

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G470	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/27/2013
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NAME OF PROVIDER OR SUPPLIER BI-COUNTY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 466 BALTIMORE ST BERNE, IN 46711
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W000000	<p>This visit was for the investigation of complaint #IN00125863.</p> <p>COMPLAINT #IN00125863: Substantiated, Federal and state deficiencies related to the allegation are cited at W102, W104, W122, W149, W157, W164 and W218.</p> <p>Dates of Survey: March 21, 22, 25, 26 and 27, 2013.</p> <p>Facility number: 000984 Provider number: 15G470 AIM number: 100244870</p> <p>Surveyor: Susan Reichert, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed April 2, 2013 by Dotty Walton, Medical Surveyor III.</p>	W000000	<p>Baltimore Conditions of Participation POC April 2013</p> <p>W000-Initial Comments To assure protection & advocacy for Client A, the following safeguards are in place while the Plan of Correction (POC) for Conditions of Participation related to Governing Body & Client Protections is being developed, written and implemented.</p> <ul style="list-style-type: none"> · Interim Safety Guidelines at home, Day Services (DS) & in the community addressing need for staff support and monitoring of unsteadiness and interventions for fall prevention include, but are not limited to keeping client A in Line of Sight (LOS) during awake time and checked every 10-15 minutes during sleep hours. · Guidelines implemented 3/25/13 following staff training. · Tracking sheets for monitoring during awake time and when asleep · Sleep apnea tracking sheets · Tracking of safety assistance refusals · Gait belt & wheelchair for safety when unsteady · Occupational Therapy assessment on 4/3/13 with recommendations · Physical Therapy assessment & recommendations on 4/8/13 · CPAP/Bi-level assessment on 4/11/12 with new mask ordered to address sleep apnea concerns. · Behavior Specialist has been found and will consult with Client A on 4/16/13. · Counseling 	
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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>supports continued. ·</p> <p>Appointments &/or contact with Client A's long term medical specialists including neurologist, endocrinologist, nephrologist and psychiatrist. Some medication adjustments have been made. ·</p> <p>Second opinion sought for input by Dr. Lemmen, M.D., neurologist & palliative care specialist. ·</p> <p>Client A's mother, who is also Health Care Representative (HCR) has attended two appointments and met as part of the IST to work together on assuring that Client A is free from harm & injury effective 4/2/13.</p>		

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W000102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on record review, observation and interview, the facility failed to meet the Condition of Participation: Governing Body. The governing body failed to provide oversight and operating direction over the facility to ensure implementation of their policy/procedures prohibiting client neglect by failing to protect 1 of 4 sampled clients (client A) from falls with injury and failed to develop and implement an effective plan of action to prevent additional falls/injuries.</p> <p>Findings include:</p> <p>1. Please see W122. The governing body failed to meet the Condition of Participation: Client Protections. The governing body failed to ensure implementation of their policy and procedures to protect the rights of all clients to be free from harm and injury for 1 of 4 sampled clients (client A) by failing to protect client A from injury resulting from falls and failed to develop and implement an effective plan of action to prevent future falls.</p> <p>2. Please see W104. The governing body failed to provide oversight and operating</p>	W000102	<p>W102-Governing Body It is the intent of Bi-County Services, Inc. (BCS) that we consistently meet all eight conditions of participation. As it relates to noncompliance with Conditions of Participation for Governing Body and Client Protections, our focus of corrective action will be to assure that the governing body and management will take action that identifies and resolves systemic problems of a serious &/or recurrent nature so as to assure the health, safety and well-being of all consumers in our care. It is the opinion of the administrative team that our failure to provide oversight & operating direction related to implementation of our Abuse and Neglect /Injury and Illness (A/N) policy prohibiting neglect by failing to protect Client A (henceforth to be referred to as CA) from falls with injury and failure to develop & implement an effective plan of action (poa) to prevent falls/injuries requires a systemic change in how we organize ourselves to provide quality assurance on a regular basis as opposed to</p>	04/26/2013			

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	<p>direction over the facility to ensure implementation of their policy and procedures to protect 1 of 4 sampled clients (client A) from injury resulting from falls and failed to assess, develop and implement an effective plan of action to prevent future falls.</p> <p>This federal tag relates to complaint #IN00125863.</p> <p>9-3-1(a)</p>		<p>“putting out fires”. By addressing our system for quality assurance we feel that we will be better able to assure that ALL consumers are free from harm and injury, while at the same time providing oversight & operating direction in implementing our A/N policy. A) Corrective Action and follow-up specific to Client A (CA): As noted in the W000 Initial Comments portion of this Plan of Correction (POC), several safeguards have been put into place for CA as they relate to oversight & operating direction in implementing the BCS A/N policy, especially related to neglect & assuring freedom from harm/injury, as well as development & implementation of an effective poa for prevention of additional falls/injuries. 1. Interim Safety Guidelines developed and staff training provided 3/25/13. The guidelines have been revised following input from CA’s physician’s/specialists, agency RN’s, his HCR, staff working with CA and CA’s needs identified through assessment & observation on April 2 nd 2013. These Guidelines are in place to assure his safety while professional assessments and recommendations are being completed so as to have effective Risk Plans developed and implemented that are in CA’s best interests. 2. Tracking sheets developed and implemented to</p>		

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			document monitoring CA for unsteadiness & intervention as needed for his safety; sleep apnea & use of CPAP machine use; safety assistance refusals and specific Behavior Support Plan identified targeted behaviors of refusals to make wise health care decisions, refusals to comply with reasonable requests and Self injurious behavior (SIB). These will be used until such time as the Behavior Consultant and other health care professionals provide us with guidance and new & better ways of doing things to assure prevention and best meet CA's needs. 3. Gait belt and wheelchair use when unsteady have been in place since 3/27/13 and 3/28/13 respectively. In addition, a wheelchair seat belt has been used due to CA's risk for falls when leaning forward or sideways in the wheelchair. 4. Professional assessment by Occupational Therapist and Physical Therapist completed with recommendations by both for Home Exercise Plans (HEP), as well as interventions to be used in CA's revised Risk Plans (RP) and Consumer Specific Training (CST). 5. CPAP machine, CA's use of the machine and masks that CA is willing to try were assessed on 4/11/13. CA selected a mask that he feels comfortable wearing and it was ordered date of the assessment. 6. Multiple appointments with CA's team of specialists		

