

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G435	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/24/2012
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4155 RAY ST INDIANAPOLIS, IN 46241
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W0000	<p>This visit was for the fundamental recertification and state licensure survey.</p> <p>Survey dates: February 20, 21, 22, 23, and 24, 2012.</p> <p>Facility number: 000949 Provider number: 15G435 AIMS number: 100244680</p> <p>Surveyor: Brenda Nunan, RN, CDDN, Public Health Nurse Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/2/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview, the QDDP (Qualified Developmental Disabilities Professional) failed to monitor/revise clients' training objectives for 3 of 4 sampled clients (clients #1, #2, and #4).</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 02/21/2012 at 12:05 p.m.</p> <p>The ISP (Individual Support Plan), dated 08/23/2011, indicated training objectives included, but were not limited to, "spoon pudding with medications into her mouth with guidance as needed daily in the AM and PM...choosing and participating in a community activity of her choice at least 1 time weekly... ambulate twice daily...."</p> <p>Client #1's record included data collection sheets which indicated training programs were implemented during all months during the past year. The record did not include summarization of data to determine client #1's skills acquisition, retention, or regression from February 2011-September 2011. Client #1's record</p>	W0159	<p>Area Director will re-train the Program Director on reviewing objectives monthly in the form of a monthly review – and ensure they are updated as needed.</p> <p>PD will complete February monthlies for all consumers in home by March 10 th .</p> <p>On-going PD will submit monthlies to the AD by the 10 th of the month for the previous month; and AD will review to ensure all are completed each month.</p> <p>Area Director will complete random audits of PD's consumer files 1X per month for 3 months to ensure that objectives have been updated as needed per monthly reports.</p> <p>Responsible Party: Area Director, Program Director</p>	03/24/2012			

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	<p>indicated she met the objective criteria 100 % of the trials during October 2011, November 2011, December 2011, and January 2012 for "spoon pudding with medications into her mouth with guidance as needed daily in the AM and PM." The record indicated client #1 did not achieve the objective criteria for "choosing and participating in a community activity" during any trials during October 2011, November 2011, December 2011, and January 2012. The record indicated client #1 did not achieve the objective criteria for "ambulate twice daily" during any trials during October 2011, November 2011, December 2011, and January 2012.</p> <p>The record did not include documentation to indicate the QDDP completed quarterly review of data collected during February, March, April, May, June, July, August, and September 2011. The record did not indicate training objectives were revised when client #1 achieved the objective for self-medication during October, November, December 2011, and January 2012. The record did not indicate training objectives were revised when client #1 did not show progress toward completing the objectives for "choosing and participating in a community activity" and "ambulate twice daily" during October, November, December 2011, and January 2012.</p>		Completion Date: 03/24/12				

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	<p>2. Client #2's record was reviewed on 02/21/2012 at 12:20 p.m.</p> <p>The ISP, dated 06/19/2011, indicated training objectives included, but were not limited to, "washing her hands following the use of the toilet and before meals...home exercise program...participate in conversation with a peer...complete steps of her laundry..." The ISP did not include a signature indicating the legal guardian reviewed and approved the plan.</p> <p>Client #2's record included data collection sheets which indicated training programs were implemented during all months during the past year. The record did not include summarization of data to determine client #2's skills acquisition, retention, or regression from February 2011-September 2011. Client #2's record indicated she did not achieve the objective criteria for "washing her hands following the use of the toilet and before meals" and "home exercise program" during October, November, December 2011, and January 2012. Client #2's record indicated she met the objective criteria 100 % of the trials during October 2011, November 2011, December 2011, and January 2012 for "choosing and participating in a community activity" and</p>			

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	<p>"ambulate twice daily."</p> <p>The record did not include documentation to indicate the QDDP completed quarterly review of data collected during February, March, April, May, June, July, August, and September 2011. The record did not indicate training objectives were revised when client #2 achieved the objective for "choosing and participating in a community activity" and "ambulate twice daily" during October, November, December 2011, and January 2012. The record did not indicate training objectives were revised when client #2 did not show progress toward completing the objectives for " washing her hands following the use of the toilet and before meals" and "home exercise program" during October, November, December 2011, and January 2012.</p> <p>3. Client #4's record was reviewed on 02/21/2012 at 1:00 p.m.</p> <p>The ISP, dated 09/29/2011, indicated training objectives included, but were not limited to, "...participate in an activity with a peer...choosing and participating in an exercise...make a purchase in the community...put soap onto the sponge...put tooth paste on his toothbrush...."</p>						

