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 03/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RES CARE COMMUNITY ALTERNATIVES SE IN	2030 MOSCOW RD GREENSBURG, IN 47240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000 Bldg. 00	This visit was for a post certification revisit to an extended annual recertification and state licensure survey completed on 1/20/15. This visit was done in conjunction with the investigation of complaint #IN00165421. Dates of Survey: 2/23/15, 2/24/15, 2/25/15, 2/26/15, 2/27/15, 3/2/15, 3/3/15 and 3/4/15. Facility Number: 001023 Provider Number: 15G509 AIMS Number: 100245150 Survey team: Keith Briner, QIDP-TC Vickie Kolb, RN (2/24/15) These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/12/15 by Ruth Shackelford, QIDP.	W 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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W 102 Bldg. 00	483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 4 of 4 sampled clients (A, B, C and D) plus 4 additional clients (E, F, G and H). The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the physical environment of the home was clean and in good repair for clients A, B, C, D, E, F, G and H, to ensure clients A, C and F did not pay for medical care prescription plans and client D did not pay for insurance premiums, to provide the home with a weight scale to accommodate clients in wheelchairs for clients B, C and G, to ensure the kitchen and dining area of the home was easily accessible for those clients in wheelchairs, clients B, C and G and to ensure client B was provided privacy while showering. The governing body failed to exercise	W 102	**W102: The facility must ensure that specific governing body and management requirements are met.** **Corrective action:** · Mercy Maid Services cleaned home on 3-9-15. **(Attachment A)** · Staff cleaning schedule implemented. **(Attachment O)** · Clients A, C, F will be reimbursed for AARP/Insurance premiums. Check Requisition has been submitted. Office Coordinator received in-service on clients not paying this type of expense. **(Attachment B)** · Client D's RFMS statement shows $40.61 of	04/03/2015

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	general policy, budget and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect of client A, to immediately identify and report client A's fractured hip to the facility administrator or nurse, to conduct a thorough investigation of client A's fractured hip and failed to implement corrective actions to prevent recurrence. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disability Professional) integrated, coordinated and monitored clients A, B, C, D, E, F, G and H's active treatment program by failing to ensure there was sufficient direct care staff to implement clients B, C, D, E and F's ISPs (Individual Support Plans) and risk plans, to ensure staff was able to competently assess client A's behavioral changes which were indicative of a broken hip and to ensure client B's ISP and Health/Risk Plans addressed the following: __How the staff were to monitor and assist client B while in the wheelchair and what protective measures were to be used to ensure no further injuries to client B's feet. __How the staff were to assist client B with transfers in and out of bed, when		insurance premiums paid each month. This is her Monthly Life/funeral insurance. **(Attachment BB)** · Wheelchair scale available in the Group Home as of 3-18-15. · 2nd living room made into a dining room to ensure the kitchen and dining area is easily accessible for wheelchairs. · New dining room tables, living room furniture and dressers have been ordered. Koors Heating and Cooling to install new heating and cooling equipment. Clayton Painting and Staining to paint areas of the home. **(Attachment C)** · Shower curtain purchased and placed in shower room to ensure privacy while showering. · RM and direct support staff have received disciplinary action for failure to prevent neglect of client A and to identify and report client A's fractured hip. **(Attachment**	

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	and where the Hoyer (a mechanical lift) was to be used, how client B was to be positioned throughout the day to reduce pressure on her buttocks, how the staff were to assist client B to "offload" (stay off of her buttocks), what alternate seating positions were to be offered to client B and what supports client B required to maintain good positioning with each seating position and while "off loading" when at home and at the DP (Day Program). __How and when the staff were to assist and monitor client B in regard to her supra pubic catheterizations and how the supplies were to be stored/maintained, to ensure clients B, C, D and E received continuous active treatment during available opportunities to support the achievement of ISP objectives, to promote clients C, D and G's dignity and to ensure C was furnished with a new wheelchair and client F with hearing aids. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility's nursing services ensured the following: __client A's medical needs were not neglected. __the staff reported client A's complaints of pain and refusals to ambulate along with changes in behavior immediately to		**D)** · CS and PM have received a corrective action for failure to complete a thorough investigation and failure to implement corrective actions to prevent future occurrences. PM and CS in-serviced on completing thorough investigations and completing recommendations timely. **(Attachment E & EE)** · CS, PM and QIDPD have received a corrective action for failure to ensure there was sufficient staffing for client Program/ High Risk plans to be implemented, failure to ensure staff was able to competently assess client A's behavioral changes which were indicative to a broken hip. **(Attachment E& F)** · Client B's ISP/ High Risk plans have been updated to include how staff monitor and assist client while in wheelchair, protective measures put in place to prevent future injuries to feet, how staff assist with transfers	

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	nursing services and to ensure client A's medical needs received immediate medical attention. __the staff were retrained in regard to reporting significant medical events and client complaints to nursing staff. __client A's DEXA (Dual Energy X-ray Absorptiometry - a test that measures the density of bones) was repeated in two years as recommended. __a specific plan of care was developed and implemented to address client B's medical needs in regard to client B's lower extremities/feet. To ensure the plan included how nursing would monitor client B's lower extremities and circulation, how client B's toenails and feet were to be cared for, how the staff were to monitor and assist client B while in the wheelchair and what protective measures were to be used to ensure no further injuries to client B's feet. __To assess and monitor client B's frequent skin breakdown of the buttocks and feet and to ensure the staff followed client B's risk plans for skin integrity and documented descriptive assessments of client B's wounds in the client's progress notes. __a specific positioning plan was developed and implemented to include the use of the Hoyer (a mechanical lift) to transfer client B, the number of staff required to transfer client B while using		and use of Hoyer lift, positioning schedule with different seating options for home and Day Program, how staff are to monitor the supra pubic catherizations and how supplies are stored and maintained at home and the Day Program. **(Attachment G)** · Staff have been in-serviced on clients dignity rights, privacy, continuous active treatment, staffing hours for the Group Home, reporting in a timely manner, ruling out medical issues before looking at behaviors, assisting clients with medical treatment immediately, to document client wounds in the progress notes, use of Hoyer lift, how staff monitor and assist client B while in wheelchair, protective measures put in place to prevent future injuries to feet, how staff assist with transfers, positioning schedule with different seating options for home and Day Program, how staff are to monitor the supra pubic catherizations and how supplies are stored and	

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	the Hoyer, when the Hoyer was to be used, how client B was to be positioned throughout the day, the alternate seating positions to be offered client B, the supports required to maintain good positioning with each seating position while at home and while at the DP (Day Program) and what and when the staff were to document in regard to client B's positioning changes. __a specific plan of care was developed and implemented to address client B's use of a supra pubic catheter while at home and while at the DP. To ensure the plan included the supplies required, when the catheters were to be used, how the staff were to monitor and assist client B during the procedure, how the staff were to monitor client B's abdominal stoma and how and where the equipment was to be stored and maintained. __physician's orders for client B's adaptive equipment (wheel chair, hospital bed with trapeze [a metal sling for client B to grab to assist in sitting up in bed] and a shower chair) and to ensure a physician's order in regard to the frequency and use of the supra pubic catheters. __staff documented client A's, B's, C's and D's weights as indicated on the clients' MARs (Medication Administration Records).		maintained, how staff are to document, document monthly weights on MARS, new staff cleaning schedule, weights are to be taken first thing in the AM. To not appropriate to hang dryer sheets from the ceiling vents, to complete laundry each shift, toilet clients according to their schedule, do not leave incontinence pads on furniture, all adaptive equipment must have a physician's order. **(Attachment G&H)** · Client C had a wheelchair evaluation at KDH on 2-25-15. Client C had a mobility evaluation with Physician on 3-17-15. Information submitted to National Seating and Mobility to proceed with approval process. **(Attachment I)** · Client F had appointment at Decatur Co. Hospital on 3-4-15. Hearing aids have been ordered. **(Attachment J)** · RM, Nursing	

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	The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for client A, to ensure the facility met the Condition of Participation: Facility Staffing for clients A, B, C and D, E, F, G and H and to ensure the facility met the Condition of Participation: Health Care Services for clients A, B, C and D. Findings include: 1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the physical environment of the home was clean and in good repair for clients A, B, C, D, E, F, G and H, to ensure clients A, C and F did not pay for medical care prescription plans and client D did not pay for insurance premiums, to provide the home with a weight scale to accommodate clients in wheelchairs for clients B, C and G, to ensure the kitchen and dining area of the home was easily accessible for those clients in wheelchairs, clients B, C and G and to ensure client B was provided privacy while showering. The governing body failed to exercise general policy, budget and operating		Coordinator and all staff in-serviced that all medical issues are to be reported in a timely manner to ensure medical needs are not neglected, medical attention is sought immediately, to follow up with staff training within 2 business days, all tests/x-rays/labs and medical appointments are completed in the required time frame. **(Attachment H)** · Client B's physician orders received for wheelchair, hospital bed, trapeze, shower chair, frequency on supra pubic catherters. **(Attachment L)** **How we will identify others:** · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two	

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	direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect of client A, to immediately identify and report client A's fractured hip to the facility administrator or nurse, to conduct a thorough investigation of client A's fractured hip and failed to implement corrective actions to prevent recurrence. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disability Professional) integrated, coordinated and monitored clients A, B, C, D, E, F, G and H's active treatment program by failing to ensure there was sufficient direct care staff to implement clients B, C, D, E and F's ISPs (Individual Support Plans) and risk plans, to ensure staff was able to competently assess client A's behavioral changes which were indicative of a broken hip and to ensure client B's ISP and Health/Risk Plans addressed the following: __How the staff were to monitor and assist client B while in the wheelchair and what protective measures were to be used to ensure no further injuries to client B's feet. __How the staff were to assist client B with transfers in and out of bed, when and where the Hoyer (a mechanical lift)		months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · RM to complete weekly check **(Attachment T)** list to ensure home is clean and in good repair. RM to submit work order to PM for any repairs that need made to the home. · The QIDPD will assess all client ISP's to address any health concerns. · Nurse Coordinator will assess all clients High Risk plans to ensure all medical issues are addressed. · Residential Manager will review daily documentation of any client with a pressure wound to ensure that documentation is done daily. · Residential Managers will review adaptive equipment checklist **(Attachment TT)** to ensure	

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	was to be used, how client B was to be positioned throughout the day to reduce pressure on her buttocks, how the staff were to assist client B to "offload" (stay off of her buttocks), what alternate seating positions were to be offered to client B and what supports client B required to maintain good positioning with each seating position and while "off loading" when at home and at the DP (Day Program). __How and when the staff were to assist and monitor client B in regard to her supra pubic catheterizations and how the supplies were to be stored/maintained, to ensure clients B, C, D and E received continuous active treatment during available opportunities to support the achievement of ISP objectives, to promote clients C, D and G's dignity and to ensure client C was furnished with a new wheelchair and client F with hearing aids. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility's nursing services ensured the following: __client A's medical needs were not neglected. __the staff reported client A's complaints of pain and refusals to ambulate along with changes in behavior immediately to		documentation is present and will review, inspect all adaptive equipment to ensure that they are available for client use and in good repair. · Nurse Coordinator will review all clients' adaptive equipment list to ensure physician orders are present. · Residential Manger will review RFMS statements to ensure clients do not pay for any expenses that they should not pay for. · All allegations of abuse/neglect/mistreatment will be reported to the clinical supervisor per policy. · Program Manager and Clinical Supervisor have been in-serviced on Investigation Training. · Clinical Supervisor 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. · Program Manager will	

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	nursing services and to ensure client A's medical needs received immediate medical attention. __the staff were retrained in regard to reporting significant medical events and client complaints to nursing staff. __client A's DEXA (Dual Energy X-ray Absorptiometry - a test that measures the density of bones) was repeated in two years as recommended. __a specific plan of care was developed and implemented to address client B's medical needs in regard to client B's lower extremities/feet. To ensure the plan included how nursing would monitor client B's lower extremities and circulation, how client B's toenails and feet were to be cared for, how the staff were to monitor and assist client B while in the wheelchair and what protective measures were to be used to ensure no further injuries to client B's feet. __To assess and monitor client B's frequent skin breakdown of the buttocks and feet and to ensure the staff followed client B's risk plans for skin integrity and documented descriptive assessments of client B's wounds in the client's progress notes. __a specific positioning plan was developed and implemented to include the use of the Hoyer (a mechanical lift) to transfer client B, the number of staff required to transfer client B while using		review all investigations to ensure that all required information is documented and any follow-up required has been completed. · 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 BDDS reportable incidents will be reported to the Clinical Supervisor and BDDS reports submitted within 24 hours **Measures to be put in place:** · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure	

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	the Hoyer, when the Hoyer was to be used, how client B was to be positioned throughout the day, the alternate seating positions to be offered to client B, the supports required to maintain good positioning with each seating position while at home and while at the DP (Day Program) and what and when the staff were to document in regard to client B's positioning changes. __a specific plan of care was developed and implemented to address client B's use of a supra pubic catheter while at home and while at the DP. To ensure the plan included the supplies required, when the catheters were to be used, how the staff were to monitor and assist client B during the procedure, how the staff were to monitor client B's abdominal stoma and how and where the equipment was to be stored and maintained. __physician's orders for client B's adaptive equipment (wheel chair, hospital bed with trapeze [a metal sling for client B to grab to assist in sitting up in bed] and a shower chair) and to ensure a physician's order in regard to the frequency and use of the supra pubic catheters. __staff documented client A's, B's, C's and D's weights as indicated on the clients' MARs (Medication Administration Records). Please see W104.		active treatment is occurring and all high risk issues are being addressed. · Staff will receive training in Abuse and Neglect, Reporting abuse and neglect, and Incident Reporting at monthly staff meetings and annually. · 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. · All BDDS reportable incidents will be reported to BDDS within 24 hours. · All staff will follow policy and procedure for all reporting. · Incidents will be reviewed at Safety Committee for timeliness and that needed interventions have been implemented. · Incidents will be reviewed by Clinical Supervisor and Program Manager to ensure timeliness	

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	2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for client A. Please see W122. 3. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Facility Staffing for clients A, B, C, D, E, F, G and H. Please see W158. 4. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Health Care Services for clients A, B, C and D. Please see W318. 9-3-1(a)		and that revisions or responses, if warranted, have been implemented. · 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. · Adaptive Equipment/Maintenance checklist has been in-serviced to all staff for proper documenting. · RM has been in-serviced on weekly Residential Manager checklist. · 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	

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			any client with a pressure wound to ensure that documentation is done daily. · Nursing Coordinator will complete weekly checklist **(Attachment RR)** to ensure Skin Assessment form is completed in a daily basis as applicable per client. · Staff are observed at least annually by Nurse Coordinator to ensure compliance. · CS and PM will perform quarterly EDOM checklist including observation of Active Treatment. · A weekly Nursing Coordinator checklist will be completed 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. · Clinical Supervisor, Program Manager, Executive Director, Business Manager,	

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			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. **Monitoring of Corrective Action**: · Clinical Supervisor will review staff training to ensure that all staff has received training on abuse/neglect/mistreatment, Client ISP/BSP/High Risk Plans, GH staffing levels, dignity/ rights/privacy. · Clinical Supervisor, Program Manager will review monthly staff meetings for Abuse and Neglect training, Reporting Procedures and ensure that annual training is current. · Clinical Supervisor will also review all incident reports to address any compliance issues. · Program Manager & Executive Director will periodically review BDDS reports for	

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			thoroughness, timeliness, and complete adherence to state requirements. · 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. · All incident report data will be reviewed by safety committee. · Clinical Supervisor will review all incident reports and report all unknown injuries to Program Manager to begin investigation · Residential Manger will review RFMS statements monthly to ensure clients do not pay for any expenses that they should not pay for. · Clinical Supervisor will review Adaptive Equipment checklist **(Attachment TT)** monthly to ensure that all equipment is maintained and in good working order.	

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			· Residential Manager to review staff cleaning schedule daily to ensure staff are following their duties. · Incident reports, Day Program observations, and Active Treatment observations **(Attachment S)** will be reviewed by PM for implementation of Behavior Support Plans, as written, and revisions or investigations, as warranted, to prevent abuse/ neglect/mistreatment, how & when to report any forms of abuse, including missing medications and money. · A weekly Nursing Coordinator checklist has been revised 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. · Nursing Manager will review Weekly Nursing Checklist to ensure that High	

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			Risk Plans have been reviewed. · Nurse Manager and Clinical Supervisor will perform periodic service reviews to ensure that all nursing standards, including documentation, medical interventions, and treatments are being performed per policy and procedure and per physician orders. · Annual ISP/ BSP's will be reviewed by CS and Human Rights Committee to ensure due process. · 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. · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is	

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			being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · The RM will notify the CS if there are issues with CS sufficient staffing for client Program/ High Risk plans to be implemented. The CS will ensure the facility meets the staffing requirements for the home. **Completion Date: 4-3-15**	
W 104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 4 of 4 sampled clients (A, B, C and D) plus 4 additional clients (E, F, G and H), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the physical environment of the	W 104	**W104: The governing body will exercise general policy, budget, and operating direction over facility.**	04/03/2015

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	home was clean and in good repair for clients A, B, C, D, E, F, G and H, to ensure clients A, C and F did not pay for medical care prescription plans and client D did not pay for insurance premiums, to provide the home with a weight scale to accommodate clients in wheelchairs for clients B, C and G, to ensure the kitchen and dining area of the home was easily accessible for those clients in wheelchairs, clients B, C and G and to ensure client B was provided privacy while showering. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect of client A, to immediately identify and report client A's fractured hip to the facility administrator or nurse, to conduct a thorough investigation of client A's fractured hip and failed to implement corrective actions to prevent recurrence. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disability Professional) integrated, coordinated and monitored clients A, B, C, D, E, F, G and H's active treatment program by failing to ensure there was sufficient direct care		**Corrective action:** · Mercy Maid Services cleaned home on 3-9-15. **(Attachment A)** · Clients A, C, F will be reimbursed for AARP/Insurance premiums. Check Requisition has been submitted. Office Coordinator received in-service on clients not paying this type of expense. **(Attachment B)** · Client D's RFMS statement shows $40.61 of insurance premiums paid each month. This is her Monthly Life/funeral insurance. **(Attachment BB)** · Wheelchair scale available in the Group Home as of 3-20-15. · 2nd living room made into a dining room to ensure the kitchen and dining area is easily accessible for wheelchairs. · New dining room tables and living room furniture has	

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	staff to implement clients B, C, D, E and F's ISPs (Individual Support Plans) and risk plans, to ensure staff was able to competently assess client A's behavioral changes which were indicative of a broken hip and to ensure client B's ISP and Health/Risk Plans addressed the following: __How the staff were to monitor and assist client B while in the wheelchair and what protective measures were to be used to ensure no further injuries to client B's feet. __How the staff were to assist client B with transfers in and out of bed, when and where the Hoyer (a mechanical lift) was to be used, how client B was to be positioned throughout the day to reduce pressure on her buttocks, how the staff were to assist client B to "offload" (stay off of her buttocks), what alternate seating positions were to be offered client B and what supports client B required to maintain good positioning with each seating position and while "off loading" when at home and at the DP (Day Program). __How and when the staff were to assist and monitor client B in regard to her supra pubic catheterizations and how the supplies were to be stored/maintained, to ensure clients B, C, D and E received continuous active treatment during available opportunities to support the		been ordered. Koors Heating and Cooling to install new heating and cooling equipment. Clayton Painting and Staining to paint areas of the home. **(Attachment C)** · Shower curtain purchased and placed in shower room to ensure privacy while showering. · RM and direct support staff have received disciplinary action for failure to prevent neglect of client A and to identify and report client A's fractured hip. **(Attachment D)** · CS and PM have received a corrective action for failure to complete a thorough investigation and failure to implement corrective actions to prevent future occurrences. PM and CS in-serviced on completing thorough investigations and completing recommendation timely. **(Attachment E & EE)** · CS, PM and QIDPD have received a corrective action for failure to ensure	

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	achievement of ISP objectives, to promote clients C, D and G's dignity and to ensure client C was furnished with a new wheelchair and client F with hearing aids. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility's nursing services ensured the following: __client A's medical needs were not neglected. __the staff reported client A's complaints of pain and refusals to ambulate along with changes in behavior immediately to nursing services and to ensure client A's medical needs received immediate medical attention. __the staff were retrained in regard to reporting significant medical events and client complaints to nursing staff. __client A's DEXA (Dual Energy X-ray Absorptiometry - a test that measures the density of bones) was repeated in two years as recommended. __a specific plan of care was developed and implemented to address client B's medical needs in regard to client B's lower extremities/feet. To ensure the plan included how nursing would monitor client B's lower extremities and circulation, how client B's toenails and feet were to be cared for, how the staff		there was sufficient staffing for client Program/ High Risk plans to be implemented, failure to ensure staff was able to competently assess client A's behavioral changes which were indicative to a broken hip. **(Attachment E&F)** · Client B's ISP/ High Risk plans have been updated to include how staff monitor and assist client while in wheelchair, protective measures put in place to prevent future injuries to feet, how staff assist with transfers and use of Hoyer lift, positioning schedule with different seating options for home and Day Program, how staff are to monitor the supra pubic catherizations and how supplies are stored and maintained at home and the Day Program. **(Attachment G)** · Staff have been in-serviced on clients dignity rights, privacy, continuous active treatment, staffing hours for the Group Home, reporting in a timely manner, ruling out	

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	were to monitor and assist client B while in the wheelchair and what protective measures were to be used to ensure no further injuries to client B's feet. __To assess and monitor client B's frequent skin breakdown of the buttocks and feet and to ensure the staff followed client B's risk plans for skin integrity and documented descriptive assessments of client B's wounds in the client's progress notes. __a specific positioning plan was developed and implemented to include the use of the Hoyer (a mechanical lift) to transfer client B, the number of staff required to transfer client B while using the Hoyer, when the Hoyer was to be used, how client B was to be positioned throughout the day, the alternate seating positions to be offered client B, the supports required to maintain good positioning with each seating position while at home and while at the DP (Day Program) and what and when the staff were to document in regard to client B's positioning changes. __a specific plan of care was developed and implemented to address client B's use of a supra pubic catheter while at home and while at the DP. To ensure the plan included the supplies required, when the catheters were to be used, how the staff were to monitor and assist client B during the procedure, how the staff were to		medical issues before looking at behaviors, assisting clients with medical treatment immediately, to document client wounds in the progress notes, use of Hoyer lift, how staff monitor and assist client B while in wheelchair, protective measures put in place to prevent future injuries to feet, how staff assist with transfers, positioning schedule with different seating options for home and Day Program, how staff are to monitor the supra pubic catherizations and how supplies are stored and maintained, how staff are to document, document monthly weights on MARS, new staff cleaning schedule, weights are to be taken first thing in the AM. To not appropriate to hang dryer sheets from the ceiling vents, to complete laundry each shift, toilet clients according to their schedule, do not leave incontinence pads on furniture, all adaptive equipment must have a physician's order. **(Attachment G&H)**	

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	monitor client B's abdominal stoma and how and where the equipment was to be stored and maintained. __physician's orders for client B's adaptive equipment (wheel chair, hospital bed with trapeze [a metal sling for client B to grab to assist in sitting up in bed] and a shower chair) and to ensure a physician's order in regard to the frequency and use of the supra pubic catheters. __staff documented client A's, B's, C's and D's weights as indicated on the clients' MARs (Medication Administration Records). Findings include: 1. Observations were conducted at the group home on 2/23/15 from 3:20 PM through 6:52 PM. Clients B, C, D, E, F and G were present in the home throughout the observation period. At 3:20 PM, upon entering the group home through the front door an odor of urine was discernable in the group home's living room, West resident hallway, East resident hallway and East shower room. The group home's living room ceiling had a 1.5 foot crack running through the ceiling plaster. The area surrounding the crack in the Western corner of the living room had dark shades of black and gray beneath the white paint. The ceiling in		· Client C had a wheelchair evaluation at KDH on 2-25-15. Client C had a mobility evaluation with Physician on 3-17-15. Information submitted to National Seating and Mobility to proceed with approval process. **(Attachment I)** · Client F had appointment at Decatur Co. Hospital on 3-4-15. Hearing aids have been ordered. **(Attachment J)** · RM, Nursing Coordinator and all staff in-serviced that all medical issues are to be reported in a timely manner to ensure medical needs are not neglected, medical attention is sought immediately, to follow up with staff training within 2 business days, all tests/x-rays/labs and medical appointments are completed in the required time frame. **(Attachment H)** · Client B's physician orders received for wheelchair, hospital bed, trapeze, shower	

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	this area had a 2 inch circular depression in the ceiling. Client H's bedroom wall adjoining the Western corner of the group home's living room had plaster/dry wall and paint missing from the corner of the wall opposite the living room wall. Observations were conducted on 2/24/15 between 8:30 AM and 10 AM. __Upon entering the group home through the front door an odor of urine was discernable in the living room and throughout the home. __Dryer sheets were hanging from the ceiling air vents in several of the rooms of the home including the bathrooms. __An incontinence cloth pad was laying across the loveseat in the front room. __The walk in shower floor was grimy and in need of being mopped and cleaned. Used clothing, towels, a wash cloth and client scrubbies were strewn over the floor. __The grout around the tile on the shower floor was brown and the caulking all along the base of the shower was broken and missing. AS #3 was interviewed on 2/24/15 at 10 AM. When asked why the home had dryer fabric softener sheets hanging from the heating vents in the ceiling, AS #3 stated, "We thought it would make the house smell better."		chair, frequency on supra pubic catherters. **(Attachment L)** · Work Order submitted for brown grout around the tile and caulking around the base of shower to be fixed. **(Attachment M)** · PM in-serviced to ensure all work orders with repairs needed are addressed within 48 hours. **(Attachment N)** · Staff cleaning schedule implemented. **(Attachment O)** **How we will identify others:** · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation	

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	During interview with the facility's RN on 2/24/15 at 10:30 AM, the RN: __Indicated the incontinence pad was for the clients that were incontinent of urine to prevent the clients from urinating on the furniture. __The RN stated, "I think that would be [clients C and G]." __The RN indicated the shower was to be cleaned and disinfected between uses for each client. __The RN stated, "Looks like it (the walk in shower/bathroom) didn't get cleaned this morning." Maintenance personnel (MP) #1 was interviewed on 2/23/15 at 3:45 PM. MP #1 stated, "That's water damage. There's an air conditioning unit in the attic above the ceiling. The drip pan has a crack and we've had to get estimates to have it replaced. The way the pan sits, it's between two rafters and leaks and condensation from the lines caused the damage. The wall in the adjoining room also got damaged from the water." MP #1 indicated the leak and water damage had been present since summer 2014. Administrative Staff (AS) #1 was interviewed on 2/24/15 at 1:15 PM. AS #1 indicated the ceiling in the group home's living room had water damage		**(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · RM to complete weekly check **(Attachment T)** list to ensure home is clean and in good repair. RM to submit work order to PM for any repairs that need made to the home. · The QIDPD will assess all client ISP's to address any health concerns. · Nurse Coordinator will assess all clients High Risk plans to ensure all medical issues are addressed. · Residential Manager will review daily documentation of any client with a pressure wound to ensure that documentation is done daily. · Residential Managers will review adaptive equipment checklist **(Attachment TT)** to ensure documentation is present and will review, inspect all adaptive equipment to ensure	

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	from a leaking air conditioner unit above it in the attic. AS #1 indicated the facility had 3 estimates completed regarding repairing the ceiling and air conditioner. AS #1 indicated the paperwork was pending approval. AS #1 indicated the damage had been present since the summer of 2014. AS #1 indicated she was responsible for ensuring the repairs were approved and the home was in good operating condition. Confidential interview A stated, "The home is always filthy. There's a strong urine odor in the home." AS #3 was interviewed on 2/24/15 at 1:30 PM. When asked about the urine odor in the group home, AS #3 stated, "I'd have to agree with you. I smell it too." 2. Client A's RAFMS (Resident Account Family Member Statement) dated from 1/23/15 through 2/23/15 was reviewed on 2/24/15 at 12:45 PM. Client A's RAFMS indicated client A's personal account was debited $138.00 on 1/27/15 for "[Name] medical care prescription plan." Client C's RAFMS dated from 1/23/15 through 2/23/15 was reviewed on 2/24/15 at 12:47 PM. Client C's RAFMS indicated client C's personal account was		that they are available for client use and in good repair. · Nurse Coordinator will review all clients' adaptive equipment list to ensure physician orders are present. · Residential Manger will review RFMS statements to ensure clients do not pay for any expenses that they should not pay for. · All allegations of abuse/neglect/mistreatment will be reported to the clinical supervisor per policy. · Program Manager and Clinical Supervisor have been in-serviced on Investigation Training. · Clinical Supervisor 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. · Program Manager will review all investigations to ensure that all required information is documented and	

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	debited $138.00 on 1/27/15 for "[Name] medical care prescription plan." Client D's RAFMS dated from 1/23/15 through 2/23/15 was reviewed on 2/23/15 at 12:50 PM. Client D's RAFMS indicated client D's personal account was debited $40.61 on 2/5/15 for "Insurance Premiums." Client F's RAFMS dated from 1/23/15 through 2/23/15 was reviewed on 2/24/15 at 12:51 PM. Client F's RAFMS indicated client F's personal account was debited $120.00 on 1/27/15 for "[Name] medical care prescription plan." AS #1 was interviewed on 2/24/15 at 12:45 PM. AS #1 indicated clients A, C and F had been paying for medical care prescription plans. AS #1 indicated client D had paid for her insurance premiums. 3. The facility's reportable and investigative records were reviewed on 2/24/15 at 8:45 AM. The Investigative Summary dated 2/12/15 indicated an interview with staff #2. "[Staff #2] stated the ladies were picked up from the workshop at 3:30 PM on 2/5/15. They went back to the group home and picked up two housemates. [Staff #2] stated herself, [staff #3] and [clients A, B, C, D, E, F, G and H] drove to the [name of city] office and was (sic) there for		any follow-up required has been completed. · 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 BDDS reportable incidents will be reported to the Clinical Supervisor and BDDS reports submitted within 24 hour. **Measures to be put in place:** · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed.	

