

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G308	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/03/2014
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NAME OF PROVIDER OR SUPPLIER CDC INC	STREET ADDRESS, CITY, STATE, ZIP CODE 204 RILEY RD DELPHI, IN 46923
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W000000	<p>This visit was for an extended recertification and state licensure survey.</p> <p>Dates of survey: September 22, 23, 24, 26, 29 and October 3, 2014.</p> <p>Facility number: 000827 Provider number: 15G308 AIM number: 100235060</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed October 23, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1, #2, #3), and 2 additional clients (#4 and #5), the facility's governing body failed to exercise general policy and operating</p>	W000104	As for Tag 104 aBug Infestation procedure has been developed and staff were trained by Group Home Supervisor on the procedure 11-4-2014. CDC Resources had Orkin personnel come out and trained staff	11/04/2014

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>direction over the facility to develop a policy and procedure on addressing infestation of bed bugs.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services/BDDS reports, Internal Incident Reports (IR) and/or investigations was conducted on 9/23/14 at 11:50 A.M. The facility's reports indicated the following:</p> <p>-IR dated 3/24/14 involving client #2 indicated: "Staff was doing bed check at 4:00 A.M. Staff turned on the light to ask him (client #2) if he had to go to the bathroom and seen (sic) 2 bugs crawling on his bed. At that time searched his bedding and located one of the bugs and put it in a sealed baggie."</p> <p>-IR dated 4/7/14 indicated: "Staff turned on [client #2]'s bedroom light and woke him up and staff noticed a bug on [client #2]'s bed. Staff got the bug and put it in a zip lock bag. Checked [client #2] for any bites none were seen at this time. Staff looked at [client #2]'s bedding, no more bugs were found at this time."</p> <p>-BDDS report dated 5/4/14 involving client #1 indicated: "Staff were checking beds and noticed what appeared to be a</p>		<p>on10-30-2014 as what to look for an infestation of bed bug. Training of this will be done upon hire and annually from this point on. Monitoring of the training will be done by Group Home Supervisor. Monitoring to ensure the procedure is being followed will be done by a team of Group Home Supervisor, Habilitative Coordinator and the Quality Assurance Specialist. Monitoring will begin with a weekly check of the home for 60 days by Group Home Supervisor, Habilitative Coordinator and Quality Assurance will start a monthly check of the homes for the first Quarter then continue monthly checks by the Quality Assurance Specialist. Group Home Supervisors will also do a monthly check after the 60 days. A Professional will check the home Bi-Annually.</p>				

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	<p>bed bug on a consumer's bed. The exterminator arrived and verified that the house was active with bed bugs. The exterminator re-sprayed the home and the garage area. The exterminator will schedule to return by 8/15/14 for a further inspection and treatment as necessary. The exterminator stated that the consumers would not need to be relocated and could remain in the home."</p> <p>-BDDS report dated 6/25/14 involving client #2 indicated: "A consumer notified a staff that his hand hurt. Staff observed insect bites on his left hand and they also observed insect bites on his leg. Exterminator was contacted and has completed an assessment of the home. It was determined that beg (sic) bugs were in the home. They are unable to treat the home until next Tuesday 7/1. Group home consumers will be relocated to the [Facility center] where they will have access to daily needs. [Group Home] consumers are attending day service program and will be informed of the relocation. All clothing will be laundered. Consumers should be able to return home on 7/2/14."</p> <p>An interview with administrative staff #1 was conducted at the facility's administrative office on 9/23/14 at 3:00 P.M. Administrative staff #1 indicated</p>						

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W000125	<p>the facility had not developed a policy and procedure on how to address the infestation and prevention of bed bugs.</p> <p>9-3-1-(a)</p> <p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview, for 3 of 3 sampled clients (clients #1, #2 and #3), the facility failed to encourage and teach each client to access their personal hygiene items.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 9/22/14 from 4:45 P.M. until 6:30 P.M.. At 6:00 P.M., Direct Support Professional (DSP) #3</p>	W000125	As for Tag 125 Staff were trained on Consumer Rights on 10-27-2014 along with a consumer meeting to review their rights with them at the weekly house meeting that week. Monitoring to ensure that consumer rights are being followed and that the consumers have access to all hygiene items will be done by the Group Home Supervisor by doing weekly Quality Inspections. Quality Assurance Specialist will also be doing Quality Inspections bi-monthly for 60 days then monthly thereafter. Group Home	11/04/2014