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			including, but not limited to neurologist, endocrinologist, nephrologist and psychiatrist have occurred since 3/22/13 (some of which were previously scheduled). Some medication adjustments have been made. 7. Dr. Brame, nephrologist, oversees CA's diabetes plan and makes adjustments regularly to best meet his needs. Blood sugar information is provided to her weekly and adjustments may be made for number of times daily that blood sugars are taken, changes on med regimen related to Humalog, in particular, and/or changes in sliding scales for breakfast, lunch, dinner & snacks. There are guidelines for hypoglycemic episodes occurring while in the community. 8. Dr. Khan, neurologist, is actively involved in CA's seizure medication monitoring. There has been concern by CA's mother/HCR in regards to his use of ONFI which she feels contributes to his unsteadiness. Adjustments (decreases) have been made due to the expressed concerns, however, the neurologist, psychiatrist and CA's PCP have all expressed to her that this is not causal of the unsteadiness. CA is currently undergoing a weaning of Depakote over a 17 week period beginning 3/19/13 with complete discontinuation effective 6/10/13. The reduction and discontinuation of the medication is due to long		

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			<p>term use of the medication. The agency's medical department is in regular contact with the neurologist. 9. Dr. Iqbal, psychiatrist, lowered CA's Zoloft on 4/2/13 and during the psychotropic medication review he discussed with CA the importance of using the CPAP machine for optimal health and well-being. He discussed how CA's sleep apnea effects how he thinks and feels. CA stated to Dr. Iqbal that he "refuses to use the CPAP", but later agreed to have the assessment noted in item #5 above. 10. CA will continue counseling approximately every two weeks. His mother has attended a counseling session by request of the counselor; however, CA chose not to attend that session. 11. CA is agreeable to meeting with and working with a Behavior Specialist and initial consult will occur on 4/16/13. Professional behavioral services have been sought to develop, reassess & ensure implementation of his Behavior Support Plan (BSP) to address CA's long term behavioral issues with refusals to make wise health care decisions, behaviors resembling movement disorder and attention seeking behaviors that can harmful to his health, safety & well-being. 12. Second opinion with Dr. Lemmen, neurologist & palliative care specialist occurred on 4/12/13 with the addition of NMDA</p>		

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			blocking medications (block nerve sensitivity). He suspects that CA has disinhibition and that many of CA's current issues tie in with encephalitis in childhood, brain trauma during an accident in 1999 as well as the combination of medications he takes. He will follow-up (F/U) with CA, agency RN & HCR in one month. 13. Registered Dietician provides quarterly nutritional reviews for CA due to history of noncompliance with his 1500 kcal current diet order. 14. In addition to the assessments & input from health care professionals, the following assessments will be completed to assure development of functional/effective plans for CA. Agency assessments to be completed include, but are not limited to Functional Assessment (FA), General Risk Factors, Sensory, Physical & Environmental Needs (SPEN) and Informed Consent. 15. CA's RP's, CST and any Guidelines/Protocols will be developed, reviewed and trained on to assure his health/safety and well-being by 4/26/13. 16. CA will have a goal developed to teach/train on keeping his bedroom area safe through picking up clutter, putting items away where they belong and identifying situations that can be hazardous to him. It is important that he "buy in" to his goal. Staff will be responsible for assuring that his room is safe should he be	

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			<p>uncooperative with this important safety related chore/ADL. 17. Administrative Team is working with the QMRP to better understand CA's wants and needs and develop programming that is effective and in his best interest. 18. There has been a staffing change at CA's Day Services (DS) location which the IST feels is in his best interest due to their reaction rather than action when interacting with CA. 19. Staff working with CA is being trained on MANDT system. Five staff working with him currently has been trained/certified and others will be scheduled into classes as they come up. (Reference item B-6 below for agency wide practices). 20. All staff working with CA will be trained on any new &/or revised plans prior to implementation. 21. All staff working with CA will be re-trained on the agency A/N policy by 4/26/13. Person's Responsible: Program Director (PD); RN's & Medical Caseworker; Residential Management Team (RMT) and Administrative Team. Target Completion Date: 4/26/13 B)</p> <p>Corrective Action Plan as it relates to BCS practices agency wide: In order for BCS to be in compliance with the Governing Body and management condition of participation the following steps are being taken to assure that action is taken on identified</p>		

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			<p>systemic problem(s) of serious and recurrent nature and that the problem is resolved. 1. The administrative team has met and determined that our identified systemic problem is a result of lacking organization in how we do quality assurance routinely. Currently the administrative team reviews Injury/Illness Reports (I/I), Incident Reports (IR) and Behavior Tally Sheets as they are routed. This does not allow us to focus on prevention and advocacy for consumer needs. The administrative program team, which is made up of the PD, Residential Administrator (RA) and Administrative Assistant for Quality Assurance (AAQA), systemically ends up "putting out fires" rather than being proactive in reviewing priority plans prior to implementation to meet consumers' needs and assure health, safety and well-being. We will organize ourselves in such a manner that each administrative team member will be responsible for reviewing ISP's, RP's, CST's and any procedures and protocols to assure quality of care for all consumers. Each administrative team member will be responsible for group home residents from designated locations, for example the PD will be responsible for reviewing Berne group home residents; the RA for Decatur residents and AAQA for OAK & Supported Living consumers. Effective the</p>		

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			<p>week of April 22 nd 2013, all RMT members will be directed and trained on the new procedure of submitting pertinent plans identified above to the designated administrative team member in a timely manner. These plans will be reviewed, monitored and revisions made prn prior to implementation. Any referrals to outside professionals will also be addressed (reference item #2 below). 2. While reviewing plans for Quality Assurance (QA) the administrative team will assess with the help of the medical department any needs for further referral and input for sensorimotor needs, behavioral supports from consultants, medical status changes, etc. to health care professionals/specialists so as to prevent new &/or recurrent problems. In this way we will ensure assessment, development and implementation of effective plans of action with guidance/direction from professional service providers outside our area of expertise 3. The Administrative Team will meet with the President to discuss options related to adequately directing staff activities, primarily the AAQA position, & assigned duties of data entry/record keeping which prevents them from delivering needed services for consumers especially associated with QA. 4. The administrative team will</p>		