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	approximately 15 minutes but left due to the office being closed. Upon arriving back in [name of city], we (staff #2 and #3) picked up [staff #1] and drove to the [name of nursing home] to weigh all the ladies." An observation was conducted at the DP on 2/24/15 between 2:15 PM and 3 PM. At 2:20 PM the facility's RN and the NM (Nurse Manager) requested client B to be brought to one of the conference rooms at the DP. Client B was a large young woman that required a wheelchair for mobility. Client B could not move her extremities from the waist down and indicated she (client B) could not stand on her feet. The QIDPD (Qualified Intellectual Disabilities Professional Designee) was interviewed on 2/24/15 at 1 PM. The QIDP: __Indicated clients B, C and G utilized wheelchairs for mobility and the facility did not own a weight scale that allowed for weighing the clients in their wheelchair. __Indicated the clients are taken to a nearby town and/or a nearby nursing home to be weighed. __Indicated the facility has used several different places that had a scale that would accommodate clients in a		· Staff will receive training in Abuse and Neglect, Reporting abuse and neglect, and Incident Reporting at monthly staff meetings and annually. · 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. · All BDDS reportable incidents will be reported to BDDS within 24 hours. · All staff will follow policy and procedure for all reporting. · Incidents will be reviewed at Safety Committee for timeliness and that needed interventions have been implemented. · Incidents will be reviewed by Clinical Supervisor and Program Manager to ensure timeliness and that revisions or responses, if warranted, have been implemented.	

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	wheelchair. __Indicated the facility had a small bath scale that would accommodate the clients that could stand and stated, "But usually they (clients A, B, C, D, E, F, G and H) all go together" and get weighed at the same time after the clients got out of the DP in the afternoon. __Indicated the facility was in need of a set of scales that could be used for clients in wheelchairs. The facility's NM (Nurse Manager) was interviewed on 2/24/15 at 1:30 PM. The NM: __Indicated clients B, C and G utilized wheelchairs for mobility. __Stated all clients were weighed "at least monthly." __Indicated the clients should be weighed first thing in the morning after getting up and before eating and prior to getting dressed for the day. __Indicated client B had a diagnosis of Paraplegia (paralysis of the legs and lower body) and did not stand on her own and had to be weighed in her wheelchair. __Indicated the facility had to take the clients to another town and or a local nursing home to be weighed because the facility did not have a scales that could accommodate clients in wheelchairs. __Indicated the facility needed a scale to weigh clients in wheelchairs (clients B, C		· 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. · Adaptive Equipment/Maintenance checklist has been in-serviced to all staff for proper documenting. · RM has been in-serviced on weekly Residential Manager checklist. · 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 that documentation is done daily.	

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	and G). 4. An observation was conducted at the home on 2/24/15 between 9 AM and 10 AM. __The kitchen and dining room of the home was one combined rectangular small room with a large rectangular wooden dining room table in the center of the room with wooden straight chairs all around the table. __The position and size of the table and chairs and the size of the room made it physically impossible for any client in a wheelchair to get into the kitchen area without moving the table to one side or the other and even with moving the table, it would be narrow for anyone in a wheel chair. The QIDPD was interviewed on 2/24/15 at 1 PM. The QIDP indicated: __ Eight clients resided in the group home. __Three of the eight clients utilized wheelchairs. __To enable the clients in wheelchairs to get to the kitchen area to assist with meal preparation, the staff had to push the table to one side or the other which freed up an additional one or two feet of space. __Indicated client B did not go into the kitchen area because the space was too small for client B to maneuver in her		· Nursing Coordinator will complete weekly checklist **(Attachment RR)** to ensure Skin Assessment form is completed in a daily basis as applicable per client. · Staff are observed at least annually by Nurse Coordinator to ensure compliance. · CS and PM will perform quarterly EDOM checklist including observation of Active Treatment. · A weekly Nursing Coordinator checklist has been implemented 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. · 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	

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	wheelchair around the table and into the kitchen. __Stated the kitchen and dining rooms were not wheelchair friendly for clients in wheelchairs and the area "Needs to be larger." 5. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client B was provided privacy while showering. Please see W130. 6. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect of client A, to immediately identify and report client A's fractured hip to the facility administrator or nurse, to conduct a thorough investigation of client A's fractured hip and failed to implement corrective actions to prevent recurrence. Please see W149. 7. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disability Professional) integrated, coordinated and monitored clients A, B, C, D, E, F, G and H's active treatment program by failing to ensure there was sufficient direct care		will be shared with all team members. **Monitoring of Corrective Action**: · Clinical Supervisor will review staff training to ensure that all staff has received training on abuse/neglect/mistreatment, Client ISP/BSP/High Risk Plans, GH staffing levels, dignity/ rights/privacy. · Clinical Supervisor, Program Manager will review monthly staff meetings for Abuse and Neglect training, Reporting Procedures and ensure that annual training is current. · Clinical Supervisor will also review all incident reports to address any compliance issues. · Program Manager & Executive Director will periodically review BDDS reports for thoroughness, timeliness, and	

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	staff to implement clients B, C, D, E and F's ISPs (Individual Support Plans) and risk plans, to ensure staff was able to competently assess client A's behavioral changes which were indicative of a broken hip, to ensure client B's ISP and Health/Risk Plans addressed the following: __How the staff were to monitor and assist client B while in the wheelchair and what protective measures were to be used to ensure no further injuries to client B's feet. __How the staff were to assist client B with transfers in and out of bed, when and where the Hoyer (a mechanical lift) was to be used, how client B was to be positioned throughout the day to reduce pressure on her buttocks, how the staff were to assist client B to "offload" (stay off of her buttocks), what alternate seating positions were to be offered to client B and what supports client B required to maintain good positioning with each seating position and while "off loading" when at home and at the DP (Day Program). __How and when the staff were to assist and monitor client B in regard to her supra pubic catheterizations and how the supplies were to be stored/maintained, to ensure clients B, C, D and E received continuous active treatment during available opportunities to support the		complete adherence to state requirements. · 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. · All incident report data will be reviewed by safety committee. · Clinical Supervisor will review all incident reports and report all unknown injuries to Program Manager to begin investigation · Residential Manger will review RFMS statements monthly to ensure clients do not pay for any expenses that they should not pay for. · Clinical Supervisor will review Adaptive Equipment checklist**(Attachment TT)** monthly to ensure that all equipment is maintained and in good working order.	

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	achievement of ISP objectives, to promote clients C, D and G's dignity and to ensure client C was furnished with a new wheelchair and client F with hearing aids. Please see W159. 8. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility's nursing services ensured the following: __client A's medical needs were not neglected. __the staff reported client A's complaints of pain and refusals to ambulate along with changes in behavior immediately to nursing services and to ensure client A's medical needs received immediate medical attention. __the staff were retrained in regard to reporting significant medical events and client complaints to nursing staff. __client A's DEXA (Dual Energy X-ray Absorptiometry - a test that measures the density of bones) was repeated in two years as recommended. __a specific plan of care was developed and implemented to address client B's medical needs in regard to client B's lower extremities/feet. To ensure the plan included how nursing would monitor client B's lower extremities and circulation, how client B's toenails and feet were to be cared for, how the staff		· Residential Manager to review staff cleaning schedule daily to ensure staff are following their duties. · Incident reports, Day Program observations, and Active Treatment observations **(Attachment S)** will be reviewed by PM for implementation of Behavior Support Plans, as written, and revisions or investigations, as warranted, to prevent abuse/ neglect/mistreatment, how & when to report any forms of abuse, including missing medications and money. · A weekly Nursing Coordinator checklist has been revised 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. · Nursing Manager will review Weekly Nursing Checklist to ensure that High	

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	were to monitor and assist client B while in the wheelchair and what protective measures were to be used to ensure no further injuries to client B's feet. __To assess and monitor client B's frequent skin breakdown of the buttocks and feet and to ensure the staff followed client B's risk plans for skin integrity and documented descriptive assessments of client B's wounds in the client's progress notes. __a specific positioning plan was developed and implemented to include the use of the Hoyer (a mechanical lift) to transfer client B, the number of staff required to transfer client B while using the Hoyer, when the Hoyer was to be used, how client B was to be positioned throughout the day, the alternate seating positions to be offered client B, the supports required to maintain good positioning with each seating position while at home and while at the DP (Day Program) and what and when the staff were to document in regard to client B's positioning changes. __a specific plan of care was developed and implemented to address client B's use of a supra pubic catheter while at home and while at the DP. To ensure the plan included the supplies required, when the catheters were to be used, how the staff were to monitor and assist client B during the procedure, how the staff were to		Risk Plans have been reviewed. · Nurse Manager and Clinical Supervisor will perform periodic service reviews to ensure that all nursing standards, including documentation, medical interventions, and treatments are being performed per policy and procedure and per physician orders. · Annual ISP/ BSP's will be reviewed by CS and Human Rights Committee to ensure due process. · 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. · For no less than two months, the Residential Manager will complete three Active treatment observations**(Attachment S)** per week to ensure that active	

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	monitor client B's abdominal stoma and how and where the equipment was to be stored and maintained. __physician's orders for client B's adaptive equipment (wheel chair, hospital bed with trapeze [a metal sling for client B to grab to assist in sitting up in bed] and a shower chair) and to ensure a physician's order in regard to the frequency and use of the supra pubic catheters. __staff documented client A's, B's, C's and D's weights as indicated on the clients' MARs (Medication Administration Records). Please see W331. This deficiency was cited on 1/20/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-1(a)		treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation to ensure active treatment is occurring and all high risk issues are being addressed. · The RM will notify the CS if there are issues with CS sufficient staffing for client Program/ High Risk plans to be implemented. The CS will ensure the facility meets the staffing requirements for the home. **Completion Date: 4-3-15**	
W 122 Bldg. 00	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	W 122	**W122**: The facility must	04/03/2015

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	of Participation: Client Protections for 1 of 3 sampled clients (A). The facility failed to implement its policy and procedures to prevent neglect of client A, to immediately identify and report client A's fractured hip to the facility administrator or nurse, to conduct a thorough investigation of client A's fractured hip and failed to implement corrective actions to prevent recurrence regarding client A's fractured hip. Findings include: 1. The facility failed to implement its policy and procedures to prevent neglect of client A, to immediately identify and report client A's fractured hip to the facility administrator or nurse, to conduct a thorough investigation of client A's fractured hip and failed to implement corrective actions to prevent recurrence. Please see W149. 2. The facility failed to implement its policy and procedures to immediately identify and report client A's fractured hip to the facility administrator or nurse. Please see W153. 3. The facility failed to implement its policy and procedures to conduct a thorough investigation of client A's fractured hip. Please see W154.		ensure that specific client protections requirements are met. **Corrective Action:** · RM and direct support staff have received disciplinary action for failure to prevent neglect of client A and to identify and report client A's fractured hip. **(Attachment D)** · All staff have been in-serviced on abuse/ neglect/mistreatment policy, how & when to report any forms of abuse, including missing medications and money, Incident Reporting Protocol to address client to client aggression, reporting abuse and neglect, injuries of unknown origin and theft of client's personal belongings or medications. (**Attachment H)** · CS and PM have received a corrective action for failure to complete a thorough	

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	4. The facility failed to implement its policy and procedures to implement corrective actions to prevent recurrence regarding client A's fractured hip. Please see W157. This deficiency was cited on 1/20/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-2(a)		investigation and failure to implement corrective actions to prevent future occurrences. PM and CS in-serviced on completing thorough investigations and completing recommendation timely. **(Attachment E & EE)** · CS, PM and QIDPD have received a corrective action for failure to ensure there was sufficient staffing for client Program/ High Risk plans to be implemented, failure to ensure staff was able to competently assess client A's behavioral changes which were indicative to a broken hip. **(Attachment E&F)** **How we will identify others:** · For no less than two months, the Residential Manager will complete three Active treatment observations per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two	

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			months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · All allegations of abuse/neglect/mistreatment will be reported to the clinical supervisor per policy. · Program Manager and Clinical Supervisor have been in-serviced on Investigation Training. · Clinical Supervisor 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. · Program Manager will review all investigations to ensure that all required information is documented and any follow-up required has been completed. · Investigation Committee, including Executive Director will review all investigations	

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			to ensure that all required information is documented and any follow-up required has been completed. · All BDDS reportable incidents will be reported to the Clinical Supervisor and BDDS reports submitted within 24 hours. **Measures** · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · Staff will receive training in Abuse and Neglect, Reporting abuse and neglect, and Incident Reporting at monthly	

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			staff meetings and annually. · 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. · All BDDS reportable incidents will be reported to BDDS within 24 hours. · All staff will follow policy and procedure for all reporting. · Incidents will be reviewed at Safety Committee for timeliness and that needed interventions have been implemented. · Incidents will be reviewed by Clinical Supervisor and Program Manager to ensure timeliness and that revisions or responses, if warranted, have been implemented. · Investigation Committee, including Executive Director will review all investigations to ensure that documentation is present as to the circumstances of incident, including staff	

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			deployment and witnesses interviewed. · Adaptive Equipment/Maintenance checklist has been in-serviced to all staff for proper documenting. **Monitoring of Corrective Action:** · Clinical Supervisor will review staff training to ensure that all staff has received training on abuse/neglect/mistreatment, Client ISP/BSP/High Risk Plans, GH staffing levels, dignity/ rights/privacy. · Clinical Supervisor, Program Manager will review monthly staff meetings for Abuse and Neglect training, Reporting Procedures and ensure that annual training is current.	

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			· Clinical Supervisor will also review all incident reports to address any compliance issues. · Program Manager & Executive Director will periodically review BDDS reports for thoroughness, timeliness, and complete adherence to state requirements. · 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. · All incident report data will be reviewed by safety committee. · Clinical Supervisor will review all incident reports and report all unknown injuries to Program Manager to begin investigation · Incident reports, Day Program observations, and Active Treatment observations will be reviewed by PM for	

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			implementation of Behavior Support Plans, as written, and revisions or investigations, as warranted, to prevent abuse/ neglect/mistreatment, how & when to report any forms of abuse, including missing medications and money. · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · The RM will notify the CS if there are issues with CS sufficient staffing for client Program/ High Risk plans to be implemented. The CS will ensure the facility meets the staffing requirements for the	

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			home. **Completion Date: 4-3-15**	
W 130 Bldg. 00	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. Based on observation, record review and interview for 1 of 4 sample clients (B), the facility failed to ensure client B was provided privacy while showering. Findings include: An observation was conducted at the facility home on 2/24/15 between 10 AM and 11 AM. __The home had one large open walk in bathroom with an open shower and a long rectangular drain in the center of the shower. __There was a large shower chair sitting to one side of the shower. __The shower area had no curtains or doors to provide the clients any privacy while showering. Client B's record was reviewed on	W 130	**W130:** The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. **Corrective action:** · Shower curtain purchased and placed in shower room to ensure privacy while showering. · All staff have been in-serviced on abuse/ neglect/mistreatment policy, how & when to report any forms of abuse, including	04/03/2015

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	2/24/15 at 10 AM. Client B's staff progress note on 2/7/15 between 12 midnight and 4 AM indicated "Late entry: [Client B] mentioned feeling like a car being washed during her shower." During interview with client B on 2/24/15 at 2:20 PM, client B was asked if she had indicated to the staff that her showers made her feel like she was going through the car wash. Client B stated, "Yes." Client B indicated: __A staff always stayed in the bathroom with client B while showering. __The staff stood by the door to ensure no one walked in on client B. __Due to her disability and not being able to stand client B had used the walk in shower with a shower chair. __She (client B) required staff assistance to shower but was able to do some of her shower herself. __There was no shower curtain in the shower and stated, "Yes, it makes me feel like I'm going through a car wash." 9-3-2(a)		missing medications and money, Incident Reporting Protocol to address client to client aggression, reporting abuse and neglect, injuries of unknown origin and theft of client's personal belongings or medications. (**Attachment H)** · Staff have been in-serviced on clients dignity rights, continuous active treatment, staffing hours for the Group Home, reporting in a timely manner, ruling out medical issues before looking at behaviors, assisting clients with medical treatment immediately, to document client wounds in the progress notes, use of Hoyer lift, how staff monitor and assist client B while in wheelchair, protective measures put in place to prevent future injuries to feet, how staff assist with transfers, positioning schedule with different seating options for home and Day Program, how staff are to monitor the supra pubic catherizations and how supplies are stored and maintained, how staff are to document, document monthly	

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			weights on MARS, new staff cleaning schedule, weights are to be taken first thing in the AM. **(Attachment H)** · Client B was interviewed in regards to her progress note indicating "she felt like a car being washed during her shower". **(Attachment P)** **How we will identify others:** · For no less than two months, the Residential Manager will complete three Active treatment observations**(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · RM to complete weekly	

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			check **(Attachment T)** list to ensure home is clean and in good repair. RM to submit work order to PM for any repairs that need made to the home. · Clinical Supervisor will review staff training to ensure that all staff has received training on abuse/neglect/mistreatment, Client ISP/BSP/High Risk Plans, GH staffing levels, dignity/ rights/privacy. · All allegations of abuse/neglect/mistreatment will be reported to the clinical supervisor per policy. · Program Manager and Clinical Supervisor have been in-serviced on Investigation Training. · Clinical Supervisor 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. · Program Manager will review all investigations to	

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			ensure that all required information is documented and any follow-up required has been completed. · 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 BDDS reportable incidents will be reported to the Clinical Supervisor and BDDS reports submitted within 24 hours **Measures to be put in place:** · For no less than two months, the Residential Manager will complete three Active treatment observations**(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure	

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			active treatment is occurring and all high risk issues are being addressed. · Staff will receive training in Abuse and Neglect, Reporting abuse and neglect, and Incident Reporting at monthly staff meetings and annually. · 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. · All BDDS reportable incidents will be reported to BDDS within 24 hours. · All staff will follow policy and procedure for all reporting. · 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.	

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			Monitoring of Corrective Action: · Clinical Supervisor will review staff training to ensure that all staff has received training on abuse/neglect/mistreatment, Client ISP/BSP/High Risk Plans, GH staffing levels, dignity/ rights/privacy. · Clinical Supervisor, Program Manager will review monthly staff meetings for Abuse and Neglect training, Reporting Procedures and ensure that annual training is current. · Clinical Supervisor will also review all incident reports to address any compliance issues. · 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	

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			members. · For no less than two months, the Residential Manager will complete three Active treatment observations**(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. **Completion Date: 4-3-15**	
W 149 Bldg. 00	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 1 of 3 sampled clients (A), the facility failed to implement its policy and	W 149	**W149**: The facility must develop and implement written	04/03/2015

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	procedures to prevent neglect of client A, to immediately identify and report client A's fractured hip to the facility administrator or nurse, to conduct a thorough investigation of client A's fractured hip and failed to implement corrective actions to prevent recurrence. Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IRs (Incident Reports) and investigations were reviewed on 2/24/15 at 8:42 AM. The review indicated the following: -IR dated 2/6/15 indicated, "[RM (Resident Manager) #1] person reporting. Date reported: 2/6/15. 911 was call (sic) to take [client A] to hospital to get her leg checked out." -BDDS report dated 2/6/15 indicated, "On 2/5/15, [client A] and her peers went to the [nursing facility] in town to get their weights. [Client A] ran into the back of a peer and she sat herself down on the floor. There were no apparent injuries at the time. On 2/6/15, [client A] did not want to get out of bed. [Nurse #1] went to the group home and assessed [client A]. 911 was called and [client A] was transported to the [hospital] ER		policies and procedures that prohibit mistreatment, neglect or abuse of the client. **Corrective action:** · RM and direct support staff have received disciplinary action for failure to prevent neglect of client A and to identify and report client A's fractured hip. **(Attachment D)** · All staff have been in-serviced on abuse/ neglect/mistreatment policy, how & when to report any forms of abuse, including missing medications and money, Incident Reporting Protocol to address client to client aggression, reporting abuse and neglect, injuries of unknown origin and theft of client's personal belongings or medications. (**Attachment H)** · RM and direct support staff have received disciplinary action for failure to prevent neglect of client A and to identify and report client A's	

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	(Emergency Room). X-ray performed at ER and results show a broken right hip. [Client A] is being admitted in the hospital to await surgery." -Investigative Summary dated 2/12/15 indicated the following: -Staff interview with DSP (Direct Support Professional) #2 indicated, "[DSP #2] stated the ladies were picked up from the workshop at 3:30 PM on 2/5/15. They went back to the group home and picked up two housemates. [DSP #2] stated herself, [DSP #3] and [clients A, B, C, D, E, F, G and H] drove to the [city] office and was (sic) there for approximately 15 minutes but left due to the office being closed. Upon arriving back in [city], we picked up [DSP #1] and drove to the [nursing home] to weigh all the ladies. [DSP #2] stated after the weights were completed and they were all walking down the hallway to leave, [client A] bumped into her peer and sat down on the floor. [DSP #2] stated she asked [client A] if she was okay? [Client A] stated her ankle hurt. [DSP #2] checked [client A's] ankle and noted she could move it okay. [DSP #2] stated she and [DSP #3] assisted [client A] up. [Client A] got up on her knees but couldn't get up any further. [Client A] walked on her knees to the railing on the hallway. The [nursing home] staff		fractured hip. **(Attachment D)** · CS and PM have received a corrective action for failure to complete a thorough investigation and failure to implement corrective actions to prevent future occurrences. PM and CS in-serviced on completing thorough investigations and completing recommendation timely. **(Attachment E & EE)** · CS, PM and QIDPD have received a corrective action for failure to ensure there was sufficient staffing for client Program/ High Risk plans to be implemented, failure to ensure staff was able to competently assess client A's behavioral changes which were indicative to a broken hip. **(Attachment E&F)** **How we will identify others**: · For no less than two months, the Residential Manager will complete three Active treatment observations	

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	brought a wheelchair for [client A] and she was wheeled out to the van. [Client A] stepped her left leg up and kept her right leg on the ground for approximately five minutes. [DSP #2] stated she kept coaxing her and finally [client A] put her right foot on the step and kept it there for approximately another five minutes. [Client A] stated three times she was faking it. [Client A] finally sat down in the seat and stated she felt so much better. [DSP #2] stated staff were on the phone with [DSP/lead #4] the entire time. [DSP/lead #4] instructed staff to call the nurse. Upon leaving the [nursing home], [DSP #2] called [nurse #1]. [DSP #2] stated [nurse #1] advised them to fill out an incident report and fax it. [DSP #2] stated she relayed to [nurse #1] what had happened and that [client A] was complaining of pain. [DSP #2] stated she also advised [nurse #1] there were no apparent injuries or ankle swelling. Upon arriving at the group home, all ladies except for [client A] unloaded and went inside the home. [Client A] stood up on the van and turned around to back down the steps of the van. [Client A] stated she needed staff's help to walk in to the home. [DSP #2] went to assist when [client A] sat down and laid herself on the concrete driveway. [DSP #1] came out to assist. [DSP #2] and [DSP #1] carried [client A] to the steps and sat her		**(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · All allegations of abuse/neglect/mistreatment will be reported to the clinical supervisor per policy. · Program Manager and Clinical Supervisor have been in-serviced on Investigation Training. · Clinical Supervisor 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. · Program Manager will review all investigations to ensure that all required information is documented and	

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	down in a chair. [DSP #2] stated [DSP/lead #4] was called and arrived 5 minutes later. [DSP/lead #4] talked to [client A] and asked her what was going on. [Client A] kept saying different parts of her body was (sic) hurting. [DSP #2] and [DSP/lead #4] carried [client A] into the living room and sat her down on the love seat. [Client A] stated she wanted to go eat but she would not stand up. [Client A] was assisted to a wheelchair. [Client A] then did not want to eat so she was wheeled to her room and assisted with putting on her pajamas. [Client A] went to bed at 9:30 PM. [DSP #2] stated she checked on [client A] before clocking out at 10:21 PM. [DSP #2] stated she arrived to the group home on 2/6/15 at 2:34 PM. [DSP #2] went to [client A's] bedroom to check on her and asked if she wanted to get up to eat because she hadn't ate (sic) breakfast or lunch. [Client A] stated yes and stood up in her room but she sat back down in her bed. [Client A] had peed in her bed and [DSP #2] stated she needed to get a shower. [DSP #2] stated [nurse #1] came in and checked on [client A]. [Client A] stated her knee and ankle was (sic) hurting. [Client A] was assisted to the wheelchair and went to the kitchen. [Client A] kept trying to stand up. [Nurse #1] stated she thought it was her hip and to call 911. [Client A] sat in the wheelchair until the ambulance arrived.		any follow-up required has been completed. · 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 BDDS reportable incidents will be reported to the Clinical Supervisor and BDDS reports submitted within 24 hours. **Measures to be put in place:** · For no less than two months, the Residential Manager will complete three Active treatment observations per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation to ensure active treatment is occurring and all high risk issues are being addressed. · Staff will receive	

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	Once the ambulance arrived they transported her to the hospital. [DSP #2] stated she called [RM #1] on 2/5/15 after they were leaving the [nursing home]. [DSP #2] stated she didn't think the nurse was called back after having all the issues getting her into the house." -Staff interview with [RM #1] indicated, "[RM #1] stated she was made aware of [client A's] incident on 2/5/15 at 7:45 PM. [DSP #2] called and stated the ladies had been weighed and that [client A] had a behavior and had sat herself down on the floor complaining of ankle pain. [RM #1] stated the behavior would need to be documented. [RM #1] stated she was not aware of [client A's] having this behavior, not informed about the nurse being called and an incident report being filled out. On 2/6/15 [RM #1] stated she was told by [DSP #5] that [client A] would not get dressed. [RM #1] stated [client A] had her pants half way on when she went in to check on her. [Client A] stated her leg hurt and grabbed above her right knee. [RM #1] stated she tried to help her get dressed and informed her that she had a doctor's appointment. [Client A] refused to get dressed. [RM #1] stated [client A] was not crying or appeared (sic) to be hurting. [Client A] climbed back into the bed. [RM #1] stated she checked on her throughout the		training in Abuse and Neglect, Reporting abuse and neglect, and Incident Reporting at monthly staff meetings and annually. · 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. · All BDDS reportable incidents will be reported to BDDS within 24 hours. · All staff will follow policy and procedure for all reporting. · Incidents will be reviewed at Safety Committee for timeliness and that needed interventions have been implemented. · Incidents will be reviewed by Clinical Supervisor and Program Manager to ensure timeliness and that revisions or responses, if warranted, have been implemented. · Investigation Committee,	

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	day. [RM #1] stated [client A] was sitting on the edge of the bed trying to get dressed but kept taking her clothes back off. [RM #1] stated she did not eat breakfast or lunch. [RM #1] stated at 2:00 PM, [DSP #3] came in and was talking to [client A]. [Client A] stood at the edge of her bed and peed on the floor. [DSP #2] came in then the nurse. [Client A] was wheeled into the kitchen. [RM #1] stated [nurse #1] and (sic) advised to call 911." -Staff interview with [DSP/lead #4] indicated, "[DSP/lead #4] stated she advised [DSP #2] to take all the ladies to the [nursing home] to get weighed. [DSP/lead #4] stated she received a call from [DSP #2] at 7:45 PM about [client A's] behavior. [DSP/lead #4] stated she told [DSP #2] to call the nurse and to fill out a report. [DSP/lead #4] stated she received another call from [DSP #2] at 8:30 PM stating she could not handle [client A] because she was on the floor again. [DSP/lead #4] stated she arrived at the group home and [client A] was sitting on the porch. [DSP/lead #4] stated that her (sic) and [DSP #2] helped [client A] into the house and sat her on the love seat. [Client A] was complaining of ankle pain and knee hurting (sic) and she was switching both knees. [DSP/lead #4] stated she was not acting in pain at all.		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. · CS and PM will perform quarterly EDOM checklist including observation of Active Treatment. · A weekly Nursing Coordinator checklist has been implemented 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. · 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.	