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	<p>Client #4's record included data collection sheets which indicated training programs were implemented during all months during the past year. The record did not include summarization of data to determine client #4's skills acquisition, retention, or regression from February 2011-September 2011. Client #4's record indicated he did not achieve the objective criteria for "make a purchase in the community" and "put soap onto the sponge" during October, November, and December 2011. Client #4's record indicated he met the objective criteria 100 % of the trials during October 2011, November 2011, December 2011, and January 2012 for "participate in an activity with a peer, choosing and participating in an exercise, and put tooth paste on his toothbrush."</p> <p>The record did not include documentation to indicate the QDDP completed quarterly review of data collected during February, March, April, May, June, July, August, and September 2011. The record did not indicate training objectives were revised when client #4 met the objective criteria for "participate in an activity with a peer" and "choosing and participating in an exercise" during October, November, December 2011, and January 2012. The record did not indicate training objectives were revised when client #4 met the</p>			

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	<p>objective criteria for "put tooth paste on his toothbrush" during October, November, December 2011, and January 2012. The record did not indicate training objectives were revised when client #4 did not show progress toward completing the objectives for "make a purchase in the community" and "put soap onto the sponge" during October, November, and December 2011.</p> <p>During an interview on 02/22/2012 at 12:10 p.m., the QDDP indicated she had not completed quarterly reviews for clients #1, #2, and #4 since January 2011. She stated, "It has been a rough year." She indicated the ISP objectives should have been completed quarterly for the clients' progress, regression, or retention of skills.</p> <p>9-3-3(a)</p>				

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W0248	<p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to ensure the day service provider received current Individual Support Plans (ISPs)/Behavior Support Plans (BSPs) for 4 of 4 sampled clients (clients #1, #2, #3, and #4).</p> <p>Findings include:</p> <p>1. Client #1's Vocational Record was reviewed on 02/20/2012 at 2:50 p.m. The record did not include a current ISP/BSP. The ISP in the record was dated 08/23/2010. The record did not include a BSP.</p> <p>Client #1's facility record was reviewed on 02/21/2012 at 12:05 p.m. The record included an ISP (Individual Support Plan), dated 08/23/2011 and a BSP, dated 08/05/2011.</p> <p>2. Client #2's Vocational Record was reviewed on 02/20/2012 at 3:00 p.m. The record did not include a current ISP. The record included an ISP dated 06/19/2010.</p> <p>Client #2's facility record was reviewed</p>	W0248	<p>Area Director will re-train Program Director on completing ISPs annually; within 365 days, and providing copies of programming to Day Services.</p> <p>Ongoing, Program Director will submit updated ISP/BSP for all clients in the home to Day Services via email to ensure documents are received.</p> <p>All documents required to be sent to Day Services representatives will be sent electronically with the Area Director included in the e-mail.</p> <p>The Area Director will review the Annual Update report monthly and compare email notices to ensure all documents required by Day Services representatives are current.</p> <p>Responsible Party: Area Director,</p>	03/24/2012			

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	<p>on 02/21/2012 at 12:20 p.m. The record included an ISP, dated 06/19/2011.</p> <p>3. Client #3's Vocational Record was reviewed on 02/20/2012 at 3:15 p.m. The record did not include a current ISP and did not include a BSP. The record included an ISP, dated 06/23/2009.</p> <p>Client #3's facility record was reviewed on 02/21/2012 at 11:44 a.m. The record included an ISP, dated 08/13/2011 and a BSP, dated 09/12/2011.</p> <p>4. Client #4's Vocational Record was reviewed on 02/20/2012 at 2:50 p.m. The record did not include a current ISP. The record included an ISP, dated 09/29/2010.</p> <p>Client #4's facility record was reviewed on 02/21/2012 at 1:00 p.m. The record included an ISP, dated 09/29/2011.</p> <p>During an interview on 02/20/2012 at 2:50 p.m. DSS (Day Service Staff) #1 stated, "The facility usually meets with us annually," when asked when ISPs/BSPs were provided to the day service provider. The DSS was unable to indicate when she last met with the facility. DSS #1 indicated she was unaware if the facility provided a current ISP for clients #1 and #4.</p>		<p>Program Director</p> <p>Completion Date: 3/24/12</p>				

