

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G509	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/20/2015
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2030 MOSCOW RD GREENSBURG, IN 47240
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W000000	<p>This visit was for an extended annual recertification and state licensure survey.</p> <p>Dates of Survey: 1/12/15, 1/13/15, 1/14/15, 1/15/15, 1/16/15 and 1/20/15.</p> <p>Facility Number: 001023 Provider Number: 15G509 AIMS Number: 100245150</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/26/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#1 and #3) plus 1 additional client (#6), the Governing Body failed to exercise general policy, budget and operating direction over the facility by failing to implement policies and procedures which addressed the</p>	W000104	<p><b>W104:</b> The governing body will exercise general policy, budget, and operating direction over facility. <b>Corrective action:</b> Staff has been in-serviced on the Elder Justice Act and notice has been posted in home <b>(Attachment A)</b> All staff have been in-serviced on abuse/</p>	02/19/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Elder Justice Act: which requires specific individuals in applicable long term care facilities to report any reasonable suspicion of crimes committed against a resident of that facility: (pursuant to 6703(B)(3) of The Patient Protection and Affordable Care Act of 2010 according to section 1150B of the Social Security Act.)</p> <p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/13/15 at 11:30 AM. The review indicated the following:</p> <p>-BDDS report dated 11/20/14 indicated on 11/19/14 the facility determined, through a financial audit of client #1's personal financial record, client #1 was missing \$75.66.</p> <p>-BDDS report dated 11/20/14 indicated on 11/19/14 the facility determined, through a financial audit of client #3's personal financial record, client #3 was missing \$59.00.</p> <p>-BDDS report dated 11/20/14 indicated on 11/19/14 the facility determined, through a financial audit of client #6's personal financial record, client #6 was</p>		<p>neglect/mistreatment policy, how &amp; when to report any forms of abuse, including missing medications and money.</p> <p><b>(Attachment A &amp; BB)</b> · Per EJA, 01/30/15 the Decatur County Police were notified that \$75.66 of Client # 1, \$72.36 of Client #6 and \$59.00 of Client # 3's money is missing from their home accounts. They have also been notified of Client # 1's Hydrocodone Pain Management Medication missing. · Clinical Supervisor has received training on completing thorough investigations; to include client, potential witnesses and guardian/advocates. <b>(Attachment A)</b> · Clinical Supervisor to receive investigation and plan of correction training from ISDH Surveyor Supervisor on 2-26-15.</p> <p>· For no less than two months, the Residential Manager will complete three Active treatment observations <b>(Attachment B)</b> per week to ensure that clients are free from abuse and neglect.</p> <p><b>How we will identify others:</b> · Residential Manager will implement EJA training to all staff. · All allegations of abuse/neglect/mistreatment will be reported to the clinical supervisor per policy.</p> <p><b>(Attachment BB)</b> · Program Manager has in-serviced Clinical Supervisor on Investigation Training. <b>Measures to be put in place:</b> · EJA training will be implemented for all staff. New</p>	

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	<p>missing \$72.36.</p> <p>-Investigation dated 12/9/14 indicated, "It is confirmed that \$75.66 (was) missing from [client #1's] home account, \$72.36 from [client #6's] home account and \$59.00 from [client #3's] home account."</p> <p>The review did not indicate documentation the alleged theft/exploitation of clients #1, #3 or #6's personal funds had been reported to law enforcement.</p> <p>2. The facility's BDDS reports and investigations were reviewed on 1/13/15 at 11:30 AM. The review indicated the following:</p> <p>-BDDS report dated 12/2/14 indicated, "Staff went to count [client #1's] Hydrocodone (pain management) tablets and discovered some of the pills to be different. Staff transported the bottle to the [pharmacy] and the pharmacist confirmed there to be 14 pills in the bottle that were not the prescribed Hydrocodone tablets."</p> <p>-Investigation Report dated 12/9/14 indicated, "It is confirmed that 14 Hydrocodone pills were missing. It can not be determined how the pills were replaced with pills that were not the</p>		<p>hires will receive EJA training in their initial training and annually.</p> <ul style="list-style-type: none"> <li>· EJA posted in the home.</li> <li>· Staff will receive training in Abuse and Neglect, Reporting abuse and neglect, and Incident Reporting at monthly staff meetings and annually.</li> </ul> <p><b>(Attachment C)</b> · Clinical Supervisor to ensure the EJA act is followed after receiving notification. <b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Clinical Supervisor will review staff training to ensure that all staff has received training on the Elder Justice Act.</li> <li>· Clinical Supervisor, Program Manager will review monthly staff meetings for Abuse and Neglect training, Reporting Procedures and ensure that annual training is current.</li> <li>· Clinical Supervisor to send an email to the Program Manager verifying the Police have been contacted for any EJA crimes or injuries.</li> <li>· Investigation Committee, including Executive Director will review all completed investigations to ensure that circumstances of incidents have been thoroughly investigated, including deployment of staff, interventions, and witness interviews completed.</li> <li>· Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</li> </ul>	

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	<p>prescribed medication." The Investigation Report dated 12/9/14 did not indicate documentation of client #1 or client #1's advocate being interviewed.</p> <p>The review did not indicate the alleged theft of client #1's Hydrocodone pain management medication was reported to law enforcement.</p> <p>Client #1's advocate was interviewed on 1/15/15 at 10:18 AM. Client #1's advocate stated, "[Client #1] can talk. She's able to have a conversation just like we are now. [Client #1] told us that she wasn't getting her 11:00 PM and 7:00 AM doses of her pain medication. [Client #1] lived at home with us before going to the house. We had her practically doing her own medications. So, she knows what pills she gets. I called and reported that [client #1's] pain pills were not being given and we suspect [staff #1] was taking them. The administrator that used to be there told us they would investigate it to find out. We never heard anything except that when they confronted [staff #1] about the pills and requested a drug test, [staff #1] quit and refused to have the drug test."</p> <p>Client #1's record was reviewed on 1/13/15 at 9:50 AM. Client #1's Physician's Order form dated 12/1/14</p>		<b>Completion Date: 2-19-15</b>				

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W000122	<p>indicated client #1's prescribed medication included but was not limited to Hydrocodone tablet 7.5 milligrams PRN (As Needed) for pain management.</p> <p>CS (Clinical Supervisor) #1 was interviewed on 1/15/15 at 3:08 PM. CS #1 indicated any reasonable suspicion of a crime committed against a resident should be reported to the police.</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 3 of 4 sampled clients (#1, #2 and #3) plus 2 additional clients (#6 and #7). The facility failed to implement its policy and procedures to prevent neglect of client #1, to report an injury of unknown origin regarding clients #2 and #7 to BDDS (Bureau of Developmental Disabilities Services) within 24 hours, to complete thorough investigations regarding an injury of unknown origin for client #1 and an incident of injury of unknown origin for clients #2 and #7 and an allegation of the theft of client #1's pain</p>	W000122	<p><b>W122:</b> The facility must ensure that specific client protections requirements are met. <b>Corrective Action:</b> · Staff have been in-serviced on financial policy (<b>Attachment A &amp; CC</b>) · All staff have been in-serviced on abuse/ neglect/mistreatment policy, how &amp; when to report any forms of abuse, including missing medications and money. (<b>Attachment A</b>) · Staff has been trained on Incident Reporting Protocol (<b>Attachment D</b>) to address client to client aggression, reporting abuse and neglect, injuries of unknown origin and theft of client's personal belongings or medications. · Clinical Supervisor has been</p>	02/19/2015

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	<p>medication, to complete and report the findings of an investigation regarding the alleged theft of clients #1, #3 and #6's money and to develop and implement safeguards to prevent further injury to client #1's pressure ulcers on her feet and/or buttocks.</p> <p>Findings include:</p> <p>1. The facility failed to implement its policy and procedures to prevent neglect of client #1, to report an injury of unknown origin regarding clients #2 and #7 to BDDS within 24 hours, to complete thorough investigations regarding an injury of unknown origin for client #1 and an incident of injury of unknown origin for clients #2 and #7 and an allegation of client #1's pain medication being stolen, to complete and report the findings of an investigation regarding the alleged theft of clients #1, #3 and #6's money and to develop and implement safeguards to prevent further injury to client #1's feet and/or pressure ulcers on her feet and buttocks. Please see W149.</p> <p>2. The facility failed to ensure an incident of injury of unknown origin was reported to BDDS with 24 hours in accordance with state law regarding clients #2 and #7. Please see W153.</p>		<p>in-serviced on thorough investigations and BDDS reporting guidelines. <b>(Attachment A &amp; BB)</b> · Clinical Supervisor to receive investigation and plan of correction training from ISDH Surveryor Supervisor on 2-26-15. · Staff has been in-serviced on documentation, including daily documentation of wounds on updated skin assessment <b>(Attachment A &amp; E)</b> · Nursing Coordinators have been in-serviced on policy and procedures, including documentation, skin assessments, wound care, measuring wound, timely nursing assessments, Physician orders, timely physician appointments and interventions, documentation of new orders, including topical treatments, monitoring client's medical condition <b>(Attachment F)</b> · For no less than two months, the Residential Manager will complete three Active treatment observations <b>(Attachment B)</b> per week to ensure that clients are free from abuse and neglect. <b>How we will identify others:</b> · Residential Manager will complete RM Weekly Checklist <b>(Attachment J)</b> to ensure finances are accurate. · Clinical Supervisor will review all incidents and investigations, to ensure that allegations of abuse or neglect have been reported in a timely manner and appropriate action has been taken. · Nurse</p>	

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	<p>3. The facility failed to complete a thorough investigation regarding an injury of unknown origin for client #1, an incident of injury of unknown origin for clients #2 and #7 and an allegation of the theft of client #1's pain management medication. Please see W154.</p> <p>4. The facility failed to ensure the investigations of an allegation of the theft of clients #1, #3 and #6's money were completed within 5 working days. Please see W156.</p> <p>5. The facility failed to develop and implement actions to prevent ongoing injury to client #1's feet and buttocks. Please see W157.</p> <p>9-3-2(a)</p>		<p>Manager will review Nursing Coordinators documentation on any client with a pressure wound to ensure that adequate and appropriate measures are in place, including proper documentation, assessments and timely interventions.</p> <p>Residential Manager will review daily documentation of any client with a pressure wound to ensure that documentation is done daily.</p> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>Staff will receive training in Abuse and Neglect, Reporting abuse and neglect, and Incident Reporting at monthly staff meetings and annually.</li> <li><b>(Attachment C)</b> Incidents will be reviewed at Safety Committee for timeliness and that needed interventions have been implemented.</li> <li>For no less than two months, the Residential Manager will perform three active treatment observations <b>(Attachment B)</b> weekly to ensure that staff are performing active treatment as written in ISP's and are free from abuse and neglect.</li> <li>Incidents will be reviewed by Clinical Supervisor and Program Manager to ensure timeliness and that revisions or responses, if warranted, have been implemented.</li> <li>Nursing Coordinator will complete weekly checklist to ensure Skin Assessment form is completed in a daily basis as applicable per client. <b>(Attachment G)</b></li> <li>Clinical Supervisor, Program Manager,</li> </ul>	

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			<p>Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</p> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Clinical Supervisor and Program Manager will review monthly staff meetings for Abuse and Neglect training, Reporting Procedures and ensure that annual training is current.</li> <li>· Incident reports, Day Program observations, and Active Treatment observations will be reviewed by supervisory staff for implementation of Behavior Support Plans, as written, and revisions or investigations, as warranted, to prevent abuse/neglect/mistreatment, how &amp; when to report any forms of abuse, including missing medications and money.</li> <li>· Investigation Committee, including Executive Director will review all completed investigations to ensure that circumstances of incidents have been thoroughly investigated and all potential witness have been interviewed.</li> <li>· A weekly Nursing Coordinator checklist has been revised (<b>Attachment G</b>) and Nurse Manager will be informed of any client with a pressure wound to ensure that care is adequate and timely, including measurement of wound, treatment, physician recommendations, and</li> </ul>	

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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 on record review and interview for 3 of 4 sampled clients (#1, #2 and #3) plus 2 additional clients (#6 and #7), the facility failed to implement its policy and procedures to prevent neglect of client #1, to report an injury of unknown origin regarding clients #2 and #7 to BDDS (Bureau of Developmental Disabilities Services) within 24 hours, to complete thorough investigations regarding an injury of unknown origin for client #1 and an incident of injury of unknown origin for clients #2 and #7 and an allegation of client #1's pain medication being stolen, to complete and report the findings of an investigation regarding the alleged theft of clients #1, #3 and #6's money and to develop and implement safeguards to prevent further injury to client #1's pressure ulcers on her feet and/or buttocks.</p> <p>Findings include:</p> <p>1. RM (Resident Manager) #1 was interviewed on 1/12/15 at 3:30 PM. RM #1 indicated client #1 was on bed rest due</p>	W000149	<p>treatments. <b>Completion Date: 2-19-15</b></p> <p><b>W149:</b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. <b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· Clinical Supervisor has been in serviced on completing a thorough investigation, including documenting all pertinent information regarding incident, including interviewing all clients, witnesses, guardians/ advocates and BDDS reporting guidelines. <b>(Attachment A &amp; H)</b> · Clinical Supervisor to receive investigation and plan of correction training from ISDH Surveryor Supervisor on 2-26-15.</li> <li>· Clinical Supervisor in serviced on all investigation forms, including form to determine if client's rights were violated. <b>(Attachment I)</b> · All staff have been in serviced on abuse/ neglect/mistreatment policy, how &amp; when to report any forms of abuse, including missing medications and money. <b>(Attachment A)</b> · Staff has been in serviced on the Incident Reporting Protocol <b>(Attachment D)</b> to address client to client aggression, reporting abuse, neglect, injuries of unknown origin</li> </ul>	02/19/2015