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	[DSP/lead #4] looked at [client A's] ankle and knee. [Client A] would not stand up so we put her in a wheelchair and [client A] still did not want to eat. [Client A] took her medications and then was wheeled to her room. [DSP/lead #4] stated [client A] sat on the bed, lifted her legs up to lay down, then [DSP/lead #4] left the room. [DSP/lead #4] stated on 2/6/15, had (sic) a meeting and came in early for appointments. [Client A] stated she was not going to appointment and still complained of ankle and knee pain. [DSP/lead #4] stated she had took the (sic) the other ladies to the workshop, had meeting and then went home." -staff interview with [DSP #3] indicated, "[DSP #3] stated her (sic), [DSP #2] and [DSP #1] took the ladies to the [nursing home] to get weights. [DSP #2] stated she was pushing a client in to get weighed first. [DSP #2] and [DSP #1] was (sic) bringing in the rest of the ladies. [DSP #3] stated on the way out, [client A] started to fall and grabbed a peer in front of her and sat down on the floor. [Client A] was complaining of hurting and pointed to her ankle and would not step on it. [DSP #3] stated [client A] was on her knees and it took all three staff to assist her into the chair. [Client A] refused to get in the van. [DSP #3] stated [client A] was being coaxed to		**Monitoring of Corrective Action:** · Clinical Supervisor will review staff training to ensure that all staff has received training on abuse/neglect/mistreatment, Client ISP/BSP/High Risk Plans, GH staffing levels, dignity/ rights/privacy. · Clinical Supervisor, Program Manager will review monthly staff meetings for Abuse and Neglect training, Reporting Procedures and ensure that annual training is current. · Clinical Supervisor will also review all incident reports to address any compliance issues. · Program Manager & Executive Director will periodically review BDDS reports for thoroughness, timeliness, and complete adherence to state requirements. · Investigation Committee, including Executive Director will review all completed	

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	get in the van. [Client A] stated she was fine after she sat in the van. [DSP #3] stated she helped the other ladies into the house and came back out to the van. [DSP #2] was still trying to get [client A] out of the van. [DSP #3] stated she went back into the house and when she came out, [client A] was completely laying on her back in the driveway. [DSP #3] stated when [client A] went to walk she put all her weight on [DSP #3]. [DSP #2] called [DSP/lead #4] came to the home (sic). [DSP #3] stated her (sic) and [DSP #2] assisted [client A] to a chair." -staff interview with [nurse #1] indicated, "On 2/5/15 at 7:51 PM, [nurse #1] received a phone call from [DSP #2] stating there was a behavioral incident with [client A]. [DSP #2] told [nurse #1] that [client A] had bumped into a peer and she fell down. [Nurse #1] stated she was told that [client A] was complaining of ankle pain. [Nurse #1] stated she asked if [client A] had any injuries or bruises and was told no. [Nurse #1] stated she asked if [client A] was walking and was told yes. [Nurse #1] stated she instructed [DSP #2] to fill out an incident report and fax it. [Nurse #1] stated she did not receive any further calls. On 2/6/15 [nurse #1] stated she called [RM #1] at 1:00 PM and was told there was nothing going on. [Nurse #1] stated she arrived at		investigations to ensure that circumstances of incidents have been thoroughly investigated, including deployment of staff, interventions, and witness interviews completed. · All incident report data will be reviewed by safety committee. · Clinical Supervisor will review all incident reports and report all unknown injuries to Program Manager to begin investigation · Incident reports, Day Program observations, and Active Treatment observations will be reviewed by PM for implementation of Behavior Support Plans, as written, and revisions or investigations, as warranted, to prevent abuse/ neglect/mistreatment, how & when to report any forms of abuse, including missing medications and money. · Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In	

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	the group home at 3:30 PM on 2/6/15 to complete a medication observation. When she arrived, [DSP #2], [RM #1] and [DSP #3] were in [client A's] room talking to her about needing to get up. [Nurse #1] stated she asked why [client A] was home. [Nurse #1] stated she was told that [client A] did not want to get out of bed and had an appointment and didn't go and would not get out of bed. [DSP #2] stated it was a behavior. [Nurse #1] stated she observed [client A] for a few minutes and [client A] was stating her knee and ankle hurt. [Nurse #1] stated she did not note any bruising but thought her hip looked weird. [Nurse #1] stated she called [nurse manager #1] and was advised to call 911." -Investigation Peer Review Form dated 2/12/15 indicated, "Consumers rights violated: No. Federal/state regulations violated: No." The 2/12/15 Investigation Peer Review form indicated, "Recommendations: (1.) Nurse to receive training that will include soliciting additional information from staff regarding possible injuries; (2.) IDT (Interdisciplinary Team) to discuss ways to ensure potential injuries are relayed per policy; (3.) RM to review progress notes a minimum of 3 times per week to ensure all issues are addressed; (4.) All staff to be retrained extensively on		Class reviews at all locations within the year. The results will be shared with all team members. · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · The RM will notify the CS if there are issues with CS sufficient staffing for client Program/ High Risk plans to be implemented. The CS will ensure the facility meets the staffing requirements for the home. **Completion Date: 4-3-15**	

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	potential injuries (ruling out medical before assuming behavioral); (5.) Disciplinary action to occur with staff." The 2/12/15 Investigative Summary indicated DSPs #1, #2, #3, #4 and #5, RM #1 and nurse #1 failed to provide client A with medical care and support following an injury of unknown origin which resulted in a broken hip. The 2/12/15 Investigative Summary indicated DSPs #1, #2, #3, #4 and #5, RM #1 and nurse #1 failed to assess client A's change of behavior and verbalizations of pain to identify client A's need for immediate medical attention. DSPs #1, #2, #3, #4 and RM #1 failed to accurately and timely report client A's change in behavior and verbalizations of pain to the administrator or the facility nurse. The 2/12/15 Investigative Summary indicated, "Factual Findings: Staff failed to follow protocol by not ruling out medical issues and seeking medical attention." The 2/12/15 Investigative summary did not indicate documentation of interview or attempts to interview DSP #5. The 2/12/15 Investigative Summary did not indicate documentation of the identification of witnesses or potential witnesses, including day service personnel who worked with client A on and prior to 2/5/15. The 2/12/15			

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	Investigative Summary did not indicate documentation of a review of client A's assessed mobility, behavior and ability to communicate her wants, needs and health concerns to describe the circumstances on and prior to 2/5/15. The 2/12/15 Investigation Peer Review form did not substantiate neglect and violation of client A's rights. The review did not indicate documentation of nurse retraining regarding the solicitation of additional information from staff regarding possible injuries, IDT meeting/discussion to ensure potential injuries are relayed per policy, or staff retraining regarding identifying medical injuries in relation to behavioral changes. Client A's guardian was interviewed on 2/23/15 at 9:15 AM. Client A's guardian stated, "The doctor at the hospital told us the fracture was about a week old. It wasn't a new injury." Client A's record was reviewed on 2/24/15 at 10:51 AM. Client A's CFA (Comprehensive Functional Assessment) dated 2/5/15 indicated client A was able to walk without the use of a wheelchair and was continent of bowel and bladder. Client A's Nursing Monthly Summaries from December 2014 through January			

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	2015 did not indicate documentation of client A requiring the use of a wheelchair for mobility, decreased appetite, falls or bowel/bladder incontinence. Client A's BSP (Behavior Support Plan) dated 10/24/14 did not indicate client A's targeted behaviors included making somatic complaints or refusing to walk/laying on the ground. Client A's Osteoporosis Risk Plan dated 8/28/14 indicated, "(2.) Staff will monitor for any pain or discomfort.... (4.) Staff will notify nurse of any changes or problems. Staff/nurse will notify medical doctor if needed." RM #1 was interviewed on 2/24/15 at 10:56 AM. RM #1 indicated DSPs #1, #2, #3, #4 and #5 did not report client A's refusal to walk, get on the van or laying on the driveway upon returning to the group home from the nursing home. RM #1 indicated DSPs #1, #2, #3, #4 and #5 reported client A was having behavior issues. RM #1 indicated she had worked in the group home during the morning shift of 2/6/15. RM #1 indicated she did not notify the nurse of client A's refusal to get out of bed, refusal to eat and urine incontinence until the nurse arrived at the group home at 3:30 PM on 2/6/15. Nurse #1 was interviewed on 2/24/15 at 12:15 PM. Nurse #1 indicated DSPs #1,			

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	#2, #3, #4, and RM #1 did not report client A's refusals to walk, refusal to eat and ongoing complaints of pain to her. Nurse #1 indicated she assessed client A on 2/6/15 at 3:30 PM when she arrived at the group home. Nurse #1 indicated she had not trained staff on recognizing medical issues since the 2/5/15 incident. Nurse Manager #1 was interviewed on 2/24/15 at 12:20 PM. Nurse Manager #1 indicated nurse #1 would be trained regarding soliciting additional information when talking on the phone with staff regarding potential medical issues. Nurse Manager #1 indicated nurse #1 had not been trained at the time of interview. AS #1 was interviewed on 2/24/15 at 9:19 AM. AS #1 indicated DSPs #1, #2, #3, #4 and RM #1 failed to accurately and timely report client A's change in behavior and verbalizations of pain to the administrator or the facility nurse. AS #1 indicated DSPs #1, #2, #3, #4 and RM #1 had received disciplinary action and would be retrained on recognizing and reporting potential medical issues. AS #1 indicated DSPs #1, #2, #3, #4 and RM #1 had not been retrained at the time of interview. AS #1 was interviewed on 2/26/15 at			

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	12:15 PM. AS #1 indicated she had been in the group home on the morning of 2/6/15 from 9:00 AM through 11:20 AM. AS #1 indicated RM #1 advised her that client A was in the home and had not attended day services. AS #1 indicated RM #1 had not reported client A's refusal to walk, refusal to eat and incontinence to AS #1 on the morning of 2/6/15. AS #2 was interviewed on 2/24/15 at 8:20 AM. AS #2 indicated the facility's abuse and neglect policy should be implemented, all allegations of abuse, neglect, mistreatment and injuries of unknown origin should be thoroughly investigated with all witnesses and potential witnesses interviewed and should accurately describe the circumstances surrounding the alleged event. AS #2 indicated corrective action to prevent recurrence of allegations of abuse, neglect, mistreatment and injuries of unknown origin should be developed through the peer review process and implemented accordingly. AS #2 indicated she had been the assigned investigator regarding the 2/12/15 Investigative Summary. AS #2 indicated the findings of the 2/12/15 Investigative Summary included neglect of client A by DSPs #1, #2, #3, #4 and RM #1 by failing to accurately and timely report client A's changes in behavior and			

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	verbalizations of pain to the administrator or the facility nurse to ensure client A received needed medical attention. The facility's policy and procedures were reviewed on 2/26/15 at 2:09 PM. The facility's Abuse, Neglect and Exploitation policy dated 10/15/14 indicated, "ResCare will ensure all persons served are treated with dignity and respect, ensure that all persons served are free from abuse, neglect, or exploitation...." The facility's Abuse, Neglect and Exploitation policy dated 10/15/14 indicated, "Neglect means the failure of an individual to provide the treatment, care, goods or services that are necessary to maintain the health or safety of a person we support." This deficiency was cited on 1/20/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-2(a)			
W 153 Bldg. 00	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as			

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	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 1 of 3 allegations of abuse, neglect, mistreatment and injuries of unknown origin reviewed, the facility failed to ensure staff immediately identified and reported client A's fractured hip to the administrator or nurse and failed to report an allegation of mistreatment regarding client B to the BDDS (Bureau of Developmental Disabilities Services) within 24 hours in accordance with State law. Findings include: 1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IRs (Incident Reports) and investigations were reviewed on 2/24/15 at 8:42 AM. The review indicated the following: -IR dated 2/6/15 indicated, "[RM (Resident Manager) #1] person reporting. Date reported: 2/6/15. 911 was call (sic) to take [client A] to hospital to get her leg checked out." -BDDS report dated 2/6/15 indicated, "On 2/5/15, [client A] and her peers went to the [nursing facility] in town to get	W 153	**W153**: The provider will ensure that all allegations of 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. **Corrective action:** · RM and direct support staff have received disciplinary action for failure to prevent neglect of client A and to identify and report client A's fractured hip. **(Attachment D)** · All staff have been in-serviced on abuse/ neglect/mistreatment policy, how & when to report any forms of abuse, including missing medications and money, Incident Reporting Protocol to address client to	04/03/2015

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	their weights. [Client A] ran into the back of a peer and she sat herself down on the floor. There were no apparent injuries at the time. On 2/6/15, [client A] did not want to get out of bed. [Nurse #1] went to the group home and assessed [client A]. 911 was called and [client A] was transported to the [hospital] ER (Emergency Room). X-ray performed at ER and results show a broken right hip. [Client A] is being admitted in the hospital to await surgery." -Investigative Summary dated 2/12/15 indicated the following: -Staff interview with DSP (Direct Support Professional) #2 indicated, "[DSP #2] stated the ladies were picked up from the workshop at 3:30 PM on 2/5/15. They went back to the group home and picked up two housemates. [DSP #2] stated herself, [DSP #3] and [clients A, B, C, D, E, F, G and H] drove to the [city] office and was (sic) there for approximately 15 minutes but left due to the office being closed. Upon arriving back in [city], we picked up [DSP #1] and drove to the [nursing home] to weigh all the ladies. [DSP #2] stated after the weights were completed and they were all walking down the hallway to leave, [client A] bumped into her peer and sat down on the floor. [DSP #2] stated she asked [client A] if she was okay? [Client		client aggression, reporting abuse and neglect, injuries of unknown origin and theft of client's personal belongings or medications. (**Attachment H)** · RM and direct support staff have received disciplinary action for failure to prevent neglect of client A and to identify and report client A's fractured hip. **(Attachment D)** · CS and PM have received a corrective action for failure to complete a thorough investigation and failure to implement corrective actions to prevent future occurrences. PM and CS in-serviced on completing thorough investigations and completing recommendation timely. **(Attachment E & EE)** · CS, PM and QIDPD have received a corrective action for failure to ensure there was sufficient staffing for client Program/ High Risk plans to be implemented, failure to ensure staff was able to competently assess client	

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	A] stated her ankle hurt. [DSP #2] checked [client A's] ankle and noted she could move it okay. [DSP #2] stated she and [DSP #3] assisted [client A] up. [Client A] got up on her knees but couldn't get up any further. [Client A] walked on her knees to the railing on the hallway. The [nursing home] staff brought a wheelchair for [client A] and she was wheeled out to the van. [Client A] stepped her left leg up and kept her right leg on the ground for approximately five minutes. [DSP #2] stated she kept coaxing her and finally [client A] put her right foot on the step and kept it there for approximately another five minutes. [Client A] stated three times she was faking it. [Client A] finally sat down in the seat and stated she felt so much better. [DSP #2] stated staff were on the phone with [DSP/lead #4] the entire time. [DSP/lead #4] instructed staff to call the nurse. Upon leaving the [nursing home], [DSP #2] called [nurse #1]. [DSP #2] stated [nurse #1] advised them to fill out an incident report and fax it. [DSP #2] stated she relayed to [nurse #1] what had happened and that [client A] was complaining of pain. [DSP #2] stated she also advised [nurse #1] there were no apparent injuries or ankle swelling. Upon arriving at the group home, all ladies except for [client A] unloaded and went inside the home. [Client A] stood up on		A's behavioral changes which were indicative to a broken hip. **(Attachment E& F)** · Client B was interviewed in regards to her progress note indicating "she felt like a car being washed during her shower". **(Attachment P)** **How we will identify others**: · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · All allegations of abuse/neglect/mistreatment will be reported to the clinical	

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	the van and turned around to back down the steps of the van. [Client A] stated she needed staff's help to walk in to the home. [DSP #2] went to assist when [client A] sat down and laid herself on the concrete driveway. [DSP #1] came out to assist. [DSP #2] and [DSP #1] carried [client A] to the steps and sat her down in a chair. [DSP #2] stated [DSP/lead #4] was called and arrived 5 minutes later. [DSP/lead #4] talked to [client A] and asked her what was going on. [Client A] kept saying different parts of her body was (sic) hurting. [DSP #2] and [DSP/lead #4] carried [client A] into the living room and sat her down on the love seat. [Client A] stated she wanted to go eat but she would not stand up. [Client A] was assisted to a wheelchair. [Client A] then did not want to eat so she was wheeled to her room and assisted with putting on her pajamas. [Client A] went to bed at 9:30 PM. [DSP #2] stated she checked on [client A] before clocking out at 10:21 PM. [DSP #2] stated she arrived to the group home on 2/6/15 at 2:34 PM. [DSP #2] went to [client A's] bedroom to check on her and asked if she wanted to get up to eat because she hadn't ate (sic) breakfast or lunch. [Client A] stated yes and stood up in her room but she sat back down in her bed. [Client A] had peed in her bed and [DSP #2] stated she needed to get a shower. [DSP #2] stated [nurse		supervisor per policy. · Program Manager and Clinical Supervisor have been in-serviced on Investigation Training. · Clinical Supervisor 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. · Program Manager will review all investigations to ensure that all required information is documented and any follow-up required has been completed. · 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 BDDS reportable incidents will be reported to the Clinical Supervisor and BDDS reports submitted within 24 hours. **Measures to be put in place:**	

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	#1] came in and checked on [client A]. [Client A] stated her knee and ankle was (sic) hurting. [Client A] was assisted to the wheelchair and went to the kitchen. [Client A] kept trying to stand up. [Nurse #1] stated she thought it was her hip and to call 911. [Client A] sat in the wheelchair until the ambulance arrived. Once the ambulance arrived they transported her to the hospital. [DSP #2] stated she called [RM #1] on 2/5/15 after they were leaving the [nursing home]. [DSP #2] stated she didn't think the nurse was called back after having all the issues getting her into the house." -Staff interview with [RM #1] indicated, "[RM #1] stated she was made aware of [client A's] incident on 2/5/15 at 7:45 PM. [DSP #2] called and stated the ladies had been weighed and that [client A] had a behavior and had sat herself down on the floor complaining of ankle pain. [RM #1] stated the behavior would need to be documented. [RM #1] stated she was not aware of [client A's] having this behavior, not informed about the nurse being called and an incident report being filled out. On 2/6/15 [RM #1] stated she was told by [DSP #5] that [client A] would not get dressed. [RM #1] stated [client A] had her pants half way on when she went in to check on her. [Client A] stated her leg hurt and grabbed above		· For no less than two months, the Residential Manager will complete three Active treatment observations per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · Staff will receive training in Abuse and Neglect, Reporting abuse and neglect, and Incident Reporting at monthly staff meetings and annually. · 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. · All BDDS reportable incidents will be reported to BDDS	

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	her right knee. [RM #1] stated she tried to help her get dressed and informed her that she had a doctor's appointment. [Client A] refused to get dressed. [RM #1] stated [client A] was not crying or appeared (sic) to be hurting. [Client A] climbed back into the bed. [RM #1] stated she checked on her throughout the day. [RM #1] stated [client A] was sitting on the edge of the bed trying to get dressed but kept taking her clothes back off. [RM #1] stated she did not eat breakfast or lunch. [RM #1] stated at 2:00 PM, [DSP #3] came in and was talking to [client A]. [Client A] stood at the edge of her bed and peed on the floor. [DSP #2] came in then the nurse. [Client A] was wheeled into the kitchen. [RM #1] stated [nurse #1] and (sic) advised to call 911." -Staff interview with [DSP/lead #4] indicated, "[DSP/lead #4] stated she advised [DSP #2] to take all the ladies to the [nursing home] to get weighed. [DSP/lead #4] stated she received a call from [DSP #2] at 7:45 PM about [client A's] behavior. [DSP/lead #4] stated she told [DSP #2] to call the nurse and to fill out a report. [DSP/lead #4] stated she received another call from [DSP #2] at 8:30 PM stating she could not handle [client A] because she was on the floor again. [DSP/lead #4] stated she arrived at		within 24 hours. · All staff will follow policy and procedure for all reporting. · Incidents will be reviewed at Safety Committee for timeliness and that needed interventions have been implemented. · Incidents will be reviewed by Clinical Supervisor and Program Manager to ensure timeliness and that revisions or responses, if warranted, have been implemented. · 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. · CS and PM will perform quarterly EDOM checklist (including observation of Active Treatment. · A weekly Nursing Coordinator checklist will be completed and Nurse Manager will be informed of any client	

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	the group home and [client A] was sitting on the porch. [DSP/lead #4] stated that her (sic) and [DSP #2] helped [client A] into the house and sat her on the love seat. [Client A] was complaining of ankle pain and knee hurting (sic) and she was switching both knees. [DSP/lead #4] stated she was not acting in pain at all. [DSP/lead #4] looked at [client A's] ankle and knee. [Client A] would not stand up so we put her in a wheelchair and [client A] still did not want to eat. [Client A] took her medications and then was wheeled to her room. [DSP/lead #4] stated [client A] sat on the bed, lifted her legs up to lay down, then [DSP/lead #4] left the room. [DSP/lead #4] stated on 2/6/15, had (sic) a meeting and came in early for appointments. [Client A] stated she was not going to appointment and still complained of ankle and knee pain. [DSP/lead #4] stated she had took the (sic) the other ladies to the workshop, had meeting and then went home." -staff interview with [DSP #3] indicated, "[DSP #3] stated her (sic), [DSP #2] and [DSP #1] took the ladies to the [nursing home] to get weights. [DSP #2] stated she was pushing a client in to get weighed first. [DSP #2] and [DSP #1] was (sic) bringing in the rest of the ladies. [DSP #3] stated on the way out, [client A] started to fall and grabbed a		with a pressure wound to ensure that care is adequate and timely, including measurement of wound, treatment, physician recommendations, and treatments. · 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. **Monitoring of Corrective Action:** · Clinical Supervisor will review staff training to ensure that all staff has received training on abuse/neglect/mistreatment, Client ISP/BSP/High Risk Plans, GH staffing levels, dignity/ rights/privacy. · Clinical Supervisor, Program Manager will review monthly staff meetings for	

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	peer in front of her and sat down on the floor. [Client A] was complaining of hurting and pointed to her ankle and would not step on it. [DSP #3] stated [client A] was on her knees and it took all three staff to assist her into the chair. [Client A] refused to get in the van. [DSP #3] stated [client A] was being coaxed to get in the van. [Client A] stated she was fine after she sat in the van. [DSP #3] stated she helped the other ladies into the house and came back out to the van. [DSP #2] was still trying to get [client A] out of the van. [DSP #3] stated she went back into the house and when she came out, [client A] was completely laying on her back in the driveway. [DSP #3] stated when [client A] went to walk she put all her weight on [DSP #3]. [DSP #2] called [DSP/lead #4] came to the home (sic). [DSP #3] stated her (sic) and [DSP #2] assisted [client A] to a chair." -staff interview with [nurse #1] indicated, "On 2/5/15 at 7:51 PM, [nurse #1] received a phone call from [DSP #2] stating there was a behavioral incident with [client A]. [DSP #2] told [nurse #1] that [client A] had bumped into a peer and she fell down. [Nurse #1] stated she was told that [client A] was complaining of ankle pain. [Nurse #1] stated she asked if [client A] had any injuries or bruises and was told no. [Nurse #1] stated she		Abuse and Neglect training, Reporting Procedures and ensure that annual training is current. · Clinical Supervisor will also review all incident reports to address any compliance issues. · Program Manager & Executive Director will periodically review BDDS reports for thoroughness, timeliness, and complete adherence to state requirements. · 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. · All incident report data will be reviewed by safety committee. · Clinical Supervisor will review all incident reports and report all unknown injuries to Program Manager to begin investigation	

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	asked if [client A] was walking and was told yes. [Nurse #1] stated she instructed [DSP #2] to fill out an incident report and fax it. [Nurse #1] stated she did not receive any further calls. On 2/6/15 [nurse #1] stated she called [RM #1] at 1:00 PM and was told there was nothing going on. [Nurse #1] stated she arrived at the group home at 3:30 PM on 2/6/15 to complete a medication observation. When she arrived, [DSP #2], [RM #1] and [DSP #3] were in [client A's] room talking to her about needing to get up. [Nurse #1] stated she asked why [client A] was home. [Nurse #1] stated she was told that [client A] did not want to get out of bed and had an appointment and didn't go and would not get out of bed. [DSP #2] stated it was a behavior. [Nurse #1] stated she observed [client A] for a few minutes and [client A] was stating her knee and ankle hurt. [Nurse #1] stated she did not note any bruising but thought her hip looked weird. [Nurse #1] stated she called [nurse manager #1] and was advised to call 911." The 2/12/15 Investigative Summary indicated DSPs #1, #2, #3 and #4, RM #1 failed to accurately and timely report client A's change in behavior and verbalizations of pain to the administrator or the facility nurse. The 2/12/15 Investigative Summary indicated,		· Incident reports, Day Program observations, and Active Treatment observations **(Attachment S)** will be reviewed by PM for implementation of Behavior Support Plans, as written, and revisions or investigations, as warranted, to prevent abuse/ neglect/mistreatment, how & when to report any forms of abuse, including missing medications and money. · 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. · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two	

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	"Factual Findings: Staff failed to follow protocol by not ruling out medical issues and seeking medical attention." RM #1 was interviewed on 2/24/15 at 10:56 AM. RM #1 indicated DSPs #1, #2, #3, #4 and #5 did not report client A's refusal to walk, get on the van or laying on the driveway upon returning to the group home from the nursing home. RM #1 indicated DSPs #1, #2, #3, #4 and #5 reported client A was having behavior issues. RM #1 indicated she had worked in the group home during the morning shift of 2/6/15. RM #1 indicated she did not notify the nurse of client A's refusal to get out of bed, refusal to eat and urine incontinence until the nurse arrived at the group home at 3:30 PM on 2/6/15. Nurse #1 was interviewed on 2/24/15 at 12:15 PM. Nurse #1 indicated DSPs #1, #2, #3, #4, and RM #1 did not report client A's refusals to walk, refusal to eat and ongoing complaints of pain to her. AS #1 was interviewed on 2/24/15 at 9:19 AM. AS #1 indicated DSPs #1, #2, #3 and #4, RM #1 failed to accurately and timely report client A's change in behavior and verbalizations of pain to the administrator or the facility nurse. AS #1 was interviewed on 2/26/15 at		months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · The RM will notify the CS if there are issues with CS sufficient staffing for client Program/ High Risk plans to be implemented. The CS will ensure the facility meets the staffing requirements for the home. **Completion Date: 4-3-15**	

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	12:15 PM. AS #1 indicated she had been in the group home on the morning of 2/6/15 from 9:00 AM through 11:20 AM. AS #1 indicated RM #1 advised her that client A was in the home and had not attended day services. AS #1 indicated RM #1 had not reported client A's refusal to walk, refusal to eat and incontinence to AS #1 on the morning of 2/6/15. AS #2 was interviewed on 2/24/15 at 8:20 AM. AS #2 indicated client A's 2/5/15 injury of unknown origin should have been reported to the facility administrator and nurse immediately to ensure client A received immediate medical care for her broken hip. 2. The facility's reportable and investigative records were reviewed on 2/24/15 at 8:45 AM. The facility records indicated no allegations of neglect/abuse reported in regard to client B. An observation was conducted at the group home on 2/24/15 between 10 AM and 11 AM. The home had one large open walk in bathroom with an open shower and a long rectangular drain in the center of the shower with a large shower chair sitting to one side of the shower. The shower area had no curtains or doors to provide the clients any privacy while showering. Client B's record was reviewed on 2/24/15 at 10 AM. Client B's staff progress note on 2/7/15 between 12 midnight and 4 AM indicated "Late entry: [Client B] mentioned feeling like a car			

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	being washed during her shower." During interview with client B on 2/24/15 at 2:20 PM, client B was asked if she had indicated to the staff that her showers made her feel like she was going through the car wash. Client B stated, "Yes." Client B indicated: __A staff always stayed in the bathroom with client B while showering. __The staff stood by the door to ensure no one walked in on client B. __Due to her disability and not being able to stand client B used the walk in shower with a shower chair. __She (client B) required staff assistance to shower but was able to do some of her shower herself. __There was no shower curtain in the shower and stated, "Yes, it makes me feel like I'm going through a car wash." Interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 2/24/15 at 1:45 PM indicated the staff failed to report client B's allegation of feeling as though she was going through a car wash immediately to the administrator. The QIDPD stated the staff "should have reported it." This deficiency was cited on 1/20/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-2(a)			
W 154 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all			

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	alleged violations are thoroughly investigated. Based on record review and interview for 1 of 3 allegations of abuse, neglect, mistreatment and injuries of unknown origin reviewed, the facility failed to conduct a thorough investigation of client A's fractured hip. Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IRs (Incident Reports) and investigations were reviewed on 2/24/15 at 8:42 AM. The review indicated the following: -IR dated 2/6/15 indicated, "[RM (Resident Manager) #1] person reporting. Date reported: 2/6/15. 911 was call (sic) to take [client A] to hospital to get her leg checked out." -BDDS report dated 2/6/15 indicated, "On 2/5/15, [client A] and her peers went to the [nursing facility] in town to get their weights. [Client A] ran into the back of a peer and she sat herself down on the floor. There were no apparent injuries at the time. On 2/6/15, [client A] did not want to get out of bed. [Nurse #1] went to the group home and assessed [client A]. 911 was called and [client A] was	W 154	**W154:** The facility will have evidence that all alleged violations are thoroughly investigated. **Corrective action:** · CS and PM have received a corrective action for failure to complete a thorough investigation and failure to implement corrective actions to prevent future occurrences. PM and CS in-serviced on completing thorough investigations and completing recommendation timely. **(Attachment E & EE)** · Staff has been in serviced on the Incident Reporting Protocol to address client to client aggression, reporting abuse, neglect, injuries of unknown origin and theft of client's personal belongings or medications. **(Attachment H)**	04/03/2015

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	transported to the [hospital] ER (Emergency Room). X-ray performed at ER and results show a broken right hip. [Client A] is being admitted in the hospital to await surgery." -Investigative Summary dated 2/12/15 indicated the following: -Staff interview with DSP (Direct Support Professional) #2 indicated, "[DSP #2] stated the ladies were picked up from the workshop at 3:30 PM on 2/5/15. They went back to the group home and picked up two housemates. [DSP #2] stated herself, [DSP #3] and [clients A, B, C, D, E, F, G and H] drove to the [city] office and was (sic) there for approximately 15 minutes but left due to the office being closed. Upon arriving back in [city], we picked up [DSP #1] and drove to the [nursing home] to weigh all the ladies. [DSP #2] stated after the weights were completed and they were all walking down the hallway to leave, [client A] bumped into her peer and sat down on the floor. [DSP #2] stated she asked [client A] if she was okay? [Client A] stated her ankle hurt. [DSP #2] checked [client A's] ankle and noted she could move it okay. [DSP #2] stated she and [DSP #3] assisted [client A] up. [Client A] got up on her knees but couldn't get up any further. [Client A] walked on her knees to the railing on the		**How we will identify others**: · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · All allegations of abuse/neglect/mistreatment will be reported to the clinical supervisor per policy. · Program Manager and Clinical Supervisor have been in-serviced on Investigation Training. · Clinical Supervisor will review all incidents to ensure that allegations of abuse or neglect have been reported in a timely manner and appropriate	

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 03/04/2015
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	hallway. The [nursing home] staff brought a wheelchair for [client A] and she was wheeled out to the van. [Client A] stepped her left leg up and kept her right leg on the ground for approximately five minutes. [DSP #2] stated she kept coaxing her and finally [client A] put her right foot on the step and kept it there for approximately another five minutes. [Client A] stated three times she was faking it. [Client A] finally sat down in the seat and stated she felt so much better. [DSP #2] stated staff were on the phone with [DSP/lead #4] the entire time. [DSP/lead #4] instructed staff to call the nurse. Upon leaving the [nursing home], [DSP #2] called [nurse #1]. [DSP #2] stated [nurse #1] advised them to fill out an incident report and fax it. [DSP #2] stated she relayed to [nurse #1] what had happened and that [client A] was complaining of pain. [DSP #2] stated she also advised [nurse #1] there were no apparent injuries or ankle swelling. Upon arriving at the group home, all ladies except for [client A] unloaded and went inside the home. [Client A] stood up on the van and turned around to back down the steps of the van. [Client A] stated she needed staff's help to walk in to the home. [DSP #2] went to assist when [client A] sat down and laid herself on the concrete driveway. [DSP #1] came out to assist. [DSP #2] and [DSP #1]		action has been taken. · Program Manager will review all investigations to ensure that all required information is documented and any follow-up required has been completed. · 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 BDDS reportable incidents will be reported to the Clinical Supervisor and BDDS reports submitted within 24 hours. **Measures to be put in place:** · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active	

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	carried [client A] to the steps and sat her down in a chair. [DSP #2] stated [DSP/lead #4] was called and arrived 5 minutes later. [DSP/lead #4] talked to [client A] and asked her what was going on. [Client A] kept saying different parts of her body was (sic) hurting. [DSP #2] and [DSP/lead #4] carried [client A] into the living room and sat her down on the love seat. [Client A] stated she wanted to go eat but she would not stand up. [Client A] was assisted to a wheelchair. [Client A] then did not want to eat so she was wheeled to her room and assisted with putting on her pajamas. [Client A] went to bed at 9:30 PM. [DSP #2] stated she checked on [client A] before clocking out at 10:21 PM. [DSP #2] stated she arrived to the group home on 2/6/15 at 2:34 PM. [DSP #2] went to [client A's] bedroom to check on her and asked if she wanted to get up to eat because she hadn't ate (sic) breakfast or lunch. [Client A] stated yes and stood up in her room but she sat back down in her bed. [Client A] had peed in her bed and [DSP #2] stated she needed to get a shower. [DSP #2] stated [nurse #1] came in and checked on [client A]. [Client A] stated her knee and ankle was (sic) hurting. [Client A] was assisted to the wheelchair and went to the kitchen. [Client A] kept trying to stand up. [Nurse #1] stated she thought it was her hip and to call 911. [Client A] sat in the		treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · Staff will receive training in Abuse and Neglect, Reporting abuse and neglect, and Incident Reporting at monthly staff meetings and annually. · 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. · All BDDS reportable incidents will be reported to BDDS within 24 hours. · All staff will follow policy and procedure for all reporting. · Incidents will be reviewed at Safety Committee for timeliness and that needed interventions have been implemented. · Incidents will be reviewed by Clinical	

