

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G384	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/12/2014
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NAME OF PROVIDER OR SUPPLIER BETHESDA LUTHERAN COMMUNITIES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 STURDY RD VALPARAISO, IN 46383
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W000000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: September 8, 9, 10 and 12, 2014.</p> <p>Facility number: 000898 Provider number: 15G384 AIM number: 100235150</p> <p>Surveyors: Christine Colon, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on October 6, 2014 by Dotty Walton, QIDP.</p>	W000000		
W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review, and interview for 2 of 3 sampled clients (#1 and #2), and 2 additional clients (#4 and #5), the facility neglected to implement its written policies and procedures to prevent neglect and/or potential harm in regard to the client's constipation. The facility failed to ensure staff were</p>	W000149	<p>1. Program Manager and DSPs will be retrained by the Nurse on Client #2's Protocol for Constipation and Bowel Movements including giving the prn medication on the evening of the 3rd day without a movement, notifying the nurse if no movement occurs within 24 hours of giving the prn medication and</p>	10/18/2014

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>sufficiently trained to assure competence in documenting/tracking of bowel movements, implementing client #2's "Protocol for Constipation and Bowel Movements" and administering medications without error. The facility neglected to ensure the facility's nursing services monitored the client's constipation on a more frequent basis. The facility neglected to conduct thorough investigations in regard to injuries of unknown origin, client to client aggression and an allegation of staff to client abuse.</p> <p>Findings include:</p> <p>1. An evening observation was conducted at the group home on 9/8/14 from 4:00 P.M. until 6:00 P.M. At 5:25 P.M., client #2 was observed eating dinner. Client #2 was prompted to pour milk into her cup. Client #2 did not and was not prompted to drink water during the observation period.</p> <p>A morning observation was conducted at the group home on 9/9/14 from 6:00 A.M. until 8:10 A.M.. At 7:50 A.M., client #2 was observed eating her breakfast. Direct Support Professional (DSP) #3 asked client #2 to choose between apple juice and water. Client #2 chose water. Client #2 was not prompted</p>		<p>pushing fluids. DSPs will also be trained on the Protocol for Documenting Bowel Movements. The Protocol for Contacting the Nurse has been modified to include - If an individual was given a prn medication for constipation and did not get relief within 24 hours. The Bowel Movement Record was modified to include staff signing on the BM chart when the prn or OTC medication is given, staff signing that the nurse was contacted if no movement within 24 hours of getting the medication and for the nurse to sign off that she has reviewed the chart. Third shift staff will be responsible for reviewing the MARS and the Bowel Movement Records. Any problems with not giving the prn medication for constipation the evening of the 3rd day without a movement or contacting the nurse will be documented on the Tracking Medications and Documentation of Errors form and the Program Manager will be informed. The nurse will be responsible for reviewing the Bowel Movement Chart twice weekly for 6 weeks. If there are no issues, she will review once weekly. The Area Director will review the Bowel Movement Chart to ensure follow through. 2. Client # 3's medications have been changed to meet her current needs (i.e. chewable tablets and liquids). DSPs will be retrained on the importance of</p>				

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	<p>to drink water with her meal or during the observation period.</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 9/9/14 at 11:45 A.M.. Review of the records indicated:</p> <p>-BDDS report dated 10/30/13 involving client #2 indicated: "[Client #2] was taken to [Hospital Emergency Room] for vomiting, abdominal pain and constipation. The result of the CT (X-ray) of the abdomen determined that [client #2] had blockage in her colon. [Client #2] was admitted to the hospital for treatment....Incident Report Flow-Up dated 11/4/13: [Client #2] was hospitalized at [Hospital name] for an obstruction of the small intestine. The nurse checked on her yesterday and spoke with the nurse on duty. [Client #2] has passed a small amount of the obstruction but will need continued treatment. No plans have been made to discharge at this point. A Bowel Obstruction Protocol will be written and staff will be trained on it so they can be aware of signs and symptoms of an obstruction. Staff will continue to ensure [client #2]'s health and safety."</p> <p>-BDDS report dated 6/9/14 involving</p>		<p>notifying the nurse of any change of condition in taking medications. The nurse or designee will do twice weekly medication observations to ensure that medication consistency meets the needs of the individuals for six weeks, if there are no problems, the medication observations will drop to once weekly for six weeks. At the end of the quarter, med administration observations will be done twice monthly. The Area Director will review to ensure follow through. 3. The Nurse will retrain the staff on medication administration procedure. A Medication Pass Verification Checklist form will be used. Staff administering medications will at the completion of the pass, review all Med Sheets and medications to ensure that everything has been given. The staff person will sign off on the Medication Pass Verification Checklist form. When two staff are on duty, the second staff will review the Med Sheets and medications after the staff who administered the medications is through with the initial review. The second staff person will sign off verifying that he/she completed a review and there were no problems. Any concerns will be reported immediately. Third shift staff will continue to do a Medication review. The Nurse or designee will complete twice weekly medication administration</p>				

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	<p>client #2 indicated: "Staff reported that [client #2] had vomiting with diarrhea this morning and she appeared weak. She reportedly vomited what appeared to be green fluid. Staff took [client #2] to [Hospital Emergency Room]. The doctor examined her and took x-ray of the stomach. The doctor reported that he saw signs of slowing down of the bowels and that there was a little blockage. [Client #2] was admitted."</p> <p>A review of client #2's record was conducted on 9/10/14 at 1:05 P.M.. Review of client #2's "Protocol for Constipation and Bowel Movement" dated 7/18/14 indicated: "[Client #2] has problems with constipation due to her age, hypothyroidism, lack of exercise, medications that she takes and insufficient fluid intake. Signs/Symptoms of constipation or need to eliminate stool: -Fewer than 3 bowel movements per week -Excessive straining during bowel movement -Abdominal pain -Bloating/gas -Hard stools Plan: -[Client #2] will be provided foods that are high in fiber: beans, whole grains, fresh fruits and vegetables. -Limit foods with little or no fiber: meat,</p>		<p>observations to ensure that medications are given as ordered for six weeks. Any concerns will warrant retraining and or corrective action per the Bethesda medication administration policy. If there are no problems within six weeks, observations will be done once weekly for six weeks. At the end of the quarter, if there are no issues, med observations will be done at least twice monthly. The Area Director will review for follow through. The Area Director will retrain the Program Manager in completing thorough investigations for all injuries of unknown origin to include who to interview (all staff working in the home and all individuals living in the home), time frames for investigations (must be completed within five business days of the incident) outcomes and recommendations. DSPs will be retrained by the Program Manager on the requirement to report all injuries of unknown origins to management immediately. Discussion was held with the day program provider regarding obtaining summaries of all investigations that involve an individual supported by BLC. An investigation checklist will be used to ensure a thorough investigation is completed. The Area Director will review all investigations completed by the Program Manager for</p>		

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	<p>cheese, processed foods.</p> <p>-Staff will offer fluids throughout the day ([Client #2] should drink 8 ounces of water at each med pass; water should be offered at each meal.)</p> <p>-Staff will promote and provide assistance with daily exercise.</p> <p>-[Client #2] will take daily medication to aid in elimination. If she does not have a BM (bowel movement) after three days, Metamucil prn (as needed) should be given as directed.</p> <p>-Concerns should be brought to the nurse's attention as soon as possible.</p> <p>-All bowel movements will be charted."</p> <p>A review of client #2's MARs (Medication Administration Records) for the months of 10/1/13 to 7/31/14 indicated:</p> <p>-Client #2's MAR dated 10/1/13 to 10/31/13 indicated: No documented bowel movements on 10/5, 10/6, 10/7, no bowel movement on 10/9, 10/10, 10/11, no bowel movements on 10/20, 10/21, 10/22 and 10/23. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted.</p> <p>-Client #2's MAR dated 11/1/13 to 11/30/13 indicated: no documented</p>		thoroughness. The Area Director will ensure that summaries of investigations are obtained from the day program provider.				