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	<p>During an interview on 02/20/2012 at 3:00 p.m., DSS #2 indicated she was unaware if the facility provided a current ISP for client #2.</p> <p>During an interview on 02/20/2012 at 3:15 p.m. DSS #3 and DSS #4 indicated client #3 did not have a BSP and each DSS was unaware if the facility had provided a current ISP.</p> <p>During an interview on 02/22/2012 at 4:45 p.m., the QDDP (Qualified Developmental Professional) stated she, "emailed copies of the ISP" to the day service provider.</p> <p>9-3-4(a)</p>			

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed to implement clients' training objectives/IPPs (Individual Program Plans) when formal and informal training opportunities existed for 2 of 4 sampled clients (clients #1 and #3).</p> <p>Findings include:</p> <p>1. During observations on 02/20/2012 at 5:40 p.m., DSP (Direct Support Professional) #7 was seated on client #1's right side. She placed her hands over client #1's divided plate after each time client #1 scooped a bite of food from the plate.</p> <p>During observations on 02/21/2102 at 7:30 a.m., DSP #1 placed her hands over client #1's bowl of cereal between each bite and stated, "slow down." She held client #1's cereal bar in her hands and broke bite sized pieces off with ungloved hands. She handed client #1 the piece that was broken off and waited to break</p>	W0249	<p>Area Director will re-train Program Director on necessity of having mealtime training goals for consumers that require assistance/reminders at mealtime.</p> <p>The Program Director will implement meal training objectives in conjunction with IDT for clients #1 and # 3.</p> <p>The Program Director will implement mealtime training methods for client #1 that identifies strategies for using least restrictive measures first with a progression to more restrictive measures.</p> <p>Home Manager will train staff on meal training objectives for client #1 and client #3.</p>	03/24/2012

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	<p>another piece away from the breakfast bar until client #1 swallowed the previous bite. The DSP only used a verbal prompt one time during the observation to encourage client #1 to slow her rate of eating.</p> <p>During observations on 02/21/2012 at 7:40 a.m., the QDDP (Qualified Developmental Professional) held client #1's cereal bar in her hands and broke bite sized pieces off with ungloved hands. She handed client #1 the piece that was broken off and waited to break another piece away from the breakfast bar until client #1 swallowed the previous bite. The QDDP did not offer verbal prompts to encourage client #1 to slow her rate of eating.</p> <p>Client #1's record was reviewed on 02/21/2012 at 12:05 p.m.</p> <p>The Dining Plan, dated, 06/08/2011, indicated, "...Client (#1) uses 1" (inch) plate guard...Staff sits by client while she eats and reminds client to eat slowly and take small bites...." The dining plan did not include strategies restricting access to bites by placing a barrier (hands) above the food items.</p> <p>2. During observations on 02/20/2012 at 5:50 p.m., client #3 scooped spaghetti and</p>		<p>Home Manager will complete mealtime observations 3 times per week for the next 30 days to ensure accurate implementation of goals.</p> <p>Area Director will complete random audit once a month for the next 3 months of program files to ensure goal implementation.</p> <p>Responsible Party: Area Director, Program Director, Home Manager.</p> <p>Completion Date: 03/24/2012</p>		

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	<p>fruit from the table after it spilled from his spoon onto the table into his mouth. Client #3 licked the the food residue from the dining table. DSP #4, DSP #7, DSP #9, and the House Manager were present at the table and did not redirect client #3 from this method of eating. Staff did not utilize "empty spoon feeding" technique and did not encourage 2-3 swallows of liquid after completing the meal.</p> <p>During observations on 02/21/2012 at 7:20 a.m., client #3 was leaning over his bowl of cereal. He scooped bites into his mouth at a rapid pace. DSP #1 did not encourage to slow rate of eating and did not encourage the "empty spoon technique" for thorough swallowing. DSP #1 did not encourage 2-3 swallows of liquid after completing the meal.</p> <p>Client #3's record was reviewed on 02/21/2012 at 11:44 a.m.</p> <p>A Dining Plan, dated 01/12/2012, indicated, "...Staff should be present at the table during mealtime to assist client with food preparation/assess for problems/dining issues...Staff to use empty spoon to 'feed' him 2-3 bites after eating/medication administration to assist him with clearing his mouth of debris. Encourage him to take 2-3 swallows of liquid after completion of</p>				