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	wheelchair until the ambulance arrived. Once the ambulance arrived they transported her to the hospital. [DSP #2] stated she called [RM #1] on 2/5/15 after they were leaving the [nursing home]. [DSP #2] stated she didn't think the nurse was called back after having all the issues getting her into the house." -Staff interview with [RM #1] indicated, "[RM #1] stated she was made aware of [client A's] incident on 2/5/15 at 7:45 PM. [DSP #2] called and stated the ladies had been weighed and that [client A] had a behavior and had sat herself down on the floor complaining of ankle pain. [RM #1] stated the behavior would need to be documented. [RM #1] stated she was not aware of [client A's] having this behavior, not informed about the nurse being called and an incident report being filled out. On 2/6/15 [RM #1] stated she was told by [DSP #5] that [client A] would not get dressed. [RM #1] stated [client A] had her pants half way on when she went in to check on her. [Client A] stated her leg hurt and grabbed above her right knee. [RM #1] stated she tried to help her get dressed and informed her that she had a doctor's appointment. [Client A] refused to get dressed. [RM #1] stated [client A] was not crying or appeared (sic) to be hurting. [Client A] climbed back into the bed. [RM #1]		Supervisor and Program Manager to ensure timeliness and that revisions or responses, if warranted, have been implemented. · 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. · CS and PM will perform quarterly EDOM checklist including observation of Active Treatment. · A weekly Nursing Coordinator checklist has been implemented 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. · Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing	

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	stated she checked on her throughout the day. [RM #1] stated [client A] was sitting on the edge of the bed trying to get dressed but kept taking her clothes back off. [RM #1] stated she did not eat breakfast or lunch. [RM #1] stated at 2:00 PM, [DSP #3] came in and was talking to [client A]. [Client A] stood at the edge of her bed and peed on the floor. [DSP #2] came in then the nurse. [Client A] was wheeled into the kitchen. [RM #1] stated [nurse #1] and (sic) advised to call 911." -Staff interview with [DSP/lead #4] indicated, "[DSP/lead #4] stated she advised [DSP #2] to take all the ladies to the [nursing home] to get weighed. [DSP/lead #4] stated she received a call from [DSP #2] at 7:45 PM about [client A's] behavior. [DSP/lead #4] stated she told [DSP #2] to call the nurse and to fill out a report. [DSP/lead #4] stated she received another call from [DSP #2] at 8:30 PM stating she could not handle [client A] because she was on the floor again. [DSP/lead #4] stated she arrived at the group home and [client A] was sitting on the porch. [DSP/lead #4] stated that her (sic) and [DSP #2] helped [client A] into the house and sat her on the love seat. [Client A] was complaining of ankle pain and knee hurting (sic) and she was switching both knees. [DSP/lead #4]		Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members. **Monitoring of Corrective Action:** · Clinical Supervisor will review staff training to ensure that all staff has received training on abuse/neglect/mistreatment, Client ISP/BSP/High Risk Plans, GH staffing levels, dignity/ rights/privacy. · Clinical Supervisor, Program Manager will review monthly staff meetings for Abuse and Neglect training, Reporting Procedures and ensure that annual training is current. · Clinical Supervisor will also review all incident reports to address any compliance issues. · Program Manager & Executive Director will periodically	

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	stated she was not acting in pain at all. [DSP/lead #4] looked at [client A's] ankle and knee. [Client A] would not stand up so we put her in a wheelchair and [client A] still did not want to eat. [Client A] took her medications and then was wheeled to her room. [DSP/lead #4] stated [client A] sat on the bed, lifted her legs up to lay down, then [DSP/lead #4] left the room. [DSP/lead #4] stated on 2/6/15, had (sic) a meeting and came in early for appointments. [Client A] stated she was not going to appointment and still complained of ankle and knee pain. [DSP/lead #4] stated she had took the (sic) the other ladies to the workshop, had meeting and then went home." -staff interview with [DSP #3] indicated, "[DSP #3] stated her (sic), [DSP #2] and [DSP #1] took the ladies to the [nursing home] to get weights. [DSP #2] stated she was pushing a client in to get weighed first. [DSP #2] and [DSP #1] was (sic) bringing in the rest of the ladies. [DSP #3] stated on the way out, [client A] started to fall and grabbed a peer in front of her and sat down on the floor. [Client A] was complaining of hurting and pointed to her ankle and would not step on it. [DSP #3] stated [client A] was on her knees and it took all three staff to assist her into the chair. [Client A] refused to get in the van. [DSP		review BDDS reports for thoroughness, timeliness, and complete adherence to state requirements. · 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. · All incident report data will be reviewed by safety committee. · Clinical Supervisor will review all incident reports and report all unknown injuries to Program Manager to begin investigation · Incident reports, Day Program observations, and Active Treatment observations will be reviewed by PM for implementation of Behavior Support Plans, as written, and revisions or investigations, as warranted, to prevent abuse/ neglect/mistreatment, how & when to report any forms of abuse, including missing	

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	#3] stated [client A] was being coaxed to get in the van. [Client A] stated she was fine after she sat in the van. [DSP #3] stated she helped the other ladies into the house and came back out to the van. [DSP #2] was still trying to get [client A] out of the van. [DSP #3] stated she went back into the house and when she came out, [client A] was completely laying on her back in the driveway. [DSP #3] stated when [client A] went to walk she put all her weight on [DSP #3]. [DSP #2] called [DSP/lead #4] came to the home (sic). [DSP #3] stated her (sic) and [DSP #2] assisted [client A] to a chair." -staff interview with [nurse #1] indicated, "On 2/5/15 at 7:51 PM, [nurse #1] received a phone call from [DSP #2] stating there was a behavioral incident with [client A]. [DSP #2] told [nurse #1] that [client A] had bumped into a peer and she fell down. [Nurse #1] stated she was told that [client A] was complaining of ankle pain. [Nurse #1] stated she asked if [client A] had any injuries or bruises and was told no. [Nurse #1] stated she asked if [client A] was walking and was told yes. [Nurse #1] stated she instructed [DSP #2] to fill out an incident report and fax it. [Nurse #1] stated she did not receive any further calls. On 2/6/15 [nurse #1] stated she called [RM #1] at 1:00 PM and was told there was nothing		medications and money. · 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. · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · The RM will notify the CS if there are issues with CS sufficient staffing for client Program/ High Risk plans to be implemented. The CS will	

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	going on. [Nurse #1] stated she arrived at the group home at 3:30 PM on 2/6/15 to complete a medication observation. When she arrived, [DSP #2], [RM #1] and [DSP #3] were in [client A's] room talking to her about needing to get up. [Nurse #1] stated she asked why [client A] was home. [Nurse #1] stated she was told that [client A] did not want to get out of bed and had an appointment and didn't go and would not get out of bed. [DSP #2] stated it was a behavior. [Nurse #1] stated she observed [client A] for a few minutes and [client A] was stating her knee and ankle hurt. [Nurse #1] stated she did not note any bruising but thought her hip looked weird. [Nurse #1] stated she called [nurse manager #1] and was advised to call 911." -Investigation Peer Review Form dated 2/12/15 indicated, "Consumers rights violated: No. Federal/state regulations violated: No." The 2/12/15 Investigation Peer Review form indicated, "Recommendations: (1.) Nurse to receive training that will include soliciting additional information from staff regarding possible injuries; (2.) IDT (Interdisciplinary Team) to discuss ways to ensure potential injuries are relayed per policy; (3.) RM to review progress notes a minimum of 3 times per week to ensure all issues are addressed; (4.) All		ensure the facility meets the staffing requirements for the home. **Completion Date: 4-3-15**	

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	staff to be retrained extensively on potential injuries (ruling out medical before assuming behavioral); (5.) Disciplinary action to occur with staff." The 2/12/15 Investigative Summary indicated DSPs #1, #2, #3, #4 and #5, RM #1 and nurse #1 failed to provide client A with medical care and support following an injury of unknown origin which resulted in a broken hip. The 2/12/15 Investigative Summary indicated DSPs #1, #2, #3, #4 and #5, RM #1 and nurse #1 failed to assess client A's change of behavior and verbalizations of pain to identify client A's need for immediate medical attention. DSPs #1, #2, #3, #4 and RM #1 failed to accurately and timely report client A's change in behavior and verbalizations of pain to the administrator or the facility nurse. The 2/12/15 Investigative Summary indicated, "Factual Findings: Staff failed to follow protocol by not ruling out medical issues and seeking medical attention." The 2/12/15 Investigative summary did not indicate documentation of interview or attempts to interview DSP #5. The 2/12/15 Investigative Summary did not indicate documentation of the identification of witnesses or potential witnesses, including day service personnel who worked with client A on			

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	and prior to 2/5/15. The 2/12/15 Investigative Summary did not indicate documentation of a review of client A's assessed mobility, behavior and ability to communicate her wants, needs and health concerns to describe the circumstances on and prior to 2/5/15. The 2/12/15 Investigation Peer Review form did not substantiate neglect and violation of client A's rights. The review did not indicate documentation of nurse retraining regarding the solicitation of additional information from staff regarding possible injuries, IDT meeting/discussion to ensure potential injuries are relayed per policy, or staff retraining regarding identifying medical injuries in relation to behavioral changes. Client A's record was reviewed on 2/24/15 at 10:51 AM. Client A's CFA (Comprehensive Functional Assessment) dated 2/5/15 indicated client A was able to walk without the use of a wheelchair and was continent of bowel and bladder. Client A's Nursing Monthly Summaries from December 2014 through January 2015 did not indicate documentation of client A requiring the use of a wheelchair for mobility, decreased appetite, falls or bowel/bladder incontinence. Client A's BSP (Behavior Support Plan) dated			

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	10/24/14 did not indicate client A's targeted behaviors included making somatic complaints or refusing to walk/laying on the ground. Client A's Osteoporosis Risk Plan dated 8/28/14 indicated, "(2.) Staff will monitor for any pain or discomfort.... (4.) Staff will notify nurse of any changes or problems. Staff/nurse will notify medical doctor if needed." AS #2 was interviewed on 2/24/15 at 8:20 AM. AS #2 indicated all allegations of abuse, neglect, mistreatment and injuries of unknown origin should be thoroughly investigated with all witnesses and potential witnesses interviewed and should accurately describe the circumstances surrounding the alleged event. This deficiency was cited on 1/20/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-2(a)			
W 157 Bldg. 00	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 3 allegations of abuse, neglect, mistreatment and injuries of unknown origin reviewed, the facility failed to	W 157	**W157:** Facility will ensure that appropriate corrective action is taken, if alleged	04/03/2015

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	implement corrective actions to prevent recurrence regarding client A's fractured hip. Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IRs (Incident Reports) and investigations were reviewed on 2/24/15 at 8:42 AM. The review indicated the following: -IR dated 2/6/15 indicated, "[RM (Resident Manager) #1] person reporting. Date reported: 2/6/15. 911 was call (sic) to take [client A] to hospital to get her leg checked out." -BDDS report dated 2/6/15 indicated, "On 2/5/15, [client A] and her peers went to the [nursing facility] in town to get their weights. [Client A] ran into the back of a peer and she sat herself down on the floor. There were no apparent injuries at the time. On 2/6/15, [client A] did not want to get out of bed. [Nurse #1] went to the group home and assessed [client A]. 911 was called and [client A] was transported to the [hospital] ER (Emergency Room). X-ray performed at ER and results show a broken right hip. [Client A] is being admitted in the hospital to await surgery."		violation is verified. **Corrective action:** · CS and PM have received a corrective action for failure to complete a thorough investigation and failure to implement corrective actions to prevent future occurrences. PM and CS in-serviced on completing thorough investigations and completing recommendation timely. **(Attachment E & EE)** · Staff has been in serviced on the Incident Reporting Protocol to address client to client aggression, reporting abuse, and neglect, injuries of unknown origin and theft of client's personal belongings or medications. **(Attachment H)** **How we will identify others:** · Clinical Supervisor and Program Manager will review all incidents, to ensure that	

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	-Investigative Summary dated 2/12/15 indicated the following: -Staff interview with DSP (Direct Support Professional) #2 indicated, "[DSP #2] stated the ladies were picked up from the workshop at 3:30 PM on 2/5/15. They went back to the group home and picked up two housemates. [DSP #2] stated herself, [DSP #3] and [clients A, B, C, D, E, F, G and H] drove to the [city] office and was (sic) there for approximately 15 minutes but left due to the office being closed. Upon arriving back in [city], we picked up [DSP #1] and drove to the [nursing home] to weigh all the ladies. [DSP #2] stated after the weights were completed and they were all walking down the hallway to leave, [client A] bumped into her peer and sat down on the floor. [DSP #2] stated she asked [client A] if she was okay? [Client A] stated her ankle hurt. [DSP #2] checked [client A's] ankle and noted she could move it okay. [DSP #2] stated she and [DSP #3] assisted [client A] up. [Client A] got up on her knees but couldn't get up any further. [Client A] walked on her knees to the railing on the hallway. The [nursing home] staff brought a wheelchair for [client A] and she was wheeled out to the van. [Client A] stepped her left leg up and kept her right leg on the ground for approximately		allegations of abuse or neglect have been reported in a timely manner and appropriate action has been taken. **Measures to be put in place:** · Staff will receive training in Abuse and Neglect, Reporting abuse and neglect, and Incident Reporting at monthly staff meetings and annually. · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** 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. · Investigation Committee will review and make recommendations on all allegations of abuse and neglect, including corrective action, if warranted, per established policies and procedures.	

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	five minutes. [DSP #2] stated she kept coaxing her and finally [client A] put her right foot on the step and kept it there for approximately another five minutes. [Client A] stated three times she was faking it. [Client A] finally sat down in the seat and stated she felt so much better. [DSP #2] stated staff were on the phone with [DSP/lead #4] the entire time. [DSP/lead #4] instructed staff to call the nurse. Upon leaving the [nursing home], [DSP #2] called [nurse #1]. [DSP #2] stated [nurse #1] advised them to fill out an incident report and fax it. [DSP #2] stated she relayed to [nurse #1] what had happened and that [client A] was complaining of pain. [DSP #2] stated she also advised [nurse #1] there were no apparent injuries or ankle swelling. Upon arriving at the group home, all ladies except for [client A] unloaded and went inside the home. [Client A] stood up on the van and turned around to back down the steps of the van. [Client A] stated she needed staff's help to walk in to the home. [DSP #2] went to assist when [client A] sat down and laid herself on the concrete driveway. [DSP #1] came out to assist. [DSP #2] and [DSP #1] carried [client A] to the steps and sat her down in a chair. [DSP #2] stated [DSP/lead #4] was called and arrived 5 minutes later. [DSP/lead #4] talked to [client A] and asked her what was going		**Monitoring of Corrective Action:** · The provider will ensure compliance through oversight by the RM weekly check **(Attachment T)** list · 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. · 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. · Investigation Committee, including Executive Director will review all investigations to ensure that all allegations of abuse or neglect, client to	

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	on. [Client A] kept saying different parts of her body was (sic) hurting. [DSP #2] and [DSP/lead #4] carried [client A] into the living room and sat her down on the love seat. [Client A] stated she wanted to go eat but she would not stand up. [Client A] was assisted to a wheelchair. [Client A] then did not want to eat so she was wheeled to her room and assisted with putting on her pajamas. [Client A] went to bed at 9:30 PM. [DSP #2] stated she checked on [client A] before clocking out at 10:21 PM. [DSP #2] stated she arrived to the group home on 2/6/15 at 2:34 PM. [DSP #2] went to [client A's] bedroom to check on her and asked if she wanted to get up to eat because she hadn't ate (sic) breakfast or lunch. [Client A] stated yes and stood up in her room but she sat back down in her bed. [Client A] had peed in her bed and [DSP #2] stated she needed to get a shower. [DSP #2] stated [nurse #1] came in and checked on [client A]. [Client A] stated her knee and ankle was (sic) hurting. [Client A] was assisted to the wheelchair and went to the kitchen. [Client A] kept trying to stand up. [Nurse #1] stated she thought it was her hip and to call 911. [Client A] sat in the wheelchair until the ambulance arrived. Once the ambulance arrived they transported her to the hospital. [DSP #2] stated she called [RM #1] on 2/5/15 after they were leaving the [nursing home].		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. **Completion Date: 2-19-15** **W158:** The facility must ensure that specific facility staffing requirements are met. **Corrective action:** · CS, PM and QIDPD have received a corrective action for failure to ensure there was sufficient staffing for client Program/ High Risk plans to be implemented, failure to ensure staff was able to competently assess client A's behavioral changes which were indicative to a broken hip. **(Attachment E& F)** · Client B's ISP/ High Risk plans have been updated to include how staff monitor and assist client while in wheelchair, protective	

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	[DSP #2] stated she didn't think the nurse was called back after having all the issues getting her into the house." -Staff interview with [RM #1] indicated, "[RM #1] stated she was made aware of [client A's] incident on 2/5/15 at 7:45 PM. [DSP #2] called and stated the ladies had been weighed and that [client A] had a behavior and had sat herself down on the floor complaining of ankle pain. [RM #1] stated the behavior would need to be documented. [RM #1] stated she was not aware of [client A's] having this behavior, not informed about the nurse being called and an incident report being filled out. On 2/6/15 [RM #1] stated she was told by [DSP #5] that [client A] would not get dressed. [RM #1] stated [client A] had her pants half way on when she went in to check on her. [Client A] stated her leg hurt and grabbed above her right knee. [RM #1] stated she tried to help her get dressed and informed her that she had a doctor's appointment. [Client A] refused to get dressed. [RM #1] stated [client A] was not crying or appeared (sic) to be hurting. [Client A] climbed back into the bed. [RM #1] stated she checked on her throughout the day. [RM #1] stated [client A] was sitting on the edge of the bed trying to get dressed but kept taking her clothes back off. [RM #1] stated she did not eat		measures put in place to prevent future injuries to feet, how staff assist with transfers and use of Hoyer lift, positioning schedule with different seating options for home and Day Program, how staff are to monitor the supra pubic catherizations and how supplies are stored and maintained at home and the Day Program. **(Attachment G)** · Client C had a wheelchair evaluation at KDH on 2-25-15. Client C had a mobility evaluation with Physician on 3-17-15. Information submitted to National Seating and Mobility to proceed with approval process. **(Attachment I)** · Client F had appointment at Decatur Co. Hospital on 3-4-15. Hearing aids have been ordered. **(Attachment J)** · Staff have been in-serviced on clients dignity rights, privacy, continuous active treatment, staffing hours	

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	breakfast or lunch. [RM #1] stated at 2:00 PM, [DSP #3] came in and was talking to [client A]. [Client A] stood at the edge of her bed and peed on the floor. [DSP #2] came in then the nurse. [Client A] was wheeled into the kitchen. [RM #1] stated [nurse #1] and (sic) advised to call 911." -Staff interview with [DSP/lead #4] indicated, "[DSP/lead #4] stated she advised [DSP #2] to take all the ladies to the [nursing home] to get weighed. [DSP/lead #4] stated she received a call from [DSP #2] at 7:45 PM about [client A's] behavior. [DSP/lead #4] stated she told [DSP #2] to call the nurse and to fill out a report. [DSP/lead #4] stated she received another call from [DSP #2] at 8:30 PM stating she could not handle [client A] because she was on the floor again. [DSP/lead #4] stated she arrived at the group home and [client A] was sitting on the porch. [DSP/lead #4] stated that her (sic) and [DSP #2] helped [client A] into the house and sat her on the love seat. [Client A] was complaining of ankle pain and knee hurting (sic) and she was switching both knees. [DSP/lead #4] stated she was not acting in pain at all. [DSP/lead #4] looked at [client A's] ankle and knee. [Client A] would not stand up so we put her in a wheelchair and [client A] still did not want to eat. [Client A]		for the Group Home, reporting in a timely manner, ruling out medical issues before looking at behaviors, assisting clients with medical treatment immediately, to document client wounds in the progress notes, use of Hoyer lift, how staff monitor and assist client B while in wheelchair, protective measures put in place to prevent future injuries to feet, how staff assist with transfers, positioning schedule with different seating options for home and Day Program, how staff are to monitor the supra pubic catherizations and how supplies are stored and maintained, how staff are to document, document monthly weights on MARS, new staff cleaning schedule, weights are to be taken first thing in the AM. To not appropriate to hang dryer sheets from the ceiling vents, to complete laundry each shift, toilet clients according to their schedule, do not leave incontinence pads on furniture, all adaptive equipment must have a	

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	took her medications and then was wheeled to her room. [DSP/lead #4] stated [client A] sat on the bed, lifted her legs up to lay down, then [DSP/lead #4] left the room. [DSP/lead #4] stated on 2/6/15, had (sic) a meeting and came in early for appointments. [Client A] stated she was not going to appointment and still complained of ankle and knee pain. [DSP/lead #4] stated she had took the (sic) the other ladies to the workshop, had meeting and then went home." -staff interview with [DSP #3] indicated, "[DSP #3] stated her (sic), [DSP #2] and [DSP #1] took the ladies to the [nursing home] to get weights. [DSP #2] stated she was pushing a client in to get weighed first. [DSP #2] and [DSP #1] was (sic) bringing in the rest of the ladies. [DSP #3] stated on the way out, [client A] started to fall and grabbed a peer in front of her and sat down on the floor. [Client A] was complaining of hurting and pointed to her ankle and would not step on it. [DSP #3] stated [client A] was on her knees and it took all three staff to assist her into the chair. [Client A] refused to get in the van. [DSP #3] stated [client A] was being coaxed to get in the van. [Client A] stated she was fine after she sat in the van. [DSP #3] stated she helped the other ladies into the house and came back out to the van.		physician's order. **(Attachment G&H)** · The CS and PM have been in-serviced to ensure the facility meets the staffing requirements for the home. **(Attachment PP)** **How we will identify others:** · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · The QIDPD will assess all client ISP's to address any health concerns.	

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	[DSP #2] was still trying to get [client A] out of the van. [DSP #3] stated she went back into the house and when she came out, [client A] was completely laying on her back in the driveway. [DSP #3] stated when [client A] went to walk she put all her weight on [DSP #3]. [DSP #2] called [DSP/lead #4] came to the home (sic). [DSP #3] stated her (sic) and [DSP #2] assisted [client A] to a chair." -staff interview with [nurse #1] indicated, "On 2/5/15 at 7:51 PM, [nurse #1] received a phone call from [DSP #2] stating there was a behavioral incident with [client A]. [DSP #2] told [nurse #1] that [client A] had bumped into a peer and she fell down. [Nurse #1] stated she was told that [client A] was complaining of ankle pain. [Nurse #1] stated she asked if [client A] had any injuries or bruises and was told no. [Nurse #1] stated she asked if [client A] was walking and was told yes. [Nurse #1] stated she instructed [DSP #2] to fill out an incident report and fax it. [Nurse #1] stated she did not receive any further calls. On 2/6/15 [nurse #1] stated she called [RM #1] at 1:00 PM and was told there was nothing going on. [Nurse #1] stated she arrived at the group home at 3:30 PM on 2/6/15 to complete a medication observation. When she arrived, [DSP #2], [RM #1] and [DSP #3] were in [client A's] room		· Nurse Coordinator will assess all clients High Risk plans to ensure all medical issues are addressed. · Residential Manager will review daily documentation of any client with a pressure wound to ensure that documentation is done daily. · Residential Managers will review adaptive equipment checklist **(Attachment TT)** 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. · Nurse Coordinator will review all clients' adaptive equipment list to ensure physician orders are present. · All allegations of abuse/neglect/mistreatment will be reported to the clinical supervisor per policy. · Program Manager and Clinical Supervisor have been in-serviced on Investigation Training.	

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	talking to her about needing to get up. [Nurse #1] stated she asked why [client A] was home. [Nurse #1] stated she was told that [client A] did not want to get out of bed and had an appointment and didn't go and would not get out of bed. [DSP #2] stated it was a behavior. [Nurse #1] stated she observed [client A] for a few minutes and [client A] was stating her knee and ankle hurt. [Nurse #1] stated she did not note any bruising but thought her hip looked weird. [Nurse #1] stated she called [nurse manager #1] and was advised to call 911." -Investigation Peer Review Form dated 2/12/15 indicated, "Consumers rights violated: No. Federal/state regulations violated: No." The 2/12/15 Investigation Peer Review form indicated, "Recommendations: (1.) Nurse to receive training that will include soliciting additional information from staff regarding possible injuries; (2.) IDT (Interdisciplinary Team) to discuss ways to ensure potential injuries are relayed per policy; (3.) RM to review progress notes a minimum of 3 times per week to ensure all issues are addressed; (4.) All staff to be retrained extensively on potential injuries (ruling out medical before assuming behavioral); (5.) Disciplinary action to occur with staff."		· Clinical Supervisor 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. · Program Manager will review all investigations to ensure that all required information is documented and any follow-up required has been completed. · 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 BDDS reportable incidents will be reported to the Clinical Supervisor and BDDS reports submitted within 24 hour. **Measures to be put in place:** · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is	

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	The 2/12/15 Investigative Summary indicated DSPs #1, #2, #3, #4 and #5, RM #1 and nurse #1 failed to provide client A with medical care and support following an injury of unknown origin which resulted in a broken hip. The 2/12/15 Investigative Summary indicated DSPs #1, #2, #3, #4 and #5, RM #1 and nurse #1 failed to assess client A's change of behavior and verbalizations of pain to identify client A's need for immediate medical attention. DSPs #1, #2, #3, #4 and RM #1 failed to accurately and timely report client A's change in behavior and verbalizations of pain to the administrator or the facility nurse. The 2/12/15 Investigative Summary indicated, "Factual Findings: Staff failed to follow protocol by not ruling out medical issues and seeking medical attention." The 2/12/15 Investigative summary did not indicate documentation of interview or attempts to interview DSP #5. The 2/12/15 Investigative Summary did not indicate documentation of the identification of witnesses or potential witnesses, including day service personnel who worked with client A on and prior to 2/5/15. The 2/12/15 Investigative Summary did not indicate documentation of a review of client A's assessed mobility, behavior and ability to communicate her wants, needs and health		being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · Staff will receive training in Abuse and Neglect, Reporting abuse and neglect, and Incident Reporting at monthly staff meetings and annually. · 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. · All BDDS reportable incidents will be reported to BDDS within 24 hours. · All staff will follow policy and procedure for all reporting. · Incidents will be reviewed at Safety Committee	

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	concerns to describe the circumstances on and prior to 2/5/15. The 2/12/15 Investigation Peer Review form did not substantiate neglect and violation of client A's rights. The review did not indicate documentation of nurse retraining regarding the solicitation of additional information from staff regarding possible injuries, IDT meeting/discussion to ensure potential injuries are relayed per policy, or staff retraining regarding identifying medical injuries in relation to behavioral changes. Nurse #1 was interviewed on 2/24/15 at 12:15 PM. Nurse #1 indicated DSPs #1, #2, #3, #4, and RM #1 did not report client A's refusals to walk, refusal to eat and ongoing complaints of pain to her. Nurse #1 indicated she assessed client A on 2/6/15 at 3:30 PM when she arrived at the group home. Nurse #1 indicated she had not trained staff on recognizing medical issues since the 2/5/15 incident. Nurse Manager #1 was interviewed on 2/24/15 at 12:20 PM. Nurse Manager #1 indicated nurse #1 would be trained regarding soliciting additional information when talking on the phone with staff regarding potential medical issues. Nurse Manager #1 indicated nurse		for timeliness and that needed interventions have been implemented. · Incidents will be reviewed by Clinical Supervisor and Program Manager to ensure timeliness and that revisions or responses, if warranted, have been implemented. · 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. · Adaptive Equipment/Maintenance checklist has been in-serviced to all staff for proper documenting. · RM has been in-serviced on weekly Residential Manager checklist. · CS and PM will perform quarterly EDOM checklist including observation of Active Treatment.	

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	#1 had not been trained at the time of interview. AS #1 was interviewed on 2/24/15 at 9:19 AM. AS #1 indicated DSPs #1, #2, #3, #4 and RM #1 failed to accurately and timely report client A's change in behavior and verbalizations of pain to the administrator or the facility nurse. AS #1 indicated DSPs #1, #2, #3, #4 and RM #1 had received disciplinary action and would be retrained on recognizing and reporting potential medical issues. AS #1 indicated DSPs #1, #2, #3, #4 and RM #1 had not been retrained at the time of interview. AS #2 was interviewed on 2/24/15 at 8:20 AM. AS #2 indicated corrective action to prevent recurrence of allegations of abuse, neglect, mistreatment and injuries of unknown origin should be developed through the peer review process and implemented accordingly. This deficiency was cited on 1/20/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-2(a)		· A weekly Nursing Coordinator checklist has been implemented 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. · 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. **Monitoring of Corrective Action**: · Clinical Supervisor will review staff training to ensure that all staff has received training on abuse/neglect/mistreatment, Client ISP/BSP/High Risk Plans, GH staffing levels, dignity/ rights/privacy. · Clinical Supervisor,	

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			Program Manager will review monthly staff meetings for Abuse and Neglect training, Reporting Procedures and ensure that annual training is current. · Clinical Supervisor will also review all incident reports to address any compliance issues. · Program Manager & Executive Director will periodically review BDDS reports for thoroughness, timeliness, and complete adherence to state requirements. · 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. · All incident report data will be reviewed by safety committee. · Clinical Supervisor will review all incident reports and report all unknown injuries to	

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			Program Manager to begin investigation · Clinical Supervisor will review Adaptive Equipment checklist **(Attachment TT)** monthly to ensure that all equipment is maintained and in good working order. · Incident reports, Day Program observations, and Active Treatment observations will be reviewed by PM for implementation of Behavior Support Plans, as written, and revisions or investigations, as warranted, to prevent abuse/ neglect/mistreatment, how & when to report any forms of abuse, including missing medications and money. · A weekly Nursing Coordinator checklist has been revised 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.	