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	<p>to a pressure ulcer on her buttocks. RM #1 indicated client #1 was not attending day services in order to remain on bed rest until the pressure ulcer on her buttocks healed. RM #1 indicated client #1 had recurring pressure ulcers on her buttocks. RM #1 indicated client #1's pressure ulcers had healed and then reopened.</p> <p>QIDPD (Qualified Intellectual Disability Professional Designee) #1 was interviewed on 1/12/15 at 5:30 PM. QIDPD #1 indicated client #1 was on bed rest to facilitate the healing of a pressure ulcer on her buttocks.</p> <p>Client #1's record was reviewed on 1/13/15 at 9:50 AM. Client #1's NNN (Nurse Narrative Notes) dated 1/20/14 through 1/7/15 indicated the following:</p> <p>-2/6/14, "Nurse visit. [Client #1] saw PCP (Primary Care Physician) on 2/3/14 for pain management and injury to first digit of right foot."</p> <p>-2/8/14, "Nurse visit. [Client #1] saw PCP on 2/7/14 for follow up on toe laceration. New order (1.) Stop Bactroban (topical antibiotic) for now; (2.) Keep wound covered and dry; (3.) Do not band aid may reinforce (sic). [Client #1] also saw PCP on 2/10/14 for toe. Wound</p>		<p>and theft of client's personal belongings or medications. · Staff has been in serviced on documentation, policy and procedures, skin assessments and reporting. <b>(Attachment A)</b> · Nursing Coordinator has been in-serviced on policy and procedures, including documentation, skin assessments, wound care, measuring wound, timely nursing assessments, Physician orders, timely physician appointments and interventions, documentation of new orders, including topical treatments, monitoring client's medical condition <b>(Attachment F)</b> · For no less than two months, the Residential Manager will complete three Active treatment observations <b>(Attachment B)</b> per week to ensure that clients are free from abuse and neglect. · Client # 1 wheelchair bill for new wheelchair. <b>(Attachment DD)</b> · IDT completed to assess environmental alterations for home and workshop for Client #1. <b>(Attachment GG) How we will identify others:</b> · Nurse Manager will review Nursing Coordinators documentation on any client with a pressure wound to ensure that adequate and appropriate measures are in place, including proper documentation, assessments and timely interventions. · Residential Manager will review daily documentation of any client with a pressure wound to ensure</p>				

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	<p>cleansed and... dressing applied. New order: (1.) Keep occlusal dressing on; (2.) Keep clean and dry: (3.) Do not band aid, follow up in 2 days."</p> <p>-3/21/14, "[Client #1] saw PCP on 2/12/14, 2/14/14 and 2/21/14 to check sore on toe. Area improving. Continue treatment as ordered."</p> <p>-3/27/14, "Area to toe improving. Appointment on 3/31/14 for recheck."</p> <p>-8/7/14, "Seen by [doctor] at wound center. New orders recommended and noted... out of chair when [client #1] gets back to home for 2 hours, hoier lift/sling for position changes."</p> <p>-8/15/14, "Seen at wound center this AM. Wound healed. Continue with ace bandage on both feet and to lay down after work."</p> <p>-9/4/14, "Area to buttocks has re-opened and has follow up appointment with wound center."</p> <p>-9/11/14, "Seen at wound center by [doctor]. New orders and treatment. Limit time in chair daily to 2 hours up and 2 hours off. Return in one week. Has been home from workshop."</p>		<p>that documentation is done daily.</p> <ul style="list-style-type: none"> <li>Clinical Supervisor will review all incidents and investigations, to ensure that allegations of abuse or neglect have been reported in a timely manner and appropriate action has been taken.</li> <li>Program Manager will review all investigations to ensure that all required information is documented and any follow-up required has been completed.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>Staff will receive training in Abuse and Neglect, Reporting abuse and neglect, and Incident Reporting at monthly staff meetings and annually</li> <li><b>(Attachment C)</b> Incidents will be reviewed at Safety Committee for timeliness and that needed interventions have been implemented.</li> <li>For no less than two months, the Residential Manager will complete three Active treatment observations</li> <li><b>(Attachment B)</b> per week to ensure that staff are performing active treatment as written in ISP's and are free from abuse and neglect.</li> <li>Incidents will be reviewed by Clinical Supervisor and Program Manager to ensure timeliness and that revisions or responses, if warranted, have been implemented.</li> <li>Nursing Coordinator will complete weekly checklist to ensure Skin Assessment form is completed on a daily basis as applicable per client.</li> <li><b>(Attachment G)</b> Incidents will be reviewed at</li> </ul>	

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	<p>-9/26/14, "Seen at wound center on 9/22/14. Continue order and treatment. Stay off coccyx until further notice."</p> <p>-10/2/14, "Seen at wound center 9/29/14. Continue order and treatment. Continue 2 hours up and 2 hours down."</p> <p>-10/8/14, "Seen at wound center 10/6/14. Areas with improvement noted area smaller (sic)."</p> <p>-10/26/14, "D/C (Discontinued)'d from wound center on 10/23/14. Area resolved. Began going to workshop today."</p> <p>-11/11/14, "Seen at urgent care on 11/10/14.... Urgent care was due to 1 centimeter by 1 centimeter superficial abrasion on left great toe. Staff notified [nurse #1] today that buttocks has opened back up. Area is reddened and no drainage noted 2.3 centimeters by 1.1 centimeter. Cleansed."</p> <p>-11/14/14, "New order recommended and noted from wound center. No work until further notice. [Client #1] to off-load until wounds are healed."</p> <p>-11/19/14, "Continue to off-load and remain in bed only up for meals and showers. Toe well (sic). Improvement</p>		<p>Safety Committee for timeliness and that needed interventions have been implemented. · Residential Manager will complete weekly checklist (<b>Attachment J</b>) to ensure documentation is present daily on a client's medical condition, if needed. · Investigation Committee, including Executive Director will review all investigations to ensure that documentation is present as to the circumstances of incident, including staff deployment and witnesses interviewed.</p> <p><b>Monitoring of Corrective Action:</b> · Nursing Manager will review Weekly Nursing Checklist to ensure that High Risk Plans have been reviewed. · Executive Director will review all completed investigations to ensure that circumstances of incidents have been thoroughly investigated, interventions, and witness interviews completed. · Clinical Supervisor and Program Manager will review monthly staff meetings for Abuse and Neglect training, Reporting Procedures and ensure that annual training is current. · Clinical Supervisor will review annual ISP documentation for staff training, including Day Program staff, Incident reports and Day Program observations. · Active Treatment observations will be reviewed by Clinical Supervisor for implementation of Behavior Support Plans, as written, and revisions or</p>				

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	<p>noted to buttocks."</p> <p>-12/1/14, "Remains in bed except for meals and appointments. Buttocks with improvement and noted foot (sic) also."</p> <p>-12/12/14, "Started full time at [workshop] today. Buttocks looks good. Continues to bump toes and bleeding noted."</p> <p>-12/19/14, "Seen at [hospital] 12/15/14 for wheelchair evaluation."</p> <p>-12/30/14, "Returns to wound care on 1/9/14 due to buttocks. Concerns voiced by parents and area opening back up. Redness noted on crease of buttocks. Also encourage [client #1] to off-load after work."</p> <p>-1/2/15, "New order to stay home from workshop and off-load. Skin breakdown noted on buttocks. Appointment set with wound center and is to stay home until further notice."</p> <p>-1/7/15, "[Client #1] to return to wound center on Friday (1/9/15) for skin breakdown to buttocks. Off-load frequently."</p> <p>Client #1's Skin Integrity Risk Plan (SIRP) dated 7/24/14 did not indicate</p>		<p>investigations, as warranted, to prevent Abuse or Neglect have been implemented. Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</p> <p><b>Completion Date: 2-19-15</b></p>		

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	<p>documentation of interventions to address client #1 bumping and injuring her feet or client #1's off loading/bed rest recommendations. The 7/24/14 SIRP did not indicate documentation of nursing or IST (Individual Support Team) review to prevent reoccurrence of client #1's pressure sores to her feet or buttocks.</p> <p>The review did not indicate documentation of a PT (Physical Therapy)/OT (Occupational Therapy) evaluation to determine if client #1's wheelchair could be modified to prevent injury to her feet or buttocks prior to 12/15/14.</p> <p>The facility's BDDS reports and investigations were reviewed on 1/13/15 at 11:30 AM. The review indicated the following:</p> <p>-BDDS report dated 11/10/14 indicated client #1 was seen at urgent care to be assessed for a wound to her toe.</p> <p>-Investigative Summary form dated 11/17/14 indicated the following:</p> <p>-"[Client #1] arrived home from workshop when staff noticed her big toe was bleeding. [Client #1] was taken to urgent care for evaluation. First aid was applied. Urgent care wrote on their</p>			

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	<p>paperwork that this injury is from maneuvering her wheelchair. Referral was made for the wound clinic."</p> <p>-"[Staff #1], 11/14/14, [staff #1] was asked if she knew how the injury occurred. [Staff #1] said from past experience it came from her not paying attention when turning corners in the wheelchair and her foot gets caught on corners/wall. [Staff #1] said [client #1] will hit her foot on her bed too and her foot gets caught in between her chair and bed. [Staff #1] said she has witnessed her foot getting caught between the wheelchair and her bed. [Staff #1] said the injury is ongoing and has been there for about two weeks."</p> <p>-"[Staff #2], 11/14/14, [staff #2] was asked how the injury occurred. [Staff #2] states she guess (sic) it happened at workshop. [Staff #2] said her sock was bloody when she was loading her into the van to return home from workshop. [Staff #2] was asked how often this injury occurred. [Staff #2] said once a month and that it is a recurring injury. [Staff #2] said if [client #1] is not paying attention to where she is going, she hits doors and walls. [Staff #2] was asked if she has ever documented on this injury. [Staff #2] said she had on the skin assessment."</p>			

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	<p>The Investigative Summary form dated 11/17/14 did not indicate documentation of additional group home staff or workshop staff that may have been potential witnesses. The Investigative Summary form dated 11/17/14 did not indicate documentation of client #1 being interviewed. The Investigative Summary form dated 11/17/14 did not indicate documentation of review of client #1's skin assessment forms to determine if staff #2 or others had documented or reported client #1's ongoing injuries. The Investigative Summary form dated 11/17/14 did not indicate documentation of finding of fact or determination if client #1's rights were violated by staff #1 and #2's failure to report, document or prevent client #1's ongoing injuries to her feet.</p> <p>-Investigation Peer Review form dated 11/17/14 indicated, "Recommendations: (1.) [Client #1] has appointment with [wheelchair clinic] on 12/15/14 to try to order a new wheelchair; (2.) Staff will be trained to encourage [client #1] to slow down when maneuvering her wheelchair." The Investigation Peer Review form dated 11/17/14 did not indicate documentation of recommendations to assess the physical environment of the group home/client #1's bedroom, PT/OT evaluation to</p>						

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	<p>determine if client #1's wheelchair could be modified to prevent injury to her feet while maneuvering and did not include recommendations to address staff's documentation of client #1's skin integrity.</p> <p>Client #1's advocate was interviewed on 1/15/15 at 10:18 AM. Client #1's advocate stated, "[Client #1] was having trouble with her wheelchair. I told them in May 2014 that they needed to look at her wheel chair and start the process of getting a new one. [Client #1's] had ongoing sores to her feet and her buttocks. As far as I know, they never looked at her wheelchair until the new management, the new lady finally called [wheelchair agency] (12/15/14) to get her a new chair that will give her the support that she needs."</p> <p>CS (Clinical Supervisor) #1 and nurse #2 were interviewed on 1/15/15 at 3:08 PM. CS #1 and nurse #2 indicated client #1's SIRP should have been updated and reviewed by the nurse to address client #1's ongoing pressure ulcers.</p> <p>CS #1 was interviewed on 1/15/15 at 3:15 PM. CS #1 indicated she had completed the Investigative Summary regarding client #1's 11/10/14 injury of unknown origin. CS #1 indicated the</p>			

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	<p>Investigative Summary form dated 11/17/14 listed all staff and documents that were reviewed during the course of the investigation. CS #1 indicated all potential witnesses to allegations of abuse, neglect, mistreatment and injuries of unknown injury should be interviewed. CS #1 indicated client #1 should have been interviewed during the 11/17/14 investigation regarding her toe injury.</p> <p>QIDPD #1 was interviewed on 1/15/15 at 3:08 PM. QIDPD #1 indicated client #1's 2/6/14 injury to the first digit of her right foot was a pressure ulcer. When asked if the physical environment of the group home had been assessed to address client #1 hitting her foot on walls or getting caught between her bed and her wheelchair, QIDPD #1 stated, "No."</p> <p>2. The facility's BDDS reports, Incident Reports and investigations were reviewed on 1/13/15 at 11:30 AM. The review indicated the following:</p> <p>-BDDS report dated 11/26/14 indicated on 11/20/14, "[Staff #1] assisted [client #2] to the [workshop], had to leave and returned a few minutes later. At that time, [staff #1] received (a) report from the workshop that [client #2] had a 2 inch bruise under her right eye and a 1 inch cut under (her) right eye."</p>						