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	<p>walked to the closet located in the open dining area, unlocked the door and retrieved a bottle of shampoo. DSP #3 poured some shampoo into a paper souffle cup and handed the souffle cup to client #3 and prompted her to go shower. DSP #3 then walked to the closet, put the bottle in the closet and locked the closet door.</p> <p>An interview with DSP #3 was conducted on 9/22/14 at 6:05 P.M.. DSP #3 stated "We used to let them (clients) keep their own shampoo, but they waste it, so we keep it locked up."</p> <p>A review of client #1's record was conducted on 9/26/14 at 12:35 P.M.. Review of the Individual Support Plan (ISP) dated 4/17/14 did not indicate the need for a restriction from her personal hygiene products.</p> <p>A review of client #2's record was conducted on 9/26/14 at 1:15 P.M.. Review of the ISP dated 12/17/13 did not indicate the need for a restriction from his personal hygiene products.</p> <p>A review of client #3's record was conducted on 9/26/14 at 1:35 P.M.. Review of the ISP dated 2/11/14 did not indicate the need for a restriction from her personal hygiene products.</p> <p>An interview with the Qualified Intellectual Disabilities Professional</p>		Supervisor will purchase an automatic soap dispenser to help dispense shampoo for the consumer.		

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W000130	<p>(QIDP) was conducted on 10/3/14 at 2:45 P.M.. The QIDP indicated the clients should have access to their shampoo and personal hygiene items at all times.</p> <p>9-3-2(a)</p> <p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview, the facility failed for 3 of 3 sampled clients(#1, #2 and #3), and 2 additional clients (#4 and #5) observed during the morning medication administration, to ensure privacy during medication administration.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 9/23/14 from 5:45 A.M. until 7:30 A.M.. Beginning at 6:10 A.M., Direct Support Professional (DSP) #3 began administering client #4's morning medication in the open dining area while DSP #4 walked in and out of the dining area and clients #1, #2, #3 and #5 sat at the dining table eating breakfast, where client #4's medication information could be heard. As DSP #3 administered each of client #4's prescribed</p>	W000130	<p>As for Tag 130. For the immediate plan of correction the staff are to request other consumers to leave the area prior to administering meds to the consumer. As we explore ways to provide privacy Monitoring of this will be done on a weekly basis for 60 days then Bi-monthly for 60 days by Group Home Supervisor. Quality Assurance Specialist will monitor weekly for 60 daysthen monthly. Staff have been trained on these plans and procedure on11-3-2014.</p> <p>Addendum to Tag 130 Work orders have been submitted for enclosed areas that willensure privacy during medication administration on 11-4-2014. Maintenance willensure measurements, and purchase all needed supplies by 11-14-2014. Completionof private medication areas will be potentially completed by 12-01-2014.Monitoring of work</p>	11/10/2014	

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	<p>medications, she stated the names, dosage, reason for each medication and side effects for each medication. At 6:19 A.M., DSP #3 began administering client #2's morning medication in the open dining area while DSP #4 walked in and out of the dining area and clients #1, #3, #4 and #5 sat at the dining table eating breakfast, where client #2's medication information could be heard. As DSP #3 administered each of client #2's prescribed medications, she stated the names, dosage, reason for each medication and the side effects of each medication. At 6:25 A.M., DSP #3 began administering client #3's morning medication in the open dining area while clients #2 and #4 stood in the dining area where client #3's medication information could be heard. As DSP #3 administered each of client #3's prescribed medications, she stated the names, dosage, reason for each medication and side effect of each medication. At 6:30 A.M., DSP #3 began administering client #1's morning medication in the open dining area while clients #2 and #4 stood in the dining area where client #1's medication information could be heard. As DSP #3 administered each of client #1's prescribed medications, she stated the names, dosage, reason for each medication and side effect of each medication. At 6:41 A.M., DSP #3</p>		<p>progress will be done by Quality Assurance Specialist. Quality Assurance Specialist will monitor progress of work orders progression weekly until completed.</p>		