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	<p>eating/medication administration to further clear his mouth of debris and use lightly moistened oral swab to clear his mouth after eating or medication administration."</p> <p>During an interview on 02/20/2012 at 6:30 p.m., DSP #7 stated, "[Client #1] just keeps eating if you don't put your hands over her plate."</p> <p>During an interview on 02/22/2012 at 4:45 p.m., the QDDP indicated placing hands over client #1's plate was used to minimize her choking risk. She stated the strategy had been done during "the entire 4 years I have worked here." The QDDP stated she " had not considered the technique restrictive" when asked if less restrictive interventions had been considered or alternative strategies had been attempted.</p> <p>During an interview on 02/22/2012 at 5:30 p.m., the QDDP indicated staff should have followed the guidelines in the dining plan for client #3.</p> <p>9-3-4(a)</p>				

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W0268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview, the facility failed to protect and/or encourage clients to promote their own dignity when standing to assist with feeding, using a clothing protector in place of a napkin, and allowing clients to eat without utensils or lick food from the dining table for 3 of 4 sampled clients and 1 additional client (clients #1, #3, #4, and additional client #7).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. During observations on 02/20/2012 at 5:15 p.m., DSP #7 used a clothing protector to wipe food from client #1's mouth. 2. During observations on 02/20/2012 at 5:40 p.m., client #7 was eating the entire portion of spaghetti with her fingers. DSP #7, DSP #9, and the House Manager were present at the dining table and did not redirect client #7 from this method of eating. 3. During observations on 02/20/2012 at 5:50 p.m., the House Manager and DSP #4 were observed standing to assist client #4 with feeding. 	W0268	<p>Home Manager/ Program Director will re-train staff on maintaining client's dignity; how to provide at mealtime, what actions to avoid and client redirection.</p> <p>Home Manager will complete active treatment observations 3 times per week for 30 days to ensure client's dignity is maintained.</p> <p>Home Manager will complete mealtime observations 3 times per week for 30 days to ensure client's dignity is maintained during mealtime.</p> <p>On-going HM will complete observations per established frequency for HM observations</p> <p>Responsible Party: Program Director, Home Manager</p> <p>Completion Date: 03/24/2012</p>		03/24/2012		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G435		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/24/2012	
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	<p>4. During observations on 02/20/2012 at 5:50 p.m., client #3 scooped spaghetti and fruit from the table after it spilled from his spoon onto the table into his mouth. Client #3 licked the food residue from the dining table. DSP #4, DSP #7, DSP #9, and the House Manager were present at the table and did not redirect client #3 from this method of eating.</p> <p>During an interview on 02/20/2012 at 6:45 p.m., DSP #4 stated, "[Client #3] will eat off the table if he really likes the food." She stated, "Spaghetti is always a challenge because all the clients love it," and stated "I was busy at the other end of the table" when asked if client #7 should have been redirected from eating with her fingers.</p> <p>During an interview on 02/22/2012 at 5:30 p.m., the QDDP (Qualified Developmental Disability Professional) indicated clothing protectors should not have been used in place of a napkin. She stated, "I have not really considered it an issue when staff stand to feed." The QDDP indicated staff should have redirected all clients to proper table manners.</p> <p>9-3-5(a)</p>						

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W0278	<p>483.450(b)(1)(iii) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Procedures that govern the management of inappropriate client behavior must insure, prior to the use of more restrictive techniques, that the client's record documents that programs incorporating the use of less intrusive or more positive techniques have been tried systematically and demonstrated to be ineffective.</p> <p>Based on observation, record review, and interview, the facility failed to ensure the least restrictive technique for safe dining was implemented for 1 of 4 sampled clients (client #1).</p> <p>Findings include:</p> <p>During observations on 02/20/2012 at 5:40 p.m., DSP (Direct Support Professional) #7 was seated on client #1's right side. She placed her hands over client #1's divided plate after each time client #1 scooped a bite of food from the plate.</p> <p>During observations on 02/21/2102 at 7:30 a.m., DSP #1 placed her hands over client #1's bowl of cereal between each bite and stated, "slow down." She held client #1's cereal bar in her hands and broke bite sized pieces off with ungloved hands. She handed client #1 the piece that was broken off and waited to break another piece away from the breakfast bar</p>	W0278	<p>Area Director will re-train Program Director on ensuring goals/objectives use the least restrictive measures for consumers.</p> <p>The Program Director will implement mealtime training methods for client #1 that identifies strategies for using least restrictive measures first with a progression to more restrictive measures.</p> <p>Home Manager will train staff on meal training objectives and strategies for client #1.</p> <p>Home Manager will complete mealtime observations 3 times per week for the next 30 days to ensure accurate implementation of goals.</p>	03/24/2012