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	<p>-Incident Report dated 11/25/14 indicated on 11/20/14, "[Staff #1] dropped [client #2] and [client #7] off at day program and left to go get other clients and returned to day program with remaining clients and was informed that [client #7] had a bloody nose and [client #2] had a bruise and a small cut under her right eye. [Staff #1] did not witness any incident between clients or any injuries on either client when they were dropped of (sic) at the day program. Day program staff told [staff #1] that they arrived that way. [Staff #1] went over to both clients and observed said wounds. [Client #7's] nose had no visible (sic) injuries and had stopped bleeding. [Client #2] had an approximately 2 inch bruise and 1 inch cut below her right eye. [Staff #1] came back to the group home and reported incident and [staff #1] was told by [RM (Residential Manager) #1] that because they did not witness anything and did not know what happened that they didn't need to do anything and to clock out and go home."</p> <p>The review indicated clients #2 and #7's 11/20/14 injuries of unknown origin were not reported to the BDDS until 11/26/14.</p> <p>3. The facility's BDDS reports, Incident Reports and investigations were reviewed</p>			

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	<p>on 1/13/15 at 11:30 AM. The review indicated the following:</p> <p>-BDDS report dated 11/26/14 indicated on 11/20/14, "[Staff #1] assisted [client #2] to the [workshop], had to leave and returned a few minutes later. At that time, [staff #1] received (a) report from the workshop that [client #2] had a 2 inch bruise under her right eye and a 1 inch cut under (her) right eye."</p> <p>-Incident Report dated 11/25/14 indicated on 11/20/14, "[Staff #1] dropped [client #2] and [client #7] off at day program and left to go get other clients and returned to day program with remaining clients and was informed that [client #7] had a bloody nose and [client #2] had a bruise and a small cut under her right eye. [Staff #1] did not witness any incident between clients or any injuries on either client when they were dropped of (sic) at the day program. Day program staff told [staff #1] that they arrived that way. [Staff #1] went over to both clients and observed said wounds. [Client #7's] nose had no visible (sic) injuries and had stopped bleeding. [Client #2] had an approximately 2 inch bruise and 1 inch cut below her right eye. [Staff #1] came back to the group home and reported incident and [staff #1] was told by [RM (Residential Manager) #1] that because</p>			

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	<p>they did not witness anything and did not know what happened that they didn't need to do anything and to clock out and go home."</p> <p>-Investigation Report dated 12/4/14 indicated the facility had conducted an investigation regarding clients #2 and #7's 11/20/14 injuries of unknown origin. The Investigation Report did not indicate documentation of statements or interviews being conducted with clients #2 or #7, or with other potential witnesses including staff working at the group home within 24 hours of working with clients #2 and #7.</p> <p>4. The facility's BDDS reports and investigations were reviewed on 1/13/15 at 11:30 AM. The review indicated the following:</p> <p>-BDDS report dated 12/2/14 indicated, "Staff went to count [client #1's] Hydrocodone (pain management) tablets and discovered some of the pills to be different. Staff transported the bottle to the [pharmacy] and the pharmacist confirmed there to be 14 pills in the bottle that were not the prescribed Hydrocodone tablets."</p> <p>-Investigation Report dated 12/9/14 indicated, "It is confirmed that 14</p>			

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	<p>Hydrocodone pills were missing. It can not be determined how the pills were replaced with pills that were not the prescribed medication." The Investigation Report dated 12/9/14 did not indicate documentation of client #1 or client #1's advocate being interviewed.</p> <p>CS #1 was interviewed on 1/13/15 at 2:30 PM. CS #1 indicated the facility's abuse and neglect policy should be implemented. CS #1 indicated all allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be reported to BDDS within 24 hours. CS #1 indicated allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be thoroughly investigated and completed within 5 working days of the alleged incident. CS #1 indicated corrective actions to prevent reoccurrence of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be developed and implemented.</p> <p>The facility's policy and procedures were reviewed on 1/16/15 at 6:30 PM. The facility's Abuse, Neglect and Exploitation policy dated 7/18/11 indicated the following:</p> <p>-"CASC (Community Alternatives South</p>						

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W000153	<p>Central) staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation and mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of CASC, local, state and federal guidelines."</p> <p>-"The director of the program... or designee will report the suspected abuse, neglect or exploitation within 24 hours of the initial report the the appropriate contacts which may include:... (f.) BDDS coordinator as applicable."</p> <p>-"All investigations will be completed within 5 business days of the reported incident."</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview for 2 of 9 allegations of abuse, neglect,</p>	W000153	<b>W153:</b> The provider will ensure that all allegations of	02/19/2015

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	<p>mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to ensure an incident of injury of unknown origin was reported to BDDS (Bureau of Developmental Disabilities Services) with 24 hours in accordance with state law regarding clients #2 and #7.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, Incident Reports and investigations were reviewed on 1/13/15 at 11:30 AM. The review indicated the following:</p> <p>-BDDS report dated 11/26/14 indicated on 11/20/14, "[Staff #1] assisted [client #2] to the [workshop], had to leave and returned a few minutes later. At that time, [staff #1] received (a) report from the workshop that [client #2] had a 2 inch bruise under her right eye and a 1 inch cut under (her) right eye."</p> <p>-Incident Report dated 11/25/14 indicated on 11/20/14, "[Staff #1] dropped [client #2] and [client #7] off at day program and left to go get other clients and returned to day program with remaining clients and was informed that [client #7] had a bloody nose and [client #2] had a</p>		<p>mistreatment, neglect or abuse, as well as unknown injuries, are reported immediately per ResCare Policy and Procedures and to other officials in accordance with State Law through established procedures.</p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· Staff has been in serviced on the Incident Reporting Protocol (<b>Attachment D</b>) to address client to client aggression, reporting abuse, neglect, injuries of unknown origin and theft of client's personal belongings or medications.</li> <li>· Active treatment observations (<b>Attachment B</b>) will be performed no less than three times weekly for two months by the Residential Manager to ensure that clients are free from abuse and neglect.</li> <li>· Clinical Supervisor has been in serviced on thorough investigations and BDDS reporting guidelines.</li> </ul> <p><b>(Attachment A &amp; H)</b></p> <ul style="list-style-type: none"> <li>· Clinical Supervisor to receive investigation and plan of correction training from ISDH Surveryor Supervisor on 2-26-15.</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· The Residential Manager, Clinical Supervisor and Nurse Coordinator retrained in identifying, documenting, and reporting unknown injuries.</li> </ul> <p><b>(Attachment A)</b></p> <ul style="list-style-type: none"> <li>· Program Manager will review all incidents and investigations, to ensure that allegations of abuse or neglect have been reported in a timely</li> </ul>				

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	<p>bruise and a small cut under her right eye. [Staff #1] did not witness any incident between clients or any injuries on either client when they were dropped of (sic) at the day program. Day program staff told [staff #1] that they arrived that way. [Staff #1] went over to both clients and observed said wounds. [Client #7's] nose had no visible (sic) injuries and had stopped bleeding. [Client #2] had an approximately 2 inch bruise and 1 inch cut below her right eye. [Staff #1] came back to the group home and reported incident and [staff #1] was told by [RM (Residential Manager) #1] that because they did not witness anything and did not know what happened that they didn't need to do anything and to clock out and go home."</p> <p>The review indicated clients #2 and #7's 11/20/14 injuries of unknown origin were not reported to the BDDS until 11/26/14.</p> <p>CS (Clinical Supervisor) #1 was interviewed on 1/13/15 at 2:30 PM. CS #1 indicated all allegations of abuse, neglect, mistreatment and injuries of unknown origin should be reported to BDDS within 24 hours.</p> <p>9-3-2(a)</p>		<p>manner and appropriate action has been taken. <b>Measures to be put into place:</b></p> <ul style="list-style-type: none"> <li>· Residential Manager will be informed of all incidents to ensure that an unknown injury is documented correctly and follow-up investigation is done in a timely manner.</li> <li>· Staff will receive training in Abuse and Neglect, Reporting abuse and neglect, and Incident Reporting at monthly staff meetings and annually. (<b>Attachment C</b>)</li> <li>· Incidents will be reviewed at Safety Committee for timeliness and that needed interventions have been implemented.</li> <li>· For no less than two months, the Residential Manager will complete three Active treatment observations (<b>Attachment B</b>) per week to ensure that staff are performing active treatment as written in ISP's and are free from abuse and neglect.</li> <li>· Investigation Committee, including Executive Director will review and make recommendations on all allegations of abuse and neglect, including corrective action, if warranted, per established policies and procedures.</li> </ul> <p><b>Monitoring of corrective action:</b></p> <ul style="list-style-type: none"> <li>· Clinical Supervisor will review all incident reports and report all unknown injuries to Program Manager to begin investigation.</li> <li>· Clinical Supervisor will also review all incident reports to address any</li> </ul>				

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 3 of 9 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to complete a thorough investigation regarding an injury of unknown origin for client #1, an incident of injury of unknown origin for clients #2 and #7 and an allegation of the theft of client #1's pain management medication.</p> <p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed</p>	W000154	<p>compliance issues. · Clinical Supervisor and Program Manager will review monthly staff meetings for Abuse and Neglect training, Reporting Procedures and ensure that annual training is current. · Investigation Committee, including Executive Director will review all investigations to ensure that all allegations of abuse or neglect have been thoroughly investigated and that corrective action, if warranted, has been given per established policies and procedures. <b>Completion Date: 2-19-15</b></p> <p><b>W154:</b> The facility will have evidence that all alleged violations are thoroughly investigated. <b>Corrective action:</b> · Clinical Supervisor has been in serviced on completing a thorough investigation, including documenting all pertinent information regarding incident, including interviewing all clients, witnesses, guardians/ advocates and BDDS reporting guidelines. <b>(Attachment A &amp; H)</b> · Clinical Supervisor to receive investigation and plan of correction training from ISDH Surveryor Supervisor on 2-26-15. · Clinical Supervisor in serviced on all investigation forms, including form to determine if</p>	02/19/2015

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	<p>on 1/13/15 at 11:30 AM. The review indicated the following:</p> <p>-BDDS report dated 11/10/14 indicated client #1 was seen at urgent care to be assessed for a wound to her toe.</p> <p>-Investigative Summary form dated 11/17/14 indicated the following:</p> <p>-"[Client #1] arrived home from workshop when staff noticed her big toe was bleeding. [Client #1] was taken to urgent care for evaluation. First aid was applied. Urgent care wrote on their paperwork that this injury is from maneuvering her wheelchair. Referral was made for the wound clinic."</p> <p>-"[Staff #1], 11/14/14, [staff #1] was asked if she knew how the injury occurred. [Staff #1] said from past experience it came from her not paying attention when turning corners in the wheelchair and her foot gets caught on corners/wall. [Staff #1] said [client #1] will hit her foot on her bed too and her foot gets caught in between her chair and bed. [Staff #1] said she has witnessed her foot getting caught between the wheelchair and her bed. [Staff #1] said the injury is ongoing and has been there for about two weeks."</p>		<p>client's rights were violated. <b>(Attachment I)</b> · Staff has been in serviced on the Incident Reporting Protocol <b>(Attachment D)</b> to address client to client aggression, reporting abuse, neglect, injuries of unknown origin and theft of client's personal belongings or medications. <b>How we will identify others:</b> · Investigation Committee, including Executive Director will review all investigations to ensure that all required information is documented and any follow-up required has been completed. · All staff will be retrained in identifying, documenting, and reporting unknown injuries. <b>Measures to be put in place:</b> · Investigation Committee, including Executive Director will review all investigations to ensure that documentation is present as to the circumstances of incident, including interventions, staff deployment and witnesses interviewed. · Residential Managers will be informed of all incidents to ensure that an unknown injury is documented correctly and follow-up investigation by the Clinical Supervisor is done within five days. <b>Monitoring of Corrective Action:</b> · Investigation Committee, including Executive Director will review all completed investigations to ensure that circumstances of incidents have been thoroughly investigated,</p>	

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	<p>-"[Staff #2], 11/14/14, [staff #2] was asked how the injury occurred. [Staff #2] states she guess (sic) it happened at workshop. [Staff #2] said her sock was bloody when she was loading her into the van to return home from workshop. [Staff #2] was asked how often this injury occurred. [Staff #2] said once a month and that it is a recurring injury. [Staff #2] said if [client #1] is not paying attention to where she is going, she hits doors and walls. [Staff #2] was asked if she has ever documented on this injury. [Staff #2] said she had on the skin assessment."</p> <p>The Investigative Summary form dated 11/17/14 did not indicate documentation of additional group home staff or workshop staff that may have been potential witnesses. The Investigative Summary form dated 11/17/14 did not indicate documentation of client #1 being interviewed. The Investigative Summary form dated 11/17/14 did not indicate documentation of review of client #1's skin assessment forms to determine if staff #2 or others had documented or reported client #1's ongoing injuries. The Investigative Summary form dated 11/17/14 did not indicate documentation of finding of fact or determination if client #1's rights were violated by staff #1 and #2's failure to report, document or prevent client #1's ongoing injuries to her</p>		<p>including deployment of staff, interventions, and witness interviews completed. · Clinical Supervisor will review all incident reports and report all unknown injuries and begin investigation. · Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members. <b>Completion Date: 2-19-15</b></p>	