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	<p>bowel movements on 11/11, 11/12, 11/13 and 11/14, no documented bowel movement on 11/22, 11/23 and 11/24. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted.</p> <p>-Client #2's MAR dated 12/1/13 to 12/31/13 failed to indicate client #2's bowel movements were tracked the entire month. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted.</p> <p>-Client #2's MAR dated 1/1/14 to 1/31/14 failed to indicate client #2's bowel movements were tracked the entire month. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted.</p> <p>-Client #2's MAR dated 2/1/14 to 2/28/14 indicated: no documented bowel movements on 2/4, 2/5, 2/6, 2/7, 2/8, 2/9, 2/10, 2/11, 2/12, 2/13, 2/14, 2/15, 2/17, 2/18, 2/19, 2/20, 2/21, 2/23, 2/24, 2/25, 2/26, 2/27 and 2/28. Review of the record neglected to indicate client #2 was</p>			

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	<p>administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted.</p> <p>-Client #2's MAR dated 3/1/14 to 3/31/14 failed to indicate client #2's bowel movements were tracked the entire month. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted.</p> <p>-Client #2's MAR dated 4/1/14 to 4/30/14 failed to indicate client #2's bowel movements were tracked the entire month. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted.</p> <p>-Client #2's MAR dated 5/1/14 to 5/31/14 indicated: no documented bowel movement on 5/7, 5/8, 5/9, 5/12, 5/13, 5/14, 5/15, 5/16, 5/17, 5/18, 5/19, 5/20, 5/21, 5/23, 5/24, 5/25, 5/27, 5/28, 5/29, 5/30 and 5/31. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted.</p> <p>-Client #2's MAR dated 6/1/14 to 6/30/14</p>			

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	<p>indicated: no documented bowel movement on 6/3, 6/4, 6/5, 6/6, 6/7, 6/8, 6/15, 6/16, 6/17, 6/18, 6/19, 6/20, 6/22, 6/23, 6/24, 6/25, 6/26, 6/28, 6/29 and 6/30. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted.</p> <p>-Client #2's MAR dated 7/1/14 to 7/31/14 indicated: no documented bowel movement on 7/4, 7/5, 7/6, 7/7, 7/8, 7/15, 7/16 and 7/17. There was no documentation to indicate the nurse was contacted.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/12/14 at 10:45 A.M.. The QIDP indicated all staff are to document daily on client #2's bowel tracking and when administering Metamucil. The QIDP stated "All staff at the group home were written up for not properly documenting client #2's bowel movements and administering her fiber powder." The QIDP further indicated staff should prompt client #2 to drink water at all meals and throughout the day.</p> <p>2. A morning observation was conducted at the group home on 9/9/14 from 6:00 A.M. until 8:10 A.M.. At 7:00 A.M.,</p>			

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	<p>Direct Support Professional (DSP) #1 administered client #3's prescribed medications. Client #3 chewed her medication. DSP #1 did not prompt client #3 to not chew her medication. At 7:05 A.M., a review of the medication packet and Medication Administration Record (MAR) dated 9/1/14 to 9/30/14 indicated: "Omeprazole 20 mg (milligram) capsule (Gastroesophageal reflux disease)...2 capsules (40 mg) twice daily...Swallow whole do not crush or chew."</p> <p>An interview with DSP #1 was conducted on 9/9/14 at 7:05 A.M.. When asked if client #3 was to chew her medication, DSP #1 stated "No. She had been chewing her medications lately." When asked if client #3 should be prompted not to chew her medications, DSP #1 indicated she should be prompted to swallow her medication whole.</p> <p>An interview with the QIDP was conducted on 9/12/14 at 12:17 P.M.. The QIDP indicated staff should prompt client #2 to swallow her meds whole and not chew them.</p> <p>3. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 9/9/14</p>			

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	<p>at 11:45 A.M.. Review of the records indicated:</p> <p>-BDDS report dated 10/3/13 involving client #1 indicated: "[Client #1] was given her Calcium D (supplement) before breakfast; the script states that the Calcium D is to be given after a meal...The staff that made the medication will receive corrective action and re-training in Medication Administration...."</p> <p>-BDDS report dated 4/7/14 involving client #4 indicated: "[Client #4] was given her Allegra (allergies), which is a pm once a day medication, she was given it at 7 am that morning and again at 9 pm. Retraining for the staff was completed."</p> <p>-BDDS report dated 6/22/14 involving client #2 indicated: "[Client #2's] calcium pill (supplement) was given at 7 am instead of 5 pm on 6/22/14. The nurse was notified."</p> <p>4. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports and Internal Incident reports and investigations was conducted on 9/9/14 at 11:45 A.M. and indicated:</p> <p>Incidents involving client #1:</p>						

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	<p>-BDDS report dated 10/31/13 involving client #1 indicated: "While assisting [client #1] with her grooming, staff noticed bruises on her right outer thigh. There were three purple bruises one above the other. Sizes of the bruises were 1 3/4" (inch) by 1 1/2 inches; 1 by 1 inch; and 1 by 1/4 inch. [Client #1] initially reported that she fell at workshop and that she had told her line supervisor. Her [Day program] Program Specialist was contacted and she talked to her line supervisor who was unaware of her falling. Later [client #1] told the QIDP (Qualified Intellectual Disabilities Professional) that she fell in her bedroom. When asked about the workshop, she insisted that she fell in her bedroom. Staff who worked the day before were contacted and were unaware of her falling. Bruises were consistent with falling on her side or bumping hard against something." Further review of the report failed to indicate an investigation was conducted in regards to this injury of unknown origin.</p> <p>-BDDS report dated 12/27/13 involving client #1 indicated: "Staff noticed a bruise on [client #1]'s chin. along with a couple small cuts. [Client #1] said she fell when she was coming in the house from grocery shopping. Staff checked her over for any other injuries and</p>			

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	<p>noticed her knee had a large bruise, as well as a small cut and her knee was swollen. Staff called the nurse and the nurse said to take her to the ER (Emergency Room) to have it looked at. [Client #1] wears knee braces to help prevent injury during a fall, she did have her knee braces on. [Client #1] had her knee checked out and it was determined that it was bruised. She was given a prescription for pain medication, if she needs it." Review of the attached "Investigation Report for Injuries of Unknown Origin" dated 12/27/13 failed to indicate client #1, all clients who reside at the group home were interviewed and all staff who work at the group home were interviewed.</p> <p>-Outside Day Program Incident report dated 1/8/14 involving client #1 indicated: "[Client #1] just got done playing a game and she was putting it back on the shelf and she got out the seat and fell over herself. I had [client #1] go to the nurses office to be checked out. I was called by [Staff name] after she had checked [client #1] and told that [client #1] had a small bruise on her left knee but her right knee looked bruised and swollen. [Staff name] said [client #1]'s group home staff was with her to take her home and told[Staff name] that was from when [client #1] had fallen at home a few</p>			

