

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G667	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/17/2014
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NAME OF PROVIDER OR SUPPLIER  OPPORTUNITY ENTERPRISES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 203 APPLETREE VALPARAISO, IN 46383
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: June 10, 11, 12 and 17, 2014.</p> <p>Facility number: 001225 Provider number: 15G667 AIM number: 100234200</p> <p>Surveyor: Christine Colon, QIDP.</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed July 6, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview, the facility failed to maintain an accurate accounting system for 3 of 3 sampled clients (clients #1, #2 and #3), for whom the facility managed their personal funds accounts.</p> <p>Findings include:</p>	W000140	<p><b>W140-</b> This facility maintains a system that assures a full and complete accounting of client's personal funds; however, at the time of the individual's records review, these documents were not provided to the surveyor. On 07/07/2014, the QDDP was retrained to ensure that all requested documentation is</p>	07/07/2014

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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	<p>A review of the facility's records was conducted at the group home office on 6/11/14 at 2:00 P.M. A review of clients #1, #2 and #3's personal financial records was conducted. Review of clients #1, #2 and #3's financial records failed to indicate the facility maintained an accurate accounting system of the clients' personal finances for the months of 6/13, 7/13, 8/13, 9/13, 10/13, 11/13 and 12/13. There were no records of withdrawals and/or deposits of clients #1, #2 and #3's banking accounts and no receipts of expenditures available for review.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/12/14 at 2:00 P.M. The QIDP indicated the facility managed clients #1, #2 and #3's finances and further indicated the facility was to keep an accurate account of their finances at all times. The QIDP further indicated she did not know why the documentation was not available to indicate the facility maintained an accurate accounting system of clients #1, #2 and #3's personal finances at all times.</p> <p>9-3-2(a)</p>		available to the state surveyor, ateach and every inspection. This documentation will include; but not limited to,1 year of personal financial records, bank statements, ledgers, checkbooks, andany other pertinent financial information.		

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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. Based on record review and interview for 3 of 3 sampled clients (#1, #2, and #3) and 2 additional clients (#4 and #5), the facility failed to implement written policy and procedures in regards to preventing client to client aggression, injuries of unknown origin and conducting thorough investigations of injuries of unknown origin.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, Incident Reports (IR) and investigations was conducted on 6/11/14 at 11:45 A.M.. Review of the records indicated:</p> <p>1. Incidents of client to client aggression:</p> <p>-IR dated 9/1/13 involving clients #5 and #6 indicated: "After [client #6] called her sister (no answer), [client #6] went to her room. A few minutes later she came back out and [Staff name] asked [client #6] to go sit in the recliner and watch the movie. Without any communication to staff as to wanting to go to her room or</p>	W000149	<p><b>W149-</b> On 7/17/2014, group home staff were retrained on the Opportunity Enterprises Inc. abuse and neglect policy. This policy ensures procedures that prohibit mistreatment, neglect, or abuse of the participant. On 7/17/2014, the group home staff were retrained on written policy regarding the prevention of client to client aggression. Compliance with written policy, regarding abuse and neglect and the prevention of client to client aggression, will be monitored daily by the Group Home Manager, or Assistant Group Home Manager, or designee. The QDDP will monitor, 3x a week, for the first 30 days, and weekly thereafter. The Director will review and ensure compliance monthly, for the first 60 days, and quarterly thereafter. Regarding injuries of unknown origin, the QDDP will conduct a thorough investigation into every incident report filed. To ensure that a thorough investigation was conducted, the Director of Supervised Living will review every incident report filed.</p>	07/17/2014	

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	<p>not watch the movie, [client #6] then grabbed her roommate (client #5). [Staff name] prompted [client #6] to put her hands down, she refused. Another staff had to assist and put [client #6] in a 2 arm hold until calm....Her roommate had red marks on her back but they faded away."</p> <p>-IR dated 1/5/14 involving clients #5 and #6 indicated: "[Client #5] woke up and staff prompted her to go into the bathroom and get ready for her shower while staff got her clothing for the day. When staff returned to bathroom staff saw [client #5] by the humidifier on her hands and knees and [client #6] on the toilet and in between them was a large chunk of hair. Staff asked [client #5] if someone pulled her hair, [client #5] said yes and staff asked [client #6] if she pulled [client #5]'s hair, she shook her head yes. Staff then prompted [client #6] to go to her room. Staff asked [client #5] was she in any type of pain [client #5] said no. [Client #5] has redness to her scalp."</p> <p>-IR dated 2/20/14 involving client #1 indicated: "[Client #1] was talking to [Day program client] and he all of a sudden punched her in her left arm."</p> <p>-IR dated 4/7/14 involving clients #5 and</p>			

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	<p>#6 indicated: "[Client #6] came from her bedroom into the kitchen walk up (sic) to [client #5] and pulled her hair."</p> <p>-IR dated 5/19/14 indicated: "[Client #1] was sitting at the kitchen table listening to the radio when [client #6] came into the kitchen and stood by her. She then leaned down giving [client #1] a kiss on her head like she has done many times. Staff then told [client #6] to step two steps back from [client #1]. Right after staff told [client #6] that she then pulled [client #6] hair (sic). Staff told [client #6] to let go . (sic) she didn't (sic) Staff then did a finger peal (sic) to get [client #6] to let go. Staff Guided (sic) [client #6] to her room using a one arm hold behind her back."</p> <p>2. Incidents of injury of unknown origin:</p> <p>-IR dated 2/12/14 involving client #1 indicated: "While toileting [client #1] I asked her to take her clothes off to get ready for her shower. While putting her clothes in the washing machine [client #1] was yelling for me to come back in the bathroom. When I came back she had pointed to a bruise on her right calf. The color of the bruise on her calf is blue and purple. It is 2.5 inches in length and 3/4 inches in width. I asked if she fell at work and she said 'No' and I asked if she</p>			