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	<p>feet.</p> <p>CS (Clinical Supervisor) #1 was interviewed on 1/15/15 at 3:15 PM. CS #1 indicated she had completed the Investigative Summary regarding client #1's 11/10/14 injury of unknown origin. CS #1 indicated the Investigative Summary form dated 11/17/14 listed all staff and documents that were reviewed during the course of the investigation. CS #1 indicated all potential witnesses to allegations of abuse, neglect, mistreatment and injuries of unknown injury should be interviewed. CS #1 indicated client #1 should have been interviewed during the 11/17/14 investigation regarding her toe injury.</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 1/15/15 at 3:08 PM. When asked if the physical environment of the group home had been assessed to address client #1 hitting her foot on walls or getting caught between her bed and her wheelchair, QIDPD #1 stated, "No."</p> <p>2. The facility's BDDS reports, Incident Reports and investigations were reviewed on 1/13/15 at 11:30 AM. The review indicated the following:</p> <p>-BDDS report dated 11/26/14 indicated</p>						

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	<p>on 11/20/14, "[Staff #1] assisted [client #2] to the [workshop], had to leave and returned a few minutes later. At that time, [staff #1] received (a) report from the workshop that [client #2] had a 2 inch bruise under her right eye and a 1 inch cut under (her) right eye."</p> <p>-Incident Report dated 11/25/14 indicated on 11/20/14, "[Staff #1] dropped [client #2] and [client #7] off at day program and left to go get other clients and returned to day program with remaining clients and was informed that [client #7] had a bloody nose and [client #2] had a bruise and a small cut under her right eye. [Staff #1] did not witness any incident between clients or any injuries on either client when they were dropped of (sic) at the day program. Day program staff told [staff #1] that they arrived that way. [Staff #1] went over to both clients and observed said wounds. [Client #7's] nose had no visible (sic) injuries and had stopped bleeding. [Client #2] had an approximately 2 inch bruise and 1 inch cut below her right eye. [Staff #1] came back to the group home and reported incident and [staff #1] was told by [RM (Residential Manager) #1] that because they did not witness anything and did not know what happened that they didn't need to do anything and to clock out and go home."</p>			

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	<p>-Investigation Report dated 12/4/14 indicated the facility had conducted an investigation regarding clients #2 and #7's 11/20/14 injuries of unknown origin. The Investigation Report did not indicate documentation of statements or interviews being conducted with clients #2 or #7, or with other potential witnesses including staff working at the group home within 24 hours of working with clients #2 and #7.</p> <p>3. The facility's BDDS reports and investigations were reviewed on 1/13/15 at 11:30 AM. The review indicated the following:</p> <p>-BDDS report dated 12/2/14 indicated, "Staff went to count [client #1's] Hydrocodone (pain management) tablets and discovered some of the pills to be different. Staff transported the bottle to the [pharmacy] and the pharmacist confirmed there to be 14 pills in the bottle that were not the prescribed Hydrocodone tablets."</p> <p>-Investigation Report dated 12/9/14 indicated, "It is confirmed that 14 Hydrocodone pills were missing. It can not be determined how the pills were replaced with pills that were not the prescribed medication." The Investigation</p>			
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	<p>Report dated 12/9/14 did not indicate documentation of client #1 or client #1's advocate being interviewed.</p> <p>Client #1's advocate was interviewed on 1/15/15 at 10:18 AM. Client #1's advocate stated, "[Client #1] can talk. She's able to have a conversation just like we are now. [Client #1] told us that she wasn't getting her 11:00 PM and 7:00 AM doses of her pain medication. [Client #1] lived at home with us before going to the house. We had her practically doing her own medications. So, she knows what pills she gets. I called and reported that [client #1's] pain pills were not being given and we suspect [staff #1] was taking them. The administrator that used to be there told us they would investigate it to find out. We never heard anything except that when they confronted [staff #1] about the pills and requested a drug test, [staff #1] quit and refused to have the drug test."</p> <p>Client #1's record was reviewed on 1/13/15 at 9:50 AM. Client #1's Physician's Order form dated 12/1/14 indicated client #1's prescribed medication included but was not limited to Hydrocodone tablet 7.5 milligrams PRN (As Needed) for pain management.</p> <p>CS #1 was interviewed on 1/13/15 at</p>						

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W000156	<p>2:30 PM. CS #1 indicated all allegations of abuse, neglect, mistreatment and injuries of unknown origin should be thoroughly investigated.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 3 of 9 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to ensure the investigations of an allegation of the theft of clients #1, #3 and #6's money were completed within 5 working days and the results reported to the administrator.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/13/15 at 11:30 AM. The review indicated the following:</p> <p>-BDDS report dated 11/20/14 indicated</p>	W000156	<p><b>W156:</b> The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. <b>Corrective action:</b> · All appropriate parties have been in-serviced on ResCare policy and procedures to prevent abuse, neglect and or mistreatment of clients by any staff or other clients. · All appropriate parties have been in-serviced on the definition of and identifying all issues of abuse, neglect, and mistreatment by any staff or other clients. · All appropriate parties have been in-serviced on ResCare policy on completing a thorough investigation within 5 days, and on review of all investigations completed by workshops and day programs. ·</p>	02/19/2015

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	<p>on 11/19/14 the facility determined, through a financial audit of client #1's personal financial record, client #1 was missing \$75.66.</p> <p>-BDDS report dated 11/20/14 indicated on 11/19/14 the facility determined, through a financial audit of client #3's personal financial record, client #3 was missing \$59.00.</p> <p>-BDDS report dated 11/20/14 indicated on 11/19/14 the facility determined, through a financial audit of client #6's personal financial record, client #6 was missing \$72.36.</p> <p>-Investigation dated 12/9/14 indicated, "It is confirmed that \$75.66 (was) missing from [client #1's] home account, \$72.36 from [client #6's] home account and \$59.00 from [client #3's] home account." The 12/9/14 Investigation indicated the facility's administrator had signed the Investigation Peer Review form dated 12/9/14. The review indicated the investigation result regarding the 11/19/14 allegation of theft/exploitation of clients #1, #3 and #6's personal funds was not completed or reported to the facility administrator within 5 working days of the alleged incident.</p> <p>CS (Clinical Supervisor) #1 was</p>		<p>All appropriate parties have been in-serviced on client to client abuse standards. · Investigation Committee, including Executive Director will review all completed investigations to ensure that circumstances of incidents have been thoroughly investigated, including deployment of staff, interventions, and witness interviews completed.</p> <p><b>(Attachment A for all bullet points above) How we will identify others:</b> · All allegations of abuse/neglect/mistreatment will be immediately reported to Program Manager &amp; Executive Director. · All investigations must be complete with-in five business days. This is to include Investigation Committee Review and any approvals needed from Executive Director. · All BDDS reportable incidents will be submitted within 24 hours.</p> <p><b>Measures to be put in place:</b> · Clinical Supervisor or appropriate designee will complete the assigned forms for all allegations of client to client aggression. · Investigation results for all client to client aggression will be forwarded to Program Manager &amp; Executive Director within 5 business days. · All allegations &amp; or reports of client to client aggression will be reported to BDDS within 24 hours · All investigations will be presented to Investigation Committee and reviewed within five days.</p>				

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W000157	<p>interviewed on 1/13/15 at 2:30 PM. CS #1 indicated results of all investigations of allegations of abuse, neglect, mistreatment and exploitation should be reported to the administrator within five working days of the alleged incident.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 9 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to develop and implement actions to prevent ongoing injury to client #1's feet and buttocks.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 1/13/15 at 9:50 AM. Client #1's NNN (Nurse Narrative Notes) dated 1/20/14 through 1/7/15 indicated the following:</p>	W000157	<p><b>Monitoring of Corrective Action:</b> · All incident report data will be reviewed by safety committee. · Program Manager &amp; Executive Director will review investigation of all client to client reports or allegations. · Program Manager &amp; Executive Director will review client to client BDDS for thoroughness. · Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members. <b>Completion Date: 2-19-15</b></p> <p><b>W157:</b> Facility will ensure that appropriate corrective action is taken, if alleged violation is verified.</p> <p><b>Corrective action:</b></p> <p>· All staff have been in serviced on abuse/ neglect/mistreatment policy, how &amp; when to report any forms of abuse, including missing medications and</p>	02/19/2015

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	<p>-2/6/14, "Nurse visit. [Client #1] saw PCP (Primary Care Physician) on 2/3/14 for pain management and injury to first digit of right foot."</p> <p>-2/8/14, "Nurse visit. [Client #1] saw PCP on 2/7/14 for follow up on toe laceration. New order (1.) Stop Bactroban (topical antibiotic) for now; (2.) Keep wound covered and dry; (3.) Do not band aid may reinforce (sic). [Client #1] also saw PCP on 2/10/14 for toe. Wound cleansed and... dressing applied. New order: (1.) Keep occlusal dressing on; (2.) Keep clean and dry; (3.) Do not band aid, follow up in 2 days."</p> <p>-3/21/14, "[Client #1] saw PCP on 2/12/14, 2/14/14 and 2/21/14 to check sore on toe. Area improving. Continue treatment as ordered."</p> <p>-3/27/14, "Area to toe improving. Appointment on 3/31/14 for recheck."</p> <p>-8/7/14, "Seen by [doctor] at wound center. New orders recommended and noted... out of chair when [client #1] gets back to home for 2 hours, hooyer lift/sling for position changes."</p> <p>-8/15/14, "Seen at wound center this AM. Wound healed. Continue with ace bandage on both feet and to lay down</p>		<p>money. (<b>Attachment A</b>)</p> <ul style="list-style-type: none"> <li>· Incident Reporting Protocol has been in serviced (<b>Attachment C</b>) to address client to client aggression, reporting abuse and neglect, injuries of unknown origin and theft of client's personal belongings or medications.</li> <li>· For no less than two months, the Residential Manager will complete three Active treatment observations (<b>Attachment B</b>) per week to ensure that clients are free from abuse and neglect.</li> <li>· Staff have been in serviced on policy and procedures, including documentation, skin assessments and reporting. (<b>Attachment A</b>)</li> <li>· Nursing Coordinators have been in-serviced on policy and procedures, including documentation, skin assessments, wound care, measuring wound, timely nursing assessments, Physician orders, timely physician appointments and</li> </ul>				

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	<p>after work."</p> <p>-9/4/14, "Area to buttocks has re-opened and has follow up appointment with wound center."</p> <p>-9/11/14, "Seen at wound center by [doctor]. New orders and treatment. Limit time in chair daily to 2 hours up and 2 hours off. Return in one week. Has been home from workshop."</p> <p>-9/26/14, "Seen at wound center on 9/22/14. Continue order and treatment. Stay off coccyx until further notice."</p> <p>-10/2/14, "Seen at wound center 9/29/14. Continue order and treatment. Continue 2 hours up and 2 hours down."</p> <p>-10/8/14, "Seen at wound center 10/6/14. Areas with improvement noted area smaller (sic)."</p> <p>-10/26/14, "D/C (Discontinued)d from wound center on 10/23/14. Area resolved. Began going to workshop today."</p> <p>-11/11/14, "Seen at urgent care on 11/10/14.... Urgent care was due to 1 centimeter by 1 centimeter superficial abrasion on left great toe. Staff notified [nurse #1] today that buttocks has opened</p>		<p>interventions, documentation of new orders, including topical treatments, monitoring client's medical condition <b>(Attachment F)</b></p> <ul style="list-style-type: none"> <li>Client # 1 wheelchair bill for new wheelchair. <b>(Attachment DD)</b></li> <li>IDT completed to assess environmental alterations for Client #1. <b>(Attachment GG)</b></li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>The QIDP will assess all clients' plans to ensure they have preventative measures in place.</li> <li>Clinical Supervisor and Program Manager will review all incidents, to ensure that allegations of abuse or neglect have been reported in a timely manner and appropriate action has been taken.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>Staff will receive training in Abuse and Neglect,</li> </ul>	

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	<p>back up. Area is reddened and no drainage noted 2.3 centimeters by 1.1 centimeter. Cleansed."</p> <p>-11/14/14, "New order recommended and noted from wound center. No work until further notice. [Client #1] to off-load until wounds are healed."</p> <p>-11/19/14, "Continue to off-load and remain in bed only up for meals and showers. Toe well (sic). Improvement noted to buttocks."</p> <p>-12/1/14, "Remains in bed except for meals and appointments. Buttocks with improvement and noted foot (sic) also."</p> <p>-12/12/14, "Started full time at [workshop] today. Buttocks looks good. Continues to bump toes and bleeding noted."</p> <p>-12/19/14, "Seen at [hospital] 12/15/14 for wheelchair evaluation."</p> <p>-12/30/14, "Returns to wound care on 1/9/14 due to buttocks. Concerns voiced by parents and area opening back up. Redness noted on crease of buttocks. Also encourage [client #1] to off-load after work."</p> <p>-1/2/15, "New order to stay home from</p>		<p>Reporting abuse and neglect, and Incident Reporting at monthly staff meetings and annually. (<b>Attachment C</b>)</p> <ul style="list-style-type: none"> <li>For no less than two months, the Residential Manager will complete three Active treatment observations (<b>Attachment B</b>) per week to ensure that clients are free from abuse and neglect, client to client aggression, injuries of unknown origin and theft of client's personal belongings or medications.</li> <li>Investigation Committee will review and make recommendations on all allegations of abuse and neglect, including corrective action, if warranted, per established policies and procedures.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>The provider will ensure compliance through oversight by the RM weekly check list (<b>Attachment J</b>)</li> <li>Clinical Supervisor,</li> </ul>	