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			<p>continue to do Home Observations (HO) monthly with a focus on auditing implementation of plans as written and review of data to correct any problems &/or intervene & train as needed. Consumer rights, advocacy and active treatment can be assessed at that time. This allows the administrative team to monitor and provide oversight & operating direction for Direct Care Staff (DCS), as well as management team members, and communicate and encourage input, answer questions and address things as they arise allowing for prevention through revision, referral &/or correction of plans. This is also a way for us to review and assure that the agency A/N policy is being implemented across all settings. 5. The agency A/N policy was reviewed on March 27 th by the administrative team and other governing body members to assess whether revisions were needed to meet regulatory intent. It is the opinion of that team that the policy as written is pertinent and thorough. It is the responsibility of the governing body to assure that it is implemented so as to provide protection of rights for all consumers. We feel that items 1 & 2 listed above will assist in assurance of policy implementation. 6. In the past BCS has offered Positive Intervention Training (PIT) as our</p>		

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			behavior support training for all staff working with consumers, Direct Care Staff (DCS) and management in particular. The Governing Body has felt that although PIT offered adequate supports & direction for staff when interacting with consumers and dealing with targeted behaviors that the training was not comprehensive enough and was somewhat dated. We were searching for something that supported our agency mission & vision and offered a more comprehensive approach. In the past we had identified the MANDT System as a professional training approach that was desirable on many levels, but was cost prohibitive for our small non-profit agency. In January 2013 a grant allowed for us to pursue sending two staff members with skills in teaching/training who demonstrate positive approaches to relationships, communication and conflict resolution in their day to day interactions with consumers & co-workers to be certified by MANDT as Trainers for our agency. In March of 2013 MANDT training was started with the first training groups representing our management teams and RN's/Medical Department staff so they could begin to role model and demonstrate the philosophy with DCS. Our approach is to include all new employees hired in the		

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			<p>training along with the inclusion of DCS who have participated in PIT in the past, but need to be trained and brought on board with the new philosophy and approach. We feel that this decision to provide MANDT System training and supports is of great importance in the overall delivery of quality of care for all consumers and providing our staff with the perspective of "people being entitled to dignity and respect because of who they are, not because of what they do or don't do". Throughout the year all DCS will be provided with MANDT training as classes occur. 7. All staff working with consumers will be re-trained on the agency A/N policy with special attention paid to the neglect component (providing necessary supports needed to avoid physical harm &/or mental suffering), prevention and protection of rights by 4/26/13. 8. Advocacy of consumer's rights has been a priority for BCS, but the need to organize ourselves in such a manner as to be proactive with quality assurance of pertinent individual program plans prior to implementation will be a plus for all consumers' health, safety and well-being. Person's responsible: PD, RA, AAQA (administrative team) in conjunction with medical department and RMT's. Target Completion Date: 4/26/13</p>		

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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 upon record review, observation and interview, the governing body failed to provide oversight and operating direction over the facility to ensure implementation of their policies and procedures to protect 1 of 4 sampled clients (client A) from injury (fractures, cuts, abrasions) resulting from falls and failed to assess, develop and implement an effective plan of action to prevent future falls. The governing body failed to ensure client's sensorimotor needs were assessed/reassessed in terms of a medical status change and the facility failed to ensure professional behavioral services addressed the client's behavioral issues.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Please see W149. The governing body failed to exercise general policy and operating direction over the facility to ensure implementation of policy and procedures prohibiting neglect of clients by failing to protect 1 of 4 sampled clients (client A), from falls with injury (fractures, cuts, and abrasions). Please see W157. The governing body failed to exercise general policy and 	W000104	<p>W104-Governing Body BCS understands that the governing body is responsible for providing, monitoring and revising as necessary policies and operating directions which ensure the necessary staffing, training resources, equipment and environment to provide consumers' with active treatment and to provide for their health, safety and well-being. As addressed in W102, our POC focus is on resolving the identified systemic problem of not providing sufficient proactive quality assurance in our overall operating direction. In addition to the systemic changes in our QA approach identified in the W102 tag, we will also focus attention on assuring that we assess, develop and implement effective plans of action (poa) to meet consumers needs; intervene with poa's for prevention as indicated that include referral to professionals/specialists for assessment & input when developing poa's; assure that staff is trained on all plans and re-train if plans are not being implemented as written; and to take a serious look at whether some identified staff positions, the AAQA position in particular, have assigned duties (for</p>	04/26/2013	

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	<p>operating direction over the facility by failing to ensure (assessment, development and implementation) of effective plans of action to prevent falls with injury (fractures, cuts and abrasions) for 1 of 4 sampled clients (client A) who had a history of falls.</p> <p>3. Please see W164. The governing body failed to exercise general policy and operating direction over the facility by failing to ensure professional program services (behavioral consultant/clinician) were available in the facility to develop, reassess, and ensure implementation of client A's behavioral plan to address his refusals of medical treatment and training; and behaviors resembling movement disorder/attention seeking behaviors for 1 of 4 sampled clients (clients A).</p> <p>4. Please see W218. The governing body failed to exercise general policy and operating direction over the facility to ensure assessment of 1 of 4 sampled clients (client A's) motor skills after falls with injury and changes in medical status (medication changes and medical conditions).</p> <p>This federal tag relates to complaint #IN00125863.</p> <p>9-3-1(a)</p>		<p>example data entry/record keeping) which prevents them from delivering needed services. We feel that the corrective actions listed in the W102 tag reflect our plan of action for this W104 tag as well. Reference W102 Corrective Action Plan and Target Completion Dates for response to this W104 tag.</p>		