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	<p>did it at home and she said 'No'. She said she didn't know where the bruise came from. I also asked [Staff #13 name], [Staff #14 name], and [Staff #15] if anything occurred and they said nothing happened." Further review of the report failed to indicate a thorough investigation was conducted in regards to the injury of unknown origin.</p> <p>-IR dated 2/17/14 involving client #1 indicated: "While [client #1] was applying lotion to her feet I noticed a bruise on the outside of her left shin. It is 1 1/4 inch by 3/4 inch." Further review of the report failed to indicate a thorough investigation was conducted in regards to the injury of unknown origin.</p> <p>-IR dated 2/25/14 involving client #1 indicated: "While undressing [client #1] to take a shower, staff noticed a bruise on [client #1] (sic) right lower leg in the back...the bruise was 1 1/2 inch by 1 inch...bruise is purplish in color." There was no documentation to indicate a thorough investigation was conducted in regards to this injury of unknown origin.</p> <p>-IR dated 3/4/14 involving client #1 indicated: "While doing personal care i (sic) noticed a 1/4 wide by 1 inch long lesion on [client #1]'s right outer leg. I asked her if she was ok and she said it</p>						

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	<p>hurt. I asked her how it happened and she shook her head no and said no."</p> <p>There was no documentation to indicate an investigation was conducted in regards to this injury of unknown origin.</p> <p>-IR dated 3/29/14 involving client #1 indicated: "Participant was sitting in bathroom getting dress (sic) lift her right leg to put on sock and I notice (sic) a bruise on her upper thigh between her leg (sic). It measure (sic) width 1 1/2 inch and length 1 inch." Further review of the report failed to indicate a thorough investigation was conducted in regards to the injury of unknown origin.</p> <p>Client #2:</p> <p>-IR dated 1/1/14 involving client #2 indicated: "While giving [client #2] a shower I notice (sic) a bruise on the back of her right thigh (sic) I touch (sic) it ask her if it hurt she shrug her arms. I measure it, it was a inch and a 1/4 , I (sic) checked med book to see if it was entered it was not." Further review of the report failed to indicate a thorough investigation was conducted in regards to the injury of unknown origin.</p> <p>Client #3:</p> <p>-IR dated 1/16/14 involving client #3</p>				

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	<p>indicated: "While showering a dark 1 inch by 3/4 bruise was found in the middle of [client #3] (sic) back. When asked where did she get the bruise [client #3] said she did not know. Last week staff saw signs of a being (sic) of a bruise in same spot and thinks it may have come from brace being to (sic) tight." Further review of the report failed to indicate a thorough investigation was conducted in regards to the injury of unknown origin.</p> <p>Client #4:</p> <p>-IR dated 12/19/13 involving client #4 indicated: "While assisting [client #4] with her shower (sic) I noticed a bruise on the outside of her left elbow. It is 1 3/4 inches by 3/4 inches. She also has two pea size bruises on inner her (sic) left bicep. They are 3 inches apart." Further review of the report failed to indicate a thorough investigation was conducted in regards to the injury of unknown origin.</p> <p>-IR date 5/9/14 involving client #4 indicated: "[Client #4] has a dime sized bruise on the inside of her right arm. it (sic) is purple and yellow in color. I asked [Staff name] if she had seen [client #4] do anything to cause the bruise and she said no." Further review of the report failed to indicate a thorough investigation was conducted in regards to the injury of</p>			

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	<p>unknown origin.</p> <p>-IR dated 6/4/14 involving client #4 indicated: "While showering [client #4] Staff (sic) saw 2 inch by 1 inch yellow bruise on right side of lower back. Staff said that nothing happened during the day that could have caused the bruise however [client #4] has been in and out of her wheel chair all day and tends to try and sit back in chair when staff is not ready for her to." Further review of the report failed to indicate a thorough investigation was conducted in regards to the injury of unknown origin.</p> <p>Client #5:</p> <p>-IR dated 12/5/13 involving client #5 indicated: "While assisting [client #5] with her shower I noticed a nickel size green bruise on her right top breast. There is (sic) also two pea size green bruises on her left breast." Further review of the report failed to indicate a thorough investigation was conducted in regards to the injury of unknown origin.</p> <p>-IR dated 1/15/14 involving client #5 indicated: "After going out to eat and we had got everyone changed into pajamas (sic) [client #5] came into the med room. While I was doing her body check I noticed a 3 1/2 inch scratch on the left</p>						