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	<p>workshop and off-load. Skin breakdown noted on buttocks. Appointment set with wound center and is to stay home until further notice."</p> <p>-1/7/15, "[Client #1] to return to wound center on Friday (1/9/15) for skin breakdown to buttocks. Off-load frequently."</p> <p>Client #1's Skin Integrity Risk Plan (SIRP) dated 7/24/14 did not indicate documentation of interventions to address client #1 bumping and injuring her feet or client #1's off loading/bed rest recommendations. The 7/24/14 SIRP did not indicate documentation of nursing or IST (Individual Support Team) review to prevent reoccurrence of client #1's pressure sores to her feet and buttocks.</p> <p>The review did not indicate documentation of a PT (Physical Therapy)/OT (Occupational Therapy) evaluation prior to 12/15/14 to determine if client #1's wheelchair could be modified to prevent injury to her feet or buttocks.</p> <p>The facility's BDDS reports and investigations were reviewed on 1/13/15 at 11:30 AM. The review indicated the following:</p>		<p>Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</p> <p>· Clinical Supervisor and Program Manager will review monthly staff meetings for Abuse and Neglect training, Reporting Procedures and ensure that annual training is current, will periodically review annual ISP documentation for staff training, including Day Program staff.</p> <p>· Investigation Committee, including Executive Director will review all investigations to ensure that all allegations of abuse or neglect, client to client, and injury of unknown origin have been thoroughly investigated and that proper follow up recommendation/ corrective action, if warranted, has been given per established policies and procedures.</p>				

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	<p>-BDDS report dated 11/10/14 indicated client #1 was seen at urgent care to be assessed for a wound to her toe.</p> <p>-Investigative Summary form dated 11/17/14 indicated the following:</p> <p>-"[Client #1] arrived home from workshop when staff noticed her big toe was bleeding. [Client #1] was taken to urgent care for evaluation. First aid was applied. Urgent care wrote on their paperwork that this injury is from maneuvering her wheelchair. Referral was made for the wound clinic."</p> <p>-"[Staff #1], 11/14/14, [staff #1] was asked if she knew how the injury occurred. [Staff #1] said from past experience it came from her not paying attention when turning corners in the wheelchair and her foot gets caught on corners/wall. [Staff #1] said [client #1] will hit her foot on her bed too and her foot gets caught in between her chair and bed. [Staff #1] said she has witnessed her foot getting caught between the wheelchair and her bed. [Staff #1] said the injury is ongoing and has been there for about two weeks."</p> <p>-"[Staff #2], 11/14/14, [staff #2] was asked how the injury occurred. [Staff #2] states she guess (sic) it happened at</p>		<b>Completion Date: 2-19-15</b>				

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	<p>workshop. [Staff #2] said her sock was bloody when she was loading her into the van to return home from workshop. [Staff #2] was asked how often this injury occurred. [Staff #2] said once a month and that it is a recurring injury. [Staff #2] said if [client #1] is not paying attention to where she is going, she hits doors and walls. [Staff #2] was asked if she has ever documented on this injury. [Staff #2] said she had on the skin assessment."</p> <p>-Investigation Peer Review form dated 11/17/14 indicated, "Recommendations: (1.) [Client #1] has appointment with [wheelchair clinic] on 12/15/14 to try to order a new wheelchair; (2.) Staff will be trained to encourage [client #1] to slow down when maneuvering her wheelchair." The Investigation Peer Review form dated 11/17/14 did not indicate documentation of recommendations to assess the physical environment of the group home/client #1's bedroom, PT/OT evaluation to determine if client #1's wheelchair could be modified to prevent injury to her feet while maneuvering and did not include recommendations to address staff's documentation of client #1's skin integrity.</p> <p>Client #1's advocate was interviewed on 1/15/15 at 10:18 AM. Client #1's</p>				

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	<p>advocate stated, "[Client #1] was having trouble with her wheelchair. I told them in May 2014 that they needed to look at her wheel chair and start the process of getting a new one. [Client #1's] had ongoing sores to her feet and her buttocks. As far as I know, they never looked at her wheelchair until the new management, the new lady finally called [wheelchair agency] (12/15/14) to get her a new chair that will give her the support that she needs."</p> <p>CS (Clinical Supervisor) #1 and nurse #2 were interviewed on 1/15/15 at 3:08 PM. CS #1 and nurse #2 indicated client #1's SIRP should have been updated and reviewed by the nurse to address client #1's ongoing pressure ulcers.</p> <p>CS #1 was interviewed on 1/15/15 at 3:15 PM. CS #1 indicated she had completed the Investigative Summary regarding client #1's 11/10/14 injury of unknown origin. CS #1 indicated the Investigative Summary form dated 11/17/14 listed all staff and documents that were reviewed during the course of the investigation. CS #1 indicated all potential witnesses to allegations of abuse, neglect, mistreatment and injuries of unknown injury should be interviewed. CS #1 indicated client #1 should have been interviewed during the 11/17/14</p>						

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W000159	<p>investigation regarding her toe injury.</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 1/15/15 at 3:08 PM. When asked if the physical environment of the group home had been assessed to address client #1's hitting her foot on walls or getting caught between her bed and her wheelchair, QIDPD #1 stated, "No."</p> <p>CS #1 was interviewed on 1/13/15 at 2:30 PM. CS #1 indicated corrective actions to prevent reoccurrence of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be developed and implemented.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor client #2's active treatment program by failing to ensure client #2's</p>	W000159	<p><b>W159:</b> Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p>	02/19/2015

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	<p>dietary assessment included a determination of her current eating skills, to assess the extent to which corrective, orthotic, or support devices would impact client #2's functional status, to ensure clients #2, #3, and #4's Individual Support Plans (ISPs) and/or Behavior Support Plans (BSPs) objectives were implemented when formal and/or informal training opportunities existed, to ensure client #1's ATS (Active Treatment Schedule) outlined client #1's current active treatment program, to ensure clients #3 and #4's CFA's (Comprehensive Functional Assessments) were reviewed annually, to ensure the facility's HRC ensured clients #2 and #3's programs for behavior management were conducted with the written informed consent of clients #2 and #3's guardians, to ensure client #2's ISP/BSP included the use of a lap belt restraint for client #2's wheelchair and to ensure client #2 had an active treatment program with a plan of reduction for a psychotropic medication used for behavior management.</p> <p>Findings include:</p> <p>1. The QIDP failed to integrate, coordinate and monitor client #2's active treatment program by failing to ensure client #2's dietary assessment included a</p>		<p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· QIDP has been in serviced on updating active treatment schedules based on clients current active treatment programs. <b>(Attachment A)</b></li> <li>· Client # 1 active treatment schedule updated <b>(Attachment K)</b></li> <li>· Residential Manager has been in serviced on completing/ updating clients Comprehensive Functional Assessments annually. <b>(Attachment A)</b></li> <li>· Client #3 and Client #4 completed Comprehensive Functional Assessment <b>(Attachment L)</b></li> <li>· QIDP has been in serviced on including all restraints in ISP/ BSP. <b>(Attachment A)</b></li> <li>· Client # 2 revised BSP to include lap belt as a restraint. <b>(Attachment M)</b></li> </ul>				

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	<p>determination of her current eating skills. Please see W217.</p> <p>2. The QIDP failed to integrate, coordinate and monitor client #2's active treatment program by failing to assess the extent to which corrective, orthotic, or support devices would impact client #2's functional status. Please see W218.</p> <p>3. The QIDP failed to integrate, coordinate and monitor clients #2, #3 and #4's active treatment program by failing to ensure clients #2, #3, and #4's ISPs and/or BSPs objectives were implemented when formal and/or informal training opportunities existed. Please see W249.</p> <p>4. The QIDP failed to integrate, coordinate and monitor client #1's active treatment program by failing to ensure client #1's ATS outlined client #1's current active treatment program. Please see W250.</p> <p>5. The QIDP failed to integrate, coordinate and monitor clients #3 and #4's active treatment program by failing to ensure clients #3 and #4's CFA's were reviewed annually. Please see W259.</p> <p>6. The QIDP failed to integrate, coordinate and monitor clients #2 and</p>		<ul style="list-style-type: none"> <li>· QIDP has been in serviced to include all psychotropic medications used for behavior management in BSP with a plan of reduction. <b>(Attachment A)</b> Client #2 revised BSP to include all psychotropic medication with a plan of reduction. <b>(Attachment M)</b></li> <li>· QIDP has been in serviced on ensuring each client's Program Plans include written informed consent from clients and guardians. <b>(Attachment A)</b></li> <li>· Client # 2 and Client # 3 updated signature page. <b>(Attachment N)</b></li> <li>· All staff has been in serviced to ensure all clients adaptive equipment is being utilized per client's plans. <b>(Attachment A)</b></li> <li>· Nurse Coordinator has been in serviced to ensure client dietary assessments are current and all Health care plans match. <b>(Attachment F)</b></li> </ul>	

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	<p>#3's active treatment program by failing to ensure the facility's HRC ensured clients #2 and #3's programs for behavior management were conducted with the written informed consent of clients #2 and #3's guardians. Please see W263.</p> <p>7. The QIDP failed to integrate, coordinate and monitor client #2's active treatment program by failing to ensure client #2's ISP/BSP included the use of a lap belt restraint for client #2's wheelchair. Please see W289.</p> <p>8. The QIDP failed to integrate, coordinate and monitor client #2's active treatment program by failing to ensure client #2 had an active treatment program with a plan of reduction for a psychotropic medication used for behavior management. Please see W312.</p> <p>9-3-3(a)</p>		<ul style="list-style-type: none"> <li>· Client # 2 Dining plan has been updated. <b>(Attachment NN)</b></li> <li>· All staff has been trained on active treatment to be implemented when formal/informal training opportunities exist. <b>(Attachment A &amp; O)</b></li> <li>· For no less than two months, the Residential Manager will complete three Active treatment observations <b>(Attachment B)</b> per week to ensure that clients are free from abuse and neglect.</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· Residential Manager and QIDP will review all clients ISP/BSP/ Assessments to ensure that any restrictions/ reductions/ revisions needed have been completed.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· For no less than two months, the Residential Manager will complete three Active treatment observations <b>(Attachment B)</b> per week to ensure that staffs are</li> </ul>	

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W000217	483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include nutritional status.		<p>performing active treatment as written in ISP's formal and informally.</p> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</li> <li>· The facility will ensure compliance with policies and procedures through oversight by the RM/QIDP, CS.</li> <li>· Annual ISP/ BSP's will be reviewed by CS and Human Rights Committee to ensure due process.</li> </ul> <p><b>Completion Date: 2-19-15</b></p>		

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	<p>Based on observation, record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure client #2's dietary assessment included a determination of her current eating skills.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/12/15 from 3:30 PM through 6:15 PM. At 5:45 PM, client #2 participated in the home's family style evening meal. Staff #3 utilized a food processor/blender to puree client #2's baked chicken breast, peas and carrots and broccoli. Client #2's meal was pureed consistency.</p> <p>Observations were conducted at the group home on 1/13/15 from 6:20 AM through 7:45 AM. At 7:00 AM, client #2 participated in the home's family style morning meal. Staff #4 utilized a food processor/blender to puree client #2's dry breakfast cereal. Client #2's meal was pureed consistency.</p> <p>Client #2's record was reviewed on 1/13/15 at 8:05 AM. Client #2's Dining Plan form dated 7/29/14 indicated client #2's diet was "Mechanical soft with chopped meat." Client #2's Physician's Orders dated 12/1/14 indicated, "Mechanical soft with chopped meats."</p>	W000217	<p><b>W217:</b> The Comprehensive Functional Assessment must include nutritional status.</p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· Residential Manager has been in serviced on completing/reviewing/ updating dietary assessments yearly and as needed. <b>(Attachment A)</b></li> <li>· Nurse Manager has been in serviced that dining plans must match dietary assessments. <b>(Attachment F)</b></li> <li>· Client # 2 Dining plan. <b>(Attachment NN)</b></li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· Residential Manager and QIDP will review all clients ISP/BSP/ Assessments to ensure that any restrictions/ reductions/ revisions needed have been completed.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· Clinical Supervisor will</li> </ul>	02/19/2015			

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	<p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 1/13/15 at 2:08 PM. QIDPD #1 indicated client #2's morning and evening meals had been pureed. QIDPD #1 indicated client #2's dining plan and food consistency needs should be reassessed to determine her current meal time needs.</p> <p>9-3-4(a)</p>		<p>review RM weekly check list (<b>Attachment J</b>) to ensure all assessments are updated/ reviewed.</p> <ul style="list-style-type: none"> <li>Nursing Manager will review Weekly Nursing Checklist (<b>Attachment G</b>) to ensure that High Risk Plans/ dining plans have been reviewed</li> <li>All staff to be in serviced on consistently implementing dining plans. (<b>Attachment A</b>)</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</li> <li>The facility will ensure compliance with policies and procedures through oversight by the RM/QIDP, CS.</li> </ul> <p><b>Completion Date: 2-19-15</b></p>	