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	<p>days earlier. [Client #1] was able to walk without complaint and said she was fine. A fall assessment was also filled out." Further review failed to indicate an investigation was conducted in regards to this incident.</p> <p>-BDDS report dated 4/9/14 involving client #1 indicated: "Staff reported that [client #1] had a large bruise on her right thigh and a bruise on her right elbow. This was the result of an incident that occurred at the workshop earlier that day. Program Specialist notified this writer that [client #1] had been in the area where another [Outside Day Program] participant was exhibiting challenging behavior. [Client #1] reportedly was kicked in the thigh, lost her balance and fell. [Program Specialist] reported that she was going to notify [client #1]'s guardian and that a State IR (Incident Report) would be completed. As of yesterday late afternoon, I could not verify that an IR had been done by [Outside Day Program]. Further review failed to indicate the facility conducted an investigation in regard to this incident."</p> <p>-BDDS report dated 4/26/14...Date of Knowledge: 4/30/14...Submitted Date: 5/1/14 involving client #1 indicated: "[Client #1] had a fall on Saturday and no</p>				

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	<p>injuries were noted. It was reported on 4/30/14 that she has a bruise on her left knee and thigh and a couple scrapes on her left knee, that appear to be several days old." Further review failed to indicate an investigation was conducted in regard to this incident.</p> <p>Incidents involving client #4:</p> <p>-BDDS report dated 3/7/14 involving client #4 indicated: "[Client #4]'s pointer finger on her right hand, was red and swollen, it appeared to have been from a hang nail. Staff tried to get [client #4] an appointment withher (sic) doctor, but there was no doctor in today, so staff took her to [Clinic name]. They advised put antibiotic cream on it. They also gave her an antibiotic to take." Further review failed to indicate an investigation was conducted in regards to this injury of unknown origin.</p> <p>Incident involving client #5:</p> <p>-BDDS report dated 2/21/14 involving client #5 indicated: "It was reported staff used an inappropriate voice level and tone with [client #5]. It was further reported staff pulled on the arm of [client #5]'s jacket in an insolent manner." Further review failed to indicate the facility conducted an investigation in</p>						

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	<p>regard to this allegation of staff to client abuse.</p> <p>An interview with the QIDP was conducted on 9/12/14 at 12:17 P.M.. The QIDP indicated investigations should have been conducted in regard to the mentioned incidents. The QIDP indicated all clients and all staff were not interviewed in regards to the mentioned incidents.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/12/14 at 12:17 P.M.. The QIDP indicated staff are trained on medication administration upon employment. The QIDP further indicated medications should be administered as ordered.</p> <p>A review of the facility's "Abuse, Neglect, Misappropriation and Mistreatment of Persons Served" policy dated 6/11/12 was conducted on 9/9/14 at 6:30 P.M.. Review of the facility's policy indicated: "Policy: Bethesda Lutheran Communities, Inc., shall ensure that individuals supported by Bethesda are not subjected to physical, verbal, sexual, or psychological abuse, neglect, or punishment. Purpose: To protect the rights of all individuals, to treat each individual in a Christian manner and to</p>				

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W000154	<p>comply with all state and federal laws. 5. Verbal or demonstrative harm caused by oral or written language, or gestures with disparaging or derogatory implications...'Neglect' means the following: Failure to provide support, training, appropriate care, food, medical care, or medical supervision to an individual...Injuries of Unknown Origin: All injuries of unknown origin will be treated as possible evidence of abuse, neglect or mistreatment until a thorough investigation has taken place and a final determination is made."</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. Based on record review and interview for 7 of 7 incidents, involving 1 of 3 sampled clients (#1), and 2 additional clients (#4 and #5), the facility failed to provide written evidence thorough investigations were conducted.</p> <p>Findings include: A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports and Internal Incident reports and investigations was conducted</p>	W000154	The Area Director will retrain the Program Manager in completing thorough investigations for all injuries of unknown origin to include who to interview (all staff working in the home and all individuals living in the home), time frames for investigations (must be completed within five business days of the incident) outcomes and recommendations. DSPs will be retrained by the Program Manager on the requirement to report all injuries of unknown origins to management immediately.	10/17/2014

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	<p>on 9/9/14 at 11:45 A.M. and indicated:</p> <p>Incidents involving client #1:</p> <p>-BDDS report dated 10/31/13 involving client #1 indicated: "While assisting [client #1] with her grooming, staff noticed bruises on her right outer thigh. There were three purple bruises one above the other. Sizes of the bruises were 1 3/4" (inch) by 1 1/2 inches; 1 by 1 inch; and 1 by 1/4 inch. [Client #1] initially reported that she fell at workshop and that she had told her line supervisor. Her [Day program] Program Specialist was contacted and she talked to her line supervisor who was unaware of her falling. Later [client #1] told the QIDP (Qualified Intellectual Disabilities Professional) that she fell in her bedroom. When asked about the workshop, she insisted that she fell in her bedroom. Staff who worked the day before were contacted and were unaware of her falling. Bruises were consistent with falling on her side or bumping hard against something." Further review of the report failed to indicate an investigation was conducted in regards to this injury of unknown origin.</p> <p>-BDDS report dated 12/27/13 involving client #1 indicated: "Staff noticed a bruise on [client #1]'s chin along with a</p>		<p>Discussion was held with the day program provider regarding obtaining summaries of all investigations that involve an individual supported by BLC. An investigation checklist will be used to ensure a thorough investigation is completed. The Area Director will review all investigations completed by the Program Manager for thoroughness. The Area Director will ensure that summaries of investigations are obtained from the day program provider.</p>		

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	<p>couple small cuts. [Client #1] said she fell when she was coming in the house from grocery shopping. Staff checked her over for any other injuries and noticed her knee had a large bruise, as well as a small cut and her knee was swollen. Staff called the nurse and the nurse said to take her to the ER (Emergency Room) to have it looked at. [Client #1] wears knee braces to help prevent injury during a fall, she did have her knee braces on. [Client #1] had her knee checked out and it was determined that it was bruised. She was given a prescription for pain medication, if she needs it." Review of the attached "Investigation Report for Injuries of Unknown Origin" dated 12/27/13 failed to indicate client #1, all clients who reside at the group home, and all staff who work at the group home were interviewed.</p> <p>-Outside Day Program Incident report dated 1/8/14 involving client #1 indicated: "[Client #1] just got done playing a game and she was putting it back on the shelf and she got out the (sic) seat and fell over herself. I had [client #1] go to the nurses (sic) office to be checked out. I was called by [Staff name] after she had checked [client #1] and told that [client #1] had a small bruise on her left knee but her right knee</p>			

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	<p>looked bruised and swollen. [Staff name] said [client #1]'s group home staff was with her to take her home and told [Staff name] that (it) was from when [client #1] had fallen at home a few days earlier. [Client #1] was able to walk without complaint and said she was fine. A fall assessment was also filled out." Further review failed to indicate an investigation was conducted in regards to this incident.</p> <p>-BDDS report dated 4/9/14 involving client #1 indicated: "Staff reported that [client #1] had a large bruise on her right thigh and a bruise on her right elbow. This was the result of an incident that occurred at the workshop earlier that day. Program Specialist notified this writer that [client #1] had been in the area where another [Outside Day Program] participant was exhibiting challenging behavior. [Client #1] reportedly was kicked in the thigh, lost her balance and fell. [Program Specialist] reported that she was going to notify [client #1]'s guardian and that a State IR (Incident Report) would be completed. As of yesterday late afternoon, I could not verify that an IR had been done by [Outside Day Program]." Further review failed to indicate the facility conducted an investigation in regard to this incident.</p> <p>-BDDS report dated 4/26/14...Date of</p>						