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	<p>side of her neck." Further review of the report failed to indicate a thorough investigation was conducted in regards to the injury of unknown origin.</p> <p>-IR dated 2/9/14 involving client #5 indicated: "While assisting [client #5] in the bathroom I noticed a bruise on the side of her right thigh. It is 1 inch by 1 inch and purple and blue in color." Further review of the report failed to indicate a thorough investigation was conducted in regards to the injury of unknown origin.</p> <p>-IR dated 4/10/14 involving client #5 indicated: "While assisting [client #5] with her shower I noticed a light blue and green bruise on her left shin. It is about the size of a quarter." Further review of the report failed to indicate a thorough investigation was conducted in regards to the injury of unknown origin.</p> <p>-IR dated 4/22/14 involving client #5 indicated: "While giving [client #5] a shower staff noticed a 5/8th by 3/4th (sic) light purple bruise on [client #5] (sic) right upper hip." Further review of the report failed to indicate a thorough investigation was conducted in regards to the injury of unknown origin.</p> <p>-IR dated 5/8/14 involving client #5</p>			

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	<p>indicated: "When getting [client #5] out of the shower I found a bruise on her right lower outer thigh that is 1 1/2 by 3/4 . (sic) I touched the bruise and asked her if it hurt and she showed no sine (sic) of pain." Further review of the report failed to indicate a thorough investigation was conducted in regards to the injury of unknown origin.</p> <p>A review of the facility's policy titled, "Universal Policies and Procedures, Adult Services, Policy #: 6012 - Abuse and Neglect" dated 8/8/13, was conducted on 6/11/14 at 7:30 P.M. and indicated, "...does not condone and will not tolerate physical, verbal or sexual abuse, neglect or exploitation of individuals served." Abuse was defined as "The willful infliction of pain or injury, unnecessary physical or chemical restraints or isolation, and punishment with resulting physical harm or pain. Physical abuse may include battery: to knowingly or intentionally touch another person in a rude, insolent or angry manner.' Neglect was defined as 'Includes the refusal or failure to provide appropriate care, food, medical care, or supervision. Knowingly placing a client in a situation that may endanger his/her life or health; abandoning or cruelly confining a client; depriving a client of necessary support including food,</p>			

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	<p>clothing, shelter or medical care...Investigations, may include, but is not limited to, a statement from the complainant, a statement from the alleged violator and a statement from witnesses to the alleged incident. Statements may be written or verbal depending on the circumstances of the investigation, All verbal statements will be recorded and maintained as part of the confidential file. Employees will be asked to sign a confidentiality statement after being interviewed about the alleged incident. All material collected during the course of the investigation shall remain confidential. Any breach in confidentiality will result in disciplinary action...A report of the information collected during the investigation will be sent to the Day Services Senior Director or the Vice President of Consumer Services within 5 working days following the report of the incident."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/11/14 at 1:00 P.M.. The QIDP indicated staff should follow the facility's abuse/neglect policy. The QIDP indicated staff should implement the clients' Behavior Support Plans (BSPs) to prevent client to client aggression. When asked if investigations there was written documentation to</p>			

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W000154	<p>indicate thorough investigations were completed in regards to the incidents of injuries of unknown origin, she indicated no.</p> <p>9-3-2(a)</p> <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 for 3 of 3 sampled clients (#1, #2, and #3), and 2 additional clients (#4 and #5), the facility failed to provide evidence thorough investigations were conducted in regard to injuries of unknown origin.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, Incident Reports (IR) and investigations was conducted on 6/11/14 at 11:45 A.M.. Review of the records indicated:</p> <p>Incidents of injury of unknown origin:</p>	W000154	<p><b>W154-</b> Regarding injuries of unknown origin, the QDDP will conduct a thorough investigation into every incident report filed. The QDDP has been trained to conduct thorough investigations and ensure evidence that a thorough investigation was completed. To ensure that a thorough investigation was conducted, the Director of Supervised Living will review every incident report filled.</p>	07/17/2014

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	<p>-IR dated 2/12/14 involving client #1 indicated: "While toileting [client #1] I asked her to take her clothes off to get ready for her shower. While putting her clothes in the washing machine [client #1] was yelling for me to come back in the bathroom. When I came back she had pointed to a bruise on her right calf. The color of the bruise on her calf is blue and purple. It is 2.5 inches in length and 3/4 inches in width. I asked if she fell at work and she said 'No' and I asked if she did it at home and she said 'No'. She said she didn't know where the bruise came from. I also asked [Staff #13 name], [Staff #14 name], and [Staff #15] if anything occurred and they said nothing happened."</p> <p>-IR dated 2/17/14 involving client #1 indicated: "While [client #1] was applying lotion to her feet I noticed a bruise on the outside of her left shin. It is 1 1/4 inch by 3/4 inch."</p> <p>-IR dated 2/25/14 involving client #1 indicated: "While undressing [client #1] to take a shower, staff noticed a bruise on [client #1] (sic) right lower leg in the back...the bruise was 1 1/2 inch by 1 inch...bruise is purplish in color."</p> <p>-IR dated 3/4/14 involving client #1</p>			

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	<p>indicated: "While doing personal care i (sic) noticed a 1/4 wide by 1 inch long lesion on [client #1]'s right outer leg. I asked her if she was ok and she said it hurt. I asked her how it happened and she shook her head no and said no."</p> <p>-IR dated 3/29/14 involving client #1 indicated: "Participant was sitting in bathroom getting dress (sic) lift her right leg to put on sock and I notice (sic) a bruise on her upper thigh between her leg (sic). It measure (sic) width 1 1/2 inch and length 1 inch."</p> <p>Client #2:</p> <p>-IR dated 1/1/14 involving client #2 indicated: "While giving [client #2] a shower I notice (sic) a bruise on the back of her right thigh (sic) I touch (sic) it ask her if it hurt she shrug her arms. I measure it, it was a inch and a 1/4 , I (sic) checked med book to see if it was entered it was not."</p> <p>Client #3:</p> <p>-IR dated 1/16/14 involving client #3 indicated: "While showering a dark 1 inch by 3/4 bruise was found in the middle of [client #3] (sic) back. When asked where did she get the bruise [client #3] said she did not know. Last week</p>						