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W000218	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based on observation, record review and interview for 1 of 4 sampled clients (#2), the facility failed to assess the extent to which corrective, orthotic, or support devices would impact client #2's functional status.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/12/15 from 3:30 PM through 6:15 PM. Client #2 was observed throughout the observation period. Client #2 utilized a manual wheelchair with a lap belt for ambulation. Client #2 had body tremors and was unable to maintain her body position in the wheelchair. Client #2's buttocks/trunk slid or moved in a forward position toward the front of the wheelchair. Client #2's wheelchair had a fastened seat belt which prevented client #2 from falling out of the chair.</p> <p>Observations were conducted at the group home on 1/13/15 from 6:20 AM through 7:45 AM. Client #2 was observed throughout the observation</p>	W000218	<p><b>W218:</b> The comprehensive functional assessment must include sensorimotor development.</p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· Residential Manager has been in serviced on completing/ updating clients Comprehensive Functional Assessments annually. <b>(Attachment A)</b></li> <li>· All staff has been in serviced to ensure all clients adaptive equipment is being utilized per client's plans. <b>(Attachment A)</b></li> <li>· Client #2 wheelchair assessment OT/PT appintment scheduled 2-25-15.</li> <li>· Client # 1 wheelchair bill for new wheelchair.</li> </ul>	02/19/2015

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	<p>period. Client #2 utilized a manual wheelchair with a lap belt for ambulation. Client #2 had body tremors and was unable to maintain her body position in the wheelchair. Client #2's buttocks/trunk slid or moved in a forward position toward the front of the wheelchair. Client #2's wheelchair had a fastened seat belt which prevented client #2 from falling out of the chair.</p> <p>Client #2's record was reviewed on 1/13/15 at 8:05 AM. Client #2's OT (Occupational Therapy) form dated 5/6/12 indicated, "[Client #2] presented seated in a standard sling back and seat wheelchair. [Client #2] had slid forward in her chair and was restrained successfully by a lap seatbelt. [Client #2] presented with right neck and trunk lateral flexion while up in the chair. [Client #2] required maximum assistance to reposition herself upright in a chair. [Client #2] has difficulty holding her head up against gravity." Client #2's medical Consult Doctor's Orders and Progress Notes form dated 8/1/12 indicated, "[Client #2] may benefit from a wheelchair assessment particularly as her posture, head and trunk control changes." Client #2's record did not indicate documentation of a wheelchair assessment.</p>		<p><b>(Attachment DD)</b></p> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>Residential Manager and QIDP will review all client Assessments to ensure that any restrictions/ reductions/ revisions needed have been completed.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>Clinical Supervisor will review RM weekly check list to ensure all assessments are updated/ reviewed.</li> <li>Nursing Manager will review Weekly Nursing Checklist (<b>Attachment G</b>) to ensure that High Risk Plans/ dining plans have been reviewed.</li> <li>Adaptive Equipment/Maintenance checklist has been implemented (<b>Attachment Q</b>) to ensure that adaptive</li> </ul>				

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	<p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 1/13/15 at 2:08 PM. QIDPD #1 indicated client #2 utilized a wheelchair for ambulation. QIDPD #1 indicated there was not additional documentation available for review regarding an assessment of client #2's wheelchair. QIDPD #1 indicated client #2's wheelchair should be assessed.</p> <p>9-3-4(a)</p>		<p>equipment is maintained and in good working order..</p> <ul style="list-style-type: none"> <li>· A weekly Residential Manager checklist has been implemented (<b>Attachment J</b>) to ensure that adaptive equipment is available and in good repair.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Clinical Supervisor and Program Manager will perform periodic service reviews, including Best in Class, Director's checklist, to ensure that Assessments are current.</li> <li>· The facility will ensure compliance with policies and procedures through oversight by the RM/QIDP, CS.</li> <li>· Residential Managers will review adaptive equipment checklist (<b>Attachment Q</b>) to ensure documentation is present and will review, inspect all adaptive equipment to ensure that they are available for client use and in good repair.</li> </ul>	

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 3 of 4 sampled clients (#2, #3 and #4), the facility failed to implement clients #2, #3, and #4's Individual Support Plans (ISPs) and/or Behavior Support Plans (BSPs) objectives when formal and/or informal training opportunities existed.</p>	W000249	<ul style="list-style-type: none"> <li>Clinical Supervisor will review Adaptive Equipment checklist monthly to ensure that all equipment is maintained and in good working order.</li> <li>Program Manager will perform periodic service reviews to ensure that all adaptive equipment is available for use and in good repair.</li> </ul> <p><b>Completion Date: 2-19-15</b></p> <p><b>W249:</b> 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</p>	02/19/2015

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	<p>Findings include:</p> <p>Observations were conducted at the group home on 1/12/15 from 3:30 PM through 6:15 PM. At 4:30 PM, RM (Resident Manager) #1 began the evening medication administration. At 4:51 PM, client #2 was prompted to come to the medication administration area for her 4:00 PM medications. RM #1 prepared and administered client #2's medications which included but was not limited to Phenytoin (seizures) Chewable Tablet 50 milligrams and Phenytoin Extended Release Capsule 100 milligrams. RM #1 did not offer client #2 verbal prompts to point to her Phenytoin medication. At 5:20 PM, staff #4 brought a laundry basket of clients #2, #3 and #4's clean laundry from the group home's laundry area. Staff #4 separated each client's clothing, folded each client's clothing articles and took each client's clothing to the clients' bedrooms and put the clothing away. Client #2 was seated in the group home's family room with no activity and was not encouraged to participate in folding or putting her clothing away. Clients #3 and #4 were seated in the group home's living room area and were not encouraged to participate in folding or putting their clothing away.</p>		<p>interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· Staff have been in serviced on implementing medication goals.(Attachment A)</li> <li>· Staff has been in serviced to implement formal and informal training at every opportunity. (Attachment A&amp;O)</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· For no less than two months, the Residential Manager will complete three Active treatment observations (Attachment B) per week to ensure that active treatment is being provided and medication goals are implemented.</li> <li>· RM, CS, QIDP, Nurse Coordinator will routinely</li> </ul>	
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	<p>1. Client #2's record was reviewed on 1/13/15 at 8:05 AM. Client #2's ISP dated 1/31/14 indicated, "[Client #2] will point to her Phenytoin with 2 verbal prompts 65% of the opportunities per month for 6 consecutive months by 1/31/15."</p> <p>Client #2's ISP dated 1/31/14 indicated client #2 was not independent with her laundry skills. Client #2's ISP dated 1/31/14 indicated client #2 should receive informal training to increase her laundry skills.</p> <p>2. Client #3's record was reviewed on 1/13/15 at 1:30 PM. Client #3's ISP dated 10/24/14 indicated client #3 was not independent with her laundry skills. Client #3's ISP dated 10/24/14 indicated client #3 should receive informal training to increase her laundry skills.</p> <p>3. Client #4's record was reviewed on 1/13/15 at 12:56 PM. Client #4's ISP dated 8/27/14 indicated client #4 was not independent with her laundry skills. Client #4's ISP dated 8/27/14 indicated client #4 should receive informal training to increase her laundry skills.</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 1/13/15 at 2:08 PM.</p>		<p>observes staff during medication administration to ensure that medications are being administered properly and goals are being implemented.</p> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· For no less than two months, the Residential Manager will complete three Active treatment observations (<b>Attachment B</b>) per week to ensure that active treatment is being provided and medication goals are implemented.</li> <li>· Staff is observed at least annually by Nurse Coordinator to ensure compliance.</li> <li>· CS will perform quarterly EDOM checklist (<b>Attachment R</b>), including observation of Active Treatment.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· RM will perform 3 Weekly Active Treatment observations (<b>Attachment B</b>) to ensure medication goals are implemented as written and all formal and informal training is</li> </ul>	

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	QIDPD #1 indicated formal and informal training should occur at each opportunity.  9-3-4(a)				<p>occurring at every opportunity.</p> <ul style="list-style-type: none"> <li>Clinical Supervisor and Program Manager will perform periodic service reviews, including Best in Class, to ensure that Active Treatment is present and medication goals are implemented as written.</li> </ul> <p><b>Completion Date: 2-19-15</b></p> <p><b>W250:</b> The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.</p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>QIDP has been in serviced on updating active treatment schedules based on clients current active treatment programs. (<b>Attachment A</b>) Client # 1 active treatment</li> </ul>		

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			<p>schedule updated <b>(Attachment K)</b></p> <ul style="list-style-type: none"> <li>All staff has been trained on active treatment to be implemented when formal/informal training opportunities exist. <b>(Attachment A&amp;O)</b></li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>Residential Manager and QIDP will review all clients ISP/BSP/ Assessments to ensure that all active treatment schedules are current.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>For no less than two months, the Residential Manager will complete three Active treatment observations <b>(Attachment B)</b> per week to ensure staff is performing active treatment as written in ISP's formal and informally.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing</li> </ul>		

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W000250	<p>483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on observation, record review and interview for 1 of 4 sampled client (#1), the facility failed to ensure client #1's ATS (Active Treatment Schedule) outlined client #1's current active treatment program.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 1/12/15 from 3:30 PM through 6:15 PM. Client #1 was on bed rest throughout the observation period. Client #1 joined her peers at the dining</p>	W000250	<p>Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</p> <p>The facility will ensure compliance with policies and procedures through oversight by the RM/QIDP, CS.</p> <p><b>Completion Date: 2-19-15</b></p> <p><b>W249:</b> 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>	02/19/2015

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	<p>room table for the evening meal and then returned to her bed.</p> <p>Observations were conducted at the group home on 1/13/15 from 6:20 AM through 7:45 AM. Client #1 was on bed rest throughout the observation period. Client #1 came to the dining room table to eat her breakfast after her housemates left for the workshop. Client #1 then returned to her bed.</p> <p>RM (Resident Manager) #1 was interviewed on 1/12/15 at 3:30 PM. RM #1 indicated client #1 was on bed rest due to a pressure ulcer on her buttocks. RM #1 indicated client #1 was not attending day services in order to remain on bed rest until the pressure ulcer on her buttocks healed.</p> <p>Client #1's record was reviewed on 1/13/15 at 9:50 AM. Client #1's NNN (Nurse Narrative Notes) dated 1/20/14 through 1/7/15 indicated, "1/2/15, "New order to stay home from workshop and off-load. Skin breakdown noted on buttocks. Appointment set with wound center and is to stay home until further notice."</p> <p>Client #1's ATS undated did not indicate documentation of review/revision regarding client #1's limited participation</p>		<p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· Staff have been in serviced on implementing medication goals.(Attachment A)</li> <li>· Staff has been in serviced to implement formal and informal training at every opportunity. (Attachment A&amp;O)</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· For no less than two months, the Residential Manager will complete three Active treatment observations (Attachment B) per week to ensure that active treatment is being provided and medication goals are implemented.</li> <li>· RM, CS, QIDP, Nurse Coordinator will routinely observes staff during medication administration to ensure that medications are being administered properly and goals are being implemented.</li> </ul>				

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	<p>in activities.</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 1/13/15 at 2:08 PM. QIDPD #1 indicated client #1's ATS should be revised to include activities that client #1 can do while on bed rest.</p> <p>9-3-4(a)</p>		<p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· For no less than two months, the Residential Manager will complete three Active treatment observations (<b>Attachment B</b>) per week to ensure that active treatment is being provided and medication goals are implemented.</li> <li>· Staff is observed at least annually by Nurse Coordinator to ensure compliance.</li> <li>· CS will perform quarterly EDOM checklist (<b>Attachment R</b>), including observation of Active Treatment.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· RM will perform 3 Weekly Active Treatment observations (<b>Attachment B</b>) to ensure medication goals are implemented as written and all formal and informal training is occurring at every opportunity.</li> <li>· Clinical Supervisor and Program Manager will perform periodic service reviews, including Best in Class, to</li> </ul>		

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			<p>ensure that Active Treatment is present and medication goals are implemented as written.</p> <p><b>Completion Date: 2-19-15</b></p> <p><b>W250:</b> The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.</p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>QIDP has been in serviced on updating active treatment schedules based on clients current active treatment programs. (<b>Attachment A</b>) Client # 1 active treatment schedule updated (<b>Attachment K</b>)</li> <li>All staff has been trained on active treatment to be implemented when formal/</li> </ul>	

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			<p>informal training opportunities exist. (<b>Attachment A&amp;O</b>)</p> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>Residential Manager and QIDP will review all clients ISP/BSP/ Assessments to ensure that all active treatment schedules are current.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>For no less than two months, the Residential Manager will complete three Active treatment observations (<b>Attachment B</b>) per week to ensure staff is performing active treatment as written in ISP's formal and informally.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</li> </ul>		

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W000259	<p>483.440(f)(2) PROGRAM MONITORING &amp; CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 2 of 4 sampled clients (#3 and #4), the facility failed to ensure clients #3 and #4's CFA's (Comprehensive Functional Assessments) were reviewed annually.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Client #3's record was reviewed on 1/13/15 at 1:30 PM. Client #3's CFA was dated 10/24/13. The review did not indicate documentation of annual review of client #3's CFA.</li> <li>2. Client #4's record was reviewed on 1/13/15 at 12:56 PM. Client #4's CFA was dated 8/23/13. The review did not indicate documentation of annual review of client #4's CFA.</li> </ol>	W000259	<p>The facility will ensure compliance with policies and procedures through oversight by the RM/QIDP, CS.</p> <p><b>Completion Date: 2-19-15</b></p> <p><b>W259:</b> At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed.</p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>Residential Manager has been in serviced on completing/ updating clients Comprehensive Functional Assessments annually. <b>(Attachment A)</b></li> <li>Client #3 and Client #4</li> </ul>	02/19/2015