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	<p>Knowledge: 4/30/14...Submitted Date: 5/1/14 involving client #1 indicated: "[Client #1] had a fall on Saturday and no injuries were noted. It was reported on 4/30/14 that she has a bruise on her left knee and thigh and a couple scrapes on her left knee, that appear to be several days old." Further review failed to indicate an investigation was conducted in regard to this incident.</p> <p>Incidents involving client #4:</p> <p>-BDDS report dated 3/7/14 involving client #4 indicated: "[Client #4]'s pointer finger on her right hand, was red and swollen, it appeared to have been from a hang nail. Staff tried to get [client #4] an appointment withher (sic) doctor, but there was no doctor in today, so staff took her to [Clinic name]. They advised put antibiotic cream on it. They also gave her an antibiotic to take." Further review failed to indicate an investigation was conducted in regards to this injury of unknown origin.</p> <p>Incident involving client #5:</p> <p>-BDDS report dated 2/21/14 involving client #5 indicated: "It was reported staff used an inappropriate voice level and tone with [client #5]. It was further reported staff pulled on the arm of [client</p>						

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W000189	<p>#5]'s jacket in an insolent manner." Further review failed to indicate the facility conducted an investigation in regard to this allegation of staff to client abuse.</p> <p>An interview with the QIDP was conducted on 9/12/14 at 12:17 P.M. The QIDP indicated investigations should have been conducted in regard to the mentioned incidents. The QIDP indicated all clients and all staff were not interviewed in regards to the mentioned incidents.</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> <p>Based on observation, record review and interview, the facility failed for 3 of 3 sampled clients (client #1, #2 and #3), and one additional client (#4), to ensure staff were sufficiently trained to assure competence in documenting and tracking bowel movements, implementing client #2's "Protocol for Constipation and Bowel Movements" and administering medications without error for clients #1, #2, #3 and #4.</p>	W000189	<p>1. Program Manager and DSPs will be retrained by the Nurse on Client #2's Protocol for Constipation and Bowel Movements including giving the prn medication on the evening of the 3rd day without a movement, notifying the nurse if no movement occurs within 24 hours of giving the prn medication and pushing fluids. DSPs will also be trained on the Protocol for Documenting Bowel Movements. The Protocol for Contacting the</p>	10/18/2014			

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	<p>Findings include:</p> <p>1. An evening observation was conducted at the group home on 9/8/14 from 4:00 P.M. until 6:00 P.M. At 5:25 P.M., client #2 was observed eating dinner. Client #2 was prompted to pour milk into her cup. Client #2 did not and was not prompted to drink water during the observation period.</p> <p>A morning observation was conducted at the group home on 9/9/14 from 6:00 A.M. until 8:10 A.M. At 7:50 A.M., client #2 was observed eating her breakfast. Direct Support Professional (DSP) #3 asked client #2 to choose between apple juice and water. Client #2 chose water. Client #2 was not prompted to drink water with her meal or during the observation period.</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 9/9/14 at 11:45 A.M. Review of the records indicated:</p> <p>-BDDS report dated 10/30/13 involving client #2 indicated: "[Client #2] was taken to [Hospital Emergency Room] for vomiting, abdominal pain and constipation. The result of the CT</p>		<p>Nurse has been modified to include - If an individual was given a prn medication for constipation and did not get relief within 24 hours. The Bowel Movement Record was modified to include staff signing on the BM chart when the prn or OTC medication is given, staff signing that the nurse was contacted if no movement within 24 hours of getting the medication and for the nurse to sign off that she has reviewed the chart. Third shift staff will be responsible for reviewing the MARS and the Bowel Movement Records. Any problems with not giving the prn medication for constipation the evening of the 3rd day without a movement or contacting the nurse will be documented on the Tracking Medications and Documentation of Errors form and the Program Manager will be informed. The nurse will be responsible for reviewing the Bowel Movement Chart twice weekly for 6 weeks. If there are no issues, she will review once weekly. The Area Director will review for follow through. 2. Client # 3's medications have been changed to meet her current needs (i.e. chewable tablets and liquids). DSPs will be retrained on the importance of notifying the nurse of any change of condition in taking medications. The nurse or designee will do twice weekly medication observations to</p>				

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	<p>(X-ray) of the abdomen determined that [client #2] had blockage in her colon. [Client #2] was admitted to the hospital for treatment....Incident Report Flow-Up dated 11/4/13: [Client #2] was hospitalized at [Hospital name] for an obstruction of the small intestine. The nurse checked on her yesterday and spoke with the nurse on duty. [Client #2] has passed a small amount of the obstruction but will need continued treatment. No plans have been made to discharge at this point. A Bowel Obstruction Protocol will be written and staff will be trained on it so they can be aware of signs and symptoms of an obstruction. Staff will continue to ensure [client #2]'s health and safety."</p> <p>-BDDS report dated 6/9/14 involving client #2 indicated: "Staff reported that [client #2] had vomiting with diarrhea this morning and she appeared weak. She reportedly vomited what appeared to be green fluid. Staff took [client #2] to [Hospital Emergency Room]. The doctor examined her and took x-ray of the stomach. The doctor reported that he saw signs of slowing down of the bowels and that there was a little blockage. [Client #2] was admitted."</p> <p>A review of client #2's record was conducted on 9/10/14 at 1:05 P.M.</p>		<p>ensure that medication consistency meets the needs of the individuals for six weeks, if there are no problems, the medication observations will drop to once weekly for six weeks. At the end of the quarter, med administration observations will be done twice monthly. The Area Director will review for follow through. 3. The Nurse will retrain the staff on medication administration procedure. A Medication Pass Verification Checklist form will be used. Staff administering medications will at the completion of the pass, review all Med Sheets and medications to ensure that everything has been given. The staff person will sign off on the Medication Pass Verification Checklist form. When two staff are on duty, the second staff will review the Med Sheets and medications after the staff who administered the medications is through with the initial review. The second staff person will sign off verifying that he/she completed a review and there were no problems. Any concerns will be reported immediately. Third shift staff will continue to do a Medication review. The Nurse or designee will complete twice weekly medication administration observations to ensure that medications are given as ordered for six weeks. Any concerns will warrant retraining and or</p>				

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	<p>Review of client #2's "Protocol for Constipation and Bowel Movement" dated 7/18/14 indicated: "[Client #2] has problems with constipation due to her age, hypothyroidism, lack of exercise, medications that she takes and insufficient fluid intake. Signs/Symptoms of constipation or need to eliminate stool:</p> <ul style="list-style-type: none"> -Fewer than 3 bowel movements per week -Excessive straining during bowel movement -Abdominal pain -Bloating/gas -Hard stools <p>Plan:</p> <ul style="list-style-type: none"> -[Client #2] will be provided foods that are high in fiber: beans, whole grains, fresh fruits and vegetables. -Limit foods with little or no fiber: meat, cheese, processed foods. -Staff will offer fluids throughout the day [Client #2] should drink 8 ounces of water at each med pass; water should be offered at each meal.) -Staff will promote and provide assistance with daily exercise. -[Client #2] will take daily medication to aid in elimination. If she does not have a BM (bowel movement) after three days, Metamucil prn (as needed) should be given as directed. -Concerns should be brought to the nurse's attention as soon as possible. 		<p>corrective action per the Bethesda medication administration policy. If there are no problems within six weeks, observations will be done once weekly for six weeks. At the end of the quarter, if there are no issues, med observations will be done at least twice monthly.</p>	