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	<p>staff saw signs of a being (sic) of a bruise in same spot and thinks it may have come from brace being to (sic) tight."</p> <p>Client #4:</p> <p>-IR dated 12/19/13 involving client #4 indicated: "While assisting [client #4] with her shower (sic) I noticed a bruise on the outside of her left elbow. It is 1 3/4 inches by 3/4 inches. She also has two pea size bruises on inner her (sic) left bicep. They are 3 inches apart."</p> <p>-IR date 5/9/14 involving client #4 indicated: "[Client #4] has a dime sized bruise on the inside of her right arm. it (sic) is purple and yellow in color. I asked [Staff name] if she had seen [client #4] do anything to cause the bruise and she said no."</p> <p>-IR dated 6/4/14 involving client #4] indicated: "While showering [client #4] Staff (sic) saw 2 inch by 1 inch yellow bruise on right side of lower back. Staff said that nothing happened during the day that could have caused the bruise however [client #4] has been in and out of her wheel chair all day and tends to try and sit back in chair when staff is not ready for her to."</p> <p>Client #5:</p>			

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	<p>-IR dated 12/5/13 involving client #5 indicated: "While assisting [client #5] with her shower I noticed a nickel size green bruise on her right top breast. There is (sic) also two pea size green bruises on her left breast."</p> <p>-IR dated 1/15/14 involving client #5 indicated: "After going out to eat and we had got everyone changed into pajamas (sic) [client #5] came into the med room. While I was doing her body check I noticed a 3 1/2 inch scratch on the left side of her neck."</p> <p>-IR dated 2/9/14 involving client #5 indicated: "While assisting [client #5] in the bathroom I noticed a bruise on the side of her right thigh. It is 1 inch by 1 inch and purple and blue in color."</p> <p>-IR dated 4/10/14 involving client #5 indicated: "While assisting [client #5] with her shower I noticed a light blue and green bruise on her left shin. It is about the size of a quarter."</p> <p>-IR dated 4/22/14 involving client #5 indicated: "While giving [client #5] a shower staff noticed a 5/8th by 3/4th (sic) light purple bruise on [client #5] (sic) right upper hip."</p>			

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W000157	<p>-IR dated 5/8/14 involving client #5 indicated: "When getting [client #5] out of the shower I found a bruise on her right lower outer thigh that is 1 1/2 by 3/4 . (sic) I touched the bruise and asked her if it hurt and she showed no sine (sic) of pain."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/11/14 at 1:30 P.M.. The QIDP indicated there was no documentation available for review to indicate a thorough investigations were conducted in regards to the documented incidents of injuries of unknown origin.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview, for 3 of 3 sampled clients (#1, #2, #3), and 3 additional clients (#4, #5 and #6), the facility failed to take sufficient/effective corrective measures in regard to preventing client to client</p>	W000157	<p><b>W157-</b> For an appropriate corrective action, regarding client to client aggression, the QDDPand IDT team will make recommendations to amend the BSP for participant#6. The amended BSP will ensure the participant's safety as well work</p>	07/17/2014

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	<p>aggression and injuries of unknown origin.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, Incident Reports (IR) and investigations was conducted on 6/11/14 at 11:45 A.M.. Review of the records indicated:</p> <p>1. Incidents of client to client aggression:</p> <p>-IR dated 9/1/13 involving clients #5 and #6 indicated: "After [client #6] called her sister (no answer), [client #6] went to her room. A few minutes later she came back out and [Staff name] asked [client #6] to go sit in the recliner and watch the movie. Without any communication to staff as to wanting to go to her room or not watch the movie, [client #6] then grabbed her roommate (client #5). [Staff name] prompted [client #6] to put her hands down, she refused. Another staff had to assist and put [client #6] in a 2 arm hold until calm....Her roommate had red marks on her back but they faded away."</p> <p>-IR dated 1/5/14 involving clients #5 and #6 indicated: "[Client #5] woke up and staff prompted her to go into the</p>		<p>to prevent client to client aggression. The QDDP and Director will ensure an amendedBSP, to prevent client to client aggression, is in place within two weeks ofthe filing date of this plan of corrections. On 7/17/2014, group home staff were retrained on the OpportunityEnterprises Inc. abuse and neglect policy. This policy ensures procedures that prohibit mistreatment, neglect, orabuse of the participant. On 7/17/2014,the group home staff were retrained on written policy regarding the preventionof client to client aggression. Compliance with written policy, regarding abuseand neglect and the prevention of client to client aggression, will bemonitored daily by the Group Home Manager, or Assistant Group Home Manager, or designee. The QDDP will monitor, 3x a week, for the first 30days, and weekly thereafter. The Director will review and ensurecompliance monthly, for the first 60 days, and quarterly thereafter.</p>		