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	<p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 1/13/15 at 2:08 PM. QIDPD #1 indicated clients #3 and #4's CFAs should be reviewed annually.</p> <p>9-3-4(a)</p>		<p>completed Comprehensive Functional Assessment <b>(Attachment L)</b></p> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>Residential Manager and QIDP will review all clients ISP/BSP/ Assessments to ensure that any restrictions/ reductions/ revisions needed have been completed.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>For no less than two months, the Residential Manager will complete three Active treatment observations <b>(Attachment B)</b> per week to ensure that staff is performing active treatment as written in ISP's formal and informally.</li> <li>Clinical Supervisor will review RM weekly check list <b>(Attachment J)</b> to ensure all assessments are updated/ reviewed.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Clinical Supervisor and Program Manager will perform</li> </ul>	

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W000263	<p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#2 and #3), the facility's HRC (Human Rights Committee) failed to ensure clients #2 and #3's programs for behavior management were conducted with the written informed consent of client #2 or client #3's guardian.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 1/13/15 at 8:05 AM. Client #2's POF</p>	W000263	<p>periodic service reviews, including Best in Class, Director's checklist, to ensure that assessments are completed as needed.</p> <ul style="list-style-type: none"> <li>The facility will ensure compliance with policies and procedures through oversight by the RM/QIDP, CS.</li> </ul> <p><b>Completion Date: 2-19-15</b></p> <p><b>W263:</b> The committee should ensure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>QIDP has been in serviced on ensuring each</li> </ul>	02/19/2015

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	<p>(Physician's Orders Form) dated 12/1/14 indicated client #2 received Clonazepam tablet 0.5 milligrams (seizures/anxiety) twice daily. Client #2's ISP (Individual Support Plan) dated 1/31/14 indicated client #2 was emancipated. Client #2's BSP (Behavior Support Plan) dated 1/31/14 did not indicate documentation of the written informed consent of client #2 regarding the use of Clonazepam tablet 0.5 milligrams twice daily. Client #2's record did not indicate documentation of the written informed consent of client #2 regarding the use of Clonazepam tablet 0.5 milligrams twice daily.</p> <p>2. Client #3's record was reviewed on 1/13/15 at 1:30 PM. Client #3's BSP dated 10/24/14 indicated client #3 received Paxil 30 milligrams (depression), Risperdal .25 milligrams (bipolar) and Trileptal 200 milligrams (anxiety) for the management of her behavior. Client #3's ISP (Individual Support Plan) dated 10/24/14 indicated client #3 had a legal guardian. Client #3's record did not indicate documentation of the written informed consent of client #3's guardian regarding client #3's use of Paxil, Risperdal or Trileptal for behavior management.</p> <p>QIDPD (Qualified Intellectual</p>		<p>client's Program Plans include written informed consent from clients and guardians. <b>(Attachment A)</b></p> <ul style="list-style-type: none"> <li>Client # 2 and Client # 3 updated signature page. <b>(Attachment N)</b></li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>The RM/QIDP will review all ISP's, including behavior plans and rights restrictions to ensure that all appropriate and required approvals are documented.</li> <li>Human Rights Committee will also review all ISP's, Behavior Plans and Rights restrictions to ensure appropriate approvals are documented.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>Informed Consent forms will be reviewed and updated annually at ISP or as changes warrant.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p>	

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W000289	<p>Disabilities Professional Designee) #1 was interviewed on 1/13/15 at 2:08 PM. QIDPD #1 indicated the written informed consent of the client or the client's guardian was needed for the use of psychotropic medications for behavior management.</p> <p>9-3-4(a)</p> <p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on observation, record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure client #2's ISP (Individual Support Plan)/BSP (Behavior Support Plan) included the use of a lap belt restraint for client #2's wheelchair.</p>	W000289	<p>Human Rights Committee will review all ISP, Behavior Plans, Rights restrictions to ensure that due process is being followed and all required signatures are documented.</p> <p>Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</p> <p><b>Completion Date: 2-19-15</b></p> <p><b>W289:</b> The use of systematic interventions to manage inappropriate client behaviors must be incorporated into the clients individual program plan, in accordance with</p>	02/19/2015

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	<p>Findings include:</p> <p>Observations were conducted at the group home on 1/12/15 from 3:30 PM through 6:15 PM. Client #2 was observed throughout the observation period. Client #2 utilized a manual wheelchair with a lap belt for ambulation. Client #2's wheelchair had a fastened seat belt which prevented client #2 from falling out of the chair.</p> <p>Observations were conducted at the group home on 1/13/15 from 6:20 AM through 7:45 AM. Client #2 was observed throughout the observation period. Client #2 utilized a manual wheelchair with a lap belt for ambulation. Client #2's wheelchair had a fastened seat belt which prevented client #2 from falling out of the chair.</p> <p>Client #2's record was reviewed on 1/13/15 at 8:05 AM. Client #2's OT (Occupational Therapy) form dated 5/6/12 indicated, "[Client #2] presented seated in a standard sling back and seat wheelchair. [Client #2] had slid forward in her chair and was restrained successfully by a lap seatbelt."</p> <p>Client #2's BSP (Behavior Support Plan) dated 1/31/14 did not indicate documentation of the use of a lap</p>		<p>483.440 (c) (4) and (5) of this subpart.</p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>QIDP has been in serviced on including all restraints in ISP/ BSP. (<b>Attachment A</b>)</li> <li>Client # 2 revised BSP to include lap belt as a restraint. (<b>Attachment M</b>)</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>Residential Manager and QIDP will review all clients ISP/BSP's to ensure that any restrictions/ reductions/ revisions needed have been completed.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>Clinical Supervisor will review Behavior Support addendums monthly (<b>Attachment S</b>) to ensure all restraints are included in plan.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p>				

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W000312	<p>seatbelt.</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 1/13/15 at 2:08 PM. QIDPD #1 indicated client #2's wheelchair had a lap seatbelt. QIDPD #1 indicated client #2 could not independently remove the lap seatbelt.</p> <p>9-3-5(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 4 sampled clients on behavior controlling medications (#2), the facility failed to ensure client #2 had an active treatment program with a plan of reduction.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on</p>	W000312	<p>Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</p> <p>The facility will ensure compliance with policies and procedures through oversight by the RM/QIDP, CS.</p> <p><b>Completion Date: 2-19-15</b></p> <p><b>W312:</b> Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are</p>	02/19/2015

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	<p>1/13/15 at 8:05 AM. Client #2's POF (Physician's Orders Form) dated 12/1/14 indicated client #2 received Clonazepam tablet 0.5 milligrams (seizures/anxiety) twice daily.</p> <p>Client #2's BSP (Behavior Support Plan) dated 1/31/14 did not indicate documentation of the use of Clonazepam 0.5 milligrams twice daily for behavior management. Client #2's record did not indicate documentation of an active treatment program with a plan of reduction for the use of Clonazepam 0.5 milligrams twice daily.</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 1/13/15 at 2:08 PM. QIDPD #1 indicated the use of psychotropic medications used for behavior management should have an active treatment program with a plan of reduction.</p> <p>9-3-5(a)</p>		<p>employed.</p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>QIDP has been in serviced on including medication reduction plan to the Behavior Support Plan addendum when a new medication is prescribed (<b>Attachment A</b>)</li> <li>Medication Reduction plan has been included on Client #2's Behavior Support Plan addendum (<b>Attachment M</b>)</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>QIDP will review medication reduction plans to ensure that reductions are included for each medication.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>Clinical Supervisor will review Behavior Support Plan addendums to ensure that medication reduction plans are included.</li> </ul> <p><b>Monitoring of Corrective</b></p>				

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W000318	<p>483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to meet the Condition of Participation: Health Care Services. The facility's health care services failed to address client #1's recurrent pressure ulcers.</p> <p>Findings include:</p> <p>The facility's health care services failed to address client #1's recurrent pressure ulcers. Please see W331.</p> <p>9-3-6(a)</p>	W000318	<p><b>Action:</b></p> <ul style="list-style-type: none"> <li>Clinical Supervisor will review Behavior Support addendums monthly to ensure medication reductions are included in plan.</li> </ul> <p><b>Completion Date: 2-19-15</b></p> <p><b>W318:</b> The facility must ensure that specific health care services requirements are met.</p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>Staff has been in serviced on documentation, including daily documentation of wounds. (<b>Attachment A</b>)</li> <li>Nursing Coordinators has been in serviced on completing nursing responsibilities per policy and procedures, including documentation, skin</li> </ul>	02/19/2015			

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			<p>assessments, wound care, measuring wound, timely nursing assessments, Physician orders, timely physician appointments and interventions, documentation of new orders, including topical treatments, monitoring client's medical condition <b>(Attachment F)</b></p> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· Nurse Manager will review Nursing Coordinators documentation on any client with a pressure wound to ensure that adequate and appropriate measures are in place, including proper documentation, assessments and timely interventions.</li> <li>· Residential Manager will review daily documentation of any client with a pressure wound to ensure that documentation is done daily.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· A weekly Nursing Coordinator checklist has been implemented <b>(Attachment G)</b> and Nurse Manager will be</li> </ul>	

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W000331	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and	W000331	<p>informed of any client with a pressure wound to ensure that care is adequate and timely, including measurement of wound, treatment, physician recommendations, and treatments.</p> <ul style="list-style-type: none"> <li>Residential Manager will complete weekly checklist (<b>Attachment J</b>) to ensure documentation is present daily on a client's medical condition, if needed.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</li> </ul> <p><b>Completion Date: 2-19-15</b></p>	02/19/2015	

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	<p>interview for 1 of 4 sampled clients (#1), the facility's health care services failed to address client #1's recurrent pressure ulcers.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 1/12/15 from 3:30 PM through 6:15 PM. Client #1 was on bed rest throughout the observation period. Client #1 joined her peers at the dining room table for the evening meal and then returned to her bed.</p> <p>Observations were conducted at the group home on 1/13/15 from 6:20 AM through 7:45 AM. Client #1 was on bed rest throughout the observation period. Client #1 came to the dining room table to eat her breakfast after her housemates left for the workshop. Client #1 then returned to her bed.</p> <p>RM (Resident Manager) #1 was interviewed on 1/12/15 at 3:30 PM. RM #1 indicated client #1 was on bed rest due to a pressure ulcer on her buttocks. RM #1 indicated client #1 was not attending day services in order to remain on bed rest until the pressure ulcer on her buttocks healed. RM #1 indicated client #1 had recurring pressure ulcers on her buttocks. RM #1 indicated client #1's</p>		<p><b>W331:</b> The facility must provide clients with nursing services in accordance with their needs.</p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· Staff has been in serviced on documentation, including daily documentation of wounds (<b>Attachment A</b>)</li> <li>· Nursing Coordinators has been in serviced on completing nursing responsibilities per policy and procedures, including documentation, skin assessments, wound care, measuring wound, timely nursing assessments, Physician orders, timely physician appointments and interventions, documentation of new orders, including topical treatments, monitoring client's medical condition (<b>Attachment F</b>)</li> <li>· Staff has been in serviced on policy and procedures, including documentation, skin</li> </ul>				

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	<p>pressure ulcers had healed and then reopened.</p> <p>QIDPD (Qualified Intellectual Disability Professional Designee) #1 was interviewed on 1/12/15 at 5:30 PM. QIDPD #1 indicated client #1 was on bed rest to facilitate the healing of a pressure ulcer on her buttocks.</p> <p>Client #1's record was reviewed on 1/13/15 at 9:50 AM. Client #1's NNN (Nurse Narrative Notes) dated 1/20/14 through 1/7/15 indicated the following:</p> <p>-2/6/14, "Nurse visit. [Client #1] saw PCP (Primary Care Physician) on 2/3/14 for pain management and injury to first digit of right foot."</p> <p>-2/8/14, "Nurse visit. [Client #1] saw PCP on 2/7/14 for follow up on toe laceration. New order (1.) Stop Bactroban (topical antibiotic) for now; (2.) Keep wound covered and dry; (3.) Do not band aid may reinforce (sic). [Client #1] also saw PCP on 2/10/14 for toe. Wound cleansed and... dressing applied. New order: (1.) Keep occlusal dressing on; (2.) Keep clean and dry; (3.) Do not band aid, follow up in 2 days."</p> <p>-3/21/14, "[Client #1] saw PCP on 2/12/14, 2/14/14 and 2/21/14 to check</p>		<p>assessments and reporting <b>(Attachment A)</b></p> <ul style="list-style-type: none"> <li>· For no less than two months, the Residential Manager will complete three Active treatment observations <b>(Attachment B)</b> per week to ensure that clients are free from abuse and neglect.</li> <li>· OT/PT appointment scheduled for Client #1 for evaluation on modification of wheelchair. <b>(Attachment L)</b></li> <li>· IDT completed to assess environmental alterations for Client #1. <b>(Attachment GG)</b></li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· Nurse Manager will review Nursing Coordinators documentation on any client with a pressure wound to ensure that adequate and appropriate measures are in place, including proper documentation, assessments and timely interventions.</li> <li>· Residential Manager will review daily documentation of any client with a pressure</li> </ul>				

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	<p>sore on toe. Area improving. Continue treatment as ordered."</p> <p>-3/27/14, "Area to toe improving. Appointment on 3/31/14 for recheck."</p> <p>-8/7/14, "Seen by [doctor] at wound center. New orders recommended and noted... out of chair when [client #1] gets back to home for 2 hours, hoier lift/sling for position changes."</p> <p>-8/15/14, "Seen at wound center this AM. Wound healed. Continue with ace bandage on both feet and to lay down after work."</p> <p>-9/4/14, "Area to buttocks has re-opened and has follow up appointment with wound center."</p> <p>-9/11/14, "Seen at wound center by [doctor]. New orders and treatment. Limit time in chair daily to 2 hours up and 2 hours off. Return in one week. Has been home from workshop."</p> <p>-9/26/14, "Seen at wound center on 9/22/14. Continue order and treatment. Stay off coccyx until further notice."</p> <p>-10/2/14, "Seen at wound center 9/29/14. Continue order and treatment. Continue 2 hours up and 2 hours down."</p>		<p>wound to ensure that documentation is done daily.</p> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>A weekly Nursing Coordinator checklist has been implemented (<b>Attachment H</b>) and Nurse Manager will be informed of any client with a pressure wound to ensure that care is adequate and timely, including measurement of wound, treatment, physician recommendations, and treatments.</li> <li>Residential Manager will complete weekly checklist (<b>Attachment J</b>) to ensure documentation is present daily on a client's medical condition, if needed.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Nurse Manager and Clinical Supervisor will perform periodic service reviews to ensure that all nursing standards, including documentation, medical interventions, and treatments</li> </ul>	

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	<p>-10/8/14, "Seen at wound center 10/6/14. Areas with improvement noted area smaller (sic)."</p> <p>-10/26/14, "D/C (Discontinued)'d from wound center on 10/23/14. Area resolved. Began going to workshop today."</p> <p>-11/11/14, "Seen at urgent care on 11/10/14.... Urgent care was due to 1 centimeter by 1 centimeter superficial abrasion on left great toe. Staff notified [nurse #1] today that buttocks has opened back up. Area is reddened and no drainage noted 2.3 centimeters by 1.1 centimeter. Cleansed."</p> <p>-11/14/14, "New order recommended and noted from wound center. No work until further notice. [Client #1] to off-load until wounds are healed."</p> <p>-11/19/14, "Continue to off-load and remain in bed only up for meals and showers. Toe well (sic). Improvement noted to buttocks."</p> <p>-12/1/14, "Remains in bed except for meals and appointments. Buttocks with improvement and noted foot (sic) also."</p> <p>-12/12/14, "Started full time at</p>		<p>are being performed per policy and procedure and per physician orders.</p> <p><b>Completion Date: 2-19-15</b></p>				

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	<p>[workshop] today. Buttocks looks good. Continues to bump toes and bleeding noted."</p> <p>-12/19/14, "Seen at [hospital] 12/15/14 for wheelchair evaluation."</p> <p>-12/30/14, "Returns to wound care on 1/9/14 due to buttocks. Concerns voiced by parents and area opening back up. Redness noted on crease of buttocks. Also encourage [client #1] to off-load after work."</p> <p>-1/2/15, "New order to stay home from workshop and off-load. Skin breakdown noted on buttocks. Appointment set with wound center and is to stay home until further notice."</p> <p>-1/7/15, "[Client #1] to return to wound center on Friday (1/9/15) for skin breakdown to buttocks. Off-load frequently."</p> <p>Client #1's Skin Integrity Risk Plan (SIRP) dated 7/24/14 did not indicate documentation of interventions to address client #1 bumping and injuring her feet or client #1's off loading/bed rest recommendations. The 7/24/14 SIRP did not indicate documentation of nursing review to prevent reoccurrence of client #1's pressure sores to her feet or buttocks.</p>			

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	<p>The review did not indicate documentation of PT (Physical Therapy)/OT (Occupational Therapy) evaluation to determine if client #1's wheelchair could be modified to prevent injury to her feet or buttocks.</p> <p>The facility's BDDS reports and investigations were reviewed on 1/13/15 at 11:30 AM. The review indicated the following:</p> <p>-BDDS report dated 11/10/14 indicated client #1 was seen at urgent care to be assessed for a wound to her toe.</p> <p>-Investigative Summary form dated 11/17/14 indicated the following:</p> <p>-"[Client #1] arrived home from workshop when staff noticed her big toe was bleeding. [Client #1] was taken to urgent care for evaluation. First aid was applied. Urgent care wrote on their paperwork that this injury is from maneuvering her wheelchair. Referral was made for the wound clinic."</p> <p>-"[Staff #1], 11/14/14, [staff #1] was asked if she knew how the injury occurred. [Staff #1] said from past experience it came from her not paying attention when turning corners in the</p>			

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	<p>wheelchair and her foot gets caught on corners/wall. [Staff #1] said [client #1] will hit her foot on her bed too and her foot gets caught in between her chair and bed. [Staff #1] said she has witnessed her foot getting caught between the wheelchair and her bed. [Staff #1] said the injury is ongoing and has been there for about two weeks."</p> <p>-"[Staff #2], 11/14/14, [staff #2] was asked how the injury occurred. [Staff #2] states she guess (sic) it happened at workshop. [Staff #2] said her sock was bloody when she was loading her into the van to return home from workshop. [Staff #2] was asked how often this injury occurred. [Staff #2] said once a month and that it is a recurring injury. [Staff #2] said if [client #1] is not paying attention to where she is going, she hits doors and walls. [Staff #2] was asked if she has ever documented on this injury. [Staff #2] said she had on the skin assessment."</p> <p>Client #1's advocate was interviewed on 1/15/15 at 10:18 AM. Client #1's advocate stated, "[Client #1] was having trouble with her wheelchair. I told them in May 2014 that they needed to look at her wheel chair and start the process of getting a new one. [Client #1's] had ongoing sores to her feet and her buttocks. As far as I know, they never</p>						

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W000436	<p>looked at her wheelchair until the new management, the new lady finally called [wheelchair agency] (12/15/14) to get her a new chair that will give her the support that she needs."</p> <p>CS #1 and nurse #2 were interviewed on 1/15/15 at 3:08 PM. CS #1 and nurse #2 indicated client #1's SIRP should have been updated and reviewed by the nurse to address client #1's ongoing pressure ulcers.</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review and interview for 2 of 8 clients with adaptive equipment, the facility failed to ensure client #2 utilized arm weights during mealtime and to ensure client #5 had hearing aids.</p> <p>Findings include:</p> <p>Observations were conducted at the</p>	W000436	<p><b>W436:</b> The facility must furnish, maintain in good repair, and teach clients to use and make informed choices about the use of dentures, eyeglasses, hearing and other communication aids, braces, and other devices identified by the interdisciplinary team as</p>	02/19/2015

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	<p>group home on 1/12/15 from 3:30 PM through 6:15 PM. At 5:45 PM, client #2 participated in the home's family style evening meal. Client #2 did not wear and was not encouraged to use weighted arm supports. Client #5 was observed throughout the observation period. Client #5 did not wear hearing aids.</p> <p>Observations were conducted at the group home on 1/13/15 from 6:20 AM through 7:45 AM. At 7:00 AM, client #2 participated in the home's family style morning meal. Client #2 did not wear and was not encouraged to use weighted arm supports. Client #5 was observed throughout the observation period. Client #5 did not wear hearing aids.</p> <p>1. Client #2's record was reviewed on 1/13/15 at 8:05 AM. Client #2's ISP (Individual Support Plan) dated 1/31/14 indicated client #2 should be encouraged to wear weighted arm supports during meal times.</p> <p>2. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 1/13/15 at 11:30 AM. The review indicated the following:</p> <p>-BDDS report dated 1/10/14 indicated client #5's hearing aids had been placed</p>		<p>needed by client.</p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· All staff has been in serviced to ensure all clients adaptive equipment is being utilized per client's plans. <b>(Attachment A)</b></li> <li>· Residential Manager has been in serviced on the correct procedure for replacement of adaptive equipment <b>(Attachment A)</b></li> <li>· Client # 5 Replacement hearing aids appointment scheduled for 2-20-15 at 8:30am <b>(Attachment T)</b></li> <li>· Client # 5 hearing aid goal <b>(Attachment TT)</b></li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· Residential Managers will review adaptive equipment checklist to ensure documentation is present and will review, inspect all adaptive equipment to ensure that they are available for</li> </ul>				

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	<p>in a cup on the medication administration room countertop. The 1/10/14 BDDS report indicated client #5 mistakenly picked up the cup containing her hearing aids while she was attempting to pick up a cup with water for her medication administration. The 1/10/14 BDDS report indicated client #5 swallowed her hearing aids before staff could redirect her.</p> <p>Client #5's record was reviewed on 1/13/15 at 2:03 PM. Client #5's Medical Consult Doctor's Orders and Progress Notes form dated 8/27/14 indicated, "Heavy wax each ear. Lost aids. Need replaced."</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 1/13/15 at 2:08 PM. QIDPD #1 indicated client #2 should be encouraged to use her weighted arm supports during meal time. QIDPD #1 indicated client #5's hearing aids had not been replaced since she consumed them on 1/10/14.</p> <p>9-3-7(a)</p>		<p>client use and in good repair.</p> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· Adaptive Equipment/Maintenance checklist has been in-serviced (<b>Attachment M</b>) to all staff for proper documenting.</li> <li>· A weekly Residential Manager checklist has been revised (<b>Attachment J</b>) to include a weekly adaptive check.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Clinical Supervisor will review Adaptive Equipment checklist monthly to ensure that all equipment is maintained and in good working order.</li> <li>· Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</li> </ul>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G509	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/20/2015
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W009999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-1 Governing Body (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by division: (14)(f) any occurrence of skin breakdown related to a decubitus ulcer, regardless of severity."</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 3 of 4 incidents of skin breakdown reviewed, the facility failed to immediately notify the BDDS (Bureau of Developmental Disabilities Services) regarding incidents of skin breakdown for client #1.</p> <p>Findings include:</p>	W009999	<p><b>Completion Date: 2-19-15</b></p> <p><b>W 9999:</b></p> <p>Governing Body: The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division: (14)(f) any occurrence of skin breakdown related to decubitus ulcer, regardless of severity.</p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· All appropriate parties have been in serviced on ResCare policy and procedure to prevent abuse neglect and or mistreatment of clients by any staff or other clients. <b>(Attachment A)</b></li> <li>· All appropriate parties have been in-serviced on the time frame to report any incident. <b>(Attachment A)</b></li> <li>· All appropriate parties have been in-serviced on reporting incidents to clinical supervisor in the appropriate time frame. <b>(Attachment A)</b></li> </ul>	02/19/2015
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	<p>Client #1's record was reviewed on 1/13/15 at 9:50 AM. Client #1's Nurse Notes from 1/20/14 through 1/7/15 indicated the following:</p> <p>-2/6/14, "Nurse visit. [Client #1] saw PCP (Primary Care Physician) on 2/3/14 for pain management and injury to first digit of right foot." The 2/6/14 Nurse Note indicated client #1 was seen by her PCP on 2/3/14 for a pressure ulcer opening on her right foot.</p> <p>-9/4/14, "Area to buttocks has reopened...."</p> <p>-12/30/14, indicated client #1 returned to the wound center for reopened pressure ulcer on her buttocks.</p> <p>The facility's BDDS reports, Incident Reports and investigations were reviewed on 1/13/15 at 11:30 AM. The review indicated the following:</p> <p>-BDDS report dated 10/2/14 indicated, "On 9/8/14, [client #1] revisited the wound care clinic due to her pressure ulcers reopening." The review indicated the facility reported client #1's 9/8/14 pressure ulcer on 10/2/14.</p> <p>The review did not indicate</p>		<ul style="list-style-type: none"> <li>· All appropriate parties have been in-serviced on BDDS reportable standards. (<b>Attachment A&amp;I</b>)</li> <li>· Staff has been in serviced on documentation, including daily documentation of wounds (<b>Attachment A</b>)</li> <li>· Staff has been in serviced on policy and procedures, including documentation, skin assessments and reporting. (<b>Attachment E</b>)</li> <li>· Nursing Coordinators have been in-serviced on policy and procedures, including documentation, skin assessments, wound care, measuring wound, timely nursing assessments, Physician orders, timely physician appointments and interventions, documentation of new orders, including topical treatments, monitoring client's medical condition (<b>Attachment F</b>)</li> <li>· For no less than two months, the Residential</li> </ul>	

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	<p>documentation of client #1's 2/6/214, 9/4/14 or 12/30/14 skin breakdown/decubitus ulcer.</p> <p>CS (Clinical Supervisor) #1 was interviewed on 1/15/15 at 3:08 PM. CS #1 indicated incidents of skin breakdown related to decubitus ulcers should be reported to BDDS within 24 hours.</p> <p>9-3-1(b)</p>		<p>Manager will complete three Active treatment observations (<b>Attachment B</b>) per week to ensure that clients are free from abuse and neglect.</p> <ul style="list-style-type: none"> <li>· OT/PT appointment scheduled for Client #1 for evaluation on modification of wheelchair. (<b>Attachment L</b>)</li> <li>· IDT completed to assess environmental alterations for Client #1. (<b>Attachment GG</b>)</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· All BDDS reportable incidents will be reported to the Clinical Supervisor and BDDS reports submitted within 24 hours.</li> <li>· All investigations must be complete with-in five business days. This is to include Investigation Committee and any approvals needed from any additional parties.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· All BDDS reportable incidents will be reported to BDDS within 24 hours.</li> <li>· All staff will follow policy</li> </ul>		

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			<p>and procedure for all reporting.</p> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· All incident report data will be reviewed by safety committee.</li> <li>· Program Manager &amp; Executive Director will periodically review BDDS reports for thoroughness, timeliness, and complete adherence to state requirements.</li> <li>· Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</li> </ul> <p><b>Completion Date: 2-19-15</b></p>		