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	<p>until client #1 swallowed the previous bite.</p> <p>During observations on 02/21/2012 at 7:40 a.m., the QDDP (Qualified Developmental Professional) held client #1's cereal bar in her hands and broke bite sized pieces off with ungloved hands. She handed client #1 the piece that was broken off and waited to break another piece away from the breakfast bar until client #1 swallowed the previous bite.</p> <p>Client #1's record was reviewed on 02/21/2012 at 12:05 p.m.</p> <p>The physician's orders, dated 02/01/2012-02/29/2012, indicated client #1 was on a regular diet, no concentrated sweets, no extra portions, with strict portion control, sugar free drinks, low fat snacks, calorie free beverages, and ground meat.</p> <p>The dining plan, dated, 06/08/2011, indicated, "...FOOD TEXTURE: Regular, as desired, Ground meat...FLUID TEXTURE: Regular...Low fat, low calorie snacks, Sugar free, calorie free beverages...Client uses 1" (inch) plate guard...Staff sits by client while she eats and reminds client to eat slowly and take small bites...Please see that her meat is ground into small pieces and monitor her</p>		<p>Area Director will complete random audit once a month for the next 3 months of program files to ensure goal implementation.</p> <p>Responsible Party: Area Director, Program Director, Home Manager.</p> <p>Completion Date: 03/24/2012</p>	

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	<p>for issues with chewing/eating...." The dining plan did not include strategies restricting access to bites by placing a barrier (hands) above the food items.</p> <p>During an interview on 02/20/2012 at 6:30 p.m., DSP #7 stated, "[Client #1] just keeps eating if you don't put your hands over her plate."</p> <p>During an interview on 02/22/2012 at 4:45 p.m., the QDDP indicated placing hands over client #1's plate was used to minimize her choking risk. She stated the strategy had been done during "the entire 4 years I have worked here." The QDDP stated she " had not considered the technique restrictive" when asked if less restrictive interventions had been considered or alternative dining strategies had been attempted.</p> <p>9-3-5(a)</p>				

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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed to ensure an annual physical, which included a hearing evaluation, was completed for 3 of 4 sampled clients (clients #1, #2, and #4).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Client #1's record was reviewed on 02/21/2012 at 12:05 p.m. There was no documentation in the client's record to indicate a hearing evaluation had been completed during the past year. 2. Client #2's record was reviewed on 02/21/2012 at 12:20 p.m. There was no documentation in the client's record to indicate a hearing evaluation had been completed during the past year. 3. Client #4's record was reviewed on 02/21/2012 at 1:00 p.m. There was no documentation in the client's record to indicate a hearing evaluation had been completed during the past year. <p>During an interview on 02/22/2012 at 4:45 p.m., the QDDP (Qualified Developmental Disabilities Professional)</p>	W0323	<p>Home Manager/Program nurse will schedule annual physical examinations for all clients in the home; to include assessments of hearing and vision.</p> <p>Hearing evaluations are completed once every 3 years.</p> <p>Program Nurse will ensure when the physician completes the annual physical examination form that a notation is made of the assessment of client's hearing and vision.</p> <p>Area Director will complete random audits of program files 1x a month for the next 3 months to ensure that all newly completed annual physical examinations notates the assessment of hearing and vision.</p> <p>Responsible Party: Area Director, Program Nurse, Home Manager</p>	03/24/2012			

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	<p>indicated she was not aware the hearing evaluation had not been completed as part of the annual physical for client #1.</p> <p>During an interview on 02/22/2012 at 4:55 p.m., the QDDP (Qualified Developmental Disabilities Professional) indicated she was not aware the hearing evaluation had not been completed as part of the annual physical for client #2.</p> <p>During an interview on 02/22/2012 at 5:15 p.m., the QDDP (Qualified Developmental Disabilities Professional) indicated she was not aware the hearing evaluation had not been completed as part of the annual physical for client #4.</p> <p>9-3-6(a)</p>		Completion Date: 03/24/2012		