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	<p>bathroom and get ready for her shower while staff got her clothing for the day. When staff returned to bathroom staff saw [client #5] by the humidifier on her hands and knees and [client #6] on the toilet and in between them was a large chunk of hair. Staff asked [client #5] if someone pulled her hair, [client #5] said yes and staff asked [client #6] if she pulled [client #5]'s hair, she shook her head yes. Staff then prompted [client #6] to go to her room. Staff asked [client #5] was she in any type of pain [client #5] said no. [Client #5] has redness to her scalp."</p> <p>-IR dated 4/7/14 involving clients #5 and #6 indicated: "[Client #6] came from her bedroom into the kitchen walk up (sic) to [client #5] and pulled her hair."</p> <p>-IR dated 5/19/14 indicated: "[Client #1] was sitting at the kitchen table listening to the radio when [client #6] came into the kitchen and stood by her. She then leaned down giving [client #1] a kiss on her head like she has done many times. Staff then told [client #6] to step two steps back from [client #1]. Right after staff told [client #6] that she then pulled [client #6] hair (sic). Staff told [client #6] to let go . (sic) she didn't (sic) Staff then did a finger peal (sic) to get [client #6] to let go. Staff Guided (sic) [client</p>			

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	<p>#6] to her room using a one arm hold behind her back."</p> <p>A review of client #6's record was conducted on 6/12/14 at 2:35 P.M.. Review of client #6's Behavior Support Plan (BSP) dated failed to indicate it had been revised to address client #6's aggression. Further review of the record failed to indicate the Inter Disciplinary Team (IDT) met/addressed client #6's aggression.</p> <p>2. Incidents of injury of unknown origin:</p> <p>-IR dated 2/12/14 involving client #1 indicated: "While toileting [client #1] I asked her to take her clothes off to get ready for her shower. While putting her clothes in the washing machine [client #1] was yelling for me to come back in the bathroom. When I came back she had pointed to a bruise on her right calf. The color of the bruise on her calf is blue and purple. It is 2.5 inches in length and 3/4 inches in width. I asked if she fell at work and she said 'No' and I asked if she did it at home and she said 'No'. She said she didn't know where the bruise came from. I also asked [Staff #13 name], [Staff #14 name], and [Staff #15] if anything occurred and they said nothing happened."</p>			

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	<p>-IR dated 2/17/14 involving client #1 indicated: "While [client #1] was applying lotion to her feet I noticed a bruise on the outside of her left shin. It is 1 1/4 inch by 3/4 inch."</p> <p>-IR dated 2/25/14 involving client #1 indicated: "While undressing [client #1] to take a shower, staff noticed a bruise on [client #1] (sic) right lower leg in the back...the bruise was 1 1/2 inch by 1 inch...bruise is purplish in color."</p> <p>-IR dated 3/4/14 involving client #1 indicated: "While doing personal care i (sic) noticed a 1/4 wide by 1 inch long lesion on [client #1]'s right outer leg. I asked her if she was ok and she said it hurt. I asked her how it happened and she shook her head no and said no."</p> <p>-IR dated 3/29/14 involving client #1 indicated: "Participant was sitting in bathroom getting dress (sic) lift her right leg to put on sock and I notice (sic) a bruise on her upper thigh between her leg (sic). It measure (sic) width 1 1/2 inch and length 1 inch."</p> <p>Client #2:</p> <p>-IR dated 1/1/14 involving client #2 indicated: "While giving [client #2] a shower I notice (sic) a bruise on the back</p>			

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	<p>of her right thigh (sic) I touch (sic) it ask her if it hurt she shrug her arms. I measure it, it was a inch and a 1/4 , I (sic) checked med book to see if it was enter it was not."</p> <p>Client #3:</p> <p>-IR dated 1/16/14 involving client #3 indicated: "While showering a dark 1 inch by 3/4 bruise was found in the middle of [client #3] (sic) back. When asked where did she get the bruise [client #3] said she did not know. Last week staff saw signs of a being (sic) of a bruise in same spot and thinks it may have came from brace being to (sic) tight."</p> <p>Client #4:</p> <p>-IR dated 12/19/13 involving client #4 indicated: "While assisting [client #4] with her shower (sic) I noticed a bruise on the outside of her left elbow. It is 1 3/4 inches by 3/4 inches. She also has two pea size bruises on inner her (sic) left bicep. They are 3 inches apart."</p> <p>-IR date 5/9/14 involving client #4 indicated: "[Client #4] has a dime sized bruise on the inside of her right arm. it (sic) is purple and yellow in color. I asked [Staff name] if she had seen [client #4] do anything to cause the bruise and</p>			

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	<p>she said no."</p> <p>-IR dated 6/4/14 involving client #4] indicated: "While showering [client #4] Staff (sic) saw 2 inch by 1 inch yellow bruise on right side of lower back. Staff said that nothing happened during the day that could have caused the bruise however [client #4] has been in and out of her wheel chair all day and tends to try and sit back in chair when staff is not ready for her to."</p> <p>Client #5:</p> <p>-IR dated 12/5/13 involving client #5 indicated: "While assisting [client #5] with her shower I noticed a nickel size green bruise on her right top breast. There is (sic) also two pea size green bruises on her left breast."</p> <p>-IR dated 1/15/14 involving client #5 indicated: "After going out to eat and we had got everyone changed into pajamas (sic) [client #5] came into the med room. While I was doing her body check I noticed a 3 1/2 inch scratch on the left side of her neck."</p> <p>-IR dated 2/9/14 involving client #5 indicated: "While assisting [client #5] in the bathroom I noticed a bruise on the side of her right thigh. It is 1 inch by 1</p>			

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	<p>inch and purple and blue in color."</p> <p>-IR dated 4/10/14 involving client #5 indicated: "While assisting [client #5] with her shower I noticed a light blue and green bruise on her left shin. It is about the size of a quarter."</p> <p>-IR dated 4/22/14 involving client #5 indicated: "While giving [client #5] a shower staff noticed a 5/8th by 3/4th (sic) light purple bruise on [client #5] (sic) right upper hip."</p> <p>-IR dated 5/8/14 involving client #5 indicated: "When getting [client #5] out of the shower I found a bruise on her right lower outer thigh that is 1 1/2 by 3/4 . (sic) I touched the bruise and asked her if it hurt and she showed no sine (sic) of pain."</p> <p>Further review of the reports failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/11/14 at 1:30 P.M.. The QIDP indicated staff are trained on implementing the facility's abuse and neglect policy prior to working at the group home. The QIDP indicated</p>			

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W000249	<p>staff are retrained when incidents occur and sometimes receive disciplinary action. The QIDP indicated there was no documentation to indicate the IDT met to address client #6's aggression. The QIDP indicated staff are to prevent client to client aggression and client #6's is on one to one staffing. The QIDP indicated staff do body checks on clients every morning and during bathing and document any injuries. When asked if the IDT met and addressed the documented injuries of unknown origin, the QIDP indicated they had not. No documentation was submitted for review to indicate the facility took effective/sufficient corrective action to prevent recurrence of client to client aggression and injuries of unknown origin.</p> <p>9-3-2(a)</p> <p>483.440(d)(1)</p>						

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	<p><b>PROGRAM IMPLEMENTATION</b></p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview, the facility failed to implement written objectives during times of opportunity for 3 of 3 sampled clients (clients #1, #2 and #3).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/10/14 from 5:30 A.M. until 7:30 AM. From 5:30 A.M. until 6:00 A.M., Direct Support Professionals (DSP) #1 and #2 were the only staff present and working with all clients at the group home. During the observation period clients #1, #2 and #3 sat in the living/dining room unsupervised and with no activity. DSPs #1 and #2 assisted clients #4 and #5 with showering and morning hygiene. DSP #3 arrived to the group home at 6:00 A.M. and began assisting clients with meal preparation.</p> <p>A review of client #1's record was conducted on 6/12/14 at 11:50 A.M.. The Individual Support Plan (ISP) dated</p>	W000249	<p><b>W249-</b> On7/17/2014 the QDDPretrained staff on the participant's ISP, including provision of formal andinformal treatment and completion of IPP goals. Active treatment will be provided in sufficient number and frequency tosupport the achievement of the objectives identified in the IPP and staff willdocument all active treatment, at the conclusion of each shift. Active treatment and documentation will bemonitored, daily, by the Group Home Manager, or Assistant Group HomeManager. The QDDP will monitor activetreatment and active engagement, 3x a week, for the first 30 days, and weeklythereafter. The Director will review active treatment and documentation on amonthly basis.</p>	07/17/2014

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	<p>11/26/13 indicated: "Will identify coins with physical prompting...Will exercise of her choice...Will identify a quarter and dime in a coin lineup...Will participate in a social activity."</p> <p>A review of client #2's record was conducted on 6/12/14 at 12:30 P.M.. The ISP dated 8/12/13 indicated: "Will work on six signs...Will choose activity...Will use communication book to let staff know what she wants/needs instead of her behaviors...Will do an exercise of her choice...Will use her journal to communicate...Will identify a quarter...Will complete 2 relaxation/coping techniques...Will wear glasses when reading."</p> <p>A review of client #3's record was conducted on 6/12/14 at 1:00 P.M.. The ISP dated 2/25/14 indicated: "Will exercise...Will identify a dollar out and a quarter of money lineup...Will use communication book to communicate at least 1 thing to staff."</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 6/12/14 at 2:00 P.M.. The QIDP indicated active treatment should be ongoing and training should be both formal and informal.</p>			

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W000331	<p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility failed for 5 of 6 clients residing at the group home (clients #1, #2, #4, #5 and #6), to ensure the facility's nursing services reported the pharmacist's recommendations to the physician and Interdisciplinary Team (IDT).</p> <p>Findings include:</p> <p>1. A review of the facility's pharmacy reviews was conducted on 6/11/14 at 2:30 P.M.. The consulting pharmacist indicated:</p> <p>Consultation Report for Recommendation Created between 7/1/13 and 8/14/13:</p> <p>"After reviewing [client #4]'s med sheets for the last quarter, I noticed that the</p>	W000331	<p><b>W331-</b> The leadnurse and/or designee have faxed all recommendations by the pharmacist to thephysician, with a request for a review and signature. The lead nurse and/or designee will review the physician orders and make appropriate changes to medication administration records. Quarterly, the Lead nurse and/or designee will complete file audits to ensure this process is continued and the agency remains in compliance. Part 2- The group home nurse will review med sheets, monthly, while completing house visits and report any discrepancies to the nursing department.</p>	07/17/2014

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	<p>diagnosis for several medications were missing from the med sheets. Please provide a diagnosis that supports the use of the following medications so that they may be included in the medical record...Cymbalta (depression)...Seroquel (psychosis)...Enablex (overactive bladder)...Aricept (Alzheimer)." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>"[Client #6] has been taking clonazepam (seizures/bipolar) for the past 6 months without a dosage reduction. Please evaluate and consider reducing dose if appropriate." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>"After reviewing [client #1]'s med sheets for the last quarter, I noticed that a diagnosis was missing/not complete for several medications. Please provide a diagnosis that supports the use of the following medications so that they may be included in the medical record: Olanzapine (psychosis)...Simvastatin (high cholesterol)...Hydrochlorothiazide (high blood pressure)...Vesicare (overactive bladder)...Rivastigmine</p>						

