the systemic changes will be completed? November 20, 2013</p>				

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	address her needs in communicating her needs to others, and client #4 had not been re-evaluated for her needs in speech.  9-3-4(a)			

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W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, interview and record review for 2 of 4 sampled clients (clients #3 and #4), the Individual Support Plan (ISP) failed to address their specific needs in the area of communication skills.</p> <p>Findings include:</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 10/16/13 at 3:25 PM and included the following:</p> <p>1. A BDDS report dated 4/2/13 and reported 4/4/13 indicated client #4 hit client #5 while client #5 was in the shower. The report indicated client #4 communicated in one word sentences and it was uncertain as to the cause of the physical aggression between the clients.</p> <p>A BDDS report dated 8/7/13 indicated client #4 became physically aggressive on the van and was physically restrained to prevent her from harming other clients. The report indicated there was a plan in</p>	W000227	<p>W227 Individual Program Plan The Individual Support Plan failed to address Client 3 and 4's specific needs in the area of communication skills. What corrective action will be accomplished? Client 3 and 4 will have a speech evaluation done to assess her communication needs. ISP's and IPOP's for client 3 and 4 will be updated to include recommendations from speech therapist. Formal programming for Client 3 and 4 will be implemented in accordance with recommendations from speech therapist. The IDT will meet to discuss the use of Client #4's communication book. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the same deficient practice. The QIDP will review the resident's most recent speech evaluations. If necessary, an updated evaluation will be requested. The QIDP will review the residents' speech evaluations and will implement programming based on the recommendations. The QIDP will monitor the residents</p>	11/20/2013			

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	<p>place to address client #4's physically aggressive behavior. The report indicated client #4 was eventually able to communicate she was upset at leaving a friend at work.</p> <p>Additional BDDS reports were reviewed on 10/16/13 at 6:10 PM. A report dated 9/25/13 and reported 9/27/13 indicated client #4 was "agitated" and slapped client #7 on the left buttock. The report indicated client #4 had a behavior plan to address physical aggression and staff would continue to follow the plan and intervene to prevent injury to others. An attached Peer to Peer Questions dated 9/25/13 indicated client #7 was completing a chore in the kitchen. Staff #3 "heard a resident screaming and I came to see what was going on," and "What appeared to be the triggering factor to the incident? Nothing it came out of nowhere."</p> <p>During observations at the group home on 10/16/13 from 5:05 PM until 6:45 PM, and again on 10/17/13 from 6:17 AM until 8:10 AM, client #4 yelled loudly to gain attention of staff, and staff would ask her questions to determine what she was attempting to communicate. Client #4 nodded her head yes or no in response to their questions. Client #4 was not observed to use sign language or a</p>		<p>programming and behavior needs on a regular basis. As the resident's needs change or new concerns are identified, changes will be reflected in their programming, assessments, ISP and behavior plan. QIDP and IDT will review recommendations of speech therapist at annual ISP to ensure that recommendations are carried out. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The QIDP will review the resident's most recent speech evaluations. If necessary, an updated evaluation will be requested. The QIDP will review the residents' speech evaluations and will implement programming based on the recommendations. The QIDP will monitor the residents programming and behavior needs on a regular basis. As the resident's needs change or new concerns are identified, changes will be reflected in their programming, assessments, ISP and behavior plan. QIDP and IDT will review recommendations of speech therapist at annual ISP to ensure that recommendations are carried out. How will the corrective action be monitored to ensure the deficient practice will not recur? Area Residential Coordinator will review recommendations from speech therapist upon receipt and review programming to ensure</p>	