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			· Nursing Manager will review Weekly Nursing Checklist to ensure that High Risk Plans have been reviewed. · Nurse Manager and Clinical Supervisor will perform periodic service reviews to ensure that all nursing standards, including documentation, medical interventions, and treatments are being performed per policy and procedure and per physician orders. · Annual ISP/ BSP's will be reviewed by CS and Human Rights Committee to ensure due process. · 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. · For no less than two months, the Residential Manager will complete three	

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			Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · The RM will notify the CS if there are issues with CS sufficient staffing for client Program/ High Risk plans to be implemented. The CS will ensure the facility meets the staffing requirements for the home. **Completion Date: 4-3-15**	
W 158 Bldg. 00	483.430 FACILITY STAFFING The facility must ensure that specific facility staffing requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Facility	W 158	**W158:** The facility must ensure that specific facility	04/03/2015

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	Staffing for 4 of 4 sampled clients (A, B, C and D) plus 4 additional clients (E, F, G and H). The facility failed to ensure the QIDP (Qualified Intellectual Disability Professional) integrated, coordinated and monitored clients A, B, C, D, E, F, G and H's active treatment programs by failing to ensure there was sufficient direct care staff to implement clients B, C, D, E and F's ISPs (Individual Support Plans) and risk plans, to ensure staff was able to competently assess client A's behavioral changes which were indicative of a broken hip and to ensure client B's ISP and Health/Risk Plans addressed the following: __How the staff were to monitor and assist client B while in the wheelchair and what protective measures were to be used to ensure no further injuries to client B's feet. __How the staff were to assist client B with transfers in and out of bed, when and where the Hoyer (a mechanical lift) was to be used, how client B was to be positioned throughout the day to reduce pressure on her buttocks, how the staff were to assist client B to "offload" (stay off of her buttocks), what alternate seating positions were to be offered client B and what supports client B required to maintain good positioning with each		staffing requirements are met. **Corrective action:** · CS, PM and QIDPD have received a corrective action for failure to ensure there was sufficient staffing for client Program/ High Risk plans to be implemented, failure to ensure staff was able to competently assess client A's behavioral changes which were indicative to a broken hip. **(Attachment E& F)** · Client B's ISP/ High Risk plans have been updated to include how staff monitor and assist client while in wheelchair, protective measures put in place to prevent future injuries to feet, how staff assist with transfers and use of Hoyer lift, positioning schedule with different seating options for home and Day Program, how staff are to monitor the supra pubic catherizations and how supplies are stored and maintained at home and the Day Program. **(Attachment G)**	

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	seating position and while "off loading" when at home and at the DP (Day Program). __How and when the staff were to assist and monitor client B in regard to her supra pubic catheterizations and how the supplies were to be stored/maintained, to ensure clients B, C, D and E received continuous active treatment during available opportunities to support the achievement of ISP objectives, to promote clients C, D and G's dignity and to ensure client C was furnished with a new wheelchair and client F with hearing aids. Findings include: 1. The facility failed to ensure the QIDP (Qualified Intellectual Disability Professional) integrated, coordinated and monitored clients A, B, C, D, E, F, G and H's active treatment programs by failing to ensure there was sufficient direct care staff to implement clients B, C, D, E and F's ISPs (Individual Support Plans) and risk plans, to ensure staff was able to competently assess client A's behavioral changes which were indicative of a broken hip and to ensure client B's ISP and Health/Risk Plans addressed the following: __How the staff were to monitor and assist client B while in the wheelchair		· Client C had a wheelchair evaluation at KDH on 2-25-15. Client C had a mobility evaluation with Physician on 3-17-15. Information submitted to National Seating and Mobility to proceed with approval process. **(Attachment I)** · Client F had appointment at Decatur Co. Hospital on 3-4-15. Hearing aids have been ordered. **(Attachment J)** · Staff have been in-serviced on clients dignity rights, privacy, continuous active treatment, staffing hours for the Group Home, reporting in a timely manner, ruling out medical issues before looking at behaviors, assisting clients with medical treatment immediately, to document client wounds in the progress notes, use of Hoyer lift, how staff monitor and assist client B while in wheelchair, protective measures put in place to prevent future injuries to feet, how staff assist with transfers, positioning schedule	

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	and what protective measures were to be used to ensure no further injuries to client B's feet. __How the staff were to assist client B with transfers in and out of bed, when and where the Hoyer (a mechanical lift) was to be used, how client B was to be positioned throughout the day to reduce pressure on her buttocks, how the staff were to assist client B to "offload" (stay off of her buttocks), what alternate seating positions were to be offered client B and what supports client B required to maintain good positioning with each seating position and while "off loading" when at home and at the DP (Day Program). __How and when the staff were to assist and monitor client B in regard to her supra pubic catheterizations and how the supplies were to be stored/maintained, to ensure clients B, C, D and E received continuous active treatment during available opportunities to support the achievement of ISP objectives, to promote clients C, D and G's dignity and to ensure client C was furnished with a new wheelchair and client F with hearing aids. Please see W159. 2. The facility failed to ensure there was sufficient direct care staff to implement clients B, C, D, E and F's ISPs (Individual Support Plans) and risk plans.		with different seating options for home and Day Program, how staff are to monitor the supra pubic catherizations and how supplies are stored and maintained, how staff are to document, document monthly weights on MARS, new staff cleaning schedule, weights are to be taken first thing in the AM. To not appropriate to hang dryer sheets from the ceiling vents, to complete laundry each shift, toilet clients according to their schedule, do not leave incontinence pads on furniture, all adaptive equipment must have a physician's order. **(Attachment G&H)** · The CS and PM have been in-serviced to ensure the facility meets the staffing requirements for the home. **(Attachment PP)** **How we will identify others:** · For no less than two months, the Residential	

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	Please see W186. 3. The facility failed to ensure staff was able to competently assess client A's behavioral changes which were indicative of a broken hip. Please see W189. 9-3-3(a)		Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · The QIDPD will assess all client ISP's to address any health concerns. · Nurse Coordinator will assess all clients High Risk plans to ensure all medical issues are addressed. · Residential Manager will review daily documentation of any client with a pressure wound to ensure that documentation is done daily. · Residential Managers will review adaptive equipment checklist **(Attachment TT)** to ensure	

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			documentation is present and will review, inspect all adaptive equipment to ensure that they are available for client use and in good repair. · Nurse Coordinator will review all clients' adaptive equipment list to ensure physician orders are present. · All allegations of abuse/neglect/mistreatment will be reported to the clinical supervisor per policy. · Program Manager and Clinical Supervisor have been in-serviced on Investigation Training. · Clinical Supervisor 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. · Program Manager will review all investigations to ensure that all required information is documented and any follow-up required has been completed.	

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			· 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 BDDS reportable incidents will be reported to the Clinical Supervisor and BDDS reports submitted within 24 hour. **Measures to be put in place:** · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · Staff will receive training in Abuse and Neglect,	

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			Reporting abuse and neglect, and Incident Reporting at monthly staff meetings and annually. · 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. · All BDDS reportable incidents will be reported to BDDS within 24 hours. · All staff will follow policy and procedure for all reporting. · Incidents will be reviewed at Safety Committee for timeliness and that needed interventions have been implemented. · Incidents will be reviewed by Clinical Supervisor and Program Manager to ensure timeliness and that revisions or responses, if warranted, have been implemented. · Investigation Committee, including Executive Director	

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			will review all investigations to ensure that documentation is present as to the circumstances of incident, including staff deployment and witnesses interviewed. · Adaptive Equipment/Maintenance checklist has been in-serviced to all staff for proper documenting. · RM has been in-serviced on weekly Residential Manager checklist. · CS and PM will perform quarterly EDOM checklist including observation of Active Treatment. · A weekly Nursing Coordinator checklist has been implemented 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. · Clinical Supervisor, Program Manager, Executive	

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			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. **Monitoring of Corrective Action**: · Clinical Supervisor will review staff training to ensure that all staff has received training on abuse/neglect/mistreatment, Client ISP/BSP/High Risk Plans, GH staffing levels, dignity/ rights/privacy. · Clinical Supervisor, Program Manager will review monthly staff meetings for Abuse and Neglect training, Reporting Procedures and ensure that annual training is current. · Clinical Supervisor will also review all incident reports to address any compliance issues. · Program Manager & Executive Director will periodically	

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			review BDDS reports for thoroughness, timeliness, and complete adherence to state requirements. · 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. · All incident report data will be reviewed by safety committee. · Clinical Supervisor will review all incident reports and report all unknown injuries to Program Manager to begin investigation · Clinical Supervisor will review Adaptive Equipment checklist **(Attachment TT)** monthly to ensure that all equipment is maintained and in good working order. · Incident reports, Day Program observations, and Active Treatment observations will be reviewed by PM for	

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			implementation of Behavior Support Plans, as written, and revisions or investigations, as warranted, to prevent abuse/ neglect/mistreatment, how & when to report any forms of abuse, including missing medications and money. · A weekly Nursing Coordinator checklist has been revised 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. · Nursing Manager will review Weekly Nursing Checklist to ensure that High Risk Plans have been reviewed. · Nurse Manager and Clinical Supervisor will perform periodic service reviews to ensure that all nursing standards, including documentation, medical interventions, and treatments	

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			are being performed per policy and procedure and per physician orders. · Annual ISP/ BSP's will be reviewed by CS and Human Rights Committee to ensure due process. · 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. · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are	

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			being addressed. · The RM will notify the CS if there are issues with CS sufficient staffing for client Program/ High Risk plans to be implemented. The CS will ensure the facility meets the staffing requirements for the home. **Completion Date: 4-3-15**	
W 159 Bldg. 00	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 (A, B, C and D) plus 4 additional clients (E, F, G and H), the QIDP (Qualified Intellectual Disability Professional) failed to integrate, coordinate and monitor clients A, B, C, D, E, F, G and H's active treatment program by failing to ensure there was sufficient direct care staff to implement clients B, C, D, E and F's ISPs (Individual Support Plans) and risk plans, to ensure staff was able to competently assess client A's behavioral changes which were indicative of a broken hip	W 159	**W159**: Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. **Corrective action:** · CS, PM and QIDPD have received a corrective action for failure to ensure	04/03/2015

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	and to ensure client B's ISP and Health/Risk Plans addressed the following: __How the staff were to monitor and assist client B while in the wheelchair and what protective measures were to be used to ensure no further injuries to client B's feet. __How the staff were to assist client B with transfers in and out of bed, when and where the Hoyer (a mechanical lift) was to be used, how client B was to be positioned throughout the day to reduce pressure on her buttocks, how the staff were to assist client B to "offload" (stay off of her buttocks), what alternate seating positions were to be offered client B and what supports client B required to maintain good positioning with each seating position and while "off loading" when at home and at the DP (Day Program). __How and when the staff were to assist and monitor client B in regard to her supra pubic catheterizations and how the supplies were to be stored/maintained, to ensure clients B, C, D and E received continuous active treatment during available opportunities to support the achievement of ISP objectives, to promote clients C, D and G's dignity and to ensure client C was furnished with a new wheelchair and client F with hearing aids.		there was sufficient staffing for client Program/ High Risk plans to be implemented, failure to ensure staff was able to competently assess client A's behavioral changes which were indicative to a broken hip. **(Attachment E& F)** · Client B's ISP/ High Risk plans have been updated to include how staff monitor and assist client while in wheelchair, protective measures put in place to prevent future injuries to feet, how staff assist with transfers and use of Hoyer lift, positioning schedule with different seating options for home and Day Program, how staff are to monitor the supra pubic catherizations and how supplies are stored and maintained at home and the Day Program. **(Attachment G)** · The CS and PM have been in-serviced to ensure the facility meets the staffing requirements for the home. **(Attachment PP)**	

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	Findings include: 1. The QIDP failed to integrate, coordinate and monitor clients A, B, C, D, E, F, G and H's active treatment program by failing to ensure there was sufficient direct care staff to implement clients B, C, D, E and F's ISPs (Individual Support Plans) and risk plans. Please see W186. 2. The QIDP failed to integrate, coordinate and monitor client A's active treatment program by failing to ensure staff was able to competently assess client A's behavioral changes which were indicative of a broken hip. Please see W189. 3. The QIDP failed to integrate, coordinate and monitor client B's active treatment program by failing to ensure client B's ISP and Health/Risk Plans addressed the following: __How the staff were to monitor and assist client B while in the wheelchair and what protective measures were to be used to ensure no further injuries to client B's feet. __How the staff were to assist client B with transfers in and out of bed, when and where the Hoyer (a mechanical lift)		· Staff has been in-serviced on continuous active treatment, staffing hours for the Group Home, client dignity rights and privacy. **(Attachment H)** · Client C had a wheelchair evaluation at KDH on 2-25-15. Client C had a mobility evaluation with Physician on 3-17-15. Information submitted to National Seating and Mobility to proceed with approval process. **(Attachment I)** · Client F had appointment at Decatur Co. Hospital on 3-4-15. Hearing aids have been ordered. **(Attachment J)** **How we will identify others:** · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented.	

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	was to be used, how client B was to be positioned throughout the day to reduce pressure on her buttocks, how the staff were to assist client B to "offload" (stay off of her buttocks), what alternate seating positions were to be offered client B and what supports client B required to maintain good positioning with each seating position and while "off loading" when at home and at the DP (Day Program). __How and when the staff were to assist and monitor client B in regard to her supra pubic catheterizations and how the supplies were to be stored/maintained. Please see W240. 4. The QIDP failed to integrate, coordinate and monitor clients B, C, D and E's active treatment program by failing to ensure clients B, C, D and E received continuous active treatment during available opportunities to support the achievement of ISP objectives. Please see W249. 5. The QIDP failed to integrate, coordinate and monitor clients C, D and G's active treatment program by failing to promote clients C, D and G's dignity. Please see W268. 6. The QIDP failed to integrate, coordinate and monitor clients C and F's		· For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · The QIDPD will assess all client ISP's to address any health concerns. · Nurse Coordinator will assess all clients High Risk plans to ensure all medical issues are addressed. · Residential Manager will review daily documentation of any client with a pressure wound to ensure that documentation is done daily. · Residential Managers will review adaptive equipment checklist **(Attachment TT)** 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.	

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	active treatment program by failing to ensure client C was furnished with a new wheelchair and client F with hearing aids. Please see W436. This deficiency was cited on 1/20/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-3(a)		· Nurse Coordinator will review all clients' adaptive equipment list to ensure physician orders are present. · Residential Manger will review RFMS statements to ensure clients do not pay for any expenses that they should not pay for. · All allegations of abuse/neglect/mistreatment will be reported to the clinical supervisor per policy. · Program Manager and Clinical Supervisor have been in-serviced on Investigation Training. · Clinical Supervisor 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. · Program Manager will review all investigations to ensure that all required information is documented and any follow-up required has been completed.	

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			· 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 BDDS reportable incidents will be reported to the Clinical Supervisor and BDDS reports submitted within 24 hours **Measures to be put in place:** · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · Staff will receive training in Abuse and Neglect,	

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			Reporting abuse and neglect, and Incident Reporting at monthly staff meetings and annually. · 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. · All BDDS reportable incidents will be reported to BDDS within 24 hours. · All staff will follow policy and procedure for all reporting. · Incidents will be reviewed at Safety Committee for timeliness and that needed interventions have been implemented. · Incidents will be reviewed by Clinical Supervisor and Program Manager to ensure timeliness and that revisions or responses, if warranted, have been implemented. · Investigation Committee, including Executive Director	

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			will review all investigations to ensure that documentation is present as to the circumstances of incident, including staff deployment and witnesses interviewed. · Adaptive Equipment/Maintenance checklist has been in-serviced to all staff for proper documenting. · RM has been in-serviced on weekly Residential Manager checklist. · 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. · CS and PM will perform quarterly EDOM checklist including observation of Active Treatment. · A weekly Nursing Coordinator checklist has been implemented and Nurse Manager will be informed of	

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			any client with a pressure wound to ensure that care is adequate and timely, including measurement of wound, treatment, physician recommendations, and treatments. · 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. **Monitoring of Corrective Action**: · Clinical Supervisor will review staff training to ensure that all staff has received training on abuse/neglect/mistreatment, Client ISP/BSP/High Risk Plans, GH staffing levels, dignity/ rights/privacy. · Clinical Supervisor, Program Manager will review monthly staff meetings for Abuse and Neglect training, Reporting Procedures and	

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			ensure that annual training is current. · Clinical Supervisor will also review all incident reports to address any compliance issues. · Program Manager & Executive Director will periodically review BDDS reports for thoroughness, timeliness, and complete adherence to state requirements. · 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. · All incident report data will be reviewed by safety committee. · Clinical Supervisor will review all incident reports and report all unknown injuries to Program Manager to begin investigation · Clinical Supervisor will	

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			review Adaptive Equipment checklist **(Attachment TT)** monthly to ensure that all equipment is maintained and in good working order. · Incident reports, Day Program observations, and Active Treatment observations will be reviewed by PM for implementation of Behavior Support Plans, as written, and revisions or investigations, as warranted, to prevent abuse/ neglect/mistreatment, how & when to report any forms of abuse, including missing medications and money. · A weekly Nursing Coordinator checklist has been revised 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. · Nursing Manager will review Weekly Nursing Checklist to ensure that High	

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			Risk Plans have been reviewed. · Nurse Manager and Clinical Supervisor will perform periodic service reviews to ensure that all nursing standards, including documentation, medical interventions, and treatments are being performed per policy and procedure and per physician orders. · Annual ISP/ BSP's will be reviewed by CS and Human Rights Committee to ensure due process. · 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. · For no less than two months, the Residential Manager will complete three Active treatment observations**(Attachment S)** per week to ensure that active	

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			treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · The RM will notify the CS if there are issues with CS sufficient staffing for client Program/ High Risk plans to be implemented. The CS will ensure the facility meets the staffing requirements for the home. **Completion Date: 4-3-15**	
W 186 Bldg. 00	483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present			

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	on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. Based on observation, record review and interview for 2 of 3 sampled clients (B and C) plus 3 additional clients (D, E and F), the facility failed to ensure there was sufficient direct care staff to implement clients B, C, D, E and F's ISPs (Individual Support Plans) and risk plans. Findings include: Observations were conducted at the group home from 3:20 PM through 6:52 PM. At 3:20 PM, DSP (Direct Support Professional) #1 arrived at the group home for her shift with RM (Residential Manager) #1. DSP #1 began assisting client F in the shower while RM #1 left the group home to pick up clients B, C, D, E, G and H from the day service facility. DSP #1 was alone in the group home with client F while RM #1 transported clients B, C, D, E, G and H. At 3:50 PM, clients B, C, D,E, G and H returned to the group home from day services. Clients B, C and G utilized wheelchairs for mobility. Maintenance Personnel (MP) #1 arrived at the home and began assisting clients B, C, D, E, G and H unload the group home van. MP #1 then resumed maintenance activities. At 4:15 PM, RM #1 exited client B's	W 186	**W186:** The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. **Corrective action:** · CS, PM and QIDPD have received a corrective action for failure to ensure there was sufficient staffing for client Program/ High Risk plans to be implemented. **(Attachment E& F)** · The CS and PM have been in-serviced to ensure the facility meets the staffing requirements for the home. **(Attachment PP)** · Staff has been in-serviced on continuous active treatment, staffing hours for the Group Home, client dignity rights and privacy, all staff being present during meal time, working on client goals daily. **(Attachment H)**	04/03/2015

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	bedroom and came to the kitchen, answered the group home phone located in the kitchen and then exited the area to the medication administration area/office. DSP #1 finished showering client H and began showering client E. Clients B, C, D, G and H remained unsupervised with no activity. At 4:20 PM, RM #1 began the evening medication administration from the medication administration area/office located in the back corner of the house. The medication administration room did not have direct vision lines to the group home living room, kitchen or family room areas. DSP #1 continued assisting client E in the shower with the door shut. At 4:30 PM, RM #1 returned to the family room area and transferred client C from her recliner to her wheelchair and pushed client C in her wheelchair to the medication administration area while client E and DSP #1 remained in the shower area. Clients B, D, F, G and H were seated in the living room area unsupervised with no activity. Observations were conducted at the group home on 2/24/15 from 6:30 AM through 7:30 AM. Clients B, C, D, E, F, G and H were present in the home throughout the observation period. RM #1 was the only staff on duty throughout the observation period. At 6:30 AM,		· Environmental Service Worker in-serviced on client plans. **(Attachment Q)** **How we will identify others:** ·For no less than two months, the Residential Manager will complete three Active treatment observations per week **(Attachment S)** to ensure that active treatment is being provided and medication goals are implemented. ·For no less than two months, an administrative staff will be complete an active treatment observation to **(Attachment S)** ensure active treatment is occurring and all high risk issues are being addressed. · RM to complete weekly check **(Attachment T)** list to ensure home is clean and in good repair. RM to submit work order to PM for any repairs that need made to the home. · All allegations of abuse/neglect/mistreatment will be reported to the clinical	

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	clients C, D, F and G were seated in the kitchen. RM #1 assisted client H in her bedroom. At 6:40 AM, RM #1 entered the kitchen area and indicated she was starting the morning medication administration. Clients C, D, F and G were unsupervised with no activity. At 7:10 AM, client C was seated at the kitchen table with her bowl of oatmeal on the table in front of her. Client C was unable to independently feed herself and began making verbal grunts and slapping her hand on the table while waiting for RM #1 to assist her with feeding. RM #1 assisted client E to puree her food, while client F, who was hard of hearing began yelling at RM #1 about the meal. Client H began making verbal grunts and gestures to RM #1 indicating she wanted assistance to get dressed. RM #1 stopped assisting client C with her feeding to assist client H get dressed in her bedroom. Client C then attempted to feed herself and pulled her bowl of oatmeal into her lap. Client E finished eating her meal and began to walk past client C to exit the kitchen area. Client C made vocal grunts and began attempting to grab/pinch client E has she walked past. RM #1 returned to the kitchen area. At 7:15 AM, client G, who utilized a wheelchair for mobility, indicated she needed to use the restroom. RM #1 exited the kitchen area to assist client G to use		supervisor per policy. · Program Manager and Clinical Supervisor have been in-serviced on Investigation Training. · Clinical Supervisor 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. · Program Manager will review all investigations to ensure that all required information is documented and any follow-up required has been completed. · 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 BDDS reportable incidents will be reported to the Clinical Supervisor and BDDS reports submitted within 24 hour.	

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	the restroom while clients C and B were seated at the kitchen table with their oatmeal and cup of milk. Client C then attempted to feed herself and pulled her bowl of oatmeal into her lap. Client C then threw the bowl of oatmeal across the kitchen area. Client C's record was reviewed on 2/24/15 at 11:51 AM. Client C's Doctor's Orders/Progress Notes dated 3/27/12 indicated, "[Client C] exhibited oral dysphasia with increase in time to clear the oral cavity and reduced chewing noted. No penetration or aspiration noted during this exam when given small sips/bites. Recommend be supervised and assisted with all meals to ensure small bites." Client C's Physician's Orders form dated 12/1/14 indicated client C's diagnosis included but was not limited to dysphasia. Client C's ISP (Individual Support Plan) dated 1/31/15 indicated, "Behavioral Concerns/needs: [Client C] has exhibited the following behaviors included self abuse described as biting her hand and hitting her leg. Physical aggression, yelling, could throw things, slaps at others. Strategies include listening to music on her head phones, provide her with various items to doodle, writing pads or activity pads. Need to stay within close proximity if she is showing signs of agitation."		**Measures to be put in place:** ·For no less than two months, the Residential Manager will complete three Active treatment observations per **(Attachment S)** week to ensure that active treatment is being provided and medication goals are implemented. ·For no less than two months, an administrative staff will be complete an active treatment observation to **(Attachment S)** ensure active treatment is occurring and all high risk issues are being addressed. · Staff will receive training in Abuse and Neglect, Reporting abuse and neglect, and Incident Reporting at monthly staff meetings and annually. · 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. · All BDDS reportable incidents will be reported to BDDS	

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	DSP #1 was interviewed on 2/23/15 at 6:20 PM. DSP #1 stated, "There's usually 2 staff on during the evenings, sometimes 3. When there's 2 on we split the work up. One staff does the showers while the other staff does the 5:00 PM medications and does the meal. Sometimes we split up the showers. Like one staff will do 2 of the harder bathings and the other staff will do 2, just spread out the work." DSP #1 stated, "With 2 staff we really don't do goals. I mean I can go over their bathing goals while they are in the bath but as far as things like identifying a penny or brushing their teeth, we don't do." DSP #2 was interviewed on 2/24/15 at 8:20 AM. DSP #2 stated, "I normally work the evening shift but I pick up days a lot. Sometimes we have 3 staff on evenings but 2 is not enough." RM (Resident Manager) #1 was interviewed on 2/24/15 at 10:56 AM. RM #1 stated, "Overnights should have 2 staff on, that's what we started. We have a few people in training right now to start. There's normally 2 staff on in the mornings. I have someone come in at 6:00 AM to help get the ladies up and ready for workshop but my staff didn't show up this morning." RM #1 stated, "We really need at least 2 in the morning,		within 24 hours. · All staff will follow policy and procedure for all reporting. · Incidents will be reviewed at Safety Committee for timeliness and that needed interventions have been implemented. · Incidents will be reviewed by Clinical Supervisor and Program Manager to ensure timeliness and that revisions or responses, if warranted, have been implemented. · 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. · RM has been in-serviced on weekly Residential Manager checklist. · CS and PM will perform quarterly EDOM checklist (including observation of Active Treatment.	

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	probably 3. The evenings generally have 2 to 3 staff." RM #1 indicated she was not able to monitor/supervise clients B, C, D, E and F by herself. RM #1 indicated 2 staff during the evening shift were not able to implement active treatment. QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 2/26/15 at 9:19 AM. QIDPD #1 indicated MP #1 was not trained to work with clients and does not do direct care with the clients. QIDPD #1 indicated staffing levels in the group home have been increased, however, new staff are in orientation training. 9-3-3(a)		· 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. **Monitoring of Corrective Action**: · Clinical Supervisor will review staff training to ensure that all staff has received training on abuse/neglect/mistreatment, Client ISP/BSP/High Risk Plans, GH staffing levels, dignity/ rights/privacy. · Clinical Supervisor, Program Manager will review monthly staff meetings for Abuse and Neglect training, Reporting Procedures and ensure that annual training is current. · Clinical Supervisor will also review all incident reports to address any compliance issues.	

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			· Program Manager & Executive Director will periodically review BDDS reports for thoroughness, timeliness, and complete adherence to state requirements. · 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. · All incident report data will be reviewed by safety committee. · Clinical Supervisor will review all incident reports and report all unknown injuries to Program Manager to begin investigation · Clinical Supervisor will review Adaptive Equipment checklist **(Attachment TT)** monthly to ensure that all equipment is maintained and in good working order. · Incident reports, Day Program observations, and	

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			Active Treatment observations will be reviewed by PM for implementation of Behavior Support Plans, as written, and revisions or investigations, as warranted, to prevent abuse/ neglect/mistreatment, how & when to report any forms of abuse, including missing medications and money. · 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. ·For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. ·For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure	

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			active treatment is occurring and all high risk issues are being addressed. · The RM will notify the CS if there are issues with CS sufficient staffing for client Program/ High Risk plans to be implemented. The CS will ensure the facility meets the staffing requirements for the home. **Completion Date: 4-3-15**	
W 189 Bldg. 00	483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure staff was able to competently assess client A's behavioral changes which were indicative of a broken hip. Findings include: The facility's BDDS (Bureau of Developmental Disabilities Services)	W 189	**W189:** The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. **Corrective action:**	04/03/2015

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	reports, IRs (Incident Reports) and investigations were reviewed on 2/24/15 at 8:42 AM. The review indicated the following: -IR dated 2/6/15 indicated, "[RM (Resident Manager) #1] person reporting. Date reported: 2/6/15. 911 was call (sic) to take [client A] to hospital to get her leg checked out." -BDDS report dated 2/6/15 indicated, "On 2/5/15, [client A] and her peers went to the [nursing facility] in town to get their weights. [Client A] ran into the back of a peer and she sat herself down on the floor. There were no apparent injuries at the time. On 2/6/15, [client A] did not want to get out of bed. [Nurse #1] went to the group home and assessed [client A]. 911 was called and [client A] was transported to the [hospital] ER (Emergency Room). X-ray performed at ER and results show a broken right hip. [Client A] is being admitted in the hospital to await surgery." -Investigative Summary dated 2/12/15 indicated the following: -Staff interview with DSP (Direct Support Professional) #2 indicated, "[DSP #2] stated the ladies were picked up from the workshop at 3:30 PM on 2/5/15. They went back to the group		· Staff have been in-serviced on all client ISP/ BSP/High Risk plans · CS, PM and QIDPD have received a corrective action for failure to ensure staff was able to competently assess client A's behavioral changes which were indicative to a broken hip. **(Attachment E& F)** · Staff have been in-serviced on reporting in a timely manner, ruling out medical issues before looking at behaviors, assisting clients with medical treatment immediately**(Attachment H)** · RM and direct support staff have received disciplinary action for failure to prevent neglect of client A and to identify and report client A's fractured hip. **(Attachment D)** **How we will identify others:** ·For no less than two months, the Residential Manager will complete three	

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	home and picked up two housemates. [DSP #2] stated herself, [DSP #3] and [clients A, B, C, D, E, F, G and H] drove to the [city] office and was (sic) there for approximately 15 minutes but left due to the office being closed. Upon arriving back in [city], we picked up [DSP #1] and drove to the [nursing home] to weigh all the ladies. [DSP #2] stated after the weights were completed and they were all walking down the hallway to leave, [client A] bumped into her peer and sat down on the floor. [DSP #2] stated she asked [client A] if she was okay? [Client A] stated her ankle hurt. [DSP #2] checked [client A's] ankle and noted she could move it okay. [DSP #2] stated she and [DSP #3] assisted [client A] up. [Client A] got up on her knees but couldn't get up any further. [Client A] walked on her knees to the railing on the hallway. The [nursing home] staff brought a wheelchair for [client A] and she was wheeled out to the van. [Client A] stepped her left leg up and kept her right leg on the ground for approximately five minutes. [DSP #2] stated she kept coaxing her and finally [client A] put her right foot on the step and kept it there for approximately another five minutes. [Client A] stated three times she was faking it. [Client A] finally sat down in the seat and stated she felt so much better. [DSP #2] stated staff were on the		Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. ·For no less than two months, an administrative staff will be complete an active treatment observation**(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · RM to complete weekly check **(Attachment T)** list to ensure home is clean and in good repair. RM to submit work order to PM for any repairs that need made to the home. · All allegations of abuse/neglect/mistreatment will be reported to the clinical supervisor per policy. · Program Manager and Clinical Supervisor have been in-serviced on Investigation Training. · Clinical Supervisor will review all incidents to ensure that allegations of abuse or	

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	phone with [DSP/lead #4] the entire time. [DSP/lead #4] instructed staff to call the nurse. Upon leaving the [nursing home], [DSP #2] called [nurse #1]. [DSP #2] stated [nurse #1] advised them to fill out an incident report and fax it. [DSP #2] stated she relayed to [nurse #1] what had happened and that [client A] was complaining of pain. [DSP #2] stated she also advised [nurse #1] there were no apparent injuries or ankle swelling. Upon arriving at the group home, all ladies except for [client A] unloaded and went inside the home. [Client A] stood up on the van and turned around to back down the steps of the van. [Client A] stated she needed staff's help to walk in to the home. [DSP #2] went to assist when [client A] sat down and laid herself on the concrete driveway. [DSP #1] came out to assist. [DSP #2] and [DSP #1] carried [client A] to the steps and sat her down in a chair. [DSP #2] stated [DSP/lead #4] was called and arrived 5 minutes later. [DSP/lead #4] talked to [client A] and asked her what was going on. [Client A] kept saying different parts of her body was (sic) hurting. [DSP #2] and [DSP/lead #4] carried [client A] into the living room and sat her down on the love seat. [Client A] stated she wanted to go eat but she would not stand up. [Client A] was assisted to a wheelchair. [Client A] then did not want to eat so she was		neglect have been reported in a timely manner and appropriate action has been taken. · Program Manager will review all investigations to ensure that all required information is documented and any follow-up required has been completed. · 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 BDDS reportable incidents will be reported to the Clinical Supervisor and BDDS reports submitted within 24 hour. **Measures to be put in place:** ·For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented.	