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W000122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review, observation and interview, the facility failed to meet the Condition of Participation: Client Protections. The facility failed implement their policy/procedures which prohibited neglect of clients by failing to ensure the rights of clients to be free from harm/injury by failing to protect 1 of 4 sampled clients (client A) from injury from falls, and failed to develop and implement an effective plan of action to prevent additional falls.</p> <p>Findings include:</p> <p>1. Please see W149. The facility neglected to implement policy and procedures to protect 1 of 4 sampled clients (client A), from injury from falls with injury (fractures, cuts, and abrasions).</p> <p>2. Please see W157. The facility failed to assess, develop and implement effective plans of action to prevent falls with injury (fractures, cuts and abrasions) for 1 of 4 sampled clients (client A) who had a history of falls.</p> <p>This federal tag relates to complaint #IN00125863.</p>	W000122	<p>W122-Client Protections</p> <p>In the interest of clarifying our intent as it relates to the Condition of Participation for Client Protections, there is specific information provided for each of the two standards cited (W149 and W157) that are referenced throughout the Plan of Correction (POC) identified in W102 Governing Body related to Client A (CA) as well as agency wide practices. We are committed to addressing these deficiencies of 1) failure to implement agency A/N policy by neglecting to ensure the rights of CA to be free from harm/injury from falls and 2) failure to develop & implement an effective plan of action to prevent additional falls.</p> <p>It is the intent of BCS that the rights of all consumers are protected. This will be demonstrated through a commitment by the agency to take steps to protect individuals from abuse and neglect and prevent reoccurrence. And that individual freedoms are promoted</p>	04/26/2013	

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	9-3-1(a)		<p>through active engagement in activities that result in proactive assertion of each individuals rights (training programs, goals/objectives, Risk Plans, Behavior Support Plans, etc) allowing for increased independence while at the same time being safe. We feel that the corrective actions identified within the W102 Governing Body portion of this POC address as well the Client Protections Condition of Participation.</p> <p>Please reference W102 Corrective Action Plan and Target Completion Dates for response to the W122 Condition of Participation related to Client Protections.</p>		

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based upon record review, observation and interview, the facility failed to implement policy and procedures prohibiting client neglect by failing to protect 1 of 4 sampled clients (client A), from injuries (fractures/cuts/abrasions) resulting from falls.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 3/21/13 at 4:10 PM. The following reports involved client A:</p> <p>-a BDDS report dated 12/26/12 indicated client A had been diagnosed with Bell's Palsy and had a watery left eye with involuntary shutting.</p> <p>-a BDDS report dated 12/27/12 indicated client A had been taken to the ER (emergency room) for "uncontrollable muscle weakness and shaking occurring at day services." Client A was diagnosed with Dystonia (movement disorder with uncontrollable muscle movements) and given Benadryl every 4 hours. The report indicated client A had an appointment on</p>	W000149	<p>W 149-Staff Treatment of Clients The standard for Staff Treatment of Clients relates totally with the Conditions of Participation related to Governing Body and Client Protections. We feel that we have addressed in the Governing Body portion of this POC corrective actions related to this standard for both Client A (CA), as well as practices agency wide to implement our A/N policy in such a manner as to prohibit mistreatment, neglect and abuse of the consumers in our care. We have tried to be inclusive of all tags cited in this survey process as everything is interrelated. For this W149 tag there are a few items which we would like to note and/or clarify. 1) BCS has a Health Care Monitoring System (HCMS) that focuses on receiving preventive services and prompt treatment for acute & chronic health conditions, of which CA has many. Our RN's and Medical Caseworker provide excellent health care monitoring and are in frequent contact with CA's physician's & specialists, including, but not limited to his neurologist, nephrologist, endocrinologist, psychiatrist and personal care physician. An RN attends almost all of CA's appointments with specialists,</p>	04/26/2013			

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	<p>3/4/13 to evaluate the Dystonia, his seizures, the therapeutic efficacy of Benadryl, and any new therapies or medication changes. A follow up description in the report indicated client A was taken to a mental health facility, evaluated by medical personnel and it was determined "that the symptoms he exhibited and his history did not indicate a need for admission." The physicians there did determine that client A should receive counseling "which has begun...."</p> <p>-an injury/illness report dated 3/8/13 indicated client A fell on a patch of snow while walking to a restaurant sustaining a 1/2 inch scratch and a 1/2 abrasion on his R shin.</p> <p>-a BDDS report dated 3/12/13 indicated client A had tripped and fallen while walking down the steps (specific location not indicated) at the group home on the way to the van. Client A was taken to the ER (emergency room) and diagnosed with a fractured right wrist. Client A also had cuts and abrasions to his left knee, top of left hand, index and middle finger and deeper cuts to his nose and cut to his left temple (from his glasses) which were treated. The report indicated client A had a follow up visit on 3/13/13 to assess his injuries. A follow up report generated 3/18/13 indicated client A was diagnosed</p>		<p>excepting the psychiatrist and we wish to note that their care has not been part of the negligence noted in the survey process. They have monitored the Bell's palsy and Dystonia noted in the Incident Reports addressed by the surveyor in the summary statement of deficiencies portion of the survey. And we would like to note the quality of care that they provide. 2) Some of the dates noted for IR's are confused with actual dates of the incidents which look as if response was not always taken in a timely manner. This does not mean that we are trying to slough off responsibility for neglect in failure to protect CA and write pertinent plans for prevention, but rather just to note the confusion related to medical F/U regarding Bell's Palsy & Dystonia. We feel that the corrective actions listed in the W102 tag reflect our plan of action for this W149 tag as well.</p> <p>Please reference W102 Corrective Action Plan for CA, as well as Practices Agency Wide and Target Completion Dates for response to this W149 tag.</p>				