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W000149	<p>began administering client #5's morning medication in the open dining area while client #1 stood in the dining area where client #5's medication information could be heard. As DSP #3 administered each of client #5's prescribed medications, she stated the names, dosage, reason for each medication and side effect of each medication. There was no staff redirection regarding privacy observed during medication administration.</p> <p>An interview with the Qualified Intellectual Disabilities professional (QIDP) was conducted on 10/3/14 at 2:45 P.M.. The QIDP indicated while staff are administering client's medications, the other clients should be directed out of the area to ensure privacy. The QIDP further indicated all clients should have privacy during medication administration.</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.</p>			

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	<p>Based on record review and interview for 2 of 3 sampled clients (#1 and #2), and 1 additional client (#5), the facility neglected to implement written policy and procedures to prevent alleged abuse/neglect regarding providing supervision of clients and failed to provide evidence thorough investigations of injuries of unknown origin were conducted.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services reports (BDDS), Internal Incident Reports (IR) and/or investigations were reviewed on 9/23/14 at 11:50 A.M. The facility's reports indicated the following:</p> <p>1. -BDDS report dated 7/2/14 involving client #1 indicated: "Office staff observed [client #1] in hallway by herself and asked her where her staff was and she pointed to fitness room. Office staff opened door and Staff #1 was in fitness room with other consumers and appeared alarmed that [client #1] was there. Staff #2 in classroom did not know that Staff #1 was unaware that [client #1] was going to fitness room. Office staff informed Day service coordinator. [Client #1] did not appear to be affected in this incident. Staff #2 was suspended</p>	W000149	<p>As for Tag 149 Day Services staff have retrained on Abuse, Neglect and Exploitation. Investigation Policy to be reviewed by Adult Service Manager and Investigator by 11-7-2014. Monitoring of investigations will be by Group Home Supervisor Update, Habilitative Coordinator weekly for 60 days then monthly then quarterly thereafter. Investigations of unknown injuries will be done thoroughly for all incidents of unknown injuries by assigned Investigator monitoring for thoroughness will be done by team of Human Resources, Adult Service Manager, Habilitative Coordinator, Quality assurance Specialist and Group Home Supervisor on a weekly basis for 60 days then monthly then quarterly thereafter. All staff that work in that site and consumers who live in that site will be interviewed during an investigation. Addendum for Tag 149 Staff has been retrained on Abuse, Neglect, and Exploitation on November 3, 2014. Monitoring to ensure issue doesn't arise again Group Home Supervisor will do weekly Quality Inspections along with Quality Assurance Specialist doing a Quality Inspection weekly for 60 days then monthly thereafter. Abuse and Neglect training will be increased to bi-annually of staff. All abuse and neglect incidents will be monitored to ensure investigation completed and for</p>	12/02/2014			

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	<p>pending investigation. Investigation was deemed Substantiated: Staff has been retrained on abuse and neglect and received written warning."</p> <p>--BDDS report dated 4/2/14 involving clients #3 and #5 indicated: "Production staff person left a few consumers (client #3 and #5) unattended in the workshop for two to three minutes while staff used the bathroom. [Client #5] was working on cutting saw. [Client #5] informed production staff that he had cut his left index finger. [Client #5] stated that the saw blade was slowing down but he reached for the wood and the blade poked his finger, just enough to bleed, noted as a 1/16 inch cut. Staff put a band aid on [client #5]'s finger and [client #5] went back to work. Staff was suspended pending investigation. This incident is substantiated. The investigation concluded that the consumers in this incident did not receive adequate staffing per their plans....The failure of the staff caused a potential health and safety risk to the consumers."</p> <p>2. -IR dated 1/8/14 involving client #1 indicated: "Staff was assisting [client #1] with her shower. Staff noticed a blackish colored bruise on her left knee. Staff asked [client #1] if she knew how she got the bruise. [Client #1] did not remember</p>		trends by Quality Assurance Specialist monthly.				