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	<p>(dementia)...Escitalopram (depression)." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>Consultation Report for Recommendation Created between 10/22/13 and 11/25/13:</p> <p>"Currently [client #1] has several PRN (as needed) medications listed in her medical record prescribed by [Dr. name]. Please consult with her current primary physician to determine the need/necessity of these medications." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>"[Client #2] has been taking Clonazepam (seizures/bipolar) for the past 6 months without a dosage reduction. Please consider reducing dose if appropriate. Also provide a diagnosis for this medication so it can be added to her medical record." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>"After reviewing [client #5]'s med sheets</p>			

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	<p>for the last quarter, I noticed that a diagnosis was missing/not complete for several medications. Please provide a diagnosis that supports the use of the following medications so that they may be included in the medical record: Lisinopril (high blood pressure)...Docqlace (stool softener)...Premarin (hormone replacement therapy)...Potassium (supplement)." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>"[Client #6] has been taking Clonazepam (seizures/bipolar) for the past 6 months without a dosage reduction. Please evaluate and consider reducing dose if appropriate." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>Consultation Report for Recommendation Created between 1/1/14 and 1/31/14:</p> <p>"After reviewing [client #5]'s med sheets for the last quarter, I noticed that a diagnosis was missing/not complete for one medication. Please provide a</p>			

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	<p>diagnosis that supports the use of the following medications so that they may be included in the medical record: Toviaaz (overactive bladder)." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>"Currently [client #1] has several PRN (as needed) medications listed in her medical record prescribed by [Dr. name]. Please consult with her current primary physician to determine the need/necessity of these medications." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>"[Client #2] has been taking Clonazepam (seizures/bipolar) for the past 6 months without a dosage reduction. Please consider reducing dose if appropriate. Also provide a diagnosis for this medication so it can be added to her medical record." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>"[Client #6] has been taking Clonazepam (seizures/bipolar) for the past 6 months</p>			

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	<p>without a dosage reduction. Please evaluate and consider reducing dose if appropriate." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>Consultation Report for Recommendation Created between 4/1/14 and 4/30/14:</p> <p>"Currently [client #1] has several PRN (as needed) medications listed in her medical record prescribed by [Dr. name]. Please consult with her current primary physician to determine the need/necessity of these medications." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>"After reviewing [client #6]'s med sheets for the last quarter, I noticed that a diagnosis was missing/not complete for one medication. Please provide a diagnosis that supports the use of the following medications so that they may be included in the medical record: Linzess (irritable bowel syndrome)." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT</p>			

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W000336	<p>and physician.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/12/14 at 2:00 P.M.. The QIDP indicated the facility's nursing staff were responsible for reviewing the pharmacist's recommendations and reporting the recommendations to the IDT. The QIDP indicated the pharmacist's recommendations were not reported to the prescribing physician or the IDT by the nurse.</p> <p>9-3-6(a)</p> <p>483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview for 3 of 3 sampled clients (clients #1, #2 and #3), the facility's nursing services failed</p>	W000336	<p><b>W336-</b> Thenursing department has completed quarterly nursing reviews on each participant.To ensure further compliance, the quarterlies</p>	07/17/2014

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	<p>to conduct quarterly nursing assessments of the clients' health status and medical needs.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 6/12/14 at 11:50 A.M.. Client #1's record indicated a nursing quarterly was completed on 2/18/14. Client #1's most current annual physical was dated 12/18/13. Client #1's 6/14 physician orders indicated client #1 received routine medications. There was no documentation to indicate nursing quarterlies were completed for the quarters of 4/13, 7/13 and 10/13.</p> <p>A review of client #2's record was conducted on 6/12/14 at 12:30 P.M.. Client #2's record indicated a nursing quarterly was completed on 2/18/14. Client #2's most current annual physical was dated 10/16/13. Client #2's 6/14 physician orders indicated client #2 received routine medications. There was no documentation to indicate nursing quarterlies were completed for the quarters of 4/13, 7/13 and 10/13.</p> <p>A review of client #3's record was conducted on 6/12/14 at 1:00 P.M.. Client #3's record indicated a nursing quarterly was completed on 2/18/14.</p>		<p>will be checked by the SocialServices Senior Director upon completion at the end of each quarter. Fileaudits will be completed on a random sample of files to ensure nursing formsare completed and in the participant file by Lead nurse at least twice a year.</p>		

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W000368	<p>Client #3's most current annual physical was dated 1/17/14. Client #3's 6/14 physician orders indicated client #3 received routine medications. There was no documentation to indicate nursing quarterlies were completed for the quarters of 4/13, 7/13 and 10/13.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/12/14 at 2:00 P.M.. The QIDP indicated nursing quarterlies were to be completed quarterly. The QIDP further indicated there was no documentation available for review to indicate the former nurse conducted nursing quarterlies.</p> <p>9-3-6(a)</p> <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. Based on record review and interview, the facility failed to assure drugs administered to 2 of 3 sampled clients (clients #2 and #3), and 1 additional client (client #4), were administered in compliance with the physician's orders.</p>	W000368	<p><b>W368-Staffwere retrained on the Opportunity Enterprises Universal Policy and ProceduresMedication Administration policy on 07/9/2014 by the Lead Nurse Laura Brown.The training</b></p>	07/09/2014