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	<p>with a fractured middle finger as a result of the fall on 3/12/13 after additional x-rays. The report indicated staff were not near client A when he fell as they were assisting other clients and client A "is routinely showing greater signs of unsteadiness." The report indicated client A did not have a plan to address falling prior to the fall on 3/12/13. The report indicated a plan to address client A's falling risk plan had been developed (3/19/13) to ensure client A "should have at least one hand free when walking, should walk with staff and loose items should be carried by another person." The report indicated the plan should be followed "in all locations," and indicated "the fall plan was in place at all locations especially addressing walking on uneven surfaces and always traveling with staff."</p> <p>Client A's records were reviewed on 3/21/13 at 5:46 PM. A fall risk plan dated 3/19/13 indicated client A was at risk for falling because "he is unstable due to his seizure disorder, Bell's Palsy (affecting lateral face muscle control and partially vision, poor physical fitness, diabetes, lower leg edema, sleep apnea...[client A] carries many things with him. [Client A] will continue to be offered assistance with walking especially on steps and uneven surfaces...." Client A's previous risk plan dated 7/19/11 indicated a fall risk from</p>			

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	<p>seizures, but did not address falls due to unsteadiness or other conditions, and did not include instructions to staff as to how to assist client A to prevent falls.</p> <p>Observations were completed at the group home on 3/22/13 from 6:55 AM until 8:00 AM. The house was a two story with client A's bedroom upstairs. Client A came down 7 steps from the upper story without staff assistance at 7:00 AM before asking staff to assist him. Client A was then assisted by the house manager to walk down the remaining 5 steps. The house manager assisted client A to adjust the sling he wore to support his right wrist. Client A also wore a splint on his right middle finger. Client A's bedroom had more than 4 piles of laundry on the floor, a pile of coins in excess of 6 inches in diameter next to the bed, a cup, and a compact disc lying on the floor next to his bed. Client A stumbled backwards three times in the kitchen before leaving for day services at 8:00 AM and was assisted by and the house manager. The house manager indicated to client A he didn't take his seizure medication and was OK to walk. Client A then walked steadily through the kitchen with staff #3 and the house manager at his side. Client A stopped at the top of the stairs exiting the back of the house and was encouraged to walk down them with staff #3 and the</p>						

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	<p>house manager's assistance.</p> <p>The house manager was interviewed on 3/22/13 at 7:10 AM. When asked if the items on the floor of client A's room were a trip hazard, she stated, "Yes, big time." She indicated client A liked to carry items in his arms and stated, "It was how he fell-he carries stuff in his arms." She indicated staff had attempted to encourage client A to clear the items from the floor in his room and had offered to assist him, but client A refused. She indicated there had been interdisciplinary meetings regarding the items in his room, and stated, "This is how he wants it. We have tried to help to assist in cleaning-he refuses." She indicated client A had been taken to a mental health facility to address client A's muscle movements, slapping of the table behavior and were advised client A would benefit from counseling.</p> <p>Client A was interviewed on 3/22/13 at 7:50 AM. Client A indicated the items on his floor were a trip hazard and the clothing needed to be washed.</p> <p>Staff #3 was interviewed on 3/22/13 at 7:55 AM and indicated client A refused to take his ONFI (seizure medication) this morning because it made him dizzy.</p> <p>The Program Director was interviewed on</p>						

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	<p>3/22/13 at 11:25 AM. When asked if the facility had been able to prevent client A from falls, she stated, "We can't always prevent them", and indicated staff tried to keep client A within line of sight, but staff are not always with client A. When asked how staff would know client A wanted to walk down the stairs from his room, she stated, "Good question."</p> <p>The facility's Abuse and Neglect/Injury and Illness revised 1/2001 was reviewed on 3/21/13 at 4:30 PM and indicated "Employees of Bi-County Services have the responsibility to ensure the protection of all consumers. This means that our consumers are free of mistreatment from abuse, neglect, exploitation or a violation of individual rights...NEGLECT is a failure to provide necessary supports needed to avoid physical harm and/or mental suffering."</p> <p>This federal tag relates to complaint #IN00125863.</p> <p>9-3-2(a)</p>				

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W000157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based upon record review, observation and interview, the facility to assess, develop and implement effective plans of action to prevent falls with injury (fractures, cuts and abrasions) for 1 of 4 sampled clients (client A) who had a history of falls.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 3/21/13 at 4:10 PM. The following reports involved client A:</p> <p>-a BDDS report dated 12/26/12 indicated client A had been diagnosed with Bell's Palsy and had a watery left eye with involuntary shutting. The report indicated client A see his physician on 1/3/13 and staff "will contact Agency RN (registered nurse) if any problems." Client A was given a patch to wear over his right eye. There report contained no information in regards to how staff/facility would ensure client A's safety while his vision was impaired (eye patch use).</p> <p>-a BDDS report dated 12/27/12 indicated client A had been taken to the ER</p>	W000157	<p>W 157-Staff Treatment of Clients</p> <p>As it relates to this W157 tag and the Condition of Participation for Client Protections, we duly note that inaction of assessing & developing an effective plan for prevention in a timely manner resulted in neglect for Client A (CA) that was a threat to his health and safety. We feel that our POC for Conditions of Participation relating to Governing Body and Client Protections will reasonably demonstrate correction of the situations addressed by the surveyor noted in the summary of statement of deficiencies, especially related to prevention of neglect and recurrence of injury. It is also noted that we will monitor and assure that controllable environmental factors, such as keeping bedroom picked up to assure safety from falling, are part of regular day to day staff and CA routines. Also, arm flapping "behaviors" noted in the surveyors summary statement of deficiencies lasted approximately one week and have not been an issue since that time. Unsteadiness, leading to potential</p>	04/26/2013	

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	<p>(emergency room) for "uncontrollable muscle weakness and shaking occurring at day services." Client A was diagnosed with Dystonia (movement disorder with uncontrollable muscle movements) and given Benadryl every 4 hours. The report indicated client A was taken to a mental health facility and evaluated by medical personnel and it was determined the symptoms he exhibited and his history did not indicate a need for admission. The physicians there "did determine that [client A] should receive counseling which has begun." The report indicated client A's specific behavior of stomping and arm flapping was being monitored and a protocol developed to address the behavior. "It has been determined through experience that [client A] has been disrupted by asking him questions unrelated to his current exhibited behaviors." A protocol developed by the PD in response to the 12/27/12 ER visit directed staff to engage client A in conversation unrelated to the behaviors. His unsteady gait associated with the Dystonia/movement disorder not addressed in the protocol.</p> <p>-an injury/illness report dated 3/8/13 indicated client A fell on a patch of snow while walking to a restaurant sustaining a 1/2 inch scratch and a 1/2 abrasion on his R shin. The report indicated actions taken</p>		<p>risks for falls, continues to be monitored, assessed by professionals and will be incorporated into effective & appropriate plans for CA.</p> <p>We feel that the corrective actions listed in the W102 tag reflect our plan of action for this W157 tag related to client protections for CA, as well as agency wide practices.</p> <p>Please reference W102 Corrective Action Plan and Target Completion Dates for response to this W157 tag.</p>				