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	<p>how she got it." No documentation was submitted for review to indicate a thorough investigation was conducted in regard to this injury of unknown origin.</p> <p>-IR dated 1/20/14 involving client #1 indicated: "Staff noticed a bruise on [client #1]'s right knee 2 centimeters in size round and purple in color. Staff asked [client #1] how she got the bruise. She stated she didn't know." No written documentation was submitted for review to indicate a thorough investigation was conducted in regards to this injury of unknown origin.</p> <p>-BDDS report dated 2/11/14 involving client #3 indicated: "Staff observed red marks on [client #3]'s neck when she awoke this morning. [Client 3] was asked what happened and she replied she didn't know. [Client #3] has a history of SIB (Self Injurious Behavior) behavior (sic) which is outlined in her behavior plan which indicates [client #3] may self harm by choking self." No written documentation was submitted for review which indicated a thorough investigation was conducted in regard to this injury of unknown origin.</p> <p>-IR dated 2/17/14 involving client #1 indicated: "Staff noticed a bruise on right knee it is 2 centimeters. Asked [client</p>						

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	<p>#1] if she knew what or where it happen (sic). [Client #1] said I don't know." No written documentation was submitted for review to indicate a thorough investigation was conducted in regards to this injury of unknown origin.</p> <p>-IR dated 4/14/14 involving client #1 indicated: "Staff noticed a bruise on [client #1]'s right outer arm 2 centimeters round and purple." No written documentation was submitted for review to indicate a thorough investigation was conducted in regards to this injury of unknown origin.</p> <p>-BDDS report dated 5/5/14 involving client #1 indicated: "Staff observed a 1 inch by 1/4 inch bruise on [client #1]'s right eye and a 1 inch bruise on right cheek documented as purple in color. [Client #1] stated to staff that she got the bruises when she fell this morning. [Client #1] stated it did not hurt. Nurse was notified. Group home staff completed a fall assessment (even though not witnessed) stating that [client #1] had her shoes on, her mood was noted as happy, her path was free from obstruction, and she was ambulating without assistance." No written documentation was submitted for review to indicate a thorough investigation was conducted in regards to this injury of</p>						

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	<p>unknown origin.</p> <p>-IR dated 6/1/14 involving client #1 indicated: "[Client #1] turned around to flush the toilet staff seen (sic) a large bruise on the bottom part of [client #1]'s left buttock 9 centimeters in size and black purpleish (sic) in color. Staff asked [client #1] how she got the bruise. [Client #1] stated two times she didn't know then [client #1] changed her story and said she fell in her room yesterday 5/31/14." No written documentation was submitted for review to indicate a thorough investigation was conducted in regards to this injury of unknown origin.</p> <p>-IR dated 9/9/14 involving client #1 indicated: "Staff noticed bruises on [client #1]'s left hand and right elbow: 2 centimeters, 4 centimeters and 1 centimeter. [Client #1] said she does not know how she got the bruises." No written documentation was submitted for review to indicate a thorough investigation was conducted in regards to this injury of unknown origin.</p> <p>A review of the facility's "Policy on Abuse and Neglect," dated 4/22/14, was conducted on 9/23/14 at 7:30 P.M. Review of the policy indicated:</p> <p>"Each person receiving services and</p>						

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	<p>supports from CDC Resources, Inc. will receive humane care and protection from harm. Services shall be provided in safe, secure and supportive environments. CDC Resources, Inc. shall provide services that are meaningful and appropriate and that comply with all applicable standards of professional practice, guidelines established by accredited professional organizations and budgetary constraints. Employees of CDC Resources, Inc. have a professional and legal mandate to report suspected abuse, neglect, or violation of civil rights....Abuse, neglect, exploitation, and mistreatment and violation of any rights of an individual are prohibited, including: Failure to provide appropriate supervision, care or training, according to the ISP (Individual Support Plan)...Incidents involving injuries of unknown origin, that are not suspicious in nature, shall be investigated by the following procedures: ...The Adult Service Manager will assign someone to complete the investigation. The results of all investigations must be reported to the Executive Director or the Adult Services Manager if the Executive Director is not available or to other officials in accordance with State law within 5 working days of the incident."</p> <p>An interview with administrative staff #4</p>						

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	<p>was conducted on 9/24/14 at 2:15 P.M.. Administrative staff #4 indicated all allegations of abuse and neglect and injuries of unknown origin should be thoroughly investigated. When asked if the above incidents were thoroughly investigated, administrative staff #4 indicated if the incidents were investigated the investigations would have been submitted. When asked if all staff who work with the clients are interviewed during an investigation, administrative staff #4 indicated the staff who are involved in the documented incident are interviewed. When asked if all clients who reside at the group home are interviewed when an investigation is conducted, administrative staff #4 indicated only the client/clients involved in the documented incident are interviewed. When asked if incidents of injury of unknown origin should be thoroughly investigated, administrative staff #4 stated "Yes."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 10/3/14 at 2:45 P.M.. The QIDP indicated staff should follow the facility's abuse/neglect policy. The QIDP indicated all clients should be free from abuse and neglect at all times. The QIDP indicated all staff are to provide supervision at all times to all</p>						

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W000154	<p>clients.</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 8 of 27 incidents, involving 2 of 3 sampled clients (clients #1 and #3), the facility failed to provide written 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 reports (BDDS), Internal Incident Reports (IR) and/or investigations were reviewed on 9/23/14 at 11:50 A.M.. The facility's reports indicated the following:</p> <p>-IR dated 1/8/14 involving client #1 indicated: "Staff was assisting [client #1] with her shower. Staff noticed a blackish colored bruise on her left knee. Staff asked [client #1] if she knew how she got</p>	W000154	As for Tag 154 a Bug Infestation procedure has been developed and staff have been trained by Group Supervisor on the procedure as of 11-4-2014. CDC Resources had Orkin personnel come out a train staff on 10-30-2014 as what to look for an infestation of bed bug. Training of this will be done on hire and annually from this point on. Monitoring of the training will be done by Group Home Supervisor. Monitoring of the procedure is being followed will be done by a team of Group Home Supervisor, Habilitative Coordinator and the Quality Assurance Specialist. Monitoring will begin with a weekly check of the home for 60 days by Group Home Supervisor, Habilitative Coordinator and Quality Assurance will start a monthly check of the homes for the first Quarter then continue monthly checks by the Quality	12/02/2014			

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	<p>the bruise. [Client #1] did not remember how she got it." No documentation was submitted for review to indicate a thorough investigation was conducted in regard to this injury of unknown origin.</p> <p>-IR dated 1/20/14 involving client #1 indicated: "Staff noticed a bruise on [client #1]'s right knee 2 centimeters in size round and purple in color. Staff asked [client #1] how she got the bruise. She stated she didn't know." No written documentation was submitted for review to indicate a thorough investigation was conducted in regards to this injury of unknown origin.</p> <p>-BDDS report dated 2/11/14 involving client #3 indicated: "Staff observed red marks on [client #3]'s neck when she awoke this morning. [Client 3] was asked what happened and she replied she didn't know. [Client #3] has a history of SIB (Self Injurious Behavior) behavior (sic) which is outlined in her behavior plan which indicates [client #3] may self harm by choking self." No written documentation was submitted for review which indicated a thorough investigation was conducted in regard to this injury of unknown origin.</p> <p>-IR dated 2/17/14 involving client #1 indicated: "Staff noticed a bruise on right</p>		<p>Assurance Specialist. Group Home Supervisors will also do a monthly check after the 60 days. A Professional will be contracted to check the home Bi-Annually. And Investigation Policy to be reviewed by Adult Service Manager and Investigator by 11-7-2014. Monitoring of investigations will be by Group Home Supervisor, Habilitative Coordinator weekly for 60 days then monthly then quarterly thereafter. Investigations will be done thoroughly for all incidents of unknown injuries by assigned Investigator. Monitoring for thoroughness will be done by Human Resources, Adult Service Manager, and Habilitative Coordinator, Quality assurance Specialist and Group Home Supervisor on a weekly basis for 60 days then monthly then quarterly thereafter Addendum for Tag 154. Investigators and Department Coordinators, Supervisors were trained by ISDH personnel, Steve Corya on September 10, 2014. CDC will revise the investigation training to ensure staff are competent in obtaining community reports of Abuse, Neglect, and Exploration by December 1, 2014. Monitoring to ensure investigations are complete will be by Adult Service Manager monthly.</p>		

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	<p>knee it is 2 centimeters. Asked [client #1] if she knew what or where it happen (sic). [Client #1] said I don't know." No written documentation was submitted for review to indicate a thorough investigation was conducted in regards to this injury of unknown origin.</p> <p>-IR dated 4/14/14 involving client #1 indicated: "Staff noticed a bruise on [client #1]'s right outer arm 2 centimeters round and purple." No written documentation was submitted for review to indicate a thorough investigation was conducted in regards to this injury of unknown origin.</p> <p>-BDDS report dated 5/5/14 involving client #1 indicated: "Staff observed a 1 inch by 1/4 inch bruise on [client #1]'s right eye and a 1 inch bruise on right cheek documented as purple in color. [Client #1] stated to staff that she got the bruises when she fell this morning. [Client #1] stated it did not hurt. Nurse was notified. Group home staff completed a fall assessment (even though not witnessed) stating that [client #1] had her shoes on, her mood was noted as happy, her path was free from obstruction, and she was ambulating without assistance." No written documentation was submitted for review to indicate a thorough investigation was</p>						

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	<p>conducted in regards to this injury of unknown origin.</p> <p>-IR dated 6/1/14 involving client #1 indicated: "[Client #1] turned around to flush the toilet staff seen (sic) a large bruise on the bottom part of [client #1]'s left buttock 9 centimeters in size and black purpleish (sic) in color. Staff asked [client #1] how she got the bruise. [Client #1] stated two times she didn't know then [client #1] changed her story and said she fell in her room yesterday 5/31/14." No written documentation was submitted for review to indicate a thorough investigation was conducted in regards to this injury of unknown origin.</p> <p>-IR dated 9/9/14 involving client #1 indicated: "Staff noticed bruises on [client #1]'s left hand and right elbow: 2 centimeters, 4 centimeters and 1 centimeter. [Client #1] said she does not know how she got the bruises." No written documentation was submitted for review to indicate a thorough investigation was conducted in regards to this injury of unknown origin.</p> <p>An interview with administrative staff #4 was conducted on 9/24/14 at 2:15 P.M.. Administrative staff #4 indicated all allegations of abuse and neglect and injuries of unknown origin should be</p>						

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W000189	<p>thoroughly investigated. When asked if the above incidents were thoroughly investigated, administrative staff #4 indicated if the incidents were investigated the investigations would have been submitted. When asked if all staff who work with the clients are interviewed during an investigation, administrative staff #4 indicated the staff who are involved in the documented incident are interviewed. When asked if all clients who reside at the group home are interviewed when an investigation is conducted, administrative staff #4 indicated only the client/clients involved in the documented incident are interviewed.</p> <p>9-3-2(a)</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p>			
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	<p>Based on record review and interview, the facility failed for 3 of 3 sampled clients (#1, #2, and #3), and 2 additional clients (#4 and #5), to ensure staff were sufficiently trained to assure competence in monitoring, detecting and preventing infestation/reinfestation of bed bugs.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services reports (BDDS), Internal Incident Reports (IR) and/or investigations were reviewed on 9/23/14 at 11:50 A.M.. The facility's reports indicated the following:</p> <p>-IR dated 3/24/14 involving client #2 indicated: "Staff was doing bed check at 4:00 A.M.. Staff turned on the light to ask him (client #2) if he had to go to the bathroom and seen (sic) 2 bugs crawling on his bed. At that time searched his bedding and located one of the bugs and put it in a sealed baggie."</p> <p>-IR dated 4/7/14 indicated: "Staff turned on [client #2]'s bedroom light and woke him up and staff noticed a bug on [client #2]'s bed. Staff got the bug and put it in a zip lock bag. Checked [client #2] for any bites none were seen at this time. Staff looked at [client #2]'s bedding, no more bugs were found at this time."</p>	W000189	As for Tag 189 a Bug Infestation procedure has beendeveloped and staff were trained by Group Home Supervisor on the procedure asof 11-4-2014. CDC Resources had Orkin personnel come out and train staff on10-30-2014 as for what to look for an infestation of bed bug. Training of this willbe done on hire and annually from this point on. Monitoring of the trainingwill be done by Group Home Supervisor. Monitoring to ensure procedure is beingfollowed will be done by a team of Group Home Supervisor, HabilitativeCoordinator and the Quality Assurance Specialist. Monitoring will begin with aweekly check of the home for 60 days by Group Home Supervisor, HabilitativeCoordinator and Quality Assurance will start a monthly check of the homes forthe first Quarter then continue monthly checks by the Quality Assurance Specialist.Group Home Supervisors will also do a monthly check after the 60 days. AProfessional will check the home Bi-Annually	11/04/2014			

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	<p>-BDDS report dated 5/4/14 involving client #1 indicated: "Staff were checking beds and noticed what appeared to be a bed bug on a consumer's bed. The exterminator arrived and verified that the house was active with bed bugs. The exterminator re-sprayed the home and the garage area. The exterminator will schedule to return by 8/15/14 for a further inspection and treatment as necessary. The exterminator stated that the consumers would not need to be relocated and could remain in the home."</p> <p>-BDDS report dated 6/25/14 involving client #2 indicated: "A consumer notified a staff that his hand hurt. Staff observed insect bites on his left hand and they also observed insect bites on his leg. Exterminator was contacted and has completed an assessment of the home. It was determined that beg (sic) bugs were in the home. They are unable to treat the home until next Tuesday 7/1. Group home consumers will be relocated to the [Facility center] where they will have access to daily needs. [Group Home] consumers are attending day service program and will be informed of the relocation. All clothing will be laundered. Consumers should be able to return home on 7/2/14."</p>				

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	<p>A review of employee records was conducted on 9/24/14 at 2:00 P.M.. Review of the employee records failed to indicate the facility trained staff on monitoring and necessary precautions to prevent infestation/reinfestation of bed bugs at the group home.</p> <p>An interview with administrative staff #5 was conducted at the facility's administrative office on 9/24/14 at 3:00 P.M.. Administrative staff #5 indicated the facility had not trained staff on monitoring, detecting and the necessary precautions to prevent infestation/reinfestation of bed bugs.</p> <p>9-3-3(a)</p>						
W000221	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include auditory functioning. Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #1), to have an auditory evaluation as recommended by the audiologist.</p> <p>Findings include:</p>	W000221	<p>As for Tag 221 Consumer hearing exam was done on 4-23-2014. The form was found to be in the Group Home file. Monitoring to ensure that medical needs are followed up will be done by Group Home Supervisor weekly and Habilitative Coordinator bi-weekly for 60 days then monthly to</p>	11/04/2014			

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W000249	<p>A review of client #1's record was conducted on 9/26/14 at 12:35 P.M.. Client #1's record indicated a most current attempted hearing assessment/evaluation dated 4/23/14 which indicated "Ear wax removed return in 2 weeks." Review of the record indicated no auditory evaluation was done, only attempted, due to ear wax. Further review of the record did not indicate client #1 returned in 2 weeks as recommended.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/26/14 at 12:35 P.M. The QIDP indicated client #1 should have gone for the hearing evaluation/assessment as recommended by the audiologist. The QIDP indicated there was no evidence client #1 returned in 2 weeks as recommended.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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</p>		ensure all appointments are being kept				

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	<p>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>An evening observation was conducted at the group home on 9/22/14 from 4:15 P.M. until 6:39 P.M. During the entire observation period, Direct Support Professional (DSP) #1 prepared clients #1, #2 and #3's meal and DSP #2 assisted client #5 with setting the table as clients #1, #2 and #3 walked around the group home with no meaningful activity.</p> <p>A morning observation was conducted at the group home on 9/23/14 from 5:45 A.M. until 7:15 A.M.. During the entire observation period, DSP #4 prepared clients #1, #2 and #3's meal and DSP #3 administered medications as clients #1, #2 and #3 walked around the group home with no meaningful activity.</p> <p>A review of client #1's record was conducted on 9/26/14 at 12:35 P.M.. Review of client #1's Individual Support Plan (ISP) dated 4/17/14 indicated the following training objectives which could</p>	W000249	<p>As for Tag 249 staff retrained on 10-27-2014 on goals and methodology Quality Inspections will be done weekly around meal times by Group Home Supervisor to ensure active treatment is being given to all consumers. Habilitative Coordinator will monitor monthly for compliance Addendum for Tag 249: ¿Day Program will increase staff based on consumer program needs to ensure program implementation. ¿Staff retraining of training program by December 2, 2014 ¿Group home consumers daily schedules are revised to ensure active treatment. Monitoring of sufficient direct care staff will be by Day Service Supervisor or Group Home Supervisor or Habilitation Coordinator or Adult Service Manager or Quality Assurance Specialist on a weekly basis for 30 days then monthly thereafter. 2nd Addendum for Tag 249: Group Home Supervisor will complete Quality Inspection to check on goals twice weekly for 60 days then weekly thereafter. Habilitative Coordinator will monitor for compliance weekly for 60 days then monthly thereafter.</p>	12/04/2014			