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	wheeled to her room and assisted with putting on her pajamas. [Client A] went to bed at 9:30 PM. [DSP #2] stated she checked on [client A] before clocking out at 10:21 PM. [DSP #2] stated she arrived to the group home on 2/6/15 at 2:34 PM. [DSP #2] went to [client A's] bedroom to check on her and asked if she wanted to get up to eat because she hadn't ate (sic) breakfast or lunch. [Client A] stated yes and stood up in her room but she sat back down in her bed. [Client A] had peed in her bed and [DSP #2] stated she needed to get a shower. [DSP #2] stated [nurse #1] came in and checked on [client A]. [Client A] stated her knee and ankle was (sic) hurting. [Client A] was assisted to the wheelchair and went to the kitchen. [Client A] kept trying to stand up. [Nurse #1] stated she thought it was her hip and to call 911. [Client A] sat in the wheelchair until the ambulance arrived. Once the ambulance arrived they transported her to the hospital. [DSP #2] stated she called [RM #1] on 2/5/15 after they were leaving the [nursing home]. [DSP #2] stated she didn't think the nurse was called back after having all the issues getting her into the house." -Staff interview with [RM #1] indicated, "[RM #1] stated she was made aware of [client A's] incident on 2/5/15 at 7:45 PM. [DSP #2] called and stated the ladies		·For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · Staff will receive training in Abuse and Neglect, Reporting abuse and neglect, and Incident Reporting at monthly staff meetings and annually. · 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. · All BDDS reportable incidents will be reported to BDDS within 24 hours. · All staff will follow policy and procedure for all reporting. · Incidents will be reviewed at Safety Committee for timeliness and that needed interventions have been implemented.	

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	had been weighed and that [client A] had a behavior and had sat herself down on the floor complaining of ankle pain. [RM #1] stated the behavior would need to be documented. [RM #1] stated she was not aware of [client A's] having this behavior, not informed about the nurse being called and an incident report being filled out. On 2/6/15 [RM #1] stated she was told by [DSP #5] that [client A] would not get dressed. [RM #1] stated [client A] had her pants half way on when she went in to check on her. [Client A] stated her leg hurt and grabbed above her right knee. [RM #1] stated she tried to help her get dressed and informed her that she had a doctor's appointment. [Client A] refused to get dressed. [RM #1] stated [client A] was not crying or appeared (sic) to be hurting. [Client A] climbed back into the bed. [RM #1] stated she checked on her throughout the day. [RM #1] stated [client A] was sitting on the edge of the bed trying to get dressed but kept taking her clothes back off. [RM #1] stated she did not eat breakfast or lunch. [RM #1] stated at 2:00 PM, [DSP #3] came in and was talking to [client A]. [Client A] stood at the edge of her bed and peed on the floor. [DSP #2] came in then the nurse. [Client A] was wheeled into the kitchen. [RM #1] stated [nurse #1] and (sic) advised to call 911."		· Incidents will be reviewed by Clinical Supervisor and Program Manager to ensure timeliness and that revisions or responses, if warranted, have been implemented. · 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. · RM has been in-serviced on weekly Residential Manager checklist. · CS and PM will perform quarterly EDOM checklist (including observation of Active Treatment. · 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.	

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	-Staff interview with [DSP/lead #4] indicated, "[DSP/lead #4] stated she advised [DSP #2] to take all the ladies to the [nursing home] to get weighed. [DSP/lead #4] stated she received a call from [DSP #2] at 7:45 PM about [client A's] behavior. [DSP/lead #4] stated she told [DSP #2] to call the nurse and to fill out a report. [DSP/lead #4] stated she received another call from [DSP #2] at 8:30 PM stating she could not handle [client A] because she was on the floor again. [DSP/lead #4] stated she arrived at the group home and [client A] was sitting on the porch. [DSP/lead #4] stated that her (sic) and [DSP #2] helped [client A] into the house and sat her on the love seat. [Client A] was complaining of ankle pain and knee hurting (sic) and she was switching both knees. [DSP/lead #4] stated she was not acting in pain at all. [DSP/lead #4] looked at [client A's] ankle and knee. [Client A] would not stand up so we put her in a wheelchair and [client A] still did not want to eat. [Client A] took her medications and then was wheeled to her room. [DSP/lead #4] stated [client A] sat on the bed, lifted her legs up to lay down, then [DSP/lead #4] left the room. [DSP/lead #4] stated on 2/6/15, had (sic) a meeting and came in early for appointments. [Client A] stated she was not going to appointment and		**Monitoring of Corrective Action**: · Clinical Supervisor will review staff training to ensure that all staff has received training on abuse/neglect/mistreatment, Client ISP/BSP/High Risk Plans, GH staffing levels, dignity/ rights/privacy. · Clinical Supervisor, Program Manager will review monthly staff meetings for Abuse and Neglect training, Reporting Procedures and ensure that annual training is current. · Clinical Supervisor will also review all incident reports to address any compliance issues. · Program Manager & Executive Director will periodically review BDDS reports for thoroughness, timeliness, and complete adherence to state requirements. · Investigation Committee, including Executive Director will review all completed investigations to ensure that	

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	still complained of ankle and knee pain. [DSP/lead #4] stated she had took the (sic) the other ladies to the workshop, had meeting and then went home." -staff interview with [DSP #3] indicated, "[DSP #3] stated her (sic), [DSP #2] and [DSP #1] took the ladies to the [nursing home] to get weights. [DSP #2] stated she was pushing a client in to get weighed first. [DSP #2] and [DSP #1] was (sic) bringing in the rest of the ladies. [DSP #3] stated on the way out, [client A] started to fall and grabbed a peer in front of her and sat down on the floor. [Client A] was complaining of hurting and pointed to her ankle and would not step on it. [DSP #3] stated [client A] was on her knees and it took all three staff to assist her into the chair. [Client A] refused to get in the van. [DSP #3] stated [client A] was being coaxed to get in the van. [Client A] stated she was fine after she sat in the van. [DSP #3] stated she helped the other ladies into the house and came back out to the van. [DSP #2] was still trying to get [client A] out of the van. [DSP #3] stated she went back into the house and when she came out, [client A] was completely laying on her back in the driveway. [DSP #3] stated when [client A] went to walk she put all her weight on [DSP #3]. [DSP #2] called [DSP/lead #4] came to the home (sic).		circumstances of incidents have been thoroughly investigated, including deployment of staff, interventions, and witness interviews completed. · All incident report data will be reviewed by safety committee. · Clinical Supervisor will review all incident reports and report all unknown injuries to Program Manager to begin investigation · Clinical Supervisor will review Adaptive Equipment checklist**(Attachment TT)** monthly to ensure that all equipment is maintained and in good working order. · Incident reports, Day Program observations, and Active Treatment observations will be reviewed by PM for implementation of Behavior Support Plans, as written, and revisions or investigations, as warranted, to prevent abuse/ neglect/mistreatment, how & when to report any forms of abuse, including missing medications and money.	

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	15G509		03/04/2015

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	[DSP #3] stated her (sic) and [DSP #2] assisted [client A] to a chair." -staff interview with [nurse #1] indicated, "On 2/5/15 at 7:51 PM, [nurse #1] received a phone call from [DSP #2] stating there was a behavioral incident with [client A]. [DSP #2] told [nurse #1] that [client A] had bumped into a peer and she fell down. [Nurse #1] stated she was told that [client A] was complaining of ankle pain. [Nurse #1] stated she asked if [client A] had any injuries or bruises and was told no. [Nurse #1] stated she asked if [client A] was walking and was told yes. [Nurse #1] stated she instructed [DSP #2] to fill out an incident report and fax it. [Nurse #1] stated she did not receive any further calls. On 2/6/15 [nurse #1] stated she called [RM #1] at 1:00 PM and was told there was nothing going on. [Nurse #1] stated she arrived at the group home at 3:30 PM on 2/6/15 to complete a medication observation. When she arrived, [DSP #2], [RM #1] and [DSP #3] were in [client A's] room talking to her about needing to get up. [Nurse #1] stated she asked why [client A] was home. [Nurse #1] stated she was told that [client A] did not want to get out of bed and had an appointment and didn't go and would not get out of bed. [DSP #2] stated it was a behavior. [Nurse #1] stated she observed [client A] for a few		· 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. ·For no less than two months, the Residential Manager will complete three Active treatment observations per week to ensure that active treatment is being provided and medication goals are implemented. ·For no less than two months, an administrative staff will be complete an active treatment observation to ensure active treatment is occurring and all high risk issues are being addressed. · The RM will notify the CS if there are issues with CS sufficient staffing for client Program/ High Risk plans to be implemented. The CS will ensure the facility meets the staffing requirements for the	

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	minutes and [client A] was stating her knee and ankle hurt. [Nurse #1] stated she did not note any bruising but thought her hip looked weird. [Nurse #1] stated she called [nurse manager #1] and was advised to call 911." -Investigation Peer Review Form dated 2/12/15 indicated, "Consumers rights violated: No. Federal/state regulations violated: No." The 2/12/15 Investigation Peer Review form indicated, "Recommendations: (1.) Nurse to receive training that will include soliciting additional information from staff regarding possible injuries; (2.) IDT (Interdisciplinary Team) to discuss ways to ensure potential injuries are relayed per policy; (3.) RM to review progress notes a minimum of 3 times per week to ensure all issues are addressed; (4.) All staff to be retrained extensively on potential injuries (ruling out medical before assuming behavioral); (5.) Disciplinary action to occur with staff." The 2/12/15 Investigative Summary indicated DSPs #1, #2, #3, #4 and #5, RM #1 and nurse #1 failed to provide client A with medical care and support following an injury of unknown origin which resulted in a broken hip. The 2/12/15 Investigative Summary indicated DSPs #1, #2, #3, #4 and #5, RM #1 and		home. **Completion Date: 4-3-15**	

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	nurse #1 failed to assess client A's change of behavior and verbalizations of pain to identify client A's need for immediate medical attention. DSPs #1, #2, #3, #4 and RM #1 failed to accurately and timely report client A's change in behavior and verbalizations of pain to the administrator or the facility nurse. The 2/12/15 Investigative Summary indicated, "Factual Findings: Staff failed to follow protocol by not ruling out medical issues and seeking medical attention." The 2/12/15 Investigative summary did not indicate documentation of interview or attempts to interview DSP #5. The 2/12/15 Investigative Summary did not indicate documentation of the identification of witnesses or potential witnesses, including day service personnel who worked with client A on and prior to 2/5/15. The 2/12/15 Investigative Summary did not indicate documentation of a review of client A's assessed mobility, behavior and ability to communicate her wants, needs and health concerns to describe the circumstances on and prior to 2/5/15. The 2/12/15 Investigation Peer Review form did not substantiate neglect and violation of client A's rights. Client A's record was reviewed on 2/24/15 at 10:51 AM. Client A's CFA			

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	(Comprehensive Functional Assessment) dated 2/5/15 indicated client A was able to walk without the use of a wheelchair and was continent of bowel and bladder. Client A's Nursing Monthly Summaries from December 2014 through January 2015 did not indicate documentation of client A requiring the use of a wheelchair for mobility, decreased appetite, falls or bowel/bladder incontinence. Client A's BSP (Behavior Support Plan) dated 10/24/14 did not indicate client A's targeted behaviors included making somatic complaints or refusing to walk/laying on the ground. Client A's Osteoporosis Risk Plan dated 8/28/14 indicated, "(2.) Staff will monitor for any pain or discomfort.... (4.) Staff will notify nurse of any changes or problems. Staff/nurse will notify medical doctor if needed." Client A's Daily Progress Notes dated 2/6/15 indicated,"[Client A] in her room when I arrived. [Client A] was yelling at other housemates that wasn't in the room. She said her leg hurt and she didn't want to go to workshop. [Client A] was only half dressed got undressed and then started dressing again. Told her she had to go to doctor (appointment) but she said she didn't want to go. So, [client A] went back to bed, she refused breakfast and lunch. [Client A] stayed in her room all morning. [Client A] refused to get up all			

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	day. [Client A] finally got up after other staff got here and she got up but wouldn't walk." RM #1 was interviewed on 2/24/15 at 10:56 AM. RM #1 indicated DSPs #1, #2, #3, #4 and #5 did not report client A's refusal to walk, get on the van or laying on the driveway upon returning to the group home from the nursing home. RM #1 indicated DSPs #1, #2, #3, #4 and #5 reported client A was having behavior issues. RM #1 indicated she had worked in the group home during the morning shift of 2/6/15. RM #1 indicated she did not notify the nurse of client A's refusal to get out of bed, refusal to eat and urine incontinence until the nurse arrived at the group home at 3:30 PM on 2/6/15. Nurse #1 was interviewed on 2/24/15 at 12:15 PM. Nurse #1 indicated DSPs #1, #2, #3, #4, and RM #1 did not report client A's refusals to walk, refusal to eat and ongoing complaints of pain to her. Nurse #1 indicated she assessed client A on 2/6/15 at 3:30 PM when she arrived at the group home. Nurse #1 indicated she had not trained staff on recognizing medical issues since the 2/5/15 incident. Nurse Manager #1 was interviewed on 2/24/15 at 12:20 PM. Nurse Manager #1 indicated nurse #1 would be trained			

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	regarding soliciting additional information when talking on the phone with staff regarding potential medical issues. Nurse Manager #1 indicated nurse #1 had not been trained at the time of interview. AS #1 was interviewed on 2/24/15 at 9:19 AM. AS #1 indicated DSPs #1, #2, #3, #4 and RM #1 failed to accurately and timely report client A's change in behavior and verbalizations of pain to the administrator or the facility nurse. AS #1 indicated DSPs #1, #2, #3, #4 and RM #1 had received disciplinary action and would be retrained on recognizing and reporting potential medical issues. AS #1 indicated DSPs #1, #2, #3, #4 and RM #1 had not been retrained at the time of interview. 9-3-3(a)			
W 240 Bldg. 00	483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview for 1 of 4 sampled clients (B), the client's ISP (Individual Support Plan) and Health/Risk Plans failed to address: __How the staff were to monitor and assist client B while in the wheelchair	W 240	**W240:** The individual program plan must describe relevant interventions to support the individual toward independence.	04/03/2015

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	and what protective measures were to be used to ensure no further injuries to client B's feet. __How the staff were to assist client B with transfers in and out of bed, when and where the Hoyer (a mechanical lift) was to be used, how client B was to be positioned throughout the day to reduce pressure on her buttocks, how the staff were to assist client B to "offload" (stay off of her buttocks), what alternate seating positions were to be offered client B and what supports client B required to maintain good positioning with each seating position and while "off loading" when at home and at the DP (Day Program). __How and when the staff were to assist and monitor client B in regard to her supra pubic catheterizations and how the supplies were to be stored/maintained. Findings include: The facility's reportable and investigative records were reviewed on 2/24/15 at 8:45 AM. __The 11/10/14 BDDS (Bureau of Developmental Disabilities Services) report indicated client B was seen at urgent care to be assessed for a wound to her toe. __The 2/8/15 BDDS report indicated on 2/7/15 at 5 PM client B was in her		**Corrective action:** · Client B's ISP/ High Risk plans have been updated to include how staff monitor and assist client while in wheelchair, protective measures put in place to prevent future injuries to feet, how staff assist with transfers and use of Hoyer lift, positioning schedule with different seating options for home and Day Program, how staff are to monitor the supra pubic catherizations and how supplies are stored and maintained at home and the Day Program. **(Attachment G)** **How we will identify others:** · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff	

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	wheelchair at the group home and was going down the hallway headed to the living room and hit the wall and "ripped a tiny scab off her foot." The report indicated "First aid was applied. Staff wrapped a blanket around her (client B's) tow (sic) to keep it cushioned." __The 2/11/15 BDDS report indicated on 2/9/15 at 4 PM "[Client B] layed (sic) down after coming home from workshop. Staff and nurse looked at her bed sore and it had reopened. Next to the bed sore was a blister.... [Client B] is off loading (bed rest) unless it is mealtime. No workshop." __The 2/16/15 Follow Up report indicated "[Client B] may return to work 2/13/15, will need to stay off buttocks as much as possible." On 2/24/15 at 1 PM while the clients were at the DP an observation was conducted at the group home with the facility's RN. __Client B's bedroom contained a hospital bed with a trapeze. __The RN indicated client B required assistance with all transfers and mobility due to client B's diagnosis of Paraplegia (paralysis of the legs and lower body, typically caused by spinal injury or disease). __In the corner of the room stacked on top of other objects was a large plastic		will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · The QIDPD will assess all client ISP's to address any health concerns. · Nurse Coordinator will assess all clients High Risk plans to ensure all medical issues are addressed. **Measures to be put in place:** · For no less than two months, the Residential Manager will complete three Active treatment observations**(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are	

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	box half full with sterile wrapped catheters. __Several feet away from client B's bed was a night stand with several items on top of it including three boxes of rubber gloves. __The RN indicated client B had a supra pubic stoma and the catheters were used by the client with staff assistance to catheterize herself. __The RN indicated she (the RN) was new to the facility as of January and was not sure how often client B cathed herself or how much the staff assisted client B with the procedure. __A Hoyer lift was in the corner of the living room off of the dining room. __The RN indicated the Hoyer lift was used for client B. An observation was conducted at the DP on 2/24/15 between 2:15 PM and 3 PM. __At 2:20 PM the facility's RN and the NM (Nurse Manager) requested client B to be brought to one of the conference rooms at the DP. __Client B was a large young woman that required a wheelchair for mobility. Client B's hips and legs overfilled the wheelchair. Client B's legs were large and short and dangled without support while sitting in her wheelchair. The foot pedals were attached to the wheelchair but provided no support for client B's lower		being addressed. · 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. **Monitoring of Corrective Action**: · Annual ISP/ BSP's will be reviewed by CS and Human Rights Committee to ensure due process. · 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. · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to	

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	extremities or feet. __The RN removed a fleece blanket that was wrapped around client B's legs and feet and then removed a pair of socks and an ace wrap from both of client B's feet. __Client B's feet were small and contracted and her toenails were thick and overgrown. Client B's feet and ankles were dark bluish/purple and swollen with two small wounds that were scabbed over on her left foot. One wound was on her big toe approximately 1.3 cm (centimeters) in diameter and the other was linear and approximately 2.5 cm in length. Both areas were dry without drainage. __The RN asked client B if she was provided alternate seating choices while at the DP. Client B stated, "No. I've been in my chair all day." __Client B lifted the lower part of her shirt up to reveal her abdomen and a supra pubic stoma (an opening surgically made in the abdomen to the bladder where a catheter (a tube) can be inserted to drain urine from the body). Client B's record was reviewed on 2/24/15 at 10 AM. Client B's record indicated diagnoses of, but not limited to: Paraplegia, Spina Bifida/Myelomeningocele (a birth defect in which the backbone and spinal canal do not close before birth), Hydrocephalus		ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. **Completion Date: 4-3-15**	

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	(a condition in which fluid accumulates in the brain enlarging the head and sometimes causing brain damage) a VP (Ventriculoperitoneal) shunt (a device used to relieve pressure from the brain caused by fluid accumulation), Bilateral hearing loss, Constipation, Incontinence, Neurogenic bladder (a result of problems with nerves in the body that may control how the bladder stores or empties urine) and Obesity. Client B's IDT (Interdisciplinary Team) meeting notes indicated the following: __1/28/15 "Discussed with the team the ongoing issue to [client B's] feet. A new wheelchair has been ordered and the make up of the new chair will better protect her feet as she moves about her home. The team has determined to prevent further injury to her feet we are requesting maintenance to pad the lower section of the door facings that [client B] passes through in her home." __2/9/15 "[Client B] was in her wheelchair/scooter (and) came down the hallway headed to the living room, as she round the corner her foot hit the wall and ripped a tiny scab off her foot. First Aid was applied. Staff put a blanket on her foot to keep it cushioned. Staff will continue to monitor and follow all risk plans in place. New wheelchair has been ordered. Its design will protect her feet.			

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	Padding is being placed on all doorways in the home that [client B] navigates through." Client B's 2014/2015 physician's orders from the wound care center indicated the following, not all inclusive: __12/4/14 "Pt (patient) may return to work 1/2 day x (times) 1 wk (week) then full day as long as sacral wound remains closed." __1/9/15 "Small wound on sacrum. Small 1.6 x (by) 0.6 x 0.1 (centimeters) ulceration on sacrum. Prisma, Allevyn sacral pad 3x/wk." __1/26/15 "Wound stable. Continue current treatment. Prisma and Allevyn sacral pad 3x/wk (three times per week)." __2/6/15 "Duoderm as needed for wound protection. Needs to rest in bed off her bottom for 2 - 3 hrs (hours) after workshop." __2/13/15 "May return to work 2/13/15 - will need to stay off her (client B's) buttocks as much as possible." Client B's quarterly PCP's (Primary Care Physician's) orders dated 12/1/14 indicated the following, not all inclusive: __"Daily skin assessments due to risk of skin impairment." __"Lay in bed for 1 hour after workshop to decrease of skin breakdown (sic)." __Ace bandages on both feet.			

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	Client B's 2014/2015 nursing notes indicated the following, not all inclusive: __8/7/14 "Seen by [name of doctor] at wound center. Out of chair when she (client B) gets back to home times 2 hrs (hours), Hoyer lift/sling for position changes." __8/15/14 "Seen at wound center this AM. Wound healed. Cont. (continue) with ace bandage on both feet and to lay (sic) down after work." __9/4/14 "To lay down x2 hrs (times 2 hours) after work per wound center - order x3 days. Area to buttocks has re-opened and has F/U (Follow Up) appointment with wound center." __9/11/14 "Seen at wound center.... Limit (time) up in chair daily to 2 hours up and 2 hours off. Return in one week. Has been home from workshop and compliant with orders." __9/26/14 "Seen at wound center on 9/22 (2014).... To stay off coccyx until further notice." __10/2/14 "Seen at wound center 9/29 (2014). Cont 2 hours up and 2 hours down." __10/8/14 "Seen at wound center 10/6/14. Cont off work until next visit 10/20/14." __10/26/14 "D/C (Discharged) from wound center on 10/23/14. Area resolved. Began going to workshop			

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	today." __11/11/14 "Seen at urgent care on 11/10 (2014).... Urgent care was d/t (due to) 1 cm (centimeter) by 1 cm superficial abrasion on left great toe. Staff notified me (the facility's RN) today that buttocks has opened back up. Area is reddened and no drainage noted 2.3 centimeters by 1.1 centimeter." __11/14/14 Seen at wound center. "No work until further notice. Pt (patient-client B) to off-load (stay off buttocks) until wounds are healed." __11/19/14 "Cont to off-load and remain in bed. Only up for meals and showers." __11/24/14 "Seen at wound center 11/21 (2014) - wounds ok debrided. Blister on right foot - drained." __12/1/14 "Wkly visit. Remains in bed except for meals and appointments. Buttocks with improvement and noted and foot also." __12/12/14 "Started full time at [name of workshop] today. Buttocks looks good. Cont (continues) to bump toes and bleeding noted." __12/30/14 "Returns to wound care on 1/9/15 d/t (due to) buttocks concerns voiced by parents and area with redness noted on crease of buttocks. Repositioned every two hours and prn (as needed). Also encouraged [client B] to off-load after work." __1/2/15 "To stay home from workshop			

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	and off-load. Skin breakdown noted on buttocks. Appointment set with wound center and is to stay home until further notice." __1/7/15 "[Client B] to RTO (return to office) wound care on Friday (1/9/15) for skin breakdown to buttocks. Off-loads frequently. Is not attending workshop at this time." __1/15/15 "Continues to be off of work d/t wound on sacrum. Upon assessment today wound has closed, skin conts to be fragile. Wound care notified by RM (Residential Manager) - will await word from wound care as to whether [client B] can go back to workshop, even for 1/2 day." __1/22/15 "Assessed bottom - wound open - approx (approximately) 1 cm round open area to skin above rectum. To return to wound clinic 1/23/15 at 8 AM for follow up." __1/26/15 "[Client B] was seen by wound care 1/23/15. Per wound care, wound is stable, to continue current tx of Prisma (a protective dressing) and Allevyn sacral pad (protective dressing) 3x wk (three times a week). RTO 2 wks. Continue bed rest per orders." __2/2/15 "[Client B] was seen by wound care ctr (center) on 2/6/15. New order rec'd to return to workshop.... To rest in bed off her bottom for 2 - 3 hours after workshop."			

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	__2/9/15 "Upon assessment of client buttocks - noted to have 1 cm x 0.5 cm open area to sacrum. 1 cm round blister area to right buttock where band aid touched skin. [Client B] in bed resting." __2/17/15 "[Client B] was seen by wound care on 2/13/15. Wound was healed at that time.... Area to left great toe healing but remains scabbed. Continues to off load buttocks as much as possible." Client B's ISP (Individual Support Plan) dated 1/31/15 indicated the following adaptive supports: "Wheelchair Handrails in hallways and bathrooms Hearing aids Hospital bed Shower chair Catheter" Client B's Skin Integrity Risk Plan dated 1/30/15 indicated the following: "Staff will turn and reposition q (every) 2 hours and prn. [Client B] will wear attends (an adult brief) at all times. Staff will assist [client B] to the bathroom as listed on the toileting schedule. [Client B] was to offload (stay off) from buttocks until further notice d/t recurrent open areas to sacral			

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	area. Staff will monitor [client B's] skin for any breakdown. Staff will monitor for s/s (signs and symptoms) of infections if client has impaired skin." Client B's Falls Risk Plan dated 1/30/15 indicated the following: "Staff will encourage compliance with maintaining proper body alignment while in wheelchair and in bed. Staff will encourage [client B] to propel w/c (wheelchair) about home independently as tolerated. Staff will provide a safe environment and assist as needed. Staff will monitor for any interruption of skin integrity due to immobility i.e., redness, pressure areas, dryness, excoriation, etc." Client B's Incontinence of Feces Risk Plan dated 1/30/15 indicated: "[Client B] will wear Attends at all times. Staff will assist [client B] to the bathroom as listed on the toileting schedule. Staff will monitor [client B] and assist to bathroom as needed...." Client B's daily skin assessment records (SARs) for January and February 2015			

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	indicated the staff were to document the following: 0 = no open areas/skin issues, 1 = redness, 2 = bruise, 3 = an abrasion, 4= broken skin, 5 = decubitus, 6 = blister. The 2015 SARs indicated the following: 1/1/15 - broken skin - left toes. 1/2/15 - broken skin - left toes and redness on coccyx. 1/3/15 - broken skin - left toes and redness on coccyx. 1/4/15 - broken skin - left toes and redness on coccyx. 1/5/15 - broken skin - left toes and coccyx. 1/6/15 - broken skin - left toes and coccyx. 1/7/15 - no assessment documented. 1/8/15 - broken skin - left toes and coccyx. 1/9/15 - broken skin - left toes and coccyx. 1/10/15 - broken skin - left toes and coccyx. 1/11/15 - broken skin - left toes and coccyx. 1/12/15 - broken skin - left toes and coccyx. 1/13/15 - broken skin - left toes and coccyx. 1/14/15 - no assessment documented. 1/15/15 - broken skin - left toes and coccyx. 1/16/15 - no assessment documented.			

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	1/17/15 - redness - left toes and broken skin on coccyx. 1/18/15 - broken skin - left toes. 1/19/15 - broken skin - left toes and coccyx. 1/20/15 - broken skin - left toes and coccyx. 1/21/15 - broken skin - left toes and coccyx. 1/22/15 - broken skin - left toes and coccyx. 1/23/15 - broken skin - left toes and decubitus coccyx. 1/24/15 - broken skin - left toes and decubitus coccyx. 1/25/15 - broken skin - left toes and decubitus coccyx. 1/26/15 - broken skin - left toes and decubitus coccyx. 1/27/15 - broken skin - left toes and decubitus coccyx. 1/28/15 - broken skin - left toes and decubitus coccyx. 1/29/15 - broken skin - left toes and decubitus coccyx. 1/30/15 - broken skin - left toes and decubitus coccyx. 1/31/15 - broken skin - left toes and decubitus coccyx. 2/1/15 - broken skin - left toes and decubitus coccyx. 2/2/15 - redness - right toes. 2/3/15 - redness - right toes. 2/4/15 - redness - right toes.			

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	2/5/15 - no issues. 2/6/15 - no issues. 2/7/15 - broken skin - right toes. 2/8/15 - broken skin - right toes. 2/9/15 - broken skin - right toes and coccyx. 2/10/15 - broken skin - right toes and coccyx. 2/11/15 - broken skin - right toes and coccyx. 2/12/15 - broken skin - right toes and coccyx. 2/13/15 - broken skin - right toes and coccyx. 2/14/15 - broken skin - right toes and coccyx. 2/15/15 - broken skin - right toes and coccyx. 2/16/15 - abrasion - right toes. 2/17/15 - abrasion - right toes. 2/18/15 - abrasion - right toes. 2/19/15 - abrasion - right toes. 2/20/15 - abrasion - right toes. 2/21/15 - abrasion - right toes. 2/22/15 - abrasion - right toes. Client B's ISP and Risk plans failed to indicate: __How the staff were to monitor and assist client B while in the wheelchair and what protective measures were to be used to ensure no further injuries to client B's feet. __When client B was to wear the ace			

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	wraps and diabetic socks were to be on or off client B, how the staff were to assist client B in elevating her legs to assist her circulation to her lower extremities and how the staff were to monitor client B's feet. __How the staff were to assist client B with transfers in and out of bed, when and where the Hoyer (a mechanical lift) was to be used, how client B was to be positioned throughout the day to reduce pressure on her buttocks, how the staff were to assist client B to "offload" (stay off of her buttocks), what alternate seating positions were to be offered client B and what supports client B required to maintain good positioning with each seating position and while "off loading" when at home and at the DP (Day Program). __How and when the staff were to assist and monitor client B in regard to her supra pubic catheterizations and how the supplies were to be stored/maintained. During interview with the facility's NM (Nurse Manager) on 2/24/15 at 10 AM, the NM: __Indicated client B had recurring injuries to her feet caused from running into the corners of the walls and other objects of the home while maneuvering her (client B's) wheelchair around the home.			