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	<p>to prevent this type of fall included "Greater attention to the lay of terrain could be emphasized."</p> <p>-a BDDS report dated 3/12/13 indicated client A had tripped and fallen while walking down the steps at the group home. Client A was taken to the ER (emergency room) and diagnosed with a fractured right wrist. Client A also had cuts and abrasions to his left knee, top of left hand, index and middle finger and deeper cuts to his nose and cut to his left temple (from his glasses) which were treated. The report indicated client A's falling risk plan was revised to ensure client A "should have at least one hand free when walking, should walk with staff and loose items should be carried by another person. The following plan should be followed in all locations." The report indicated client A had a follow up visit on 3/13/13 to assess his injuries. A follow up report generated 3/18/13 indicated client A was diagnosed with a fractured middle finger as a result of the fall on 3/12/13 after additional x-rays, and indicated "the fall plan was in place at all locations especially addressing walking on uneven surfaces and always traveling with staff." The report indicated there had not been a fall risk plan in the past, and that client A "is routinely showing greater signs of unsteadiness." Client A "would</p>						

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	<p>refuse a roommate, so he continues to have a solo room upstairs." The report indicated the facility would review any further environmental changes that need to be made. "All facility staff will continue to monitor [client A] for any signs of unsteadiness, and will ensure he is offered assistance, walks with at least one free hand, and doesn't carry loose items with him."</p> <p>Client A's records were reviewed on 3/21/13 at 5:46 PM. A fall risk plan dated 3/19/13 indicated client A was at risk for falling because "he is unstable due to his seizure disorder, Bell's Palsy (affecting lateral face muscle control and partially vision, poor physical fitness, diabetes, lower leg edema, sleep apnea...[client A] carries many things with him. [Client A] will continue to be offered assistance with walking especially on steps and uneven surfaces...." There was no additional information provided in the plan to instruct staff as to client A's needs for assistance to address client A's risk of falling.</p> <p>Observations were completed at the group home on 3/22/13 from 6:55 AM until 8:00 AM. Client A came down 7 steps without staff assistance at 7:00 AM before asking staff to assist him. The house manager assisted client A by</p>						

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	<p>guiding him to walk down the remaining 5 steps and assisted client A to adjust the sling he wore to support his right wrist. Client A also wore a splint on his right middle finger. The steps were steep and had a landing. Client A's bedroom had more than 4 piles of laundry on the floor, a pile of coins in excess of 6 inches in diameter next to the bed, a cup, and a compact disc lying on the floor next to his bed. Client A stumbled backwards three times in the kitchen before leaving for day services at 8:00 AM and was assisted by and the house manager. The house manager indicated to client A he didn't take his seizure medication and was OK to walk. Client A then walked steadily through the kitchen with staff #3 and the house manager at his side. Client A stopped at the stop of the stairs exiting the back of the house and was encouraged to walk down them with staff #3 and the house manager's assistance.</p> <p>The house manager was interviewed on 3/22/13 at 7:10 AM. When asked if the items on the floor of client A's room were a trip hazard, she stated, "Yes, big time." She indicated client A liked to carry items in his arms and stated, "It was how he fell-he carries stuff in his arms." She indicated staff had attempted to encourage client A to clear the items from the floor in his room and had offered to assist him,</p>						

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	<p>but client A refused. She indicated there had been interdisciplinary meetings regarding the items in his room, and stated, "This is how he wants it. We have tried to help to assist in cleaning-he refuses." She indicated client A had not fallen in his bedroom or on the stairs inside the home and that client A required assistance on the stairs located on the outside of the home, but not the interior of the home.</p> <p>Client A was interviewed on 3/22/13 at 7:50 AM. Client A indicated the items on his floor were a trip hazard.</p> <p>Staff #3 was interviewed on 3/22/13 at 7:55 AM and indicated client A refused to take his ONFI (seizure medication) this morning because it made him dizzy.</p> <p>The Program Director was interviewed on 3/22/13 at 11:25 AM. When asked if the facility had been able to prevent client A from falls, she stated, "We can't always prevent them", and indicated staff tried to keep client A within line of sight, but staff are not always with client A. When asked how staff would know client A wanted to walk down the stairs from his room, she stated, "Good question."</p> <p>Client A's records were reviewed again on 3/22/13 at 11:20 AM. There was no</p>						

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	<p>evidence of a plan prior to 3/19/13 to address client A's risk for falls due to unsteadiness and changing medical status. Client A's previous risk plan dated 7/19/11 indicated a fall risk from seizures and did not include instructions to staff as to how to prevent falls for client A.</p> <p>An injury/illness report dated 3/21/13 at 2:30 PM was reviewed on 3/22/13 at 12:30 PM. The report indicated client A "was unsteady and was falling toward the van. [Client D] put out his hand on the door threshold, [client A] hit [client D's] hand instead of the van." The report indicated clients A and D did not sustain injury. "Staff was too busy during time of incident. [Client D] told [Program Manager]."</p> <p>The PD was interviewed on 3/25/13 at 1:25 PM. She indicated the fall risk plan dated 3/19/13 was intended to have staff assist client A on all steps including those inside the house.</p> <p>This federal tag relates to complaint #IN00125863.</p> <p>9-3-2(a)</p>				