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W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility failed to ensure a discontinued treatment was removed from the physician's orders and failed to revise a risk plan when insulin was discontinued for 1 of 4 sampled clients (client #4).</p> <p>Findings include:</p> <p>During observations on 02/20/2012 between 4:30 p.m. and 7:00 p.m. client #4 did not wear ankle weights when he ambulated a few steps to transfer from wheel chair to a regular chair in the living room or to a dining chair.</p> <p>1. Client #4's record was reviewed on 02/21/2012 at 1:00 p.m.</p> <p>The Physician's Orders, dated 02/01/2012-02/29/2012, indicated, "STAND CLIENT AND WALK FEW STEPS WITH 2 STAFF ASSIST AND GAIT BELT 2 X (times) DAILY...ANKLE WEIGHTS FOR AMBULATION..." The Physician's orders did not include insulin.</p> <p>A medical appointment form, dated 10/25/2010, indicated, "...Discontinued</p>	W0331	<p>Home Manager has sent changed orders for the discontinuation of ankle weights to YAH pharmacy so orders are accurately printed to reflect current order.</p> <p>Area Director will retrain Program Director on updating risk plans with changes in client's needs</p> <p>Program Nurse will be re-trained by Nursing Supervisor on updating consumer protocols with the changes of orders or client's conditions.</p> <p>Program Nurse will update client #4 diabetes management protocol to reflect current management level.</p> <p>Program Director will update the risk plan for client #4 to reflect the client's current diabetes management protocol.</p>	03/24/2012			

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	<p>orders...PT (Physical Therapy) & OT (Occupational Therapy) and weights...."</p> <p>A Risk Plan, dated 09/29/2011, indicated, "...Insulin Dependent Diabetes Mellitus...All staff members must be trained by RN (Registered Nurse) prior to administering Insulin shots...."</p> <p>An undated "Diabetes Mellitus Protocol" indicated, "...Type 1 Diabetes is treated with diet and insulin...Date each vial of insulin when opened...."</p> <p>During an interview on 02/22/2012 at 5:15 p.m., the QDDP (Qualified Developmental Disabilities Professional) stated client #4 "has not used ankle weights for a long time." She indicated the weights should have been removed from the current physician's orders. The QDDP indicated client #4 no longer used insulin. She indicated the risk plan should have been revised to reflect the client's current diabetes management protocol.</p> <p>9-3-6(a)</p>		<p>Area Director will complete a random audit of program files 1x a month for the next 3 months to ensure risk plans and protocols reflect the client's current needs.</p> <p>Responsible Party: Program Director, Home Manager, Area Director, Program Nurse, Nursing Supervisor</p> <p>Completion Date: 03/24/2012</p>		

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W0455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed to ensure hands were sanitized prior to handling food for 1 of 4 sampled clients (client #1).</p> <p>Findings include:</p> <p>During observations on 02/21/2102 at 7:30 a.m., DSP #1 assisted client #1 with her breakfast. The DSP did not wash her hands or apply gloves before handling client #1's food. She held client #1's cereal bar in her ungloved hands and broke off bite sized pieces. She handed client #1 the broken pieces of cereal bar.</p> <p>During observations on 02/21/2012 at 7:40 a.m., the QDDP (Qualified Developmental Professional) assisted client #1 with her breakfast. The QDDP did not wash her hands or apply gloves before handling client #1's food. She held client #1's cereal bar in her hands and broke off bite sized pieces with her hands. She handed client #1 the broken pieces of cereal bar.</p> <p>During an interview on 02/22/2012 at 4:45 p.m., the QDDP indicated she and DSP #1 should have washed their hands</p>	W0455	<p>Program Nurse will retrain staff on infection control; including, sanitization of hands while handling food.</p> <p>Home Manager will ensure that hand sanitizer is made available at the table during mealtime,</p> <p>Home Manager will complete mealtime observations 3 times per week for 30 days.</p> <p>On-going HM will complete observations per established frequency for HM observations</p> <p>Responsible Party: Home Manager, Program Nurse</p> <p>Completion Date: 3/24/12</p>	03/24/2012			

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	prior to assisting client #1 with her meal. 9-3-7(a)				