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	__When asked what protective measures were implemented to ensure no further injury to client B's feet, the NM stated, "Besides the protection on the walls" after client B's injury of 2/7/15 the staff began putting a fleece blanket around client B's legs and feet to help prevent further injury. __When asked was client B to wear any protective socks or shoes, the NM stated an order from the wound doctor for an ace wrap to both feet and diabetic socks was given some time ago and "apparently was overlooked but she (client B) has them (the ace wrap and diabetic socks) on now." __Indicated no risk plan in regard to client B's recurring injuries to client B's feet and stated, "But we will ensure it's included in her plans." __Indicated client B was to be repositioned every two hours. The RN and the NM were interviewed on 2/24/15 at 1:30 PM. __The NM indicated no specific plan in place in regard to client B's supra pubic catheter. __The RN stated, "I have seen the staff help her (client B)" when using the catheter. The facility's RN and the NM were interviewed on 2/24/15 at 2:30 PM.			

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	__The NM indicated the staff had placed a blanket around client B's legs and feet to protect client B's feet from further injury. __The RN indicated client B could not move from the waist down and required staff assistance for all transfers. __The NM and RN indicated no specific positioning plan at the DP. __The NM and RN indicated the use of the Hoyer was not included in client B's plans. 9-3-4(a)			
W 249 Bldg. 00	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review and interview for 3 of 4 sampled clients (B, C and D) plus 1 additional client (E), the facility failed to ensure clients B, C, D and E received continuous active treatment during available opportunities	W 249	**W249:** As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a	04/03/2015

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	to support the achievement of ISP (Individual Support Plan) objectives. Findings include: Observations were conducted at the group home from 3:20 PM through 6:52 PM. Clients B, C, D and E were observed throughout the observation period. At 4:00 PM, RM (Resident Manager) #1 assisted client B to transfer from her wheelchair to her bed. RM #1 indicated client B was still on bedrest after returning home from workshop for her pressure ulcer care. Client D was seated on the living room couch with no activity, client E paced from the kitchen area to the living room area and to her bedroom and client C was seated in a recliner in the family room area alone with no activity. At 4:15 PM, RM #1 entered the kitchen area and began cleaning the counters to prepare for the evening meal. RM #1 did not encourage clients B, C, D to assist with cleaning the kitchen. At 4:30 PM, RM #1 transferred client C from her recliner back into her wheelchair and assisted client C to the medication administration room. At 3:35 PM, client D exited the living room area and went to her bedroom. At 4:40 PM, RM #1 returned to the kitchen area and utilized the microwave to defrost a package of pork chops for the evening		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. **Corrective action:** · CS, PM and QIDPD have received a corrective action for failure to ensure there was sufficient staffing for client Program/ High Risk plans to be implemented. **(Attachment E& F)** · Staff has been in serviced to implement formal and informal training at every opportunity. **(Attachment H)** **How we will identify others:** · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication	

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	meal. Clients B, C, D and E, who had finished her shower, were not encouraged to assist with the meal preparation. At 4:50 PM through 5:45 PM, RM #1 prepared the evening meal. Clients B, C, D and E were not encouraged to assist with meal preparation. At 6:15 PM, client B exited her bedroom and joined her peers at the kitchen table for the evening meal. Client B was in her bed with no activity from 3:50 PM through 5:00 PM and from 5:45 PM through 6:00 PM. Client C did not have activity from 3:50 PM through 4:30 PM and from 4:40 PM through 6:00 PM. Client D did not have activity from 3:50 PM through 6:00 PM. Observations were conducted at the group home on 2/24/15 from 6:30 AM through 7:30 AM. Clients B, C, D and E were present in the home throughout the observation period. RM #1 was the only staff on duty throughout the observation period. At 6:45 AM, clients B, D and E were seated at the kitchen table while client C was seated in a recliner in the family room area next to the kitchen. RM #1 began boiling a pot of water for oatmeal and preparing the morning meal. Clients B, C, D and E were not encouraged to assist with the preparation of the morning meal. At 6:50 AM, RM #1 poured client B's cereal into her bowl, placed utensils on the table, poured client		goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · The QIDPD will assess all client ISP's to address any health concerns. · Nurse Coordinator will assess all clients High Risk plans to ensure all medical issues are addressed. **Measures to be put in place:** · For no less than two months, the Residential Manager will complete three Active treatment observations per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation	

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	D's milk and poured clients B and D's orange juice into their cups and mixed client C's oatmeal in a serving bowl. Clients C, D and E participated in the home's family style dining for breakfast from 6:50 AM through 7:25 AM. Clients C, D and E were not encouraged to alternate their bites of food with drink or place their utensils down between bites of food. 1. Client B's record was reviewed on 2/24/15 at 1:08 PM. Client B's modified Active Treatment Schedule (ATS) undated, indicated client B's activities while on bedrest should include board games, puzzles, puzzle books, painting with finger paints, arts and crafts. 2. Client C's record was reviewed on 2/24/15 at 11:51 AM. Client C's ISP dated 1/31/15 indicated client C had a goal to take a drink after each bite of food with two verbal prompts. Client C's ATS undated, indicated client C's evening activities between the hours of 4:00 PM and 6:00 PM should include grooming, laundry, dinner preparation, socialization, dinner, dinner clean up, recreation and domestic training. 3. Client D's record was reviewed on 2/24/15 at 1:35 PM. Client D's ISP dated 8/27/14 indicated client D had a training		**(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · CS and PM will perform quarterly EDOM checklist including observation of Active Treatment. · A weekly Nursing Coordinator checklist has been implemented 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. · 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. **Monitoring of Corrective Action**: · Clinical Supervisor will	

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	objective to take a drink between each bite of food with verbal cues. Client D's undated ATS indicated client D's evening activities between the hours of 4:00 PM and 6:00 PM should include grooming, laundry, dinner preparation, socialization, dinner, dinner clean up, recreation and domestic training. 4. Client E's record was reviewed on 2/24/15 at 2:00 PM. Client E's ISP dated 10/24/14 indicated client E had a training objective to set her spoon/fork down between each bite with verbal prompts. DSP #1 was interviewed on 2/23/15 at 6:20 PM. DSP #1 stated, "With 2 staff we really don't do goals. I mean I can go over their bathing goals while they are in the bath but as far as things like identifying a penny or brushing their teeth, we don't do." RM #1 was interviewed on 2/24/15 at 10:56 AM. RM #1 stated, "There's normally 2 staff on in the mornings. I have someone come in at 6:00 AM to help get the ladies up and ready for workshop but my staff didn't show up this morning." RM #1 stated, "We really need at least 2 in the morning, probably 3." RM #1 indicated she was not able to implement active treatment for clients B, C, D or E by herself.		review staff training to ensure that all staff has received training on abuse/neglect/mistreatment, Client ISP/BSP/High Risk Plans, GH staffing levels, dignity/ rights/privacy. · Annual ISP/ BSP's will be reviewed by CS and Human Rights Committee to ensure due process. · 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. · For no less than two months, the Residential Manager will complete three Active treatment observations per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active	

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	Client B was interviewed on 2/24/15 at 3:45 PM. Client B stated, "When I'm in my room at home, I usually just watch tv or do my friendship bracelets." When asked if staff offer games, interaction or other activity to do while on bed rest, client B stated, "No, not really." When asked if she assisted with meal preparation, client B stated, "Sometimes, but not really." This deficiency was cited on 1/20/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-4(a)		treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · The RM will notify the CS if there are issues with CS sufficient staffing for client Program/ High Risk plans to be implemented. The CS will ensure the facility meets the staffing requirements for the home. **Completion Date: 4-3-15**	
W 268 Bldg. 00	483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview for 2 of 3 sampled clients (C and D) plus 2 additional clients (G and H), the facility failed to promote clients C, D, G and H's dignity. Findings include: Observations were conducted at the day	W 268	**W268:** These policies and procedures must promote the growth, development and independence of the client. **Corrective action:**	04/03/2015

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	services provider on 2/23/15 from 2:30 PM through 3:00 PM. Clients C, D, G and H were observed throughout the observation period. Clients C, D, G and H's hair was not combed and appeared unkempt. Observations were conducted at the group home on 2/24/15 from 6:30 AM through 7:30 AM. At 7:15 AM, client G participated in the home's family style breakfast. Client G spilled oatmeal on the front of her shirt and onto her lap/pants. Observations were conducted at the day service provider on 2/24/15 from 3:45 PM through 4:30 PM. Client G was wearing the same shirt and pants from the morning observation on 2/24/15. Client G's shirt and pants had dried and crusty oatmeal on them from the morning meal. Day Service Staff #1 was interviewed on 2/23/15 at 2:30 PM. Day Service Staff #1 stated, "[Client D] comes to work with a strong urine smell. It's so strong. [Client G] will come in with wet clothes in the morning and the staff will just say we don't have time to change her. All of the clients, [clients C, D, G and H], come in with their hair matted down, wearing each other's clothing and just not clean." 9-3-5(a)		· Staff has been in-serviced on continuous active treatment, staffing hours for the Group Home, client dignity rights and privacy, all staff being present during meal time, working on client goals daily. **(Attachment H)** **How we will identify others:** · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · The QIDPD will assess all client ISP's to address any health concerns. · Nurse Coordinator will assess all clients High Risk	

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			plans to ensure all medical issues are addressed. **Measures to be put in place:** · For no less than two months, the Residential Manager will complete three Active treatment observations per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation to ensure active treatment is occurring and all high risk issues are being addressed. · CS and PM will perform quarterly EDOM checklist including observation of Active Treatment. · A weekly Nursing Coordinator checklist will be completed 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	

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			recommendations, and treatments. · 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. **Monitoring of Corrective Action**: · Clinical Supervisor will review staff training to ensure that all staff has received training on abuse/neglect/mistreatment, Client ISP/BSP/High Risk Plans, GH staffing levels, dignity/ rights/privacy. · Annual ISP/ BSP's will be reviewed by CS and Human Rights Committee to ensure due process. · Clinical Supervisor, Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In	

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			Class reviews at all locations within the year. The results will be shared with all team members. · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · The RM will notify the CS if there are issues with CS sufficient staffing for client Program/ High Risk plans to be implemented. The CS will ensure the facility meets the staffing requirements for the home. **Completion Date: 4-3-15**	

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W 318 Bldg. 00	483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Health Care Services for 4 of 4 sampled clients (A, B, C and D). The facility health care services failed: __To ensure the staff reported client A's complaints of pain, refusals to ambulate, refusals to eat and changes in behavior immediately to nursing services to ensure client A received needed emergency medical attention. __To ensure the staff were retrained in regard to reporting significant medical events and client complaints to nursing staff. __To ensure client A's DEXA (Dual Energy X-ray Absorptiometry - a test that measures the density of bones) was repeated in two years as recommended. __To ensure a specific plan of care was developed and implemented to address client B's medical needs in regard to client B's lower extremities/feet, to include how nursing would monitor client B's lower extremities and circulation, how client B's toenails and feet were to be cared for, how the staff	W 318	**W318:** The facility must ensure that specific health care services requirements are met. **Corrective action:** · RM and Nursing Coordinator and all staff in-serviced that all medical issues are to be reported in a timely manner to ensure medical needs are not neglected, medical attention is sought immediately, to follow up with staff training within 2 business days, all tests/x-rays/labs and medical appointments are completed in the required time frame. **(Attachment H)** · Client B's ISP/ High Risk plans have been updated to include how staff monitor and assist client while in wheelchair, protective measures put in place to	04/03/2015

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	were to monitor and assist client B while in the wheelchair and what protective measures were to be used to ensure no further injuries to client B's feet. __To assess and monitor client B's frequent skin breakdown of the buttocks and feet and to ensure the staff followed client B's risk plans for skin integrity and documented descriptive assessments of client B's wounds in the client's progress notes. __To ensure a specific positioning plan was developed and implemented to include the use of the Hoyer (a mechanical lift) to transfer client B, the number of staff required to transfer client B while using the Hoyer, when the Hoyer was to be used, how client B was to be positioned throughout the day, the alternate seating positions to be offered client B, the supports required to maintain good positioning with each seating position while at home and while at the DP (Day Program) and what and when the staff were to document in regard to client B's positioning changes. __To ensure a specific plan of care was developed and implemented to address client B's use of a supra pubic catheter while at home and while at the DP. To ensure the plan included the supplies required, when the catheters were to be used, how the staff were to monitor and assist client B during the procedure, how		prevent future injuries to feet, how staff assist with transfers and use of Hoyer lift, positioning schedule with different seating options for home and Day Program, how staff are to monitor the supra pubic catherizations and how supplies are stored and maintained at home and the Day Program. **(Attachment G)** · Client B's physician orders received for wheelchair, hospital bed, trapeze, shower chair, frequency on supra pubic catherters. **(Attachment L)** · 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	

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	the staff were to monitor client B's abdominal stoma and how and where the equipment was to be stored and maintained. __To ensure physician's orders for client B's adaptive equipment (wheel chair, hospital bed with trapeze [a metal sling for client B to grab to assist in sitting up in bed] and a shower chair) and to ensure a physician's order in regard to the frequency and use of the supra pubic catheters. __To ensure staff documented client A's, B's, C's and D's weights as indicated on the clients' MARs (Medication Administration Records). Findings include: For 4 of 4 sampled clients (A, B, C and D), the facility nursing services failed: __To ensure client A's medical needs were not neglected. __To ensure the staff reported client A's complaints of pain and refusals to ambulate along with changes in behavior immediately to nursing services and to ensure client A's medical needs received immediate medical attention. __To ensure the staff were retrained in regard to reporting significant medical events and client complaints to nursing staff. __To ensure client A's DEXA (Dual		client's medical condition (**Attachment U**) · Staff have been in-serviced on clients dignity rights, privacy, continuous active treatment, staffing hours for the Group Home, reporting in a timely manner, ruling out medical issues before looking at behaviors, assisting clients with medical treatment immediately, to document client wounds in the progress notes, use of Hoyer lift, how staff monitor and assist client B while in wheelchair, protective measures put in place to prevent future injuries to feet, how staff assist with transfers, positioning schedule with different seating options for home and Day Program, how staff are to monitor the supra pubic catherizations and how supplies are stored and maintained, how staff are to document, document monthly weights on MARS, new staff cleaning schedule, weights are to be taken first thing in the AM, not to hang dryer sheets from the ceiling vents, to complete laundry each shift,	

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	Energy X-ray Absorptiometry - a test that measures the density of bones) was repeated in two years as recommended. __To ensure a specific plan of care was developed and implemented to address client B's medical needs in regard to client B's lower extremities/feet. To ensure the plan included how nursing would monitor client B's lower extremities and circulation, how client B's toenails and feet were to be cared for, how the staff were to monitor and assist client B while in the wheelchair and what protective measures were to be used to ensure no further injuries to client B's feet. __To assess and monitor client B's frequent skin breakdown of the buttocks and feet and to ensure the staff followed client B's risk plans for skin integrity and documented descriptive assessments of client B's wounds in the client's progress notes. __To ensure a specific positioning plan was developed and implemented to include the use of the Hoyer (a mechanical lift) to transfer client B, the number of staff required to transfer client B while using the Hoyer, when the Hoyer was to be used, how client B was to be positioned throughout the day, the alternate seating positions to be offered client B, the supports required to maintain good positioning with each		toilet clients according to their schedule, do not leave incontinence pads on furniture. **How we will identify others:** · For no less than two months, the Residential Manager will complete three Active treatment observations**(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · The QIDPD will assess all client ISP's to address any health concerns. · Nurse Coordinator will assess all clients High Risk plans to ensure all medical	

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	seating position while at home and while at the DP (Day Program) and what and when the staff were to document in regard to client B's positioning changes. __To ensure a specific plan of care was developed and implemented to address client B's use of a supra pubic catheter while at home and while at the DP. To ensure the plan included the supplies required, when the catheters were to be used, how the staff were to monitor and assist client B during the procedure, how the staff were to monitor client B's abdominal stoma and how and where the equipment was to be stored and maintained. __To ensure physician's orders for client B's adaptive equipment (wheel chair, hospital bed with trapeze [a metal sling for client B to grab to assist in sitting up in bed] and a shower chair) and to ensure a physician's order in regard to the frequency and use of the supra pubic catheters. __To ensure staff documented client A's, B's, C's and D's weights as indicated on the clients' MARs (Medication Administration Records). Please see W331. 9-3-6(a)		issues are addressed. · Residential Manager will review daily documentation of any client with a pressure wound to ensure that documentation is done daily. · Residential Managers will review adaptive equipment checklist**(Attachment TT)** 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. · Nurse Coordinator will review all clients' adaptive equipment list to ensure physician orders are present. **Measures to be put in place:** · For no less than two months, the Residential Manager will complete three Active treatment observations per week to ensure that active treatment is being provided and medication goals are implemented.	

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			· For no less than two months, an administrative staff will be complete an active treatment observation to ensure active treatment is occurring and all high risk issues are being addressed. · Adaptive Equipment/Maintenance checklist has been in-serviced to all staff for proper documenting. · RM has been in-serviced on weekly Residential Manager checklist. · 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 that documentation is done daily. · Nursing Coordinator will	

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			complete weekly checklist **(Attachment RR)** to ensure Skin Assessment form is completed in a daily basis as applicable per client. · Staff are observed at least annually by Nurse Coordinator to ensure compliance. · CS and PM will perform quarterly EDOM checklist including observation of Active Treatment. · A weekly Nursing Coordinator checklist will be completed 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. · 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	

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			members. **Monitoring of Corrective Action**: · Clinical Supervisor will review staff training to ensure that all staff has received training on abuse/neglect/mistreatment, Client ISP/BSP/High Risk Plans, GH staffing levels, dignity/ rights/privacy. · Clinical Supervisor will review Adaptive Equipment checklist **(Attachment TT)** monthly to ensure that all equipment is maintained and in good working order. · Incident reports, Day Program observations, and Active Treatment observations will be reviewed by PM for implementation of Behavior Support Plans, as written, and revisions or investigations, as warranted, to prevent abuse/ neglect/mistreatment, how & when to report any forms of abuse, including missing medications and money. · A weekly Nursing	

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			Coordinator checklist has been revised 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. · Nursing Manager will review Weekly Nursing Checklist to ensure that High Risk Plans have been reviewed. · Nurse Manager and Clinical Supervisor will perform periodic service reviews to ensure that all nursing standards, including documentation, medical interventions, and treatments are being performed per policy and procedure and per physician orders. · Annual ISP/ BSP's will be reviewed by CS and Human Rights Committee to ensure due process. · Clinical Supervisor, Program Manager, Executive	

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			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. · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · The RM will notify the CS if there are issues with CS sufficient staffing for client Program/ High Risk plans to be implemented. The CS will ensure the facility meets the staffing requirements for the home.	

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			Completion Date: 4-3-15	
W 331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observations, record review and interview for 4 of 4 sampled clients (A, B, C and D), the facility nursing services failed: __To ensure client A's medical needs were not neglected. __To ensure the staff reported client A's complaints of pain and refusals to ambulate along with changes in behavior immediately to nursing services and to ensure client A's medical needs received immediate medical attention. __To ensure the staff were retrained in regard to reporting significant medical events and client complaints to nursing staff. __To ensure client A's DEXA (Dual Energy X-ray Absorptiometry - a test that measures the density of bones) was repeated in two years as recommended. __To ensure a specific plan of care was developed and implemented to address client B's medical needs in regard to client B's lower extremities/feet. To ensure the plan included how nursing would monitor client B's lower	W 331	**W331:** The facility must provide clients with nursing services in accordance with their needs. **Corrective action:** · RM and Nursing Coordinator in-serviced that all medical issues are to be reported in a timely manner to ensure medical needs are not neglected, medical attention is sought immediately, to follow up with staff training within 2 business days, all tests/x-rays/labs and medical appointments are completed in the required time frame. **(Attachment H)** · Client B's ISP/ High Risk plans have been updated to include how staff monitor	04/03/2015

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	extremities and circulation, how client B's toenails and feet were to be cared for, how the staff were to monitor and assist client B while in the wheelchair and what protective measures were to be used to ensure no further injuries to client B's feet. __To assess and monitor client B's frequent skin breakdown of the buttocks and feet and to ensure the staff followed client B's risk plans for skin integrity and documented descriptive assessments of client B's wounds in the client's progress notes. __To ensure a specific positioning plan was developed and implemented to include the use of the Hoyer (a mechanical lift) to transfer client B, the number of staff required to transfer client B while using the Hoyer, when the Hoyer was to be used, how client B was to be positioned throughout the day, the alternate seating positions to be offered client B, the supports required to maintain good positioning with each seating position while at home and while at the DP (Day Program) and what and when the staff were to document in regard to client B's positioning changes. __To ensure a specific plan of care was developed and implemented to address client B's use of a supra pubic catheter while at home and while at the DP. To ensure the plan included the supplies		and assist client while in wheelchair, protective measures put in place to prevent future injuries to feet, how staff assist with transfers and use of Hoyer lift, positioning schedule with different seating options for home and Day Program, how staff are to monitor the supra pubic catherizations and how supplies are stored and maintained at home and the Day Program. **(Attachment G)** · Client B's physician orders received for wheelchair, hospital bed, trapeze, shower chair, frequency on supra pubic catherters. **(Attachment L)** · Nursing Coordinator 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	

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	required, when the catheters were to be used, how the staff were to monitor and assist client B during the procedure, how the staff were to monitor client B's abdominal stoma and how and where the equipment was to be stored and maintained. __To ensure physician's orders for client B's adaptive equipment (wheel chair, hospital bed with trapeze [a metal sling for client B to grab to assist in sitting up in bed] and a shower chair) and to ensure a physician's order in regard to the frequency and use of the supra pubic catheters. __To ensure staff documented client A's, B's, C's and D's weights as indicated on the clients' MARs (Medication Administration Records). Findings include: 1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IRs (Incident Reports) and investigations were reviewed on 2/24/15 at 8:42 AM. The review indicated the following: -IR dated 2/6/15 indicated, "[RM (Resident Manager) #1] person reporting. Date reported: 2/6/15. 911 was call (sic) to take [client A] to hospital to get her leg checked out."		of new orders, including topical treatments, monitoring client's medical condition (**Attachment U)** · Staff have been in-serviced on clients dignity rights, privacy, continuous active treatment, staffing hours for the Group Home, reporting in a timely manner, ruling out medical issues before looking at behaviors, assisting clients with medical treatment immediately, to document client wounds in the progress notes, use of Hoyer lift, how staff monitor and assist client B while in wheelchair, protective measures put in place to prevent future injuries to feet, how staff assist with transfers, positioning schedule with different seating options for home and Day Program, how staff are to monitor the supra pubic catherizations and how supplies are stored and maintained, how staff are to document, document monthly weights on MARS, new staff cleaning schedule, weights are to be taken first thing in the AM, To not appropriate to	

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	-BDDS report dated 2/6/15 indicated, "On 2/5/15, [client A] and her peers went to the [nursing facility] in town to get their weights. [Client A] ran into the back of a peer and she sat herself down on the floor. There were no apparent injuries at the time. On 2/6/15, [client A] did not want to get out of bed. [Nurse #1] went to the group home and assessed [client A]. 911 was called and [client A] was transported to the [hospital] ER (Emergency Room). X-ray performed at ER and results show a broken right hip. [Client A] is being admitted in the hospital to await surgery." -Investigative Summary dated 2/12/15 indicated the following: -Staff interview with DSP (Direct Support Professional) #2 indicated, "[DSP #2] stated the ladies were picked up from the workshop at 3:30 PM on 2/5/15. They went back to the group home and picked up two housemates. [DSP #2] stated herself, [DSP #3] and [clients A, B, C, D, E, F, G and H] drove to the [city] office and was (sic) there for approximately 15 minutes but left due to the office being closed. Upon arriving back in [city], we picked up [DSP #1] and drove to the [nursing home] to weigh all the ladies. [DSP #2] stated after the weights were completed and they were all		hang dryer sheets from the ceiling vents, to complete laundry each shift, toilet clients according to their schedule, do not leave incontinence pads on furniture. **How we will identify others:** · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · The QIDPD will assess all client ISP's to address any health concerns. · Nurse Coordinator will assess all clients High Risk plans to ensure all medical	

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	walking down the hallway to leave, [client A] bumped into her peer and sat down on the floor. [DSP #2] stated she asked [client A] if she was okay? [Client A] stated her ankle hurt. [DSP #2] checked [client A's] ankle and noted she could move it okay. [DSP #2] stated she and [DSP #3] assisted [client A] up. [Client A] got up on her knees but couldn't get up any further. [Client A] walked on her knees to the railing on the hallway. The [nursing home] staff brought a wheelchair for [client A] and she was wheeled out to the van. [Client A] stepped her left leg up and kept her right leg on the ground for approximately five minutes. [DSP #2] stated she kept coaxing her and finally [client A] put her right foot on the step and kept it there for approximately another five minutes. [Client A] stated three times she was faking it. [Client A] finally sat down in the seat and stated she felt so much better. [DSP #2] stated staff were on the phone with [DSP/lead #4] the entire time. [DSP/lead #4] instructed staff to call the nurse. Upon leaving the [nursing home], [DSP #2] called [nurse #1]. [DSP #2] stated [nurse #1] advised them to fill out an incident report and fax it. [DSP #2] stated she relayed to [nurse #1] what had happened and that [client A] was complaining of pain. [DSP #2] stated she also advised [nurse #1] there were no		issues are addressed. · Residential Manager will review daily documentation of any client with a pressure wound to ensure that documentation is done daily. · Residential Managers will review adaptive equipment checklist**(Attachment TT)** 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. · Nurse Coordinator will review all clients' adaptive equipment list to ensure physician orders are present. **Measures to be put in place:** · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented.	

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	apparent injuries or ankle swelling. Upon arriving at the group home, all ladies except for [client A] unloaded and went inside the home. [Client A] stood up on the van and turned around to back down the steps of the van. [Client A] stated she needed staff's help to walk in to the home. [DSP #2] went to assist when [client A] sat down and laid herself on the concrete driveway. [DSP #1] came out to assist. [DSP #2] and [DSP #1] carried [client A] to the steps and sat her down in a chair. [DSP #2] stated [DSP/lead #4] was called and arrived 5 minutes later. [DSP/lead #4] talked to [client A] and asked her what was going on. [Client A] kept saying different parts of her body was (sic) hurting. [DSP #2] and [DSP/lead #4] carried [client A] into the living room and sat her down on the love seat. [Client A] stated she wanted to go eat but she would not stand up. [Client A] was assisted to a wheelchair. [Client A] then did not want to eat so she was wheeled to her room and assisted with putting on her pajamas. [Client A] went to bed at 9:30 PM. [DSP #2] stated she checked on [client A] before clocking out at 10:21 PM. [DSP #2] stated she arrived to the group home on 2/6/15 at 2:34 PM. [DSP #2] went to [client A's] bedroom to check on her and asked if she wanted to get up to eat because she hadn't ate (sic) breakfast or lunch. [Client A] stated yes		· For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · Adaptive Equipment/Maintenance checklist has been in-serviced to all staff for proper documenting. · RM has been in-serviced on weekly Residential Manager checklist. · 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 that documentation is done daily.	

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	and stood up in her room but she sat back down in her bed. [Client A] had peed in her bed and [DSP #2] stated she needed to get a shower. [DSP #2] stated [nurse #1] came in and checked on [client A]. [Client A] stated her knee and ankle was (sic) hurting. [Client A] was assisted to the wheelchair and went to the kitchen. [Client A] kept trying to stand up. [Nurse #1] stated she thought it was her hip and to call 911. [Client A] sat in the wheelchair until the ambulance arrived. Once the ambulance arrived they transported her to the hospital. [DSP #2] stated she called [RM #1] on 2/5/15 after they were leaving the [nursing home]. [DSP #2] stated she didn't think the nurse was called back after having all the issues getting her into the house." -Staff interview with [RM #1] indicated, "[RM #1] stated she was made aware of [client A's] incident on 2/5/15 at 7:45 PM. [DSP #2] called and stated the ladies had been weighed and that [client A] had a behavior and had sat herself down on the floor complaining of ankle pain. [RM #1] stated the behavior would need to be documented. [RM #1] stated she was not aware of [client A's] having this behavior, not informed about the nurse being called and an incident report being filled out. On 2/6/15 [RM #1] stated she was told by [DSP #5] that [client A]		· Nursing Coordinator will complete weekly checklist **(Attachment RR)** to ensure Skin Assessment form is completed in a daily basis as applicable per client. · Staff are observed at least annually by Nurse Coordinator to ensure compliance. · CS and PM will perform quarterly EDOM checklist (including observation of Active Treatment. · A weekly Nursing Coordinator checklist will be completed 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. · 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	

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	would not get dressed. [RM #1] stated [client A] had her pants half way on when she went in to check on her. [Client A] stated her leg hurt and grabbed above her right knee. [RM #1] stated she tried to help her get dressed and informed her that she had a doctor's appointment. [Client A] refused to get dressed. [RM #1] stated [client A] was not crying or appeared (sic) to be hurting. [Client A] climbed back into the bed. [RM #1] stated she checked on her throughout the day. [RM #1] stated [client A] was sitting on the edge of the bed trying to get dressed but kept taking her clothes back off. [RM #1] stated she did not eat breakfast or lunch. [RM #1] stated at 2:00 PM, [DSP #3] came in and was talking to [client A]. [Client A] stood at the edge of her bed and peed on the floor. [DSP #2] came in then the nurse. [Client A] was wheeled into the kitchen. [RM #1] stated [nurse #1] and (sic) advised to call 911." -Staff interview with [DSP/lead #4] indicated, "[DSP/lead #4] stated she advised [DSP #2] to take all the ladies to the [nursing home] to get weighed. [DSP/lead #4] stated she received a call from [DSP #2] at 7:45 PM about [client A's] behavior. [DSP/lead #4] stated she told [DSP #2] to call the nurse and to fill out a report. [DSP/lead #4] stated she		will be shared with all team members. **Monitoring of Corrective Action**: · Clinical Supervisor will review staff training to ensure that all staff has received training on abuse/neglect/mistreatment, Client ISP/BSP/High Risk Plans, GH staffing levels, dignity/ rights/privacy. · Clinical Supervisor will review Adaptive Equipment checklist**(Attachment TT)** monthly to ensure that all equipment is maintained and in good working order. · Incident reports, Day Program observations, and Active Treatment observations will be reviewed by PM for implementation of Behavior Support Plans, as written, and revisions or investigations, as warranted, to prevent abuse/ neglect/mistreatment, how & when to report any forms of abuse, including missing medications and money.	