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	<p>have been implemented: "Will participate in group activities...Will participate in exercise."</p> <p>A review of client #2's record was conducted on 9/26/14 at 1:15 P.M. Review of the ISP dated 12/17/13 indicated the following training objectives which could have been implemented: "Will be able to identify a quarter from other coins...Will dust my room...Will add one ingredient to the main dish...."</p> <p>A review of client #3's record was conducted on 9/26/14 at 1:35 P.M. Review of the ISP dated 2/11/14 indicated the following training objectives which could have been implemented: "Will learn how to clean her eyeglasses...Will learn to budget her pop money...Will be able to measure ingredients to increase her cooking skills...Will exercise."</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 10/3/14 at 2:45 P.M. The QIDP indicated client objectives should be implemented at all times. The QIDP further indicated clients #1, #2 and #3 should have been provided with meaningful active treatment activities during the observation periods.</p>			

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W000356	<p>9-3-4(a)</p> <p>483.460(g)(2) COMPREHENSIVE DENTAL TREATMENT The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #1), to follow the recommendations of the dentist.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 9/26/14 at 12:35 P.M. A review of client #1's dental evaluation dated 8/9/14 indicated areas of decay, ASAP (As Soon As Possible) for fillings and 6 months for exam and prophylaxis." Further review of the record did not indicate client #1 returned to the Dentist as recommended.</p> <p>An interview with the Qualified</p>	W000356	<p>As for Tag 356 Monitoring to ensure that medical needs are followed up will be done by a thorough review of consumer's medical file by Group Home Supervisor weekly and Habilitative Coordinator bi-monthly for 60 days then monthly to ensure all appointments are being kept. Consumer was seen on 10-8-2014 and had tooth fixed. Addendum for Tag 249: ¿Day Program will increase staff based on consumer program needs to ensure program implementation. ¿Staff retraining of training program by December 2, 2014 ¿Group home consumers daily schedules are revised to ensure active treatment. Monitoring of sufficient direct care staff will be by Day Service Supervisor or</p>	12/04/2014	

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	Intellectual Disabilities Professional (QIDP) was conducted on 9/26/14 at 12:35 P.M. The QIDP indicated client #1 should have gone to the Dentist as recommended. The QIDP indicated client #1 did not return to the Dentist as recommended.. 9-3-6(a)		Group Home Supervisor or Habilitation Coordinator or Adult Service Manager or Quality Assurance Specialist on a weekly basis for 30 days then monthly thereafter. Addendum for Tag 356: Monitoring to ensure that medical needs are followed up will be done by a thorough review of consumer's medical file by Group Home Supervisor bi weekly for 60 days then weekly and Habilitative Coordinator bi-monthly for 60 days then monthly to ensure all appointments are being kept. All doctor appointments will be logged as they occur on a medical appointment spreadsheet by Habilitative Coordinator to include follow up appointment. The Agency nurse will review medical information at least quarterly. All appointments will be reviewed at least quarterly as part of review at the consumers quarterly meeting.		
W000484	483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. Based on observation and interview, the facility failed for 5 of 5 clients (clients #1, #2, #3, #4 and #5) residing in the group home, to provide condiments at the dining table.	W000484	As for Tag 484 Staff were trained on Consumer Rights on 10-27-2014 along with a consumer meeting at the house to include consumer to review their rights with them at the weekly house meeting that week.	11/04/2014	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G308	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/03/2014
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	<p>Findings include:</p> <p>A morning observation was conducted at the group on 9/23/14 from 5:45 A.M. until 7:30 A.M. At 6:00 A.M., clients #1, #2, #3, #4 and #5 began eating their meal which consisted of oatmeal, ham, a muffin, apple juice and coffee. There was no sugar/sugar substitute and butter/margarine observed on the table for clients #1, #2, #3, #4 and #5's use. An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 10/3/14 at 2:45 P.M. The QIDP indicated sugar/sugar substitute and butter/margarine should be put on the table for the clients to use.</p> <p>9-3-8(a)</p>		<p>Monitoring to ensure that consumer rights are being followed and that the consumers have access to any and all condiments will be done by the Group Home Supervisor by doing weekly Quality Inspections. Quality Assurance Specialist will also be doing Quality Inspections bi-monthly for 60 days then monthly thereafter.</p>		