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	<p>-All bowel movements will be charted."</p> <p>A review of client #2's MARs/medication Administration Record(s) for the months of 10/1/13 to 7/31/14 indicated:</p> <p>-Client #2's MAR dated 10/1/13 to 10/31/13 indicated: No documented bowel movement on 10/5, 10/6, 10/7, no bowel movement on 10/9, 10/10, 10/11, no bowel movement on 10/20, 10/21, 10/22 and 10/23. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted.</p> <p>-Client #2's MAR dated 11/1/13 to 11/30/13 indicated: no documented bowel movement on 11/11, 11/12, 11/13, or 11/14, no documented bowel movement on 11/22, 11/23 and 11/24. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted.</p> <p>-Client #2's MAR dated 12/1/13 to 12/31/13 filed to indicate client #2's bowel movements were tracked the entire month. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was</p>				

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	<p>no documentation to indicate the nurse was contacted.</p> <p>-Client #2's MAR dated 1/1/14 to 1/31/14 filed to indicate client #2's bowel movements were tracked the entire month. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted.</p> <p>-Client #2's MAR dated 2/1/14 to 2/28/14 indicated: no documented bowel movements on 2/4, 2/5, 2/6, 2/7, 2/8, 2/9, 2/10, 2/11, 2/12, 2/13, 2/14, 2/15, 2/17, 2/18, 2/19, 2/20, 2/21, 2/23, 2/24, 2/25, 2/26, 2/27 and 2/28. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted.</p> <p>-Client #2's MAR dated 3/1/14 to 3/31/14 filed to indicate client #2's bowel movements were tracked the entire month. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted.</p> <p>-Client #2's MAR dated 4/1/14 to 4/30/14 filed to indicate client #2's bowel</p>			

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	<p>movements were tracked the entire month. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted.</p> <p>-Client #2's MAR dated 5/1/14 to 5/31/14 indicated: no documented bowel movement on 5/7, 5/8, 5/9, 5/12, 5/13, 5/14, 5/15, 5/16, 5/17, 5/18, 5/19, 5/20, 5/21, 5/23, 5/24, 5/25, 5/27, 5/28, 5/29, 5/30 and 5/31. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted.</p> <p>-Client #2's MAR dated 6/1/14 to 6/30/14 indicated: no documented bowel movement on 6/3, 6/4, 6/5, 6/6, 6/7, 6/8, 6/15, 6/16, 6/17, 6/18, 6/19, 6/20, 6/22, 6/23, 6/24, 6/25, 6/26, 6/28, 6/29 and 6/30. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted.</p> <p>-Client #2's MAR dated 7/1/14 to 7/31/14 indicated: no documented bowel movement on 7/4, 7/5, 7/6, 7/7, 7/8, 7/15, 7/16 and 7/17. There was no documentation to indicate the nurse was</p>			

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	<p>contacted.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/12/14 at 10:45 A.M. The QIDP indicated all staff are to document daily on client #2's bowel tracking and when administering Metamucil. The QIDP stated "All staff at the group home were written up for not properly documenting client #2's bowel movements and administering her fiber powder." The QIDP further indicated staff should prompt client #2 to drink water at all meals and throughout the day.</p> <p>2. A morning observation was conducted at the group home on 9/9/14 from 6:00 A.M. until 8:10 A.M. At 7:00 A.M., Direct Support Professional (DSP) #1 administered client #3's prescribed medications. Client #3 chewed her medication. DSP #1 did not prompt client #3 to not chew her medication. At 7:05 A.M., a review of the medication packet and Medication Administration Record (MAR) dated 9/1/14 to 9/30/14 indicated: "Omeprazole 20 mg (milligram) capsule (gastroesophageal reflux disease)...2 capsules (40 mg) twice daily...Swallow whole do not crush or chew."</p> <p>An interview with DSP #1 was</p>						

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	<p>conducted on 9/9/14 at 7:05 A.M. When asked if client #3 was to chew her medication, DSP #1 stated "No. She had been chewing her medications lately." When asked if client #3 should be prompted not to chew her medications, DSP #1 indicated she should be prompted to swallow her medication whole.</p> <p>An interview with the QIDP was conducted on 9/12/14 at 12:17 P.M. The QIDP indicated staff should prompt client #2 to swallow her meds whole and not chew them.</p> <p>3. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 9/9/14 at 11:45 A.M. Review of the records indicated:</p> <p>-BDDS report dated 10/3/13 involving client #1 indicated: "[Client #1] was given her Calcium D (supplement) before breakfast; the script states that the Calcium D is to be given after a meal...The staff that made the medication will receive corrective action and re-training in Medication Administration...."</p> <p>-BDDS report dated 4/7/14 involving client #4 indicated: "[Client #4] was</p>				

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W000249	<p>given her Allegra (allergies), which is a pm once a day medication, she was given it at 7 am that morning and again at 9 pm. Retraining for the staff was completed."</p> <p>-BDDS report dated 6/22/14 involving client #2 indicated: "[Client #2's] calcium pill (supplement) was given at 7 am instead of 5 pm on 6/22/14. The nurse was notified."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/12/14 at 12:17 P.M. The QIDP indicated staff are trained on medication administration upon employment. The QIDP further indicated medications should be administered as ordered.</p> <p>9-3-3(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 achievement of the objectives identified in the individual program plan. Based on observation, record review, and interview, the facility failed to implement training objectives during times of opportunity for 3 of 3 sampled clients</p>	W000249	The QIDP will retrain the DSPs on a Meaningful day, meaningful activities and how to take advantage of opportunities for training on objectives and taking	10/18/2014

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	<p>(#1, #2, and #3), and 2 additional clients (clients #5 and #6).</p> <p>Findings include:</p> <p>An evening observation at the group home was conducted on 9/8/14 between 4:00 P.M. and 6:00 P.M. From 4:00 P.M. until 5:20 P.M., client #6 stayed in her room with no interaction and no meaningful activity. Clients #1, #2, #3 and #5 sat in the living room with no meaningful activity. Direct Support Professionals (DSP) #1 and #2 walked in and out of the living room and checked on clients #1, #2, #3 and #5 but did not offer meaningful activities.</p> <p>A morning observation was conducted at the group home on 9/9/14 between 6:00 A.M. and 8:10 A.M. From 6:00 A.M. until 7:50 A.M., client #6 stayed in her bedroom with no meaningful activity. Clients #1, #2, #3 and #5 sat in the living room with no meaningful activities. DSP #1 administered medications and DSP #3 was in the kitchen with client #4. DSPs #1 and #3 walked in and out of the living room and checked on clients #1, #2, #3 and #5 but did not offer meaningful activities. At 7:00 A.M., DSP #1 administered client #3's medications. Client #3 did not and was not prompted to state the reason for taking two of her</p>		<p>advantage of teaching moments. Management will complete observations using the Observation form to ensure that staff is following through on meeting the needs of the individuals in this area. Observations will be done four times weekly for one month and then if no major concerns are noted, drop to three times weekly for one month and then drop to twice weekly for one month. The Area Director will review the forms for follow through.</p>				