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	received another call from [DSP #2] at 8:30 PM stating she could not handle [client A] because she was on the floor again. [DSP/lead #4] stated she arrived at the group home and [client A] was sitting on the porch. [DSP/lead #4] stated that her (sic) and [DSP #2] helped [client A] into the house and sat her on the love seat. [Client A] was complaining of ankle pain and knee hurting (sic) and she was switching both knees. [DSP/lead #4] stated she was not acting in pain at all. [DSP/lead #4] looked at [client A's] ankle and knee. [Client A] would not stand up so we put her in a wheelchair and [client A] still did not want to eat. [Client A] took her medications and then was wheeled to her room. [DSP/lead #4] stated [client A] sat on the bed, lifted her legs up to lay down, then [DSP/lead #4] left the room. [DSP/lead #4] stated on 2/6/15, had (sic) a meeting and came in early for appointments. [Client A] stated she was not going to appointment and still complained of ankle and knee pain. [DSP/lead #4] stated she had took the (sic) the other ladies to the workshop, had meeting and then went home." -staff interview with [DSP #3] indicated, "[DSP #3] stated her (sic), [DSP #2] and [DSP #1] took the ladies to the [nursing home] to get weights. [DSP #2] stated she was pushing a client in to get		· A weekly Nursing Coordinator checklist has been revised 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. · Nursing Manager will review Weekly Nursing Checklist to ensure that High Risk Plans have been reviewed. · Nurse Manager and Clinical Supervisor will perform periodic service reviews to ensure that all nursing standards, including documentation, medical interventions, and treatments are being performed per policy and procedure and per physician orders. · Annual ISP/ BSP's will be reviewed by CS and Human Rights Committee to ensure due process. · Clinical Supervisor,	

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	weighed first. [DSP #2] and [DSP #1] was (sic) bringing in the rest of the ladies. [DSP #3] stated on the way out, [client A] started to fall and grabbed a peer in front of her and sat down on the floor. [Client A] was complaining of hurting and pointed to her ankle and would not step on it. [DSP #3] stated [client A] was on her knees and it took all three staff to assist her into the chair. [Client A] refused to get in the van. [DSP #3] stated [client A] was being coaxed to get in the van. [Client A] stated she was fine after she sat in the van. [DSP #3] stated she helped the other ladies into the house and came back out to the van. [DSP #2] was still trying to get [client A] out of the van. [DSP #3] stated she went back into the house and when she came out, [client A] was completely laying on her back in the driveway. [DSP #3] stated when [client A] went to walk she put all her weight on [DSP #3]. [DSP #2] called [DSP/lead #4] came to the home (sic). [DSP #3] stated her (sic) and [DSP #2] assisted [client A] to a chair." -staff interview with [nurse #1] indicated, "On 2/5/15 at 7:51 PM, [nurse #1] received a phone call from [DSP #2] stating there was a behavioral incident with [client A]. [DSP #2] told [nurse #1] that [client A] had bumped into a peer and she fell down. [Nurse #1] stated she		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. · For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)** to ensure active treatment is occurring and all high risk issues are being addressed. · The RM will notify the CS if there are issues with CS sufficient staffing for client Program/ High Risk plans to be implemented. The CS will ensure the facility meets the staffing requirements for the	

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	was told that [client A] was complaining of ankle pain. [Nurse #1] stated she asked if [client A] had any injuries or bruises and was told no. [Nurse #1] stated she asked if [client A] was walking and was told yes. [Nurse #1] stated she instructed [DSP #2] to fill out an incident report and fax it. [Nurse #1] stated she did not receive any further calls. On 2/6/15 [nurse #1] stated she called [RM #1] at 1:00 PM and was told there was nothing going on. [Nurse #1] stated she arrived at the group home at 3:30 PM on 2/6/15 to complete a medication observation. When she arrived, [DSP #2], [RM #1] and [DSP #3] were in [client A's] room talking to her about needing to get up. [Nurse #1] stated she asked why [client A] was home. [Nurse #1] stated she was told that [client A] did not want to get out of bed and had an appointment and didn't go and would not get out of bed. [DSP #2] stated it was a behavior. [Nurse #1] stated she observed [client A] for a few minutes and [client A] was stating her knee and ankle hurt. [Nurse #1] stated she did not note any bruising but thought her hip looked weird. [Nurse #1] stated she called [nurse manager #1] and was advised to call 911." -Investigation Peer Review Form dated 2/12/15 indicated, "Consumers rights violated: No. Federal/state regulations		home. **Completion Date: 4-3-15**	

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	violated: No." The 2/12/15 Investigation Peer Review form indicated, "Recommendations: (1.) Nurse to receive training that will include soliciting additional information from staff regarding possible injuries; (2.) IDT (Interdisciplinary Team) to discuss ways to ensure potential injuries are relayed per policy; (3.) RM to review progress notes a minimum of 3 times per week to ensure all issues are addressed; (4.) All staff to be retrained extensively on potential injuries (ruling out medical before assuming behavioral); (5.) Disciplinary action to occur with staff." The 2/12/15 Investigative Summary indicated DSPs #1, #2, #3, #4 and #5, RM #1 and nurse #1 failed to provide client A with medical care and support following an injury of unknown origin which resulted in a broken hip. The 2/12/15 Investigative Summary indicated DSPs #1, #2, #3, #4 and #5, RM #1 and nurse #1 failed to assess client A's change of behavior and verbalizations of pain to identify client A's need for immediate medical attention. DSPs #1, #2, #3, #4 and RM #1 failed to accurately and timely report client A's change in behavior and verbalizations of pain to the administrator or the facility nurse. The 2/12/15 Investigative Summary indicated, "Factual Findings: Staff failed to follow			

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	protocol by not ruling out medical issues and seeking medical attention." Client A's record was reviewed on 2/24/15 at 10:51 AM. Client A's record indicated a diagnosis of, but not limited to, Osteoporosis (porous bones causing reduced bone strength and a higher risk of fractures). Client A's quarterly physician's orders indicated client A was to receive 1 tablet every other week of Actonel 35 mg (milligrams) for Osteoporosis and Calcium 600 mg with Vitamin D 400 mg three times a day for dietary supplement and to strengthen bones. Client A's CFA (Comprehensive Functional Assessment) dated 2/5/15 indicated client A' was able to walk without the use of a wheelchair and was continent of bowel and bladder. Client A's Nursing Monthly Summaries from December 2014 through January 2015 did not indicate documentation of client A requiring the use of a wheelchair for mobility, decreased appetite, falls or bowel/bladder incontinence. Client A's BSP (Behavior Support Plan) dated 10/24/14 did not indicate client A's targeted behaviors included making			

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	somatic complaints or refusing to walk/laying on the ground. Client A's Osteoporosis Risk Plan dated 8/28/14 indicated, "(2.) Staff will monitor for any pain or discomfort.... (4.) Staff will notify nurse of any changes or problems. Staff/nurse will notify medical doctor if needed." Client A's DEXA scan dated 1/21/11 indicated client A was an elderly post menopausal woman "who has a prior DXA diagnosis of low bone mass. She has been taking Actonel for Osteoporosis." The scan indicated recommendations for the DEXA scan to be repeated in two years. Client A's nursing notes for 2015 indicated an entry dated 2/9/15 "Nurse visit: on 2/5/15 staff reported fall. Initial c/o (complaint of) right ankle pain. Was ambulating at home per self after returned home. Instructed to monitor at that time. On 2/5/15 I arrived at the home at approx (approximately) 3:30 pm. Client was in considerable pain upon assessment. Called NM (Nurse Manager) - decision made to call 911 ambulance for transport to ER (Emergency Room) After assessment at ER, [client A] was admitted d/t (due to) right hip fracture. Per ER, to have surgical repair of right			

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	hip. [Client A] remains in hospital at this time." RM #1 was interviewed on 2/24/15 at 10:56 AM. The RM indicated: __DSPs #1, #2, #3, #4 and #5 did not report client A's refusal to walk, get on the van or laying on the driveway upon returning to the group home from the nursing home. __DSPs #1, #2, #3, #4 and #5 reported client A was having behavior issues. __She (the RM) had worked in the group home during the morning shift of 2/6/15. __She (the RM) did not notify the nurse of client A's refusal to get out of bed, refusal to eat and urine incontinence until the nurse arrived at the group home at 3:30 PM on 2/6/15. Nurse #1 was interviewed on 2/24/15 at 12:15 PM. Nurse #1 indicated: __DSPs #1, #2, #3, #4, and RM #1 did not report client A's refusals to walk, refusal to eat and ongoing complaints of pain to her. __She (nurse #1) assessed client A on 2/6/15 at 3:30 PM when she arrived at the group home. __She had not trained staff on recognizing medical issues since the 2/5/15 incident. The facility's NM (Nurse Manager) was			

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	interviewed on 2/24/15 at 12:20 PM. The NM indicated: __Nurse #1 would be trained regarding soliciting additional information when talking on the phone with staff regarding potential medical issues. __Nurse #1 had not been trained at the time of interview. The NM was interviewed on 2/24/15 at 12:30 PM. The NM indicated: __The facility staff would be retrained by the facility's RN (nurse #1) on 2/26/15 in regard to what was to be reported immediately to nursing services. __The staff should have notified nursing immediately when client A first complained of pain. __When asked should the staff have manually picked client A up and carried her into the home the NM indicated the staff should have notified nursing and they would have been advised to call 911. __Client A should have been assessed by a medical person prior to moving client A. __The staff thought client A was having behaviors. Email interview with the NM on 2/27/15 at 3:30 PM indicated client A's most current DEXA scan was the one provided for review dated 1/21/11. The NM indicated client A had not been retested			

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	every two years as recommended in the 2011 scan. AS #1 was interviewed on 2/24/15 at 9:19 AM. AS #1 indicated: __DSPs #1, #2, #3, #4 and RM #1 failed to accurately and timely report client A's change in behavior and verbalizations of pain to the administrator or the facility nurse. __DSPs #1, #2, #3, #4 and RM #1 had received disciplinary action and would be retrained on recognizing and reporting potential medical issues. __DSPs #1, #2, #3, #4 and RM #1 had not been retrained at the time of interview. AS #1 was interviewed on 2/26/15 at 12:15 PM. AS #1 indicated: __She (AS #1) had been in the group home on the morning of 2/6/15 from 9:00 AM through 11:20 AM. __RM #1 advised her (AS #1) that client A was in the home and had not attended day services. __RM #1 had not reported client A's refusal to walk, refusal to eat and incontinence to AS #1 on the morning of 2/6/15. __The findings of the 2/12/15 Investigative Summary included neglect of client A by DSPs #1, #2, #3 and #4,			

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	RM #1 by failing to accurately and timely report client A's changes in behavior and verbalizations of pain to the administrator or the facility nurse to ensure client A received needed medical attention. 2. The facility's reportable and investigative records were reviewed on 2/24/15 at 8:45 AM. The 11/10/14 BDDS (Bureau of Developmental Disabilities Services) report indicated client B was seen at urgent care to be assessed for a wound to her toe. The 2/8/15 BDDS report indicated on 2/7/15 at 5 PM client B was in her wheelchair at the group home and was going down the hallway headed to the living room and hit the wall and "ripped a tiny scab off her foot." The report indicated "First aid was applied. Staff wrapped a blanket around her (client B's) tow (sic) to keep it cushioned. Staff will continue to monitor and follow all risk plans in place." __The Follow Up BDDS report dated 2/16/15 indicated client B's "Foot is healed. Follow up with wound clinic was on 2/13/15 and states wound is healed. No further action needed. Staff continues to monitor and follow all risk plans." __The Follow Up BDDS report dated 2/23/15 indicated "Wound is still healed. No issues or concerns. Staff will follow all risk plans to ensure [Client B's] health and safety." __The 2/11/15 BDDS report indicated on 2/9/15 at 4 PM "[Client B] layed (sic) down after coming home from workshop. Staff and nurse looked at her bed sore and it had reopened. Next to the bed sore was a blister. PRN (as needed) instructions for duoderm applied and first aid for the blister. Wound clinic notified and appointment scheduled			

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	for Friday, February 13th. [Client B] is off loading unless it is mealtime. No workshop. Staff will continue to follow all PRN orders and risk plans to ensure [client B's] health and safety." __The 2/16/15 Follow Up report indicated "[Client B] has appointment with wound clinic on 2/13/15. Doctor progress notes states wound healed. No new orders. [Client B] may return to work 1/13/15, will need to stay off buttocks as much as possible. [Client B] to follow doctor's orders. Staff to follow all risk plans in place to ensure [Client B's] health and safety." On 2/24/15 at 1 PM while the clients were at the DP an observation was conducted at the group home with the facility's RN. __Client B's bedroom contained a hospital bed with a trapeze. __The RN indicated client B required assistance with all transfers and mobility due to client B's diagnosis of Paraplegia (paralysis of the legs and lower body, typically caused by spinal injury or disease). __Client B's room was cluttered and unkempt. Items were stacked from the floor on top of each other, the bed was unmade, clothing lay around the room and the tops of the dressers were cluttered with various items. __In the corner of the room stacked on top of other objects was a large plastic box half full with sterile wrapped catheters. __Several feet away from client B's bed was a night stand with several items on top of it including three boxes of rubber gloves. __The RN indicated client B had a supra pubic stoma and the catheters were used by the client with staff's assistance to catheterize herself. __The RN indicated she (the RN) was new to the facility as of January and was not sure how often client B cathed herself or how much the staff assisted client B with the procedure.			

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	__A Hoyer lift was in the corner of the living room off of the dining room. The RN indicated there was no other place in the home to store the Hoyer and it was kept in the living room. An observation was conducted at the DP on 2/24/15 between 2:15 PM and 3 PM. __At 2:20 PM the facility's RN and the NM (Nurse Manager) requested client B to be brought to one of the conference rooms at the DP. __Client B was a large young woman that required a wheelchair for mobility. Client B's hips and legs overfilled the wheelchair. Client B's legs were large and short and dangled without support while sitting in her wheelchair. The foot pedals were attached to the wheelchair but provided no support for client B's lower extremities or feet. __The RN removed a fleece blanket that was wrapped around client B's legs and feet and then removed a pair of socks and an ace wrap from both of client B's feet. __Client B's feet were small and contracted and her toenails were thick and overgrown. Client B's feet and ankles were dark bluish/purple and swollen with two small wounds that were scabbed over on her left foot. One wound was on her big toe approximately 1.3 cm (centimeters) in diameter and the other was linear and approximately 2.5 cm in length. Both areas were dry without drainage. __The RN asked client B if she was provided alternate seating choices while at the DP. Client B stated, "No. I've been in my chair all day." __Client B lifted the lower part of her shirt up to reveal her abdomen and a supra pubic stoma (an opening surgically made in the abdomen to the bladder where a catheter (a tube) can be inserted to drain urine from the body. __Throughout the interview client B had difficulty hearing and asked multiple times for things to be repeated because she could not hear.			

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	The RN indicated client B was hard of hearing. Client B's record was reviewed on 2/24/15 at 10 AM. Client B's record indicated diagnoses of, but not limited to: Paraplegia, Spina Bifida/Myelomeningocele (a birth defect in which the backbone and spinal canal do not close before birth), Hydrocephalus (a condition in which fluid accumulates in the brain enlarging the head and sometimes causing brain damage) a VP (Ventriculoperitoneal) shunt (a device used to relieve pressure from the brain caused by fluid accumulation), Bilateral hearing loss, Constipation, Incontinence, Neurogenic bladder (a result of problems with nerves in the body that may control how the bladder stores or empties urine and Obesity. Client B's IDT (Interdisciplinary Team) meeting notes indicated the following: __1/28/15 "Discussed with the team the ongoing issue to [client B's] feet. A new wheelchair has been ordered and the make up the new chair will better protect her feet as she moves about her home. The team has determined to prevent further injury to her feet we are requesting maintenance to pad the lower section of the door facings that [client B] passes through in her home." __2/9/15 "[Client B] was in her wheelchair/scooter (and) came down the hallway headed to the living room, as she round the corner her foot hit the wall and ripped a tiny scab off her foot. First Aid was applied. Staff put a blanket on her foot to keep it cushioned. Staff will continue to monitor and follow all risk plans in place. New wheelchair has been ordered. Its design will protect her feet. Padding is being placed on all doorways in the home that [client B] navigates through." Client B's 2014/2015 physician's orders from the			

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	wound care center indicated the following, not all inclusive: __12/4/14 "Pt (patient) may return to work 1/2 day x (times) 1 wk (week) then full day as long as sacral wound remains closed." __1/9/15 "Small wound on sacrum. Small 1.6 x (by) 0.6 x 0.1 (centimeters) ulceration on sacrum. Prisma, Allevyn sacral pad 3x/wk." __1/26/15 "Wound stable. Continue current treatment. Prisma and Allevyn sacral pad 3x/wk (three times per week)." __2/6/15 "Duoderm as needed for wound protection. Needs to rest in bed off her bottom for 2 - 3 hrs (hours) after workshop." __2/13/15 "May return to work 2/13/15 - will need to stay off her (client B's) buttocks as much as possible." Client B's quarterly PCP's (Primary Care Physician's) orders dated 12/1/14 indicated the following, not all inclusive: __"Daily skin assessments due to risk of skin impairment." __"Lay in bed for 1 hour after workshop to decrease of skin breakdown (sic)." __"Ace bandages on both feet." Client B's 2014/2015 nursing notes indicated the following: __8/7/14 "Seen by [name of doctor] at wound center. N/O's (New orders) recommended and noted. Medi honey (wound ointment) dressing every 3 days and change PRN (as needed) soilage. Out of chair when she (client B) gets back to home times 2 hrs (hours), Hoyer lift/sling for position changes." __8/15/14 "Seen at wound center this AM. Wound healed. Cont. (continue) with ace bandage on both feet and to lay (sic) down after work." __8/22/14 "Weekly visit. No new health issues or concerns."			

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	__8/26/14 "Weekly visit. No new health issues or concerns noted." __9/4/14 "To lay down x2 hrs (times 2 hours) after work per wound center - order x3 days. Area to buttocks has re-opened and has F/U (Follow Up) appointment with wound center. No s/s (signs or symptoms) of acute distress." __9/11/14 "Seen at wound center by [name of doctor]. N/O's and tx (treatment) and limit (time) up in chair daily to 2 hours up and 2 hours off. Return in one week. Has been home from workshop and compliant with orders." __9/16/14 "Weekly visit. No new health issues or concerns." __9/26/14 "Seen at wound center on 9/22 (2014). Cont. (Continue) order (tx) treatment and to stay off coccyx until further notice." __10/2/14 "Seen at wound center 9/29 (2014). Cont. order (tx) and cont 2 hours up and 2 hours down. Tol (tolerates) well and is compliant." __10/8/14 "Seen at wound center 10/6/14. Areas with improvement noted area smaller (sic). Cont off work until next visit 10/20/14." __10/13/14 "Seen at home. No new health issues or concerns noted." __10/26/14 "D/C (Discharged) from wound center on 10/23/14. Area resolved. Began going to workshop today." __11/11/14 "Seen at urgent care on 11/10 (2014).... Urgent care was d/t (due to) 1 cm (centimeter) by 1 cm superficial abrasion on left great toe. Staff notified me (the facility's RN) today that buttocks has opened back up. Area is reddened and no drainage noted 2.3 centimeters by 1.1 centimeter. Cleansed." __11/14/14 "N/O received and noted from wound center. No work until further notice. Pt (patient-client B) to off-load until wounds are healed." __11/19/14 "Wkly (Weekly) visit. Cont to off-load and remain in bed. Only up for meals and showers. All well. Improvement noted to			

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	buttocks." __11/24/14 "Seen at wound center 11/21 (2014) - wounds ok debrided. Blister on right foot - drained. N/O's for tx. F/U in 2 wks 12/4/14. Staff aware of tx orders." __12/1/14 "Wkly visit. Remains in bed except for meals and appointments. Buttocks with improvement and noted and foot also." __12/12/14 "Wkly visit.... Started full time at [name of workshop] today. Buttocks looks good. Cont to bump toes and bleeding noted. MD (doctor) aware No N/O's." __12/19/14 "Seen at [name of hospital] 12/15 (2014) for w/c (wheelchair) eval (evaluation)." __12/23/14 "Wkly visit. No new issues." __12/30/14 "Wkly visit. Returns to wound care on 1/9/15 d/t buttocks concerns voiced by parents and area with redness noted on crease of buttocks. Repositioned every two hours and prn (as needed). Also encouraged [client B] to off-load after work." __1/2/15 "Wkly visit. N/O 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." __1/7/15 "Nurse visit. [Client B] to RTO (return to office) wound care on Friday (1/9/15) for skin breakdown to buttocks. Off-loads frequently. Is not attending workshop at this time Chart reviewed			

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	15G509		03/04/2015

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	today." __1/15/15 "Nurse visit. [Client B] doing well today. Continues to be off of work D/T wound on sacrum. Upon assessment today wound has closed, skin conts to be fragile. Wound care notified by RM (Residential Manager) - will await word from wound care as to whether [client B] can go back to workshop, even for 1/2 day. [Client B] denies pain or discomfort today. Chart reviewed today." __1/22/15 "Nurse visit.... [Client B] doing well. Assessed bottom - wound open - approx (approximately) 1 cm round open area to skin above rectum. To return to wound clinic 1/23/15 at 8 AM for follow up." __1/26/15 "Nurse visit. [Client B] was seen by wound care 1/23/15. Per wound care, wound is stable, to continue current tx of Prisma (a protective dressing) and Allevyn sacral pad (protective dressing) 3x wk (three times a week). RTO 2 wks. Continue bed rest per orders. Chart reviewed today." __2/2/15 "Nurse visit. [Client B] was seen by wound care ctr (center) on 2/6/15. New order rec'd to return to workshop. N/O Duoderm prn for wound protection. To rest in bed off her bottom for 2 - 3 hours after workshop. Chart reviewed today. Will assess buttocks when home from workshop today." __2/9/14 "Nurse visit. Upon assessment			

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	of client buttocks - noted to have 1 cm x 0.5 cm open area to sacrum. 1 cm round blister area to right buttock where band aid touched skin. [Client B] in bed resting. Will notify wound care." __2/17/15 "Nurse visit. [Client B] was seen by wound care on 2/13/15. Wound was healed at that time. Today during assessment, duoderm intact to sacral area. No drainage noted. Wound appears closed. Area to left great toe healing but remains scabbed. Continues to off load buttocks as much as possible. Chart reviewed today." Nursing progress notes indicated the facility nurse was in the home weekly. Client B's nursing progress notes failed to include thorough and descriptive assessments of client B's wounds by the facility nurse. Client B's ISP (Individual Support Plan) dated 1/31/15 indicated the following adaptive supports: "Wheelchair Handrails in hallways and bathrooms Hearing aids Hospital bed Shower chair Catheter." Client B's Skin Integrity Risk Plan dated 1/30/15 indicated the following:			

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	"Staff will provide a well balanced meal.... Staff will ensure [client B] attends all MD/wound specialist's appointments. Staff will administer first aid as needed when skin integrity impaired. Staff will turn and reposition q (every) 2 hours and prn. [Client B] will wear attends (an adult brief) at all times. Staff will assist [client B] to the bathroom as listed on the toileting schedule. [Client B] was to offload (stay off) from buttocks until further notice d/t recurrent open areas to sacral area. Staff will monitor client B's skin for any breakdown. Staff will monitor for s/s (signs and symptoms) of infections if client has impaired skin. Staff will document in the progress notes. Staff will document all BMs (bowel movements).... Staff will notify the nurse of any skin integrity issues immediately. The nurse will notify Nurse Manager and MD as needed." Client B's Falls Risk Plan dated 1/30/15 indicated the following: "Staff will encourage compliance with maintaining proper body			

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	alignment while in wheelchair and in bed. Staff will encourage [client B] to propel w/c (wheelchair) about home independently as tolerated. Staff will provide a safe environment and assist as needed. Staff will encourage [client B] to perform passive ROM (Range Of Motion) to all joints. Staff will ensure [client B] attends all MD appointments as scheduled. Staff will monitor for any interruption of skin integrity due to immobility i.e., redness, pressure areas, dryness, excoriation, etc. Staff will document in the progress notes. Nurse will document in the medical record. Staff will notify nurse of any complications. Nurse will notify the MD as needed." Client B's Incontinence of Feces Risk Plan dated 1/30/15 indicated: "[Client B] will wear Attends at all times. Staff will assist [client B] to the bathroom as listed on the toileting schedule. Staff will monitor [client B] and assist to bathroom as needed...." Client B's Incontinence/Positioning/Sleep Monitoring Log (IPSML) for January and February 2015 indicated the staff were to			

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	document if client B was in bed or in the wheelchair, if she was on her left side, right side or abdomen, if she was at home or at the DP and if she was awake or asleep. The IPSML indicated: R=right side lying L=left side lying RB=right side lying in bed LB=left side lying in bed A=awake SB=on stomach in bed WC=wheelchair C=regular chair W=walk NH=not at home TB=turns self in bed DP=day program BB=on back in bed SC=shower chair I=Incontinent The January 2015 IPSML failed to indicate specific documentation of what position client B was in, if client B was at home or at the DP and/or if client B was awake or asleep. __Client B's record indicated no IPSML for February 2015. Client B's daily skin assessment records (SARs) for January and February 2015 indicated the staff were to document the			

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	following: 0 = no open areas/skin issues, 1 = redness, 2 = bruise, 3 = an abrasion, 4= broken skin, 5 = decubitus, 6 = blister. The 2015 SARs indicated the following: 1/1/15 - broken skin - left toes. 1/2/15 - broken skin - left toes and redness on coccyx. 1/3/15 - broken skin - left toes and redness on coccyx. 1/4/15 - broken skin - left toes and redness on coccyx. 1/5/15 - broken skin - left toes and coccyx. 1/6/15 - broken skin - left toes and coccyx. 1/7/15 - no assessment documented. 1/8/15 - broken skin - left toes and coccyx. 1/9/15 - broken skin - left toes and coccyx. 1/10/15 - broken skin - left toes and coccyx. 1/11/15 - broken skin - left toes and coccyx. 1/12/15 - broken skin - left toes and coccyx. 1/13/15 - broken skin - left toes and coccyx. 1/14/15 - no assessment documented. 1/15/15 - broken skin - left toes and coccyx. 1/16/15 - no assessment documented. 1/17/15 - redness - left toes and broken			

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	skin on coccyx. 1/18/15 - broken skin - left toes. 1/19/15 - broken skin - left toes and coccyx. 1/20/15 - broken skin - left toes and coccyx. 1/21/15 - broken skin - left toes and coccyx. 1/22/15 - broken skin - left toes and coccyx. 1/23/15 - broken skin - left toes and decubitus coccyx. 1/24/15 - broken skin - left toes and decubitus coccyx. 1/25/15 - broken skin - left toes and decubitus coccyx. 1/26/15 - broken skin - left toes and decubitus coccyx. 1/27/15 - broken skin - left toes and decubitus coccyx. 1/28/15 - broken skin - left toes and decubitus coccyx. 1/29/15 - broken skin - left toes and decubitus coccyx. 1/30/15 - broken skin - left toes and decubitus coccyx. 1/31/15 - broken skin - left toes and decubitus coccyx. 2/1/15 - broken skin - left toes and decubitus coccyx. 2/2/15 - redness - right toes. 2/3/15 - redness - right toes. 2/4/15 - redness - right toes. 2/5/15 - no issues.			

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	2/6/15 - no issues. 2/7/15 - broken skin - right toes. 2/8/15 - broken skin - right toes. 2/9/15 - broken skin - right toes and coccyx. 2/10/15 - broken skin - right toes and coccyx. 2/11/15 - broken skin - right toes and coccyx. 2/12/15 - broken skin - right toes and coccyx. 2/13/15 - broken skin - right toes and coccyx. 2/14/15 - broken skin - right toes and coccyx. 2/15/15 - broken skin - right toes and coccyx. 2/16/15 - abrasion - right toes. 2/17/15 - abrasion - right toes. 2/18/15 - abrasion - right toes. 2/19/15 - abrasion - right toes. 2/20/15 - abrasion - right toes. 2/21/15 - abrasion - right toes. 2/22/15 - abrasion - right toes. Client B's record indicated the following: __Nursing staff and direct care staff failed to document descriptive and thorough assessments of client B's wounds and skin assessments in the client B's progress notes. __The staff failed to document client B's positioning every two hours. __Nursing staff failed to monitor the staff			

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	documentation. __No specific plan of care to address client B's medical needs in regard to client B's lower extremities/feet to include client B's circulatory needs, when the ace wraps and socks were to be removed and/or worn, how the staff were to monitor client B's feet to prevent injury and how the staff were to assist client B in keeping her legs elevated while sitting. __No specific plan to include the use of the Hoyer (a mechanical lift) to transfer client B in and out of bed, the number of staff required to transfer client B while using and/or not using the Hoyer, when the Hoyer was to be used, how client B was to be positioned throughout the day, the alternate seating positions to be offered client B and the supports required to maintain good positioning with each seating position while at home and while at the DP. __No specific plan of care to address client B's use of a supra pubic catheter while at home and while at the DP, the supplies required, when the catheters were to be used, how the staff were to monitor and assist client B during the procedure, how the staff were to monitor client B's abdominal stoma and how and where the equipment was to be stored and maintained. __No physician's order for client B's adaptive equipment (wheel chair, hospital			

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	bed with trapeze [a metal sling for client B to grab to assist in sitting up in bed] and a shower chair). __No physician's orders in regard to the frequency and use of the supra pubic catheters. __No physician's orders for when the ace and diabetic socks were to be on and/or removed. __Client B had not been assessed by a podiatrist and client B's toenails were not being cared for. During interview with the facility's NM (Nurse Manager) on 2/24/15 at 10 AM, the NM: __Indicated client B had recurring injuries to her feet caused from running into the corners of the walls and other objects of the home while maneuvering her (client B's) wