

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G174	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/14/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 227 GASLITE LN GREENFIELD, IN 46140
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W 0000 Bldg. 00	<p>This visit was for an extended annual recertification and state licensure survey.</p> <p>Dates of Survey: 5/7/15, 5/8/15, 5/11/15, 5/12/15, 5/13/15 and 5/14/15.</p> <p>Facility Number: 000708 Provider Number: 15G174 AIMS Number: 100248830</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients #1, #2 and #4's active treatment programs by failing to review/monitor clients #1, #2, and #4's formal training objectives for progression/regression of skills. The</p>	W 0104	<p>Addendum on 7/20/15 regarding additional requested information:</p> <p>The agency uses an electronic system purchased by Cerner in which all ISP goals are recorded. The QIDP is responsible for entering each training objective into the system. This system is used by the direct care staff for recording performance at each trial for each teaching objective. The information entered by the direct care staff is then accessible to the QIDP and any administrator for review. The system allows for formulation of</p>	06/13/2015

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>governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP implemented IST (Individual Support Team) recommendations regarding client #1's day programming needs.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP ensured client #3 was taught to manage her financial affairs, ensured clients #3 and #4 and their guardians participated in the development of their ISP's (Individual Support Plans), ensured clients #1 and #3's CFAs (Comprehensive Functional Assessments) were completed within 30 days of being admitted to the group home, to ensure clients #1 and #3's ISP's were completed within 30 days of being admitted to the group home, ensured client #3 had specific training objectives to meet her identified needs, ensured client #2 received a continuous active treatment program regarding the use of picture cards for communication needs, ensured client #2's ISP was reviewed or revised on an annual basis, ensured the facility's HRC (Human Rights Committee) reviewed, approved or monitored clients #3 and #4's behavior management programs, ensured clients #1 and #3's guardians gave written</p>		<p>goalsummary reports to be used for the QIDP to analyze data monthly to determineprogression/regression of skills and need to revise or update programming. Themonthly review by the QIDP is then entered in the Cerner system. It is expectedthat this occur by the 15th of each month for the data for the priormonth. The Area Director monitors this by running reports within the systemthat verify and show the completed goal summary reviews. This is checked afterthe 15th of each month. The Area Director also reviews the formalteaching objectives that are in place to ensure that training in management offinancial affairs and in self-administration of medications is included in the trainingprogram for each client. In review, one additional client did not have thisrequired training in place. The Area Director has ensured that all clients in thehome are receiving formal training in management of financial affairs asevidenced by the presence of these training objectives in the Cerner system.The Area Director is meeting with the QIDP weekly to review status of workproducts including completion of the tasks to ensure the QIDP is effectivelyintegrating, monitoring, and coordinating the active treatment program. A schedule has been developed of when all ISP'sare due for update. This schedule is accessible by each QIDP and the</p>	

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	<p>informed consent regarding the use of door alarms on clients #1 and #3's bedroom door and clients #1, #3 and #4's guardians gave written informed consent regarding the use of video monitoring devices in the group home, ensured client #1's BDP (Behavior Development Plan) or ISP included the use of a bedroom door alarm for client #1's behavior management program and ensured client #3 was taught to administer her own medications.</p> <p>Findings include:</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP integrated, coordinated and monitored clients #1, #2, #3 and #4's active treatment programs. Please see W159.</p> <p>9-3-1(a)</p>		<p>administrativeteam. The QIDP is now required to complete any due ISP updates the month beforeit is due for update and to present it to the IST for review the month beforeit is due. The QIDP has been directed toensure clients and guardians participate in development of each ISP asapplicable, this is evidenced by the client and/or guardian signing the ISPdocument. The QIDP has been directed to scan and electronically save allcompleted and signed ISP's to a secure and shared agency electronic cloud. ThisArea Director verifies that this occurs. The Area Director runs a monthly ISTmeeting by which the upcoming ISP's will be reviewed in addition to otherclient issues that are discussed. The Area Director ensures minutes are takenat each meeting to include any team recommendations. The Area Director hasbegun to ensure there is a review of recommendations from prior meetings as subsequentmeetings to ensure all recommendations have been addressed properly or arediscussed further as needed. The Area Director does receive copies of updatedBehavior Development Programs and other restriction requests that are pending therequired approvals. The Area Director is responsible for directed the QIDP asnecessary to ensure client or guardian and then HRC approval are secured. Thisis done by</p>	

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			<p>directing the QIDP to copy them on requests for approval. The Area Director is also a HRC member and will know when a program or other restriction has been presented and then approved by the HRC. The Area Director will use electronic reminders as necessary to ensure receipt of timely approvals.</p> <p>The Area Director is responsible for ensuring there is continuity in programming when professional staff change. This is done by assignments being provided to other existing professional staff to complete specific responsibilities such as management of the active treatment programming for the clients in the program. Other professionals assume the responsibility until a new QIDP is assigned to the facility and has the adequate training to assume the responsibility. The Program Quality Coordinator does assist the Area Director in ensuring required tasks are assigned, and verified as completed. This is done by review of reporting in the Cerner system and ISP's posted in the secure and shared cloud.</p> <p>The Program Quality Coordinator has developed a spreadsheet to record a verification that each client has a current ISP in which they and/or their guardian participated in developing, that each client has training in place regarding finances, self-administration of medications, and other identified</p>	

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			<p>needs, and that the QIDP has completed the monthly review of performance of formal training objectives for progression/regression of skills and has made updates as needed. The Area Director and QIDP will be prompted by the Program Quality Coordinator when there is any missing documentation to ensure completion and then will later verify completion. Outstanding IST recommendations are also listed here until verification has been provided that it is properly addressed.</p> <p>The following was previously submitted:</p> <p>The facility has a new QIDP that is completing training on all required responsibilities of a QIDP in integrating, coordinating and monitoring the active treatment needs of the clients in the facility. This includes but may not be limited to requirements for reviewing/monitoring clients formal training objectives for progression/regression of skills, implementation of IST programming recommendations, providing all clients with training and teaching in management of financial affairs and in self-administration of medications, ensuring guardian and client participation in development of ISP's, ensuring completion of Comprehensive Functional Assessments (CFA's) for clients within 30 days of</p>	

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			admission to the group home,providing clients with formal training objectives to meet identified needsareas, ensuring that all program objectives are implemented, ensuring ISP's forall clients are updated no less than annually, obtaining required HRC approvalsfor all Behavior Development Programs, obtaining written consent from guardiansand/or clients for use of door alarms and any video monitoring equipment,ensuring use of alarms is addressed in the client's ISP and/or BDP asappropriate. Additionally the agency has recently changed its administrativestructure. This structure has added a Program Quality Coordinator position whoprovides oversight to ensure QIDP responsibilities are completed as requiredper state and federal regulations for all facilities in the agency. Theemployee in this position is an experienced QIDP. This individual is using andimplementing monitoring tools to ensure that the facility is in compliance withstate and federal regulations regarding active treatment and theresponsibilities of the QIDP. The items being monitored include but may not belimited to the following: review and monitoring of formal training objectives,implementation of IST programming recommendations, review of ISP's and trainingobjectives to ensure all	

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W 0126 Bldg. 00	483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial		required components are included and that guardians and clients participate in the development of the ISPs, tracking of ISP completion to ensure they are completed within 30 days of admission and no less than annually thereafter, consistent training objective implementation, tracking that required guardian, client and HRC approvals are obtained for Behavior Development Programs and other restrictive procedures including those of door alarms and video monitoring devices, and to ensure that use of restrictive procedures such as door alarms are included in the ISP or BDP for clients as appropriate. The Program Quality Coordinator will provide prompts and updates on compliance regarding these items to the QIDP and to the Area Director who is responsible for supervising the QIDP. Updates will be provided no less than monthly regarding the status of completion of essential QIDP responsibilities in these areas. This information is also reviewed with QIDP's in their semi-annual performance evaluations. Responsible Party: Program Quality Coordinator	

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	<p>affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#3), the facility failed to ensure client #3 was taught to manage her financial affairs.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 5/8/15 at 9:08 AM. Client #3's IST (Individual Support Team) meeting form dated 2/26/15 indicated client #3 was admitted to the group home on 2/26/15. Client #3's ISP (Individual Support Plan) dated 4/10/15 indicated, "Assessment, development and training in goals/objectives to increase daily living skills in the following areas: money management...."</p> <p>Client #3's record did not indicate documentation of a formal money management goal or informal supports to assist client #3 manage her financial affairs.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/11/15 at 3:40 PM. When asked to provide documentation of client #3's formal training objectives, AS #1 indicated through electronic correspondence dated 5/11/15 at 3:40 PM, "There is not one for [client #3]</p>	W 0126	<p>There is a new QIDP for the facility. He will have training to ensure that he provides opportunity for all clients to manage their financial affairs and teach them to do so to the extent of their capabilities. He will ensure that client #3 and all clients in the home have formal training objectives to teach them how to manage their financial affairs. The agency has a new administrative position, Program Quality Coordinator. Monthly, this individual will review the teaching objectives that are in place for all clients in the facility regarding teaching management of financial affairs.</p> <p>Any deficiencies will be reported to the QIDP and the Area Director who supervises the QIDP to correct the issue. Responsible Party: QIDP</p>	06/13/2015

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W 0149 Bldg. 00	<p>because unfortunately there has been no goal documentation done since her move into her new home (2/26/15)." AS #1 indicated client #3 did not have a formal money management goal.</p> <p>9-3-2(a)</p> <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 1 of 4 sampled clients (#4) plus 2 additional clients (#5 and #8), the facility failed to implement its policy and procedures to prevent 2 incidents of neglect regarding client #5 and to ensure the results of the investigation of an incident of alleged neglect regarding client #5, an incident of client to client aggression for clients #4 and #8 and an allegation of inappropriate physical restraint regarding client #4 were reported to the administrator within 5 business days.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed</p>	W 0149	<p>All staff are trained on the agency policy regarding prevention of abuse and neglect at the start of their employment and no less than annually thereafter. During this training examples of neglect are reviewed (including not following medical and safety plans for clients). A refresher of this training will be completed with the staff that work in the home. This training will also include a review of the fall risk plan for client #5 and for any other clients who have a fall risk plan. DSA management staff have routine presence in the facility to monitor interactions between staff and clients and the implementation of risk plans. The QIDP is responsible for scheduling at least 8 hours weekly to be present in the home. He posts his schedule where it is reviewed by his Area Director and</p>	06/13/2015

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	<p>on 5/7/15 at 3:15 PM. The review indicated the following:</p> <p>1. BDDS report dated 3/25/15 indicated, "On 3/24/15, [client #5] was leaving the home with staff wanting to go for a walk before dinner. Staff was walking right behind [client #5] as she was walking down the wheelchair ramp that exits the front of her home when she tripped at the end and fell to the ground hitting her face on the driveway. Staff responded quickly attending to her needs and attempting to stop the bleeding. [Client #5] was taken to the ER (Emergency Room) at [hospital] in [city] by professional staff where she was evaluated and had a CT (medical test) scan completed. The CT scan results concluded that [client #5] has a large bump with a laceration on her forehead, multiple nasal fractures and a possible dislocated jaw. The large bump with laceration was glued together, the dislocated jaw was deemed by the doctor to not be an issue because she was chewing and eating well and may just be (an) issue with older age and the multiple nasal fractures will be assessed by an ENT (Ear, Nose and Throat) specialist on 3/26/15...."</p> <p>-Investigation Summary Form (ISF) dated 3/30/15 indicated, "(11.) [Staff #1] failed to follow [client #5's] fall risk plan</p>		<p>other administrators. He providessummaries of his observations in the facility to the administrative team. TheArea Director provides oversight to ensure that the QIDP completes the requiredpresence in the home and submits the required reports of his visit. The Area Director also schedules herself toprovide routine presence in the home and reports on her observations. Both theQIDP and Area Director will be sure to focus on observing to ensure risk plansare implemented properly by staff when they are completing observations. Theprofessional staff who complete investigations for the facility have beentrained regarding the requirement to complete and submit completedinvestigations for administrative review within 5 business days of theinvestigated incident. The agency has a new administrative position, ProgramQuality Coordinator, this individual is responsible for monitoring andreviewing all investigations that are completed for incidents that requireinvestigation for the agency. This administrator also uses a tracking system tomonitor for completion of investigation and provides prompts and Area Directornotification as needed to ensure that investigations are completed andsubmitted for administrative review within 5 business days.</p>	

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	<p>when she failed to ensure that she was next to [client #5] on the ramp."</p> <p>The review indicated staff #1 neglected to implement client #5's fall risk plan to prevent injury to client #5.</p> <p>2. ISF dated 2/27/15 indicated, "[Client #5] did fall when leaving [business]. She did not sustain injury. [Client #5's] fall risk plan was not followed completely." The ISF dated 2/27/15 indicated the date of the alleged neglect was 1/17/15 and the completion of the investigation was 2/27/15.</p> <p>The review indicated staff #2 neglected to implement client #5's fall risk plan. The review indicated the investigation of the 1/17/15 alleged incident of neglect was completed on 2/27/15.</p> <p>3. ISF dated 2/10/15 indicated the investigation of an incident of client to client aggression between clients #4 and #8 on 1/31/15. The review indicated the facility did not complete the ISF within 5 business days of the alleged incident.</p> <p>4. ISF dated 4/23/15 indicated the facility completed an investigation regarding the use of a modified physical restraint on client #4 on 4/12/15. The review indicated the facility did not complete the</p>		Responsible Party: Area Director	

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	<p>ISF within 5 business days of the alleged incident.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/8/15 at 12:00 PM. AS #1 indicated the facility's abuse and neglect policy should be implemented and the results of investigations of abuse, neglect and mistreatment should be reported to the administrator within 5 business days of the alleged incident.</p> <p>The facility's policies and procedures were reviewed on 5/12/15 at 9:35 AM. The facility's policy entitled, 'Preventing Abuse and Neglect' dated 10/2013 indicated the following:</p> <p>- "DSA (Developmental Service Alternatives), incorporated prohibits abuse, neglect, exploitation, mistreatment or violation of the rights of the consumers it serves."</p> <p>- "Abuse means the following: ... (3.) Inappropriate use of physical or chemical restraints for safety reasons."</p> <p>- "B. Neglect means failure to provide supervision, training, appropriate care, food, medical care, or medical supervision to an individual."</p> <p>- "(2.) Document the investigation</p>			

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W 0156 Bldg. 00	<p>procedures and results; (3.) Report the incident to BDDS and any other applicable state of federal policy as required....; (4.) Notify concerned parties and organization per section...."</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 3 of 10 allegations of abuse, neglect or mistreatment reviewed, the facility failed to ensure the results of the investigations regarding an incident of alleged neglect regarding client #5, an incident of client to client aggression for clients #4 and #8 and an allegation of inappropriate physical restraint regarding client #4 were reported to the administrator within 5 business days.</p> <p>Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/7/15 at 3:15 PM. The review</p>	W 0156	The professional staff who complete investigations for the facility have been trained regarding the requirement to complete and submit completed investigations for administrative review within 5 business days of the investigated incident. The agency has a new administrative position, Program Quality Coordinator, this individual is responsible for monitoring and reviewing all investigations that are completed for incidents that require investigation for the agency. This administrator also uses a tracking system to monitor for completion of investigation and provides prompts and Area Director notification as needed to ensure that investigations are completed and submitted for administrative review within 5	06/13/2015

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	<p>indicated the following:</p> <ol style="list-style-type: none"> 1. ISF dated 2/27/15 indicated, "[Client #5] did fall when leaving [business]. She did not sustain injury. [Client #5's] fall risk plan was not followed completely." The ISF dated 2/27/15 indicated the date of the alleged neglect was 1/17/15 and the completion of the investigation was 2/27/15. 2. ISF dated 2/10/15 indicated the investigation of an incident of client to client aggression between clients #4 and #8 on 1/31/15. The review indicated the facility did not complete the ISF within 5 business days of the alleged incident. 3. ISF dated 4/23/15 indicated the facility completed an investigation regarding the use of a modified physical restraint on client #4 on 4/12/15. The review indicated the facility did not complete the ISF within 5 business days of the alleged incident. <p>AS (Administrative Staff) #1 was interviewed on 5/8/15 at 12:00 PM. AS #1 indicated the results of investigations of abuse, neglect and mistreatment should be reported to the administrator within 5 business days of the alleged incident.</p>		<p>business days. Responsible Party: Program Quality Coordinator</p>	

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W 0159 Bldg. 00	<p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor clients #1, #2 and #4's active treatment program by failing to review/monitor clients #1, #2, and #4's formal training objectives for progression/regression of skills. The QIDP failed to implement IST (Individual Support Team) recommendations regarding client #1's day programming needs.</p> <p>The QIDP failed to ensure client #3 was taught to manage her financial affairs, to ensure clients #3 and #4 and their guardians participated in the development of their ISP's (Individual Support Plans), to ensure clients #1 and #3's CFAs (Comprehensive Functional Assessments) were completed within 30 days of being admitted to the group home, to ensure clients #1 and #3's ISP's</p>	W 0159	<p>Addendum submitted on 7/20/15: The agency uses an electronic system purchased by Cerner in which all ISP goals are recorded. The QIDP is responsible for entering each training objective into the system. This system is used by the direct care staff for recording performance at each trial for each teaching objective. The information entered by the direct care staff is then accessible to the QIDP and any administrator for review. The system allows for formulation of goal summary reports to be used for the QIDP to analyze data monthly to determine progression/regression of skills and need to revise or update programming. The monthly review by the QIDP is then entered in the Cerner system. It is expected that this occur by the 15th of each month for the data for the prior month. The Area Director monitors this by running reports within the system that verify and show the completed goal summary reviews. This is checked after the 15th of each month. The Area Director also reviews the formal teaching</p>	06/13/2015			

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	<p>were completed within 30 days of being admitted to the group home, to ensure client #3 had specific training objectives to meet her identified needs, to ensure client #2 received a continuous active treatment program regarding the use of picture cards for communication needs, to ensure client #2's ISP was reviewed or revised on an annual basis, to ensure the facility's HRC (Human Rights Committee) reviewed, approved or monitored clients #3 and #4's behavior management programs, to ensure clients #1 and #3's guardians gave written informed consent regarding the use of door alarms on clients #1 and #3's bedroom door and clients #1, #3 and #4's guardians gave written informed consent regarding the use of video monitoring devices in the group home, to ensure client #1's BDP (Behavior Development Plan) or ISP included the use of a bedroom door alarm for client #1's behavior management program and to ensure client #3 was taught to administer her own medications.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 5/8/15 at 11:03 AM. Client #1's GSR (Goals Summary Report) dated 5/11/15 indicated the following formal training objectives:</p>		<p>objectives that are in place to ensure that training in management offinancial affairs and in self-administration of medications is included in the trainingprogram for each client. In review, one additional client did not have thisrequired training in place. The Area Director has ensured that all clients in thehome are receiving formal training in management of financial affairs asevidenced by the presence of these training objectives in the Cerner system.The Area Director is meeting with the QIDP weekly to review status of workproducts including completion of the tasks to ensure the QIDP is effectivelyintegrating, monitoring, and coordinating the active treatment program. A schedule has been developed of when all ISP'sare due for update. This schedule is accessible by each QIDP and the administrativeteam. The QIDP is now required to complete any due ISP updates the month beforeit is due for update and to present it to the IST for review the month beforeit is due. The QIDP has been directed toensure clients and guardians participate in development of each ISP asapplicable, this is evidenced by the client and/or guardian signing the ISPdocument. The QIDP has been directed to scan and electronically save allcompleted and signed ISP's to a secure and shared agency electronic cloud. ThisArea Director</p>	

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	-"... will prepare a cold or hot beverage for herself or group. She will do this with 2 VPs (Verbal Prompts) for 70% compliance for 36 trials." -"... will dry and brush her hair with 2 VPs or better for 50% of compliance." -"... will identify her clothing that is dirty and will put it in the washer to be washed." -"...will independently ensure she is wearing her ted hose properly, wearing her eyeglasses and has her cane for use each day. She shall complete this with 60% compliance for 180 trials." -"... will independently eat slowly. She will do this with 50% compliance for 120 trials." -"... will independently identify the cost of an item when making a purchase. She will do this with 30% compliance for 12 trials." -"... will independently invite a friend for a visit or social activity weekly. She will do this with 75% compliance for 12 trials." -"... will independently gather needed		verifies that this occurs. The Area Director runs a monthly ISTmeeting by which the upcoming ISP's will be reviewed in addition to otherclient issues that are discussed. The Area Director ensures minutes are takenat each meeting to include any team recommendations. The Area Director hasbegun to ensure there is a review of recommendations from prior meetings as subsequentmeetings to ensure all recommendations have been addressed properly or arediscussed further as needed. The Area Director does receive copies of updatedBehavior Development Programs and other restriction requests that are pending therequired approvals. The Area Director is responsible for directed the QIDP asnecessary to ensure client or guardian and then HRC approval are secured. Thisis done by directing the QIDP to copy them on requests for approval. The Area Directoris also a HRC member and will know when a program or other restriction has beenpresented and then approved by the HRC. The Area Director will use electronicreminders as necessary to ensure receipt of timely approvals. The Area Director is responsible for ensuring there iscontinuity in programming when professional staff change. This is done byassignments being provided to other existing professional staff to completespecific responsibilities		

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	<p>supplies to take her medications. She will complete this with 50% compliance for 180 trials."</p> <p>Client #1's 2/6/14 ISP (Individual Support Plan) indicated, "Progress (will be) reviewed monthly by the QIDP and no less than semi annually by the IST (Individual Support Team)."</p> <p>Client #1's GSR dated 5/11/15 indicated client #1's program goals had been reviewed on 5/11/15 and 3/20/14.</p> <p>Client #1's ISP dated 2/6/14 indicated, "[Client #1] attends [retirement] class part time at [day service provider] on Thursday and Friday morning from 8:00 AM through 11:30 AM."</p> <p>Client #1's IST form dated 2/26/15 indicated, "Since returning from the nursing home in December, she has refused to attend day program stating she is retired and frequently spends the days sleeping despite staff prompting to engage in activities." Client #1's IST form dated 2/26/15 indicated, "Would be good her [client #1] to attend a senior center. [Client #1] identified a former staff member who she wanted to take her. Professional staff prefer a current staff member who we know and trust to follow her protocols appropriately. Guardian</p>		<p>such as management of the active treatment programming for the clients in the program. Other professionals assume the responsibility until a new QIDP is assigned to the facility and has the adequate training to assume the responsibility. The Program Quality Coordinator does assist the Area Director in ensuring required tasks are assigned, and verified as completed. This done by review of reporting in the Cerner system and ISP's posted in the secure and shared cloud.</p> <p>The Program Quality Coordinator has developed a spreadsheet to record a verification that each client has a current ISP in which they and/or their guardian participated in developing, that each client has training in place regarding finances, self-administration of medications, and other identified needs, and that the QIDP has completed the monthly review of performance of formal training objectives for progression/regression of skills and has made updates as needed. The Area Director and QIDP will be prompted by the Program Quality Coordinator when there is any missing documentation to ensure completion and then will later verify completion. Outstanding IST recommendations are also listed here until verification has been provided that it is properly addressed.</p>	

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	<p>should make the decision."</p> <p>Client #1's Activity Schedule dated May 2015 did not indicate client #1 attended a senior center.</p> <p>Client #1's record did not indicate documentation of QIDP follow up regarding the 2/26/15 IST recommendations for client #1's day programming needs.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/8/15 at 12:00 PM. AS #1 indicated client #1 did not attend day services or a senior center. AS #1 indicated the 2/26/15 IST recommendations should be coordinated and implemented by the QIDP.</p> <p>2. Client #2's record was reviewed on 5/8/15 at 10:43 AM. Client #2's GSR dated 5/11/15 indicated the following formal training objectives:</p> <p>"... will use picture cards to express wants/needs and use two VPs to assist with making choices."</p> <p>"... will hand money to cashier to pay for her purchases with two VPs for three months."</p> <p>"... will sort clothing for laundry with</p>		<p>Following was submitted previously: The facility has a new QIDP that is completing training on all required responsibilities of a QIDP in integrating, coordinating and monitoring the active treatment needs of the clients in the facility. This includes but may not be limited to requirements for reviewing/monitoring clients formal training objectives for progression/regression of skills, implementation of IST programming recommendations, providing all clients with training and teaching in management of financial affairs and in self-administration of medications, ensuring guardian and client participation in development of ISP's, ensuring completion of Comprehensive Functional Assessments (CFA's) for clients within 30 days of admission to the group home, providing clients with formal training objectives to meet identified needs areas, ensuring that all program objectives are implemented, ensuring ISP's for all clients are updated no less than annually, obtaining required HRC approvals for all Behavior Development Programs, obtaining written consent from guardians and/or clients for use of door alarms and any video monitoring equipment, ensuring use of alarms is addressed in the client's ISP and/or BDP as appropriate. The following will be completed by the compliance</p>		

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	<p>one VP or better for three months."</p> <p>-"... will clean (her) eyeglasses with two VPs."</p> <p>-"... will use a blender with two VPs for three months."</p> <p>-"... will eat slowly with two VPs for three months."</p> <p>-"... will wash her hair with two VPs for three months."</p> <p>-"... with two VPs will print her first and last name."</p> <p>-"... will brush her teeth with two VPs for three months."</p> <p>-"... will self administer medications according to procedures developed by the self medication administration assessment."</p> <p>Client #2's 10/10/13 ISP indicated, "Progress (will be) reviewed monthly by the QIDP and no less than semi annually by the IST."</p> <p>Client #2's GSR dated 5/11/15 indicated client #2's program goals had been reviewed for progression/regression on 3/19/14 and 4/15/14.</p>		<p>date bythe QIDP to ensure corrective of cited deficiencies: Complete goal summary reviews of current data regarding implementation of training objectives for all clients in the home in an effort to monitor for progression/regression of skills. Implement formal training in management of financial affairs and self-administration of medications for client #3. Ensure there is formal training is in place for all clients in the facility in these two areas. Update ISP for client #3 to include involvement of her guardian. Client #4 has been discharged from this facility. Ensure all clients have an ISP completed within the last year with the involvement of the client and/or guardian as required. The ISP for client #1 will be updated as she had a new admission date. Ensure current Comprehensive Functional Assessments are completed for all clients in the home, including clients # 1 and #3. Training objectives are in place for all clients, including client #3, for any identified training needs. Ensure that supplies are available and that staff are implementing the training objective daily for client #2 to use picture cards for her communication needs and per the training objective. Ensure resources and training is provided to staff to implement all training objectives. Obtain HRC approval for the most current</p>	

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	<p>3. Client #4's record was reviewed on 5/8/15 at 9:42 AM. Client #4's GSR form dated 5/11/15 indicated client #4 had the following formal training objectives:</p> <p>- "... will identify his medication packaging when it is time to take his medications. He will do this with 1 VP or better for 60% compliance for 180 trials."</p> <p>- "When completing a purchase, [client #4] will hand money to the cashier and will obtain the receipt."</p> <p>- "... will use a washcloth to wash his torso when bathing. He will do this with two VPs or better for 90 trials."</p> <p>- "... will make his bed. He will do this with two VPs or better for 90 trials."</p> <p>- "... will brush his teeth/gums."</p> <p>- "... will start a load of laundry by placing clothing in the machine and adding soap."</p> <p>Client #4's GSR form dated 5/11/15 did not indicate documentation of goal review/monitoring for progression/regression of skills.</p> <p>AS #1 was interviewed on 5/8/15 at</p>		<p>BehaviorDevelopment Program for client #3. Client #4 has been discharged from the facility. Ensure that all currentBehavior Development Programs used in the facility have HRC approval. Request and obtain guardian approval for the use of thebedroom door alarm on the bedroom door for clients #1 and #3. Ensure that theuse of this alarm is included in the behavior development program for client#1. Request and obtain guardian approvals for use of videomonitoring devices in the home for all clients, including clients #1 and #3.Client #4 has been discharged from this facility. Ensure required approvals arein place for any other restrictive procedures used in the facility. Schedule and encourage client #1's participation inactivities at the local senior center as recommended by this client's IST. Additionally the agency has recently changed itsadministrative structure. This structure has added a Program QualityCoordinator position who provides oversight to ensure QIDP responsibilities arecompleted as required per state and federal regulations for all facilities inthe agency. The employee in this position is an experienced QIDP. Thisindividual is using and implementing monitoring tools to ensure that thefacility is in compliance with state and federal regulations</p>		

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	<p>12:00 PM. AS #1 indicated there was not documentation of program review/revision regarding clients #1, #2 and #4's formal training objectives. AS #1 indicated the QIDP should review program goals monthly.</p> <p>4. The QIDP failed to ensure client #3 was taught to manage her financial affairs. Please see W126.</p> <p>5. The QIDP failed to ensure clients #3 and #4 and their guardians participated in the development of their ISP's. Please see W209.</p> <p>6. The QIDP failed to ensure clients #1 and #3's CFAs were completed within 30 days of being admitted to the group home. Please see W210.</p> <p>7. The QIDP failed to ensure clients #1 and #3's ISP's were completed within 30 days of being admitted to the group home. Please see W226.</p> <p>8. The QIDP failed to ensure client #3 had specific training objectives to meet her identified needs. Please see W227.</p> <p>9. The QIDP failed to ensure client #2 received a continuous active treatment program regarding the use of picture cards for communication needs. Please</p>		<p>regarding activetreatment and the responsibilities of the QIDP. The items being monitoredinclude but may not be limited to the following: review and monitoring offormal training objectives, implementation of IST programming recommendations,review of ISP's and training objectives to ensure all required components areincluded and that guardians and clients participate in the development of theISP's, tracking of ISP completion to ensure they are completed within 30 days ofadmission and no less than annually thereafter, consistent training objectiveimplementation, tracking that required guardian, client and HRC approvals areobtained for Behavior Development Programs and other restrictive proceduresincluding the use of door alarms and video monitoring devices, and to ensurethat use of restrictive procedures such as door alarms are included in the ISPor BDP for clients as appropriate. The Program Quality Coordinator will provideprompts and updates on compliance regarding these items to the QIDP and to theArea Director who is responsible for supervising the QIDP. Updates will beprovided no less than monthly regarding the status of completion of essentialQIDP responsibilities in these areas. This information is also reviewed withQIDP's in their semi-annual</p>	

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	<p>see W249.</p> <p>10. The QIDP failed to ensure client #2's ISP (Individual Support Plan) was reviewed or revised on an annual basis. Please see W260.</p> <p>11. The QIDP failed to ensure the facility's HRC reviewed, approved or monitored clients #3 and #4's behavior management programs. Please see W262.</p> <p>12. The QIDP failed to ensure clients #1 and #3's guardians gave written informed consent regarding the use of door alarms on clients #1 and #3's bedroom door and clients #1, #3 and #4's guardians gave written informed consent regarding the use of video monitoring devices in the group home. Please see W263.</p> <p>13. The QIDP failed to ensure client #1's BDP or ISP included the use of a bedroom door alarm for client #1's behavior management program. Please see W289.</p> <p>14. The QIDP failed to ensure client #3 was taught to administer her own medications. Please see W371.</p> <p>9-3-3(a)</p>		<p>performance evaluations. Responsible Party: Program Quality Coordinator</p>				

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W 0209 Bldg. 00	<p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#3 and #4), the facility failed to ensure clients #3 and #4 and their guardians participated in the development of their ISP's (Individual Support Plans).</p> <p>Findings include:</p> <p>1. Client #3's record was reviewed on 5/8/15 at 9:08 AM. Client #3's ISP dated 4/10/15 indicated client #3 had a legal guardian. Client #3's ISP dated 4/10/15 or record did not indicate documentation of client #3's guardians signature or participation in the development of client #3's 4/10/15 ISP.</p> <p>2. Client #4's record was reviewed on 5/8/15 at 9:42 AM. Client #4's ISP dated 7/20/14 indicated client #4 had a legal guardian. Client #4's 7/20/14 ISP or record did not indicate documentation of client #4's guardians signature or participation in the development of client #4's 7/20/14 ISP.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/8/15 at 12:00 PM. AS</p>	W 0209	<p>The QIDP for the facility has received training to ensure that all clients or the client's guardians do participate in the development and update of the clients Individual Support Plan (ISP). A meeting will be held with the client #3 and her guardian to ensure their involvement in the completion of an updated ISP. Their participation will be evidenced by their signatures on their ISP and on a meeting note. The QIDP will submit completed ISPs with evidence of client and/or guardian participation as appropriate to the Administrator within 5 business days of completion. The administrator will develop and maintain a tracking system to ensure ISP's are completed as required and including the participation of the client and/or legal guardian in all facilities. QIDP's will be prompted by this administrator to ensure completion and submit any information that has not been provided as required.</p> <p>Responsible Party: QIDP</p>	06/13/2015

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W 0210 Bldg. 00	<p>#1 indicated clients #3 and #4's guardians should participate in the development of their ISP's.</p> <p>9-3-4(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on record review and interview for 2 of 4 sampled clients (#1 and #3), the facility failed to ensure clients #1 and #3's CFAs (Comprehensive Functional Assessments) were completed within 30 days of being admitted to the group home.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 5/8/15 at 11:03 AM. Client #1's IST (Individual Support Team) meeting form dated 2/26/15 indicated client #1 had been admitted to the group home 12/23/14 following being discharged to a skilled nursing facility on 11/28/14. Client #1's CFA dated 8/10/14 did not indicate documentation of review/revision within 30 days of client</p>	W 0210	<p>Addendum submitted on 7/20/15: The Area Director is responsible for ensuring there is continuity in programming when professional staff change. This is done by assignments being provided to other existing professional staff to complete specific responsibilities such as management of the active treatment programming for the clients in the program. Other professionals assume the responsibility until a new QIDP is assigned to the facility and has the adequate training to assume the responsibility. The Program Quality Coordinator does assist the Area Director in ensuring required tasks are assigned, and verified as completed. This done by review of reporting in the Cerner system and ISP's posted in the secure and shared cloud. The Program Quality Coordinator will continue to monitor</p>	06/13/2015	

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	<p>#1's admission to the group home.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/8/15 at 11:21 AM. AS #1 indicated client #1 had been discharged from the group home on 11/28/14 and admitted to the group home on 12/23/14.</p> <p>2. Client #3's record was reviewed on 5/8/15 at 9:08 AM. Client #3's IST meeting form dated 2/26/15 indicated client #3 was admitted to the group home on 2/26/15. Client #3's CFA dated 5/11/15 did not indicate documentation of review/revision within 30 days of client #3's admission to the group home.</p> <p>AS #1 was interviewed on 5/8/15 at 12:00 PM. AS #1 indicated client #1 had been admitted to the group home on 12/23/14 and client #3 had been admitted to the group home on 2/26/15. AS #1 indicated clients #1 and #3's CFA's should be reviewed/revise within 30 days of admission to the group home.</p> <p>9-3-4(a)</p>		<p>compliance in all areas regardless of whom is responsible for completing the QIDP responsibilities. The Program Quality Coordinator provides report to the Area Director and assists to ensure all responsibilities are assigned and then completed. There are two professional staff, one of which is the Program Quality Coordinator, who are experienced QIDPs who do not normally carry specific QIDP responsibilities, who are assigned to and assist in completing QIDP responsibilities to ensure continuity of programming through changes of professional staff. Following information was previously submitted: The QIDP is receiving training to ensure that a comprehensive functional assessment is completed for all clients within 30 days of admission to the group home and no less than annually thereafter. This will specify that this assessment is to be done for all admissions including for those who are admitted from another DSA group home or are re-admitted after being discharged for any reason. The QIDP will ensure each client in the facility has a required assessment, including clients #1 and #3. The Program Quality Coordinator will use a tracking system to monitor to ensure these assessments are completed as required. Prompts will be given to the QIDP and Area Director as needed to ensure</p>	

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W 0226 Bldg. 00	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan. Based on record review and interview for 2 of 4 sampled clients (#1 and #3), the facility failed to ensure clients #1 and #3's ISP's (Individual Support Plan) were completed within 30 days of being admitted to the group home.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 5/8/15 at 11:03 AM. Client #1's IST (Individual Support Team) meeting form dated 2/26/15 indicated client #1 had been admitted to the group home 12/23/14 following being discharged to a skilled nursing facility on 11/28/14. Client #1's ISP dated 2/6/14 did not indicate documentation of being completed within 30 days of client #1's admission to the group home.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/8/15 at 11:21 AM. AS #1 indicated client #1 had been discharged from the group home on 11/28/14 and admitted to the group home on 12/23/14.</p>	W 0226	<p>timely completion of these assessments. Responsible Party: QIDP</p> <p>Addendum submitted 7/20/15 The Area Director is responsible for ensuring there is continuity in programming when professional staff change. This is done by assignments being provided to other existing professional staff to complete specific responsibilities such as management of the active treatment programming for the clients in the program. Other professionals assume the responsibility until a new QIDP is assigned to the facility and has the adequate training to assume the responsibility. The Program Quality Coordinator does assist the Area Director in ensuring required tasks are assigned, and verified as completed. This is done by review of reporting in the Cerner system and ISP's posted in the secure and shared cloud. The Program Quality Coordinator will continue to monitor compliance in all areas regardless of whom is responsible for completing the QIDP responsibilities. The Program Quality Coordinator provides report to the Area Director and assists to ensure all responsibilities are assigned and</p>	06/13/2015

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W 0227 Bldg. 00	<p>2. Client #3's record was reviewed on 5/8/15 at 9:08 AM. Client #3's IST meeting form dated 2/26/15 indicated client #3 was admitted to the group home on 2/26/15. Client #3's ISP dated 4/10/15 did not indicate documentation of being completed within 30 days of client #3's admission to the group home.</p> <p>AS #1 was interviewed on 5/8/15 at 12:00 PM. AS #1 indicated client #1 had been admitted to the group home on 12/23/14 and client #3 had been admitted to the group home on 2/26/15. AS #1 indicated clients #1 and #3's ISP should be completed within 30 days of admission to the group home.</p> <p>9-3-4(a)</p> <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</p>		<p>then completed. There are two professional staff, one of which is the Program Quality Coordinator, who are experienced QIDPs who do not normally carry specific QIDP responsibilities, who are assigned to and assist in completing QIDP responsibilities to ensure continuity of programming through changes of professional staff. Following was submitted previously: The QIDP is receiving training to ensure his understanding that an Individual Support Plan is completed for all clients within 30 days of admission to the group home and no less than annually thereafter. This will specify that this ISP is to be done for all admissions including for those who are admitted from another DSA group home or are re-admitted after being discharged for any reason. The QIDP will ensure each client in the facility has a current ISP, including clients #1 and #3. The Program Quality Coordinator will use a tracking system to monitor to ensure that ISP's are completed as required. Prompts will be given to the QIDP and Area Director as needed to ensure timely completion of ISP's. Responsible Party: QIDP</p>		

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	<p>paragraph (c)(3) of this section.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#3), the facility failed to ensure client #3 had specific training objectives to meet her identified needs.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 5/8/15 at 9:08 AM. Client #3's IST (Individual Support Team) meeting form dated 2/26/15 indicated client #3 was admitted to the group home on 2/26/15. Client #3's ISP dated 4/10/15 indicated, "Assessment, development and training in goals/objectives to increase daily living skills an (sic) the following areas: personal hygiene, housekeeping, meal preparation/planning and laundry care." Client #3's ISP dated 4/10/15 indicated, "Assessment, development and training in goals/objectives to increase daily living skills in the following areas: social skills/communication skills, personal safety, leisure skills and community safety."</p> <p>Client #3's record did not indicate documentation of formal training objectives regarding personal hygiene, housekeeping, meal preparation/planning, laundry care, social skills/communication skills, personal safety, leisure skills or</p>	W 0227	<p>The QIDP is receiving the needed training to ensure that all clients in the facility have specific training objectives in place to meet their identified needs. The QIDP will ensure that all clients in the group home, including client #3, have the needed objectives in place. The agency Program Quality Coordinator will have a tracking system in place which will include monthly checks of training objectives that are in place to ensure that objectives are in place to meet the identified needs of each client. Any deficiencies will be reported to the QIDP and the Area Director who supervises the QIDP to correct the issue.</p> <p>Responsible Party: QIDP</p>	06/13/2015

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W 0249 Bldg. 00	<p>community safety.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/11/15 at 3:40 PM. When asked to provide documentation of client #3's formal training objectives, AS #1 indicated through electronic correspondence dated 5/11/15 at 3:40 PM, "There is not one for [client #3] because unfortunately there has been no goal documentation done since her move into her new home (2/26/15)." AS #1 indicated client #3 should have formal training objectives to meet her identified needs.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure client #2 received a continuous active treatment program regarding the use of picture cards for communication needs.</p>	W 0249	<p>Addendum added 7/20/15: The Area Director is responsible for ensuring there is continuity in programming when professional staff change. This is done by assignments being provided to other existing professional staff to complete specific responsibilities</p>	06/13/2015

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	<p>Findings include:</p> <p>Observations were conducted at the group home on 5/7/15 from 4:30 PM through 6:15 PM. Client #2 was observed throughout the observation period. Client #2 did not utilize picture cards to communicate her wants/needs and was not prompted or coached to utilize picture cards by staff.</p> <p>Observations were conducted at the group home on 5/8/15 from 6:30 AM through 8:30 AM. Client #2 was observed throughout the observation period. Client #2 did not utilize picture cards to communicate her wants/needs and was not prompted or coached to utilize picture cards by staff.</p> <p>Client #2's record was reviewed on 5/8/15 at 10:43 AM. Client #2's ISP (Individual Support Plan) dated 10/10/13 indicated, "[Client #2] will use picture cards to express wants/needs and use two verbal prompts to assist with making choices."</p> <p>AS (Administrative Staff) #1 was interviewed on 5/14/15 at 9:00 AM. AS #1 indicated client #2's communication objective to utilize a picture card should be implemented at each available opportunity.</p>		<p>such as management of the active treatment programming for the clients in the program. Other professionals assume the responsibility until a new QIDP is assigned to the facility and has the adequate training to assume the responsibility. The Program Quality Coordinator does assist the Area Director in ensuring required tasks are assigned, and verified as completed. This done by review of reporting in the Cerner system and ISP's posted in the secure and shared cloud. The Program Quality Coordinator will continue to monitor compliance in all areas regardless of whom is responsible for completing the QIDP responsibilities. The Program Quality Coordinator provides report to the Area Director and assists to ensure all responsibilities are assigned and then completed. There are two professional staff, one of which is the Program Quality Coordinator, who are experienced QIDPs who do not normally carry specific QIDP responsibilities, who are assigned to and assist in completing QIDP responsibilities to ensure continuity of programming through changes of professional staff. Following was submitted previously: The facility has a new QIDP. He is receiving training on his responsibility to ensure that the identified active treatment needs for each client are implemented.</p>	

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W 0260 Bldg. 00	<p>9-3-4(a)</p> <p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure client #2's ISP (Individual Support Plan) was reviewed or revised on an annual basis. Findings include:</p>			W 0260	<p>He will ensure that client #2 receives a continuous active treatment program regarding the use of picture cards for her communication needs. He will also review the training objectives that are in place for all of the clients to ensure they are being implemented. Administrative review of goal summary reviews shall determine if objectives are being implemented. Additionally the QIDP and Area Director will observe for objective implementation when they are in the home and provide comment on their observation in this area in their report of their home observation. This will be provided to the administrative team for review. The Area Director will monitor to ensure the QIDP is in the home as required and reporting on his observations of implementation of teaching objectives. Responsible Party: QIDP</p> <p>Addendum submitted 7/20/15: The Area Director is responsible for ensuring there is continuity in programming when professional staff change. This is done by assignments being provided to other existing professional staff to complete specific responsibilities</p>		06/13/2015

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	<p>Client #2's record was reviewed on 5/8/15 at 10:43 AM. Client #2's ISP (Individual Support Plan) dated 10/10/13 did not indicate documentation of review or revision since the 10/10/13 date of implementation.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/8/15 at 12:00 PM. AS #1 indicated there was not additional documentation available regarding annual review or revision of client #2's 10/10/13 ISP. AS #1 indicated client #2's ISP should be reviewed or revised on an annual basis.</p> <p>9-3-4(a)</p>		<p>such as management of the active treatment programming for the clients in the program. Other professionals assume the responsibility until a new QIDP is assigned to the facility and has the adequate training to assume the responsibility. The Program Quality Coordinator does assist the Area Director in ensuring required tasks are assigned, and verified as completed. This is done by review of reporting in the Cerner system and ISP's posted in the secure and shared cloud. The Program Quality Coordinator will continue to monitor compliance in all areas regardless of whom is responsible for completing the QIDP responsibilities. The Program Quality Coordinator provides report to the Area Director and assists to ensure all responsibilities are assigned and then completed. There are two professional staff, one of which is the Program Quality Coordinator, who are experienced QIDPs who do not normally carry specific QIDP responsibilities, who are assigned to and assist in completing QIDP responsibilities to ensure continuity of programming through changes of professional staff. Following was previously submitted: The QIDP for the facility has received training regarding his responsibility to ensure that each client in the facility has an Individual Support Plan (ISP) that</p>	

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W 0262 Bldg. 00	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Based on observation, record review and interview for 2 of 4 sampled clients (#3 and #4) with restrictive programs, the	W 0262	has been updated no less than annually. The QIDP will update client #2's ISP and will review the ISP for all other clients in the home and will ensure that they all have been revised within the past year. The QIDP ensure that all completed ISP's are available for review by the Program Services Coordinator within 5 business days of completion. The administrator will develop and maintain a tracking system to ensure ISP's are completed as required and are current within the past year. The QIDP will be prompted by the Program Quality Coordinator to ensure completion and submit any information that has not been provided as required. The Area Director is responsible for supervising the QIDP and will receive notification when reports are not available for review as required. The QIDPs will be given a prompt of ISP's that are due for revision/review no less than 30 days before they are due. Responsible Party: QIDP Addendum submitted 7/20/15: The Area Director is responsible for ensuring there is continuity in	06/13/2015	

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	<p>facility failed to ensure the facility's HRC (Human Rights Committee) reviewed, approved or monitored clients #3 and #4's behavior management programs.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/7/15 from 4:30 PM through 6:15 PM. Each time client #1's bedroom door was opened by either client #1 or her roommate client #3 an audible chime could be heard in the house. The group home had video cameras in the common areas of the house (kitchen and living room).</p> <p>Observations were conducted at the group home on 5/8/15 from 6:30 AM through 8:30 AM. Each time client #1's bedroom door was opened by either client #1 or her roommate client #3 an audible chime could be heard in the house. The group home had video cameras in the common areas of the house (kitchen and living room).</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 5/8/15 at 7:45 AM. QIDP #1 indicated clients #1 and #3's bedroom door had an alarm. QIDP #1 indicated the group home had video monitoring devices in the living room, kitchen, dining area and</p>		<p>programming when professional staff change. This is done by assignments being provided to other existing professional staff to complete specific responsibilities such as management of the active treatment programming for the clients in the program. Other professionals assume the responsibility until a new QIDP is assigned to the facility and has the adequate training to assume the responsibility. The Program Quality Coordinator does assist the Area Director in ensuring required tasks are assigned, and verified as completed. This done by review of reporting in the Cerner system and ISP's posted in the secure and shared cloud. The Program Quality Coordinator will continue to monitor compliance in all areas regardless of whom is responsible for completing the QIDP responsibilities. The Program Quality Coordinator provides report to the Area Director and assists to ensure all responsibilities are assigned and then completed. There are two professional staff, one of which is the Program Quality Coordinator, who are experienced QIDPs who do not normally carry specific QIDP responsibilities, who are assigned to and assist in completing QIDP responsibilities to ensure continuity of programming through changes of professional staff. Following was previously submitted:</p>	

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	<p>medication administration areas.</p> <p>1. Client #3's record was reviewed on 5/8/15 at 9:05 AM. Client #3's record did not indicate documentation of HRC review, approval or monitoring regarding the use of door alarms on client #3's bedroom or the use of video recording devices being utilized in the common areas of the house including the living room, kitchen and medication administration area. Client #3's BDP (Behavior Development Plan) dated 9/2014 did not indicate documentation of HRC review, approval or monitoring regarding the use of door alarms on client #3's bedroom or the use of video recording devices being utilized in the common areas of the house including the living room, kitchen and medication administration area.</p> <p>2. Client #4's record was reviewed on 5/8/15 at 9:42 AM. Client #4's record did not indicate documentation of HRC review, approval or monitoring regarding the use of door alarms on client #4's bedroom or the use of video recording devices being utilized in the common areas of the house including the living room, kitchen and medication administration area. Client #4's BDP 2/2015 did not indicate documentation of HRC review, approval or monitoring</p>		<p>The QIDP for the facility is receiving training to ensure his understanding of his responsibility to provide documentation to the Human Rights Committee to review, approve, and monitor the use of behavior management programs that are developed for all clients. The Behavior Development Program dated 9/2014 for client #3 was approved by the HRC in November of 2014. Client #4's program dated 2/2015 was also approved by the HRC prior to implementation. Client #4 has been discharged to another facility. The QIDP will ensure that all behavior management programs have the required approvals in place. The Program Quality Coordinator uses a tracking system to ensure all developed programs are submitted for and receive approval of the HRC as required. Responsible Party: QIDP</p>		

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W 0263 Bldg. 00	<p>regarding the use of door alarms on client #4's bedroom or the use of video recording devices being utilized in the common areas of the house including the living room, kitchen and medication administration area.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/8/15 at 12:00 PM. AS #1 indicated the facility's HRC should review, approve and monitor clients #3 and #4's programs and the facility's use of video monitoring devices in the group home.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on observation, record review and interview for 3 of 4 sampled clients (#1, #3 and #4) with restrictive programs, the facility failed to ensure clients #1 and #3's guardians gave written informed consent regarding the use of door alarms on clients #1 and #3's bedroom door and clients #1, #3 and #4's guardians gave</p>	W 0263	<p>Addendum submitted on 7/20/15: The Area Director is responsible for ensuring there is continuity in programming when professional staff change. This is done by assignments being provided to other existing professional staff to complete specific responsibilities such as management of the active treatment programming for the</p>	06/13/2015

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	<p>written informed consent regarding the use of video monitoring devices in the group home.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/7/15 from 4:30 PM through 6:15 PM. Each time client #1's bedroom door was opened by either client #1 or her roommate client #3 an audible chime could be heard in the house. The group home had video cameras in the common areas of the house (kitchen and living room).</p> <p>Observations were conducted at the group home on 5/8/15 from 6:30 AM through 8:30 AM. Each time client #1's bedroom door was opened by either client #1 or her roommate client #3 an audible chime could be heard in the house. The group home had video cameras in the common areas of the house (kitchen and living room).</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 5/8/15 at 7:45 AM. QIDP #1 indicated clients #1 and #3's bedroom door had an alarm. QIDP #1 indicated the group home had video monitoring devices in the living room, kitchen, dining area and medication administration areas.</p>		<p>clients in the program. Other professionals assume the responsibility until a new QIDP is assigned to the facility and has the adequate training to assume the responsibility. The Program Quality Coordinator does assist the Area Director in ensuring required tasks are assigned, and verified as completed. This done by review of reporting in the Cerner system and ISP's posted in the secure and shared cloud. The Program Quality Coordinator will continue to monitor compliance in all areas regardless of whom is responsible for completing the QIDP responsibilities. The Program Quality Coordinator provides report to the Area Director and assists to ensure all responsibilities are assigned and then completed. There are two professional staff, one of which is the Program Quality Coordinator, who are experienced QIDPs who do not normally carry specific QIDP responsibilities, who are assigned to and assist in completing QIDP responsibilities to ensure continuity of programming through changes of professional staff. Following was previously submitted: The QIDP for the facility is receiving training to ensure his understanding of his responsibility to provide documentation to the legal guardians for clients to review, approve, and monitor the use of any restrictive procedures</p>	

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	<p>1. Client #1's record was reviewed on 5/8/15 at 11:03 AM. Client #1's ISP (Individual Support Plan) dated 2/6/14 indicated client #1 had a legal guardian. Client #1's record did not indicate documentation of client #1's guardian's written informed consent regarding the use of door alarms on client #1's bedroom door.</p> <p>2. Client #3's record was reviewed on 5/8/15 at 9:05 AM. Client #3's ISP dated 4/10/15 indicated client #3 had a legal guardian. Client #3's record did not indicate documentation of client #3's guardian's written informed consent regarding the use of door alarms on client #3's bedroom or the use of video recording devices being utilized in the common areas of the house including the living room, kitchen and medication administration area.</p> <p>3. Client #4's record was reviewed on 5/8/15 at 9:42 AM. Client #4's ISP dated 7/20/14 indicated client #4 had a legal guardian. Client #4's record did not indicate documentation of client #4's guardian's written informed consent regarding the use of door alarms on client #4's bedroom or the use of video recording devices being utilized in the common areas of the house including the</p>		<p>with clients including but not limited to use of dooralarms and video monitoring equipment. The QIDP will ensure that the use of the bedroom door alarm for client#1 is included in an updated behavior development program for her and isreviewed with and approved in writing by her legal guardian. Her guardian willalso be provided with information to review and approve in writing the use ofthe video monitoring equipment that is used in her home. The QIDP will also provide information toclient #3's guardian to request written approval to continue to use the alarmon her bedroom door and for the video monitoring equipment that is in use inthe home. The QIDP will review allclient records and will ensure that the required approvals are in place for allof the clients in the home. The Program Quality Coordinator will use a trackingsystem to ensure that all approvals are obtained as needed for restrictiveprocedures. Responsible Party: QIDP</p>				

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W 0289 Bldg. 00	<p>living room, kitchen and medication administration area.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/8/15 at 12:00 PM. AS #1 indicated clients #1, #3 and #4's guardian's written informed consent should be obtained prior to the use of door alarms on clients #1 and #3's bedroom and the use of video recording devices in the home for clients #1, #3 and #4.</p> <p>9-3-4(a)</p> <p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure client #1's BDP (Behavior Development Plan) or ISP (Individual Support Plan) included the use of a bedroom door alarm for client #1's behavior management program.</p> <p>Findings include:</p>	W 0289	The Behavior Consultant will receive training to ensure that any restrictive measure used to manage maladaptive behavior problems are included in the behavior development program, including the use of a door alarm. The consultant will update client #1's behavior program to include the use of the door alarm that is on her bedroom door. The Program Quality Coordinator participates in	06/13/2015

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	<p>Observations were conducted at the group home on 5/7/15 from 4:30 PM through 6:15 PM. Each time client #1's bedroom door was opened by either client #1 or her roommate client #3 an audible chime could be heard in the house.</p> <p>Observations were conducted at the group home on 5/8/15 from 6:30 AM through 8:30 AM. Each time client #1's bedroom door was opened by either client #1 or her roommate client #3 an audible chime could be heard in the house.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 5/8/15 at 7:45 AM. QIDP #1 indicated clients #1 and #3's bedroom door had an alarm. QIDP #1 indicated the alarm was utilized to assist monitoring client #1's behavior. QIDP #1 indicated client #1's targeted behaviors included stealing/hoarding food items and flushing objects down the toilet causing plumbing issues.</p> <p>Client #1's record was reviewed on 5/8/15 at 11:03 AM. Client #1's ISP dated 2/6/14 did not indicate documentation of the incorporation of the use of bedroom door alarms to manage client #1's behavior. Client #1's BDP</p>				<p>IST and HRC review of behavior development programs and also has routine presence in agency facilities. This individual will ensure that use of alarms and other restrictive procedures are included in behavior development programs and/or ISP's as needed.</p> <p>Responsible Party: Behavior Consultant</p>		

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W 0371 Bldg. 00	<p>dated May 2014 did not indicate documentation of the incorporation of the use of bedroom door alarms to manage client #1's behavior.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/8/15 at 12:00 PM. AS #1 indicated client #1's ISP or BDP should include the use of bedroom door alarms to manage client #1's behavior.</p> <p>9-3-5(a)</p> <p>483.460(k)(4) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Based on record review and interview for 1 of 4 sampled clients (#3), the facility failed to ensure client #3 was taught to administer her own medications.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 5/8/15 at 9:08 AM. Client #3's Physician's Order form dated 2/25/15 indicated client #3 received Raloxifene tablet 60 milligrams (osteoporosis), Lisinopril tablet 5 milligrams (blood</p>	W 0371	<p>Addendum submitted on 7/20/15:</p> <p>The Area Director is responsible for ensuring there is continuity in programming when professional staff change. This is done by assignments being provided to other existing professional staff to complete specific responsibilities such as management of the active treatment programming for the clients in the program. Other professionals assume the responsibility until a new QIDP is assigned to the facility and has the adequate training to assume the</p>	06/13/2015

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	<p>pressure), Aspirin chewable 81 milligrams (circulation), Levothyroxin tablet 75 micrograms (hypothyroidism), Fluticasone spray (allergies), Vitamin D3 tablet 1000 unit (supplement), Oyster Shell Calcium with vitamin D 500 milligrams (supplement) and Ipratropium spray 0.03 % (allergies). Client #3's IST (Individual Support Team) meeting form dated 2/26/15 indicated client #3 was admitted to the group home on 2/26/15. Client #3's ISP dated 4/10/15 indicated, "Complete assessment, development and training in the following skill areas: self administration of medications...."</p> <p>Client #3's record did not indicate documentation of formal training objectives regarding self administration of medication.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/11/15 at 3:40 PM. When asked to provide documentation of client #3's formal training objectives, AS #1 indicated through electronic correspondence dated 5/11/15 at 3:40 PM, "There is not one for [client #3] because unfortunately there has been no goal documentation done since her move into her new home (2/26/15)." AS #1 indicated client #3 did not have a formal medication administration goal.</p>		<p>responsibility. The Program Quality Coordinator does assist the AreaDirector in ensuring required tasks are assigned, and verified as completed. This done by review of reporting in the Cerner system and ISP's posted in the secureand shared cloud. The Program Quality Coordinator will continue to monitor compliancein all areas regardless of whom is responsible for completing the QIDPresponsibilities. The Program Quality Coordinator provides report to the Area Directorand assists to ensure all responsibilities are assigned and then completed.There are two professional staff, one of which is the Program QualityCoordinator, who are experienced QIDPs who do not normally carry specific QIDPresponsibilities, who are assigned to and assist in completing QIDPresponsibilities to ensure continuity of programming through changes ofprofessional staff. Following was previously submitted: There is a new QIDP for the facility. He will have trainingto ensure that he provides opportunity for all clients to learn the skillsneeded to administer their own medications. He will ensure that client #3 andall clients in the home have formal training objectives to teach them how toself-administer their medications. Theagency has a new administrative position, Program Quality Coordinator.</p>		

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W 0440 Bldg. 00	<p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 4 additional clients (#5, #6, #7 and #8), the facility failed to conduct evacuation drills quarterly for each shift of personnel.</p> <p>Findings include:</p> <p>The facility's evacuation drill record was reviewed on 5/8/15 at 8:51 AM. The review indicated the facility failed to conduct evacuation drills for clients #1, #2, #3, #4, #5, #6, #7 and #8 for the evening shift for the first quarter, January 2015, February 2015 or March 2015, the overnight shift for the first quarter, January 2015, February 2015 or March 2015, for the day shift third quarter, July 2014, August 2014, September 2014, for the day shift fourth quarter, October 2014, November 2014, December 2014</p>	W 0440	<p>Monthly, this individual will review the teaching objectives that are in place for all clients in the facility regarding teaching medication administration skills. Any deficiencies will be reported to the QIDP and the Area Director who supervises the QIDP to correct the issue. Responsible Party: QIDP</p> <p>The Residential Director for the home will be responsible for ensuring required fire evacuation drills are completed. Their completion will be scheduled on the staffing schedule. They will be scheduled so that a drill is completed for each shift of personnel no less than quarterly. Drills will be scheduled to be completed by the 10th of each month. The Residential Director will ensure completion within 3 business days. The Residential Director will provide the Administrator documentation within 5 business days to verify completion of the drill and the timing of the drill. Should the Administrator not receive verification of the completed drill by the 20th of each month, the Residential Director will be directed to conduct the required drill and submit record of the completed drill by the 25th. The Administrator will use a tracking system to ensure compliance. The</p>	06/13/2015	

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	<p>and for the overnight shift for the fourth quarter, October 2014, November 2014 and December 2014.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/8/15 at 12:00 PM. AS #1 indicated the group home should conduct evacuation drills one time per quarter per shift of personnel.</p> <p>9-3-7(a)</p>		<p>Residential Director will also ensure a copy of each drill report is maintained in the home and available for review. This will be checked routinely by administrators completing visits in the facility.</p> <p>Responsible Party: Residential Director</p>		