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W000164	<p>483.430(b)(1) PROFESSIONAL PROGRAM SERVICES Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual program plan. Based on observation, record review and interview for 1 of 4 sampled clients (client A), the facility failed to assure the professional program services clinician (behavioral consultant) was available in the group home to develop and ensure implementation of his plan to address refusals of medical treatment, training refusals and behaviors resembling movement disorder/attention seeking behaviors.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 3/21/13 at 4:10 PM. The following reports involved client A:</p> <p>-a BDDS report dated 12/27/12 indicated client A had been taken to the ER (emergency room) for "uncontrollable muscle weakness and shaking occurring at day services." Client A was diagnosed with Dystonia (movement disorder with uncontrollable muscle movements) and given Benadryl every 4 hours. A follow up description (undated) indicated client</p>	W000164	<p>W164-Professional Program Services</p> <p>BCS was negligent in seeking outside professional program services needed to develop and ensure implementation of Client A's plan to address behavioral needs of refusals of medical treatment, training refusals and behaviors resembling movement disorder &/or attention seeking behaviors. A Behavior Specialist has been found to consult on CA's concerns. In our defense and again not trying to slough off our responsibilities, contacting outside behavioral consultants hadn't been something that crossed our minds, as our experience with Behavior Management (BMAN) service providers for many of our Medicaid Waiver consumers has historically been inadequate in developing and monitoring individualized plans for several of our consumers. We have sought out a Behavior Specialist that we feel comfortable with providing quality care and service provision and the initial consultation will occur on April 16th 2013. We do concur that there is a need for response and input for CA's</p>	04/26/2013	

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	A was taken to a mental health facility, evaluated and did not require admission. The physician's recommended counseling which had begun for client A. Client A's "specific behavior of stomping and arm-flapping is being monitored. It has been determined through experience that [client A] has been disrupted by asking him questions unrelated to his current exhibited behaviors. A new protocol was completed for all staff to follow. The protocol directs staff to engage [client A] in a conversation unrelated to his behavior, such as asking about an upcoming outing. The protocol also directs staff to dissuade others from circling around him, which would otherwise give him reinforcing attention." The follow up report indicated while at day services client A had exhibited unsteadiness and required the assistance of staff, but then walked without unsteadiness. On 3/13/13, client A "swore that he wasn't doing it on purpose or to get attention. He said as a matter of fact he had fallen twice in his room this evening, but wasn't going to say anything. [Client A] got very emotional and started crying. He said he didn't know what was wrong with him, but would sure like to get it fixed." All [facility] staff will continue to encourage [client A's] to follow all health protocols including the use of his CPAP (machine to aid sleep		unique needs and feel that the selected consultant will provide a foundation of competent professional knowledge that can assist & benefit CA and QMRP, management team and administrative team in better meeting his behavioral needs. The Professional Program Services corrective action is addressed in POC portion of the W102 (Governing Body) tag. Please reference W102 Corrective Action Plan and Target Completion Dates for response to this W164 tag.				

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	<p>apnea), which should allow [client A] quality rest and sleep, following dietary restrictions for his diabetes, take all prescribed medications. [Client A's] stated unsteadiness will be continually monitored by Medical, [facility staff], and by [client A's] physicians."</p> <p>Observations were completed at the group home on 3/22/13 from 6:55 AM until 8:00 AM. Client A came down 7 steps without staff assistance at 7:00 AM before asking staff to assist him. Client A was then assisted by the house manager to walk down the remaining 5 steps. The house manager assisted client A to adjust the sling he wore to support his right wrist. Client A also wore a splint on his right middle finger. Client A's bedroom had more than 4 piles of laundry on the floor, a pile of coins in excess of 6 inches in diameter next to the bed, a cup, and a compact disc lying on the floor next to his bed. Client A stumbled backwards three times in the kitchen before leaving for day services at 8:00 AM and was assisted by the house manager. Client A then walked steadily through the kitchen with staff #3 and the house manager at his side. Client A stopped at the stop of the stairs exiting the back of the house and was encouraged to walk down them with staff #3 and the house manager's assistance.</p>			

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	<p>The house manager was interviewed on 3/22/13 at 7:00 and 7:10 AM. When asked if the items on the floor of client A's room were a trip hazard, she stated, "Yes, big time." She indicated client A liked to carry items in his arms and stated, "It was how he fell-he carries stuff in his arms." She indicated staff had attempted to encourage client A to clear the items from the floor in his room even with assistance, but client A refused. "This is how he wants it. We have tried to help to assist in cleaning-he refuses." She indicated client A had been taken to a mental health facility to determine if client A's muscle movements (Dystonia), slapping of the table were due to behavior or some other cause. The facility was advised client A would benefit from counseling. She indicated client A tells staff he falls, but no one has witnessed these reported falls. The house manager indicated client A didn't take his seizure medication (morning of 3/22/13) so his gait should not have been affected.</p> <p>Client A was interviewed on 3/22/13 at 7:50 AM. Client A indicated the items on his floor were a trip hazard and the clothing needed to be washed.</p> <p>Staff #3 was interviewed on 3/22/13 at 7:55 AM and indicated client A refused to take his Onfi (seizure medication) this</p>						

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	<p>morning because it made him dizzy.</p> <p>The house manager and Program Director were interviewed on 3/22/13 at 8:22 AM. The house manager indicated client A improved his behavior of slapping tables, and stated, "But now it's his gait." She indicated client A refused to use his CPAP (sleep apnea machine), refuses to follow his diabetic diet, or clean his room. The Program Director indicated client A's behavior plan was written by another Program Director but there was no involvement by a behavioral specialist in program development/addressing client A's behaviors.</p> <p>Client A's records were reviewed again on 3/22/13 at 11:20 AM. Client A's Behavior Support Plan (BSP) dated 5/2/12 indicated client A was evaluated in July, 2009 by a clinical nurse specialist and worked in conjunction with a psychiatrist with behavior diagnoses of Generalized Anxiety Disorder and Depressive Disorder. Client A's BSP had been revised to include concerns of his appropriateness of placement in a group home related to his refusals to cooperate with rules, his health care plan, safety issues, aggression and intimidation. "His health care refusals to follow his diet affected his blood sugars, which in turn increased his seizure activity." In 2012 the</p>				