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	<p>communication book during the observation. Client #3 was able to answer questions with gestures and nodding her head yes or no, and spoke slowly. Her speech was not able to be understood at times by the surveyor.</p> <p>Client #3's record was reviewed on 10/17/13 at 11:45 AM. A Plan of Protective Oversight-General Information dated 7/13/13 indicated client #3 "communicates her wants and needs through verbalizations. She may be difficult to understand, and staff may need to take their time listening to her." A speech evaluation dated 11/20/12 indicated recommendations to: "a) increasing comprehension of general information questions..., b) increasing conversational intelligibility using slow, over-articulated speech...At some time during the day, staff should target this goal during 1-1 interaction with [client #3] for 2-3 minutes..." Client #3's ISP (Individual Support Plan) dated 7/13/13 included an objective to sign "restroom," but did not include an objective to speak slowly.</p> <p>Client #4's record was reviewed on 10/17/13 at 1:35 PM. The ISP Plan dated 8/4/13 indicated client #4 "communicates using some verbals (sic), but mostly through the assistance of a</p>		<p>recommendations are carried out.QIDP and IDT will review recommendations of speech therapist at annual ISP to ensure that recommendations are carried out.The QIDP will monitor as they complete their monthly data collection. What is the date by which the systemic changes will be completed? November 20, 2013</p>				

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	<p>communication and sign language. She is not always able to specifically communicate her wants and needs and can become extremely agitated in the communication process if she is not understood. The ISP Plan included an ISP Program to "Apologize/sign," and indicated "Staff will demonstrate the sign for "sorry" and ask [client #4] to apologize to peer or staff (anyone that she hit/kicked or attempted to hit/kick)." Client #4 was to show the sign for "sorry." Staff were to demonstrate the sign for "wrong" and ask client #4 if what she did was wrong, and client #4 was to give the sign for "wrong."</p> <p>An Individual Plan of Protective Oversight-General Information dated 8/4/13 indicated in the area of Communication Abilities, client #4 required the use of a communication book, "verbal prompt needed at times," and client #4 communicated her wants and needs with "verbal, signs." Client #4 "communicates with one-word verbalizations and uses some signs to communicate."</p> <p>A Behavior Plan dated 5/31/13 indicated target behaviors of Inappropriate Coping Skills (ICS): screaming, yelling, Inappropriate Social Skills: crying that is not appropriate to the situation, agitation</p>			

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	<p>(upset, able to calm) that is not appropriate to the situation, Physical Aggression: hitting, kicking, biting, throwing objects at people with the intent to harm, Self Injurious Behavior (SIB): biting arms/hand, hitting self, and head banging. The plan included the use of a two person escort to assist her to another area or her bedroom to calm and indicated client #4 was to identify her feelings on her communication chart (hanging in her bedroom) if she exhibited yelling and screaming and was unable to be redirected.</p> <p>A speech therapy evaluation dated 2/20/11 indicated "Communication should focus on the following areas: a) Increasing her ability to sign language/vocabulary skills. Staff should target 2-3 activities/objects which are highly motivating to [client #4] (help, more, magazine/book, specific leisure objects, etc)...b) increase ability to identify common objects upon request." The methodology indicated staff should model the signs for the objects and activity and encourage client #4 to use the signs to build her vocabulary during everyday activities. Client #4 was to be encouraged to participate in social activities to promote vocabulary and language development, such as "Uno, Go Fish, Memory, Concentration, etc."</p>						

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	<p>The QIDP (Qualified Intellectual Disabilities Professional) and the Site Manager were interviewed on 10/17/13 at 2:52 PM. The Site Manager stated client #4 would go "into a rage" if asked to use her communication book, and it was no longer in use. She reviewed client #4's past communication objectives which had been met and indicated client #4 had worked on the signs for "toilet, eat, help, restroom, and thank you" in the past. The QIDP indicated there had been no revision to client #4's plan to address her needs in communicating her needs to others, and client #3's ISP did not include the objective to speak slowly. She indicated client #3 and #4's ISPs should address the recommendations listed in their speech evaluations.</p> <p>9-3-4(a)</p>				

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W000263	<p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; 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, the facility failed to ensure informed consent was obtained from the guardian for 1 of 4 sampled clients (client #1) with restrictive interventions in their plans to address their behaviors (psychotropic medications, physical holds, and calling 911).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 10/17/13 at 12:31 PM. Client #1's Individual Plan of Protective Oversight dated 7/29/13 indicated client #1 had a guardian, and "is aware of her rights but can easily be taken advantage of. She is dependent upon her staff and her guardian to ensure her rights are not violated....She does not comprehend or understand everything that she is told. She has a legal guardian. The IDT would meet prior to any medical procedures to obtain consent." Client #1's Behavior Plan dated 6/14/13 indicated target behaviors of Unacceptable Social Behaviors: calling individuals on her "Not approved" list,</p>	W000263	<p>W263 Program Monitoring and Change The facility failed to ensure informed consent was obtained from the guardian for Client 1 with restrictive interventions in their plans to address their behaviors (psychotropic medications, physical abuse and calling 911). What corrective action will be accomplished? Signature for behavior plan for Client 1 has been obtained from guardian. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the same deficient practice. The QIDP will review all client files to ensure that guardians have given consent for restrictions. QIDP will document communication with guardian in regard to signatures, etc. QIDP will document on IDT when guardian is present by phone for meetings that they are unable to attend. QIDP will document all correspondence between guardian and IDT. What measures will be put into place or what systemic changes will be made to ensure that the deficient</p>	11/20/2013	

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	<p>monopolizing the phone so her housemates cannot make or receive phone calls, Unacceptable Sexual interaction; soliciting staff and peers for sex, touching staff or peers in and unacceptable way, sexual comments, or standing too closely to others, privacy (entering another person's bedroom), agitation: screaming/yelling/cussing at staff and peers, slamming doors, crying, short tempered, physical aggression: hitting/pushing/slapping staff or peers; threatening physical aggression, PTSD (Post Traumatic Stress Disorder): "displayed as reports of bad dreams, reports of fears that [name] is going to hurt her or her children, being easily startled, and having feelings of anger." The plan included "If [client #1] were to revert back to past behaviors, and she became aggressive, had uncontrollable emotional mood swings, or left the house unsupervised, staff will call 911 to call for assistance and request that she be evaluated at the ER (emergency room) for a psychological evaluation." Client #1's plan included the use of Prozac, Abilify to address symptoms of PTSD (post traumatic stress disorder) and depression. There was no evidence of informed consent of client #1's plan. The facility's HRC signed approval for client #1's plan on 7/28/13.</p>		<p>practice does not recur: The QIDP will review all client files to ensure that guardians have given consent for restrictions. QIDP will document communication with guardian in regard to signatures, etc. QIDP will document on IDT when guardian is present by phone for meetings that they are unable to attend. QIDP will document all correspondence between guardian and IDT. How will the corrective action be monitored to ensure the deficient practice will not recur? Area Residential Coordinator will review files of clients quarterly to ensure signatures are present. The QIDP will monitor quarterly as they review the client files. The QIDP will track the progress of obtaining the required signatures until all signatures are obtained. What is the date by which the systemic changes will be completed? November 20, 2013</p>				

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	The QIDP was interviewed on 10/17/13 at 2:52 PM. She indicated she had been unable to obtain written informed consent from client #1's guardian.  9-3-4(a)				

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W000368	<p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based upon record review and interview for 3 of 4 sampled clients (clients #1, #3 and #4), and 2 additional clients (clients #6 and #7), the facility failed to ensure medications were passed as indicated in physician's orders.</p> <p>Findings include:</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 10/16/13 at 2:40 PM and included the following:</p> <p>1. A BDDS report dated 3/2/13 indicated client #8 did not receive her evening dose of Cephalexin (antibiotic). The pharmacy failed to deliver the medication to the group hone in time for the dose. The report indicated the medication had been ordered for refill, but was not delivered as scheduled and the facility was changing pharmacies.</p> <p>2. A BDDS report dated 3/28/13 indicated client #4 "did not receive ferrous sulfate (iron supplement) at 8:00 AM, resulting in a med (medication) error." The report</p>	W000368	<p>W368 Drug Administration The facility failed to ensure medications were passed as indicated in physician's orders for Clients #1, #3, #4, #6, and #7. What corrective action will be accomplished? Disciplinary action has already occurred for staff members with documented medication errors. All support staff will be trained regarding medication procedures, policy, and the importance of following the physicians orders How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the same deficient practice. All support staff will be retrained regarding medication procedures, policy and the importance of following the physicians orders. Site Manager will monitor and document one random observation per month with support staff. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: All support staff will be retrained regarding medication procedures, policy and the importance of following the physicians orders. Site Manager will monitor</p>	11/20/2013	

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	<p>indicated staff would would retrained on medication administration.</p> <p>3. A BDDS report dated 6/20/13 indicated staff #7 gave client #5 another unidentified client's Levothyroxine (hypothyroidism) 100 mcg (micrograms) in error. Client #5 was to receive 50 mcg of Levothyroxine. Client #5's physician was contacted and indicated client #5's 50 mcg dose of Levothyroxine was to be withheld the next morning. The report indicated staff #7 was suspended from passing medications until she was retrained.</p> <p>4. A BDDS report dated 8/10/13 indicated client #7 did not receive her 7:00 AM Levothyroxine. The report indicated staff would be retrained on medication administration.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 10/17/13 at 2:52 PM. She indicated staff had been retrained on administering medications to address the medication errors.</p> <p>The group home nurse was interviewed on 10/21/13 at 11:57 AM and indicated staff were retrained when medication errors occurred.</p>		<p>and document one random observation per month with support staff. How will the corrective action be monitored to ensure the deficient practice will not recur? QIDP will review med practicums monthly. Area Residential Coordinator will review med practicums monthly. The Site Manager will complete at least one random medication practicum monthly. What is the date by which the systemic changes will be completed? November 20, 2013</p>				

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	9-3-6(a)				

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, interview and record review, the facility failed to ensure a wheelchair was in good condition for 1 of 2 clients who used wheelchairs for mobility (client #3).</p> <p>Findings include:</p> <p>The facility's General Events Reports (GER) were reviewed on 10/16/13 at 6:20 PM. A report dated 8/24/13 indicated client #3 nearly fell from her wheelchair at a bowling alley, though staff were able to prevent her from falling. The report indicated client #3's wheelchair rolled despite the wheelchair's locked wheels.</p> <p>Observations were completed at the group home on 10/16/13 from 5:05 PM until 6:45 PM and again on 10/17/13 from 6:17 AM until 8:10 AM. Client #3's armrests of her wheelchair were missing and had cracked and missing vinyl exposing the foam pad. Her seat had cracked vinyl along the edge of the seat.</p>	W000436	<p>W436 Space and Equipment The facility failed to ensure a wheelchair was in good condition for Client 3. What corrective action will be accomplished? Client 3's wheelchair will be evaluated to ensure it is in proper working condition. Client 3's wheelchair will be reassessed annually or as recommended to ensure that it is still meeting the needs as intended for her use. Client #3's MAR will be updated to include an entry/prompt for staff to ensure her chair is in good working condition. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the same deficient practice. QIDP will monitor condition of adaptive equipment during weekly home observations. Area Residential Coordinator will monitor condition of adaptive equipment during weekly home observations. Individual's utilizing wheelchairs will have them reassessed annually or as</p>	11/20/2013			

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	<p>Client #3's record was reviewed on 10/17/13 at 11:45 AM. There was no evidence of an evaluation of client #3's wheelchair's condition.</p> <p>The QIDP (Quality Intellectual Disabilities Professional) and Site Manager were interviewed on 10/16/13 at 6:35 PM. When asked about the incident involving client #3's wheelchair, the Site Manager stated client #3's "She needs a new one... the brakes were worn out," and indicated the seat was cracked. The QIDP indicated she would check on a wheelchair evaluation for client #3.</p> <p>The QIDP indicated on 10/18/13 at 1:10 PM there was no record of an evaluation of the condition of client #3's wheelchair.</p> <p>9-3-7(a)</p>		<p>recommended to ensure that it is still meeting the needs as intended for their use. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: QIDP will monitor condition of adaptive equipment during weekly home observations. Area Residential Coordinator will monitor condition of adaptive equipment during weekly home observations. Individual's utilizing wheelchairs will have them reassessed annually or as recommended to ensure that it is still meeting the needs as intended for their use How will the corrective action be monitored to ensure the deficient practice will not recur? Program Specialist will review home observations to ensure there are no concerns with adaptive equipment or that identified concerns are being addressed appropriately. QIDP will monitor condition of adaptive equipment during weekly home observations. The Site Manager will monitor the condition of adaptive equipment during their home observations at least weekly. Area Residential Coordinator will monitor condition of adaptive equipment during weekly home observations. The nurse will monitor as they complete their chart audits and home observations. What is the date by which the systemic</p>		

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			changes will be completed? November 20, 2013		

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W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3, and #4), and 4 additional clients (#5, #6, #7, and #8), to ensure an evacuation drill was conducted quarterly for the day shift of personnel (4:00 AM - 4:00 PM).</p> <p>Findings include:</p> <p>The facility's evacuation drills were reviewed on 10/17/13 at 12:00 PM. The review indicated the facility had failed to conduct evacuation drills for clients #1, #2, #3, #4, #5, #6, #7, and #8 for the day shift (4:00 AM until 4:00 PM for the first quarter (January, February, and March) of 2013 period from 12/18/12 until 4/3/13.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 10/17/13 at 2:52 PM. The QIDP indicated she was unable to locate any further evacuation drills for the day shift for clients #1, #2, #3, #4, #5, #6, #7, and #8.</p> <p>9-3-7(a)</p>	W000440	W440 Evacuation Drills The facility failed to ensure an evacuation drill was conducted for the day shift of personnel (4a to 4p). What corrective action will be accomplished? SMs trained on regulations regarding evacuation drills. The importance of ensuring that evacuation drills are ran at least quarterly for each shift of personnel will be reviewed with the staff, Site Manager and RC during their team meetings. A drill tracking sheet will be utilized by the RC and Site Manager to ensure that drills for each shift of personnel are being conducted. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All clients have the potential to be affected by this deficient practice. The importance of ensuring that evacuation drills are ran at least quarterly for each shift of personnel will be reviewed with the staff, Site Manager and RC during their team meetings. A drill tracking sheet will be utilized by the RC and Site Manager to ensure that drills for each shift of personnel are being conducted. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:	11/20/2013			

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			The importance of ensuring that evacuation drills are ran at least quarterly for each shift of personnel will be reviewed with the staff, Site Manager and RC during their team meetings. A drill tracking sheet will be utilized by the RC and Site Manager to ensure that drills for each shift of personnel are being conducted. How will the corrective action be monitored to ensure the deficient practice will not recur? Area Residential Coordinator and Residential Coordinator will review drills monthly to ensure drills are being properly run. What is the date by which the systemic changes will be completed? November 20, 2013.		

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W000488	<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 for 1 additional client (client #6), the facility failed to include client #6 in meal preparation.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 10/17/13 from 6:16 AM until 8:10 AM. During the morning meal, staff #7 prepared client #6's cream of wheat cereal and boiled an egg before placing it in front of client #6 at the table. Staff #7 prepared coffee and juice and placed it in front of client #6 on the table. Client #6 was not encouraged to assist in preparing her breakfast during the observation. Client #6 thanked staff #7 for preparing her breakfast.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 10/17/13 at 2:52 PM and indicated client #6 had developed tremors which made it difficult to use her hands, but should be encouraged to participate in some way in preparing her meal.</p> <p>9-3-8(a)</p>	W000488	<p>W488 Dining Areas and Service The facility failed to include Client 6 in meal preparation. What corrective action will be accomplished? Formal programming for Client 6 in regard to preparing own meal. Training with Support Staff regarding active treatment (formal and informal). How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have the potential to be affected by the same deficient practice. The QIDP will monitor the residents programming and behavior needs on a regular basis. As the resident's needs change or new concerns are identified, changes will be reflected in their programming, assessments, ISP and behavior plan. The QIDP will review the clients programming and needs will be assessed to determine if programming is necessary for meal preparation. Training with Support Staff regarding active treatment (formal and informal). What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The QIDP will monitor the residents programming and</p>	11/20/2013			

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			behavior needs on a regular basis. As the resident's needs change or new concerns are identified, changes will be reflected in their programming, assessments, ISP and behavior plan. The QIDP will review the clients programming and needs will be assessed to determine if programming is necessary for meal preparation. Training with Support Staff regarding active treatment (formal and informal). How will the corrective action be monitored to ensure the deficient practice will not recur? QIDP will monitor active treatment and address concerns during weekly home observation. Area Residential Coordinator will monitor active treatment and address concerns during weekly home observation. The Site Manager will monitor active treatment and address concerns during weekly home observations. What is the date by which the systemic changes will be completed? November 20, 2013		