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	<p>medications.</p> <p>A review of client #1's record was conducted at the facility's administrative office on 9/10/14 at 12:47 P.M. Review of client #1's ISP/Individual Support Plan dated 6/12/14 indicated the following: "Will successfully print her name when using her credit card...Will choose an outing...Will stay at a given leisure task."</p> <p>A review of client #2's record was conducted at the facility's administrative office on 9/10/14 at 1:05 P.M. Review of client #2's ISP dated 7/23/14 indicated the following: "Will copy a pre-discussed note to her brother...Will wipe her walker down with good end results...Will complete two knitting loom projects."</p> <p>A review of client #3's record was conducted at the facility's administrative office on 9/10/14 at 1:25 P.M. Review of client #3's ISP dated 9/10/13 indicated the following: "Will correctly state the reason for taking two medications...Will engage in a leisure activity with housemates...Will complete her daily chores."</p> <p>A review of client #5's record was conducted at the facility's administrative office on 9/10/14 at 1:45 P.M. Review of</p>						

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W000331	<p>client #5's ISP dated 7/29/14 indicated the following: "Will exercise for 20 minutes...Will plan a community activity."</p> <p>A review of client #6's record was conducted at the facility's administrative office on 9/10/14 at 2:15 P.M. Review of client #6's ISP dated 2/10/14 indicated the following: "Will correctly count back change from a purchase...Will plan spending as needed...Will be responsible for two different areas of home safety...Will find things to do within the area...Will increase her homemaking skills...Will increase her leisure activities."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/12/14 at 12:17 P.M. The AD indicated all clients living at the group home have active treatment objectives and further indicated all staff should implement clients' goals at all times of opportunity.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review,</p>	W000331	1. Program Manager and DSPs	10/18/2014			

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	<p>observation and interview for 3 of 3 sampled clients (#1, #2 and #3), and 1 additional client (#4), the facility's nursing staff failed to ensure facility staff were adequately trained and showed competency in regard to documenting/tracking client #2's bowel movements, administering medications for clients #1, #2, #3 and #4 and implementing client #2's constipation protocol. The facility's nursing staff failed to monitor client #2's constipation to prevent blockage on a more frequent basis.</p> <p>Findings include:</p> <p>1. An evening observation was conducted at the group home on 9/8/14 from 4:00 P.M. until 6:00 P.M. At 5:25 P.M., client #2 was observed eating dinner. Client #2 was prompted to pour milk into her cup. Client #2 did not and was not prompted to drink water during the observation period.</p> <p>A morning observation was conducted at the group home on 9/9/14 from 6:00 A.M. until 8:10 A.M. At 7:50 A.M., client #2 was observed eating her breakfast. Direct Support Professional (DSP) #3 asked client #2 to choose between apple juice and water. Client #2 chose water. Client #2 was not prompted</p>		<p>will be retrained by the Nurse on Client #2's Protocol for Constipation and Bowel Movements including giving the prn medication on the evening of the 3rd day without a movement, notifying the nurse if no movement occurs within 24 hours of giving the prn medication and pushing fluids. DSPs will also be trained on the Protocol for Documenting Bowel Movements. The Protocol for Contacting the Nurse has been modified to include - If an individual was given a prn medication for constipation and did not get relief within 24 hours. The Bowel Movement Record was modified to include staff signing on the BM chart when the prn or OTC medication is given, staff signing that the nurse was contacted if no movement within 24 hours of getting the medication and for the nurse to sign off that she has reviewed the chart. Third shift staff will be responsible for reviewing the MARS and the Bowel Movement Records. Any problems with not giving the prn medication for constipation the evening of the 3rd day without a movement or contacting the nurse will be documented on the Tracking Medication and Documentation Errors and the Program Manager will be informed. The nurse will be responsible for reviewing the Bowel Movement Chart twice weekly for 6 weeks. If there are</p>				

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	<p>to drink water with her meal or during the observation period.</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 9/9/14 at 11:45 A.M. Review of the records indicated:</p> <p>-BDDS report dated 10/30/13 involving client #2 indicated: "[Client #2] was taken to [Hospital Emergency Room] for vomiting, abdominal pain and constipation. The result of the CT (X-ray) of the abdomen determined that [client #2] had blockage in her colon. [Client #2] was admitted to the hospital for treatment....Incident Report Flow-Up dated 11/4/13: [Client #2] was hospitalized at [Hospital name] for an obstruction of the small intestine. The nurse checked on her yesterday and spoke with the nurse on duty. [Client #2] has passed a small amount of the obstruction but will need continued treatment. No plans have been made to discharge at this point. A Bowel Obstruction Protocol will be written and staff will be trained on it so they can be aware of signs and symptoms of an obstruction. Staff will continue to ensure [client #2]'s health and safety."</p> <p>-BDDS report dated 6/9/14 involving</p>		<p>no issues, she will review once weekly. The Area Director will review for follow through. 2. Client # 3's medications have been changed to meet her current needs (i.e. chewable tablets and liquids). DSPs will be retrained on the importance of notifying the nurse of any change of condition in taking medications. The nurse or designee will do twice weekly medication observations to ensure that medication consistency meets the needs of the individuals for six weeks, if there are no problems, the medication observations will drop to once weekly for six weeks. At the end of the quarter, med administration observations will be done twice monthly. 3. The Nurse will retrain the staff on medication administration procedure. A Medication Pass Verification Checklist form will be used. Staff administering medications will at the completion of the pass, review all Med Sheets and medications to ensure that everything has been given. The staff person will sign off on the Medication Pass Verification Checklist form. When two staff are on duty, the second staff will review the Med Sheets and medications after the staff who administered the medications is through with the initial review. The second staff person will sign off verifying that he/she completed a review and there were no problems. Any</p>				

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	<p>client #2 indicated: "Staff reported that [client #2] had vomiting with diarrhea this morning and she appeared weak. She reportedly vomited what appeared to be green fluid. Staff took [client #2] to [Hospital Emergency Room]. The doctor examined her and took x-ray of the stomach. The doctor reported that he saw signs of slowing down of the bowels and that there was a little blockage. [Client #2] was admitted."</p> <p>A review of client #2's record was conducted on 9/10/14 at 1:05 P.M.. Review of client #2's "Protocol for Constipation and Bowel Movement" dated 7/18/14 indicated: "[Client #2] has problems with constipation due to her age, hypothyroidism, lack of exercise, medications that she takes and insufficient fluid intake. Signs/Symptoms of constipation or need to eliminate stool: -Fewer than 3 bowel movements per week -Excessive straining during bowel movement -Abdominal pain -Bloating/gas -Hard stools Plan: -[Client #2] will be provided foods that are high in fiber: beans, whole grains, fresh fruits and vegetables. -Limit foods with little or no fiber: meat,</p>		<p>concerns will be reported immediately. Third shift staff will continue to do a Medication review. The Nurse or designee will complete twice weekly medication administration observations to ensure that medications are given as ordered for six weeks. Any concerns will warrant retraining and or corrective action per the Bethesda medication administration policy. If there are no problems within six weeks, observations will be done once weekly for six weeks. At the end of the quarter, med observations will be done at least twice monthly. The Area Director will review for follow through.</p>				