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	<p>plan indicated "although [client A] continues to be oppositional with health care recommendations and comply with reasonable requests, he has made significant improvements in the past year." Current target behaviors included SIB (self injurious behavior), inappropriate comments, provoking peers, refusals to make wise healthcare decisions, refusals to comply with reasonable requests. A protocol dated 3/9/13 and written by the PD indicated client A "has been exhibiting non-seizures (seizure-appearing) behaviors in what appears to be intent to getting attention. These episodes started around late February, 2012. [Client A's] neurologist has determined that these demonstrated episodes are not seizures.... [Client A] does have a history of using attention-getting behaviors."</p> <p>The Program Director (PD) was interviewed on 3/22/13 at 12:50 PM and indicated there had been no involvement of a behavioral specialist to address client A's behaviors.</p> <p>This federal tag relates to complaint #IN00125863.</p> <p>9-3-3(a)</p>						

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W000218	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based upon record review, observation and interview, the facility failed to assess 1 of 4 sampled clients (client A's) motor skills after falls with injury and changes in medical status (medications, medical conditions).</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 3/21/13 at 4:10 PM. The following reports involved client A:</p> <p>-a BDDS report dated 12/26/12 indicated client A had been diagnosed with Bell's Palsy and had a watery left eye with involuntary shutting.</p> <p>-a BDDS report dated 12/27/12 indicated client A had been taken to the ER (emergency room) for "uncontrollable muscle weakness and shaking occurring at day services." Client A was diagnosed with Dystonia (movement disorder with uncontrollable muscle movements) and given Benadryl every 4 hours.</p> <p>-an injury/illness report dated 3/8/13 indicated client A fell on a patch of snow</p>	W000218	<p>W218-Individual Program Plan BCS failed to assess motor skills after falls with injury and changes in medical status, including medication changes and additional medical conditions. Occupational Therapy and Physical Therapy assessments have been completed and input will provide foundations for Risk Plans, Protocols, Home Exercise Plans (HEP) and Consumer Specific Training that is effective for Client A (CA). In addition, agency assessments are being re-done/updated to assure current needs are being addressed. We feel that the corrective actions listed in W102 tag reflect our plan of action for CA, as well as practices agency wide, are pertinent to this W218 tag as well. Please reference W102 Corrective Action Plan and Target Completion Dates for response to this W218 tag.</p>	04/26/2013			

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	<p>while walking to a restaurant sustaining a 1/2 inch scratch and a 1/2 abrasion on his R shin.</p> <p>-a BDDS report dated 3/12/13 indicated client A had tripped and fallen while walking down the steps at the group home. Client A was taken to the ER (emergency room) and diagnosed with a fractured right wrist. Client A also had cuts and abrasions to his left knee, top of left hand, index and middle finger and deeper cuts to his nose and cut to his left temple (from his glasses) which were treated. The report indicated client A's falling risk plan was revised to ensure client A "should have at least one hand free when walking, should walk with staff and loose items should be carried by another person. The following plan should be followed in all locations." The report indicated client A had a follow up visit on 3/13/13 to assess his injuries. A follow up report generated 3/18/13 indicated client A was diagnosed with a fractured middle finger as a result of the fall on 3/12/13 after additional x-rays, and indicated "the fall plan was in place at all locations especially addressing walking on uneven surfaces and always traveling with staff."</p> <p>Client A's records were reviewed on 3/21/13 at 5:46 PM. A fall risk plan dated</p>			

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	<p>3/19/13 indicated client A was at risk for falling because "he is unstable due to his seizure disorder, Bell's Palsy (affecting lateral face muscle control and partially vision, poor physical fitness, diabetes, lower leg edema, sleep apnea...[client A] carries many things with him. [Client A] will continue to be offered assistance with walking especially on steps and uneven surfaces...."</p> <p>Observations were completed at the group home on 3/22/13 from 6:55 AM until 8:00 AM. Client A came down 7 steps without staff assistance at 7:00 AM before asking staff to assist him. Client A was assisted by the house manager to walk down the remaining 5 steps. The house manager assisted client A to adjust the sling he wore to support his right wrist. Client A also wore a splint on his right middle finger. Client A's bedroom had more than 4 piles of laundry on the floor, a pile of coins in excess of 6 inches in diameter next to the bed, a cup, and a compact disc lying on the floor next to his bed. Client A stumbled backwards three times in the kitchen before leaving for day services at 8:00 AM and was assisted by and the house manager. Client A then walked steadily through the kitchen with staff #3 and the house manager at his side. Client A stopped at the stop of the stairs exiting the back of the house and was</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G470		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/27/2013	
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	<p>encouraged to walk down them with staff #3 and the house manager's assistance.</p> <p>The house manager was interviewed on 3/22/13 at 7:10 AM. She indicated client A tells staff he falls, but no one has witnessed these reported falls. The house manager indicated client A didn't take his seizure medication (morning of 3/22/13) so his gait should not have been affected. She indicated client A had not fallen in his bedroom or on the stairs inside the home and client A only required assistance on the stairs located on the outside of the home.</p> <p>The Program Director was interviewed on 3/22/13 at 11:25 AM. When asked if the facility had been able to prevent client A from falls, she stated, "We can't always prevent them", and indicated staff tried to keep client A within line of sight, but staff are not always with client A. When asked how staff would know client A wanted to walk down the stairs from his room, she stated, "Good question."</p> <p>Client A's records were reviewed again on 3/22/13 at 11:20 AM. Client A's last physical therapy evaluation was dated 6/26/09 and indicated client A "demonstrates good function and movement skills. He is working on a goal of fitness by walking 30 minutes 3 times</p>						

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	<p>weekly. He had adequate balance, strength and flexibility to work on this. No further PT (physical therapy) is needed." There was no evidence of an updated assessment to determine client A's needs for assistance after client A's falls and diagnoses of Dystonia and Bell's Palsy. There was no evidence of an occupational therapy assessment for client A in the record, or of assessments of environmental hazards in the facility, or of adaptations needed to ensure client A's safety.</p> <p>The Program Director (PD) was interviewed on 3/22/13 at 12:50 PM and indicated there had been no further evaluation of client A's sensorimotor status since 6/26/09.</p> <p>This federal tag relates to complaint #IN00125863.</p> <p>9-3-4(a)</p>				