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	<p>Findings include:</p> <p>A review of the facility's records was conducted on 6/11/14 at 11:45 A.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports indicated:</p> <p>-BDDS report dated 6/16/13: "While passing 4 P.M. meds it was noticed that [client #2] only got one Potassium Chloride (low potassium) on 6/16/13 instead of two. A medication error report was submitted to the nurse and the staff will be reminded of the 6 rights of administering medication and will receive a corrective action."</p> <p>-BDDS report dated 12/1/13: "While passing [client #3]'s 7 A.M. medications [Group Home Manager name] noticed that her two Calcium 600-400 (supplement) were still in the bubble pack for 12/1/13. The staff will receive a corrective action for completing the med error."</p> <p>-BDDS report dated 1/27/14: "[Client #4] did not get her noon Multivitamin on 1/27/14."</p> <p>-BDDS report dated 3/8/14: "[Client #2] arrived home from camp. Upon arriving</p>		<p><b>included the six rights of medications administration, medications are to be checked three times and verified against the Medical Administration record before administering the medications and the Universal Policy and Procedure for Medication Administration is being properly followed. Staff were trained on Medcore A &amp; B on 07/09/2014. To ensure further compliance, the group home manager and/or assistant manager will observe and monitor staff, on a daily basis, during medication administration, during the first 30 days, weekly during the next 30 days, and monthly thereafter. The Group home nurse will ensure compliance through weekly house checks, during medication administration for the first 30 days, monthly for the next 30 days and quarterly there after. QDDP will conduct home visits, weekly, during the first 30 days, and monthly thereafter, to monitor and observe staff during medication administration and ensure compliance.</b></p>				

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	<p>staff went through her medication. It was found that [client #2]'s 4 P.M. Topiramate Tab 100 mg (milligram) (bipolar/seizure) was not given on 3/8/14."</p> <p>A review of the facility's "Universal Policies and Procedures-Medication Administration" dated 8/8/13 was conducted on 6/11/14 at 11:30 A.M.. Review of the policy indicated: "Opportunity Enterprises clients will receive medications as prescribed by the individuals attending physician's to maintain optimum health....B. Guidelines for dispensing medications for all consumers:</p> <p>1. Prescription medications will be administered as instructed on the pharmacy label and non-prescription medications will be administered using labeled instructions unless changed by the ordering physician.</p> <p>8. Medications will be verified 3 times against the Medication Administration Record. This includes medications that are set in the weekly pill dispenser.</p> <p>C. Dispensing of Medications:</p> <p>4. The medication should be checked three times in accordance with med core</p>			

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	<p>training.</p> <ul style="list-style-type: none"> <li>a. When taking out the medication.</li> <li>b. After pouring or punching out the medication.</li> <li>c. Before administering the medication to the client.</li> </ul> <p>6. The 6 rights of medication administration should be followed.</p> <ul style="list-style-type: none"> <li>a. Right medication is given to the;</li> <li>b. Right person at the;</li> <li>c. Right time;</li> <li>d. Right dose/strength;</li> <li>e. Right route."</li> </ul> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/12/14 at 2:00 P.M.. The QIDP indicated staff should have administered the clients' medications as ordered. The QIDP further indicated staff should have followed the facility's medication administration policy.</p> <p>9-3-6(a)</p>			

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W009999	<p>State Findings:</p> <p>460 IAC 9-3-1 The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>(b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>This state rule is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed for 1 of 1 incident of a medical visit for outside services involving of 1 of 3 sampled clients (client #2), to report to the Bureau of Developmental Disabilities Services (BDDS).</p> <p>Findings include:</p> <p>A review of the facility's Internal Reports (IRs) was conducted on 6/11/14 at 11:45 P.M. and indicated the following:</p> <p>-IR dated 2/12/14 involving client #4, who is not able to self report, indicated:</p>	W009999	Cite: W9999 – Beginning July 1st, 2014, staff will report anymedical visit for outside services to the Bureau of Developmental Disabilities(BDDS). To ensure compliance, the QDDP and the Director will review allincident reports.	07/01/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G667	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/17/2014
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NAME OF PROVIDER OR SUPPLIER  OPPORTUNITY ENTERPRISES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 203 APPLETREE VALPARAISO, IN 46383
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	<p>"[Client #4]'s left eye was pink/red. Staff took [client #4] to urgent care. The doctor diagnosed her with pink eye. [Client #4] is to stay out of work shop for 24 hours while taking eye drops."</p> <p>Further review of the report failed to indicate this medical visit for outside services was immediately reported to BDDS.</p> <p>A review of the Bureau of Developmental Disabilities Services (BDDS) reporting policy effective March 1, 2011 was conducted on 6/11/14 at 5:30 P.M.. The policy indicated: "It is the policy of the Bureau of Quality Improvement Services (BQIS) to utilize an incident reporting and management system as an integral tool in ensuring the health and welfare of the individuals receiving services administered by BDDS."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/11/14 at 1:30 P.M.. The QIDP indicated the documented incident was not reported within 24 hours to BDDS. When asked if BDDS report was submitted for the 2/12/14 incident, the QIDP indicated no.</p> <p>9-3-1(b)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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