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	<p>cheese, processed foods.</p> <p>-Staff will offer fluids throughout the day ([Client #2] should drink 8 ounces of water at each med pass; water should be offered at each meal.)</p> <p>-Staff will promote and provide assistance with daily exercise.</p> <p>-[Client #2] will take daily medication to aid in elimination. If she does not have a BM (bowel movement) after three days, Metamucil prn (as needed) should be given as directed.</p> <p>-Concerns should be brought to the nurse's attention as soon as possible.</p> <p>-All bowel movements will be charted."</p> <p>A review of client #2's MARs/Medication Administration Record(s) for the months of 10/1/13 to 7/31/14 indicated:</p> <p>-Client #2's MAR dated 10/1/13 to 10/31/13 indicated: No documented bowel movement on 10/5, 10/6, 10/7, no bowel movement on 10/9, 10/10, 10/11, no bowel movement on 10/20, 10/21, 10/22 and 10/23. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted. There was no documentation to indicate the facility's nurse monitored client #2's bowel tracking.</p>			
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	<p>-Client #2's MAR dated 11/1/13 to 11/30/13 indicated: no documented bowel movement on 11/11, 11/12, 11/13, and 11/14, no documented bowel movement on 11/22, 11/23 and 11/24. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted. There was no documentation to indicate the facility's nurse monitored client #2's bowel tracking.</p> <p>-Client #2's MAR dated 12/1/13 to 12/31/13 filed to indicate client #2's bowel movements were tracked the entire month. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted. There was no documentation to indicate the facility's nurse monitored client #2's bowel tracking.</p> <p>-Client #2's MAR dated 1/1/14 to 1/31/14 filed to indicate client #2's bowel movements were tracked the entire month. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse</p>			

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	<p>was contacted. There was no documentation to indicate the facility's nurse monitored client #2's bowel tracking.</p> <p>-Client #2's MAR dated 2/1/14 to 2/28/14 indicated: no documented bowel movement on 2/4, 2/5, 2/6, 2/7, 2/8, 2/9, 2/10, 2/11, 2/12, 2/13, 2/14, 2/15, 2/17, 2/18, 2/19, 2/20, 2/21, 2/23, 2/24, 2/25, 2/26, 2/27 and 2/28. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted. There was no documentation to indicate the facility's nurse monitored client #2's bowel tracking.</p> <p>-Client #2's MAR dated 3/1/14 to 3/31/14 filed to indicate client #2's bowel movements were tracked the entire month. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted. There was no documentation to indicate the facility's nurse monitored client #2's bowel tracking.</p> <p>-Client #2's MAR dated 4/1/14 to 4/30/14 filed to indicate client #2's bowel movements were tracked the entire</p>			

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	<p>month. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted. There was no documentation to indicate the facility's nurse monitored client #2's bowel tracking.</p> <p>-Client #2's MAR dated 5/1/14 to 5/31/14 indicated: no documented bowel movement on 5/7, 5/8, 5/9, 5/12, 5/13, 5/14, 5/15, 5/16, 5/17, 5/18, 5/19, 5/20, 5/21, 5/23, 5/24, 5/25, 5/27, 5/28, 5/29, 5/30 and 5/31. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted. There was no documentation to indicate the facility's nurse monitored client #2's bowel tracking.</p> <p>-Client #2's MAR dated 6/1/14 to 6/30/14 indicated: no documented bowel movement on 6/3, 6/4, 6/5, 6/6, 6/7, 6/8, 6/15, 6/16, 6/17, 6/18, 6/19, 6/20, 6/22, 6/23, 6/24, 6/25, 6/26, 6/28, 6/29 and 6/30. Review of the record neglected to indicate client #2 was administered Metamucil the entire month. There was no documentation to indicate the nurse was contacted. There was no documentation to indicate the facility's</p>			

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	<p>nurse monitored client #2's bowel tracking.</p> <p>-Client #2's MAR dated 7/1/14 to 7/31/14 indicated: no documented bowel movements on 7/4, 7/5, 7/6, 7/7, 7/8, 7/15, 7/16 and 7/17. There was no documentation to indicate the nurse was contacted. There was no documentation to indicate the facility's nurse monitored client #2's bowel tracking.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/12/14 at 10:45 A.M. The QIDP indicated all staff are to document daily on client #2's bowel tracking and when administering Metamucil. The QIDP stated "All staff at the group home were written up for not properly documenting client #2's bowel movements and administering her fiber powder." The QIDP further indicated staff should prompt client #2 to drink water at all meals and throughout the day.</p> <p>2. A morning observation was conducted at the group home on 9/9/14 from 6:00 A.M. until 8:10 A.M. At 7:00 A.M., Direct Support Professional (DSP) #1 administered client #3's prescribed medications. Client #3 chewed her medication. DSP #1 did not prompt client #3 to not chew her medication. At</p>			

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	<p>7:05 A.M., a review of the medication packet and Medication Administration Record (MAR) dated 9/1/14 to 9/30/14 indicated: "Omeprazole 20 mg (milligram) capsule (gastroesophageal reflux disease)...2 capsules (40 mg) twice daily...Swallow whole do not crush or chew."</p> <p>An interview with DSP #1 was conducted on 9/9/14 at 7:05 A.M. When asked if client #3 was to chew her medication, DSP #1 stated "No. She had been chewing her medications lately." When asked if client #3 should be prompted not to chew her medications, DSP #1 indicated she should be prompted to swallow her medication whole.</p> <p>An interview with the QIDP was conducted on 9/12/14 at 12:17 P.M. The QIDP indicated staff should prompt client #2 to swallow her meds whole and not chew them.</p> <p>3. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 9/9/14 at 11:45 A.M. Review of the records indicated:</p> <p>-BDDS report dated 10/3/13 involving client #1 indicated: "[Client #1] was</p>						

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W000368	<p>given her Calcium D (supplement) before breakfast; the script states that the Calcium D is to be given after a meal...The staff that made the medication will receive corrective action and re-training in Medication Administration...."</p> <p>-BDDS report dated 4/7/14 involving client #4 indicated: "[Client #4] was given her Allegra (allergies), which is a pm once a day medication, she was given it at 7 am that morning and again at 9 pm. Retraining for the staff was completed."</p> <p>-BDDS report dated 6/22/14 involving client #2 indicated: "[Client #2]'s calcium pill (supplement) was given at 7 am instead of 5 pm on 6/22/14. The nurse was notified."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/12/14 at 12:17 P.M. The QIDP indicated staff are trained on medication administration upon employment. The QIDP further indicated medications should be administered as ordered.</p> <p>9-3-6(a) 483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must</p>						

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	<p>assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview, the facility failed to assure drugs administered to 2 of 3 sampled clients (#1 and #2), and 1 additional client (#4), were administered in compliance with the physician's orders.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 9/9/14 at 11:45 A.M. Review of the records indicated:</p> <p>-BDDS report dated 10/3/13 involving client #1 indicated: "[Client #1] was given her Calcium D (supplement) before breakfast; the script states that the Calcium D is to be given after a meal...The staff that made the medication will receive corrective action and re-training in Medication Administration...."</p> <p>-BDDS report dated 4/7/14 involving client #4 indicated: "[Client #4] was given her Allegra (allergies), which is a pm once a day medication, she was given it at 7 am that morning and again at 9 pm. Retraining for the staff was completed."</p>	W000368	<p>The Nurse will retrain the staff on medication administration procedure. A Medication Pass Verification Checklist form has been developed. Staff administering medications will at the completion of the pass, review all Med Sheets and medications to ensure that everything has been given. The staff person will sign off on the Medication Pass Verification Checklist form. When two staff are on duty, the second staff will review the Med Sheets and medications after the staff who administered the medications is through with the initial review. The second staff person will sign off verifying that he/she completed a review and there were no problems. Any concerns will be reported immediately. The Nurse or designee will complete twice weekly medication administration observations to ensure that medications are given as ordered for six weeks. If there are no problems, the observations will drop to once weekly. At the completion of six weeks without problems, the observations will drop to twice monthly Any concerns will warrant retraining and or corrective action per the Bethesda medication administration policy. The Area Director will review the Medication Observation forms to ensure</p>	10/17/2014			

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W000369	<p>-BDDS report dated 6/22/14 involving client #2 indicated: "[Client #2's] calcium pill (supplement) was given at 7 am instead of 5 pm on 6/22/14. The nurse was notified."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/12/14 at 12:17 P.M. The QIDP indicated staff are trained on medication administration upon employment. The QIDP further indicated medications should be administered as ordered.</p> <p>9-3-6(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 3 sampled clients observed during medication administration (client #3), to ensure staff administered 1 of 6 of the client's medications, as ordered without error.</p> <p>Findings include:</p> <p>A morning observation was conducted at</p>	W000369	<p>follow through.</p> <p>Client # 3's medications have been changed to meet her current needs (i.e. chewable tablets and liquids). DSPs will be retrained on the importance of notifying the nurse of any change of condition in taking medications. The nurse or designee will do twice weekly medication observations to ensure that medication consistency meets the needs of the individuals. After six weeks with no problems, the observations will drop to once</p>	10/18/2014

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W000488	<p>the group home on 9/9/14 from 6:00 A.M. until 8:10 A.M. At 7:00 A.M., Direct Support Professional (DSP) #1 administered client #3's prescribed medications. Client #3 chewed her medication. DSP #1 did not prompt client #3 to not chew her medication. At 7:05 A.M., a review of the medication packet and Medication Administration Record (MAR) dated 9/1/14 to 9/30/14 indicated: "Omeprazole 20 mg (milligram) capsule (gastroesophageal reflux disease)...2 capsules (40 mg) twice daily...Swallow whole do not crush or chew."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/12/14 at 12:02 P.M. The QIDP indicated client #3's medications should have been administered as directed on the label and MAR. The QIDP further indicated DSP #1 should have prompted client #3 to swallow her medication whole and not chew the medication.</p> <p>9-3-6(a) 483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview, the</p>	W000488	<p>weekly for six weeks. At that time if there are no problems, the observations will drop to twice monthly. The Area Director will review the forms to ensure follow through.</p> <p>DSPs will be retrained by the</p>	10/18/2014			

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W009999	<p>facility failed to assure 3 of 3 sampled clients (#1, #2 and #3), and 2 additional clients (#5 and #6), were involved in meal preparation.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 9/9/14 from 6:00 A.M. until 8:10 A.M. At 6:54 A.M., [client #4] began putting slices of bread into the toaster and buttered each slice, placed each slice on individual plates and set the plates on the dining table. Clients #1, #2, #3, #5 and #6 sat in the living room with no meaningful activity. At 7:50 A.M., clients #1, #2, #3, #5 and #6 began eating their breakfast. Clients #1, #2, #3, #5 and #6 did not assist in meal preparation.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/12/14 at 12:17 P.M.. The QIDP indicated clients were capable of toasting and preparing their own bread and further indicated they should toast and prepare their own bread at meal time.</p> <p>9-3-8(a)</p>		<p>QIDP on the breakfast routine following the exiting chore charts. Each day, two individuals are listed as cooks for the day and one individual is listed for setting the table and kitchen clean up. The cooks should be involved with the food preparation which includes making the toast. Since each person has a cooking day which includes breakfast and dinner during the week, each person will have opportunities to make the toast. Toast will be put on the table on a bread plate and the individuals will serve themselves the toast and butter their own toast. The Program Manager will do mealtime observations to ensure that the individuals are cooking on their cook day and that condiments including butter are on the table and the individuals serving themselves. The observations will be done four times weekly for one month and then if there are no major issues drop to three times weekly for one month and then drop to twice weekly for one month. The Area Director will review the mealtime observation forms.</p>	

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	<p>State Findings:</p> <p>460 IAC 9-3-1 The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>(b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>This state rule is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed for 2 of 2 falls with injury, involving 1 of 3 sampled clients (client #1), to report to the Bureau of Developmental Disabilities Services (BDDS) in a timely manner.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports and Internal Incident reports and investigations was conducted on 9/9/14 at 11:45 A.M. and indicated:</p> <p>-BDDS report dated 4/9/14...Date of Knowledge: 4/9/14...Submitted Date: 4/11/14 involving client #1 indicated: "Staff reported that [client #1] had a large</p>	W009999	<p>Program Manager and Nurse were retrained on the time frame for completing State incident reports. DSPs will be retrained on the importance of reporting incidents as soon as possible so that the State incident reports can be completed in a timely manner. Valerie Thill from the day program was contacted regarding problems with State incident reports being filed late. She sent an email to her staff that had previously been trained to remind them of the expectations. The Area Director will be responsible for reviewing all incident reports and ensuring that reports are completed in a timely manner.</p>	10/18/2014	

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	<p>bruise on her right thigh and a bruise on her right elbow. This was the result of an incident that occurred at the workshop earlier that day. [Program Specialist] notified this writer that [client #1] had been in the area where another [Outside Day Program] participant was exhibiting challenging behavior. [Client #1] reportedly was kicked in the thigh, lost her balance and fell. [Program Specialist] reported that she was going to notify [client #1]'s guardian and that a State IR (Incident Report) would be completed. As of yesterday late afternoon, I could not verify that an IR had been done by [Outside Day Program]."</p> <p>-Incident report dated 1/8/14 involving client #1 indicated: "[Client #1] had finished playing a game, and was getting up to put the game away. [Client #1] got up out of her seat and reportedly fell over. She was checked over by her line supervisor. When the Program Specialist was notified of the fall, she had [client #1] got (sic) to the nurse's office to be checked over. [Client #1] was noted to have a small bruise on her left knee and her rt (right) knee was bruised and swollen. Injury was due to a fall that occurred at the group home on 12/29.</p> <p>A review of the Bureau of</p>						

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	<p>Developmental Disabilities Services (BDDS) reporting policy effective March 1, 2011 was conducted on 9/9/14 at 5:50 P.M. The policy indicated: "It is the policy of the Bureau of Quality Improvement Services (BQIS) to utilize an incident reporting and management system as an integral tool in ensuring the health and welfare of the individuals receiving services administered by BDDS....Incidents to be reported to BDDS...15. A fall resulting with injury, regardless of the severity of the injury."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/12/14 at 12:17 P.M. The QIDP indicated these incidents were not immediately reported to BDDS. The QIDP further indicated the incident should have been immediately reported to the administrator and within 24 hours to BDDS.</p> <p>9-3-1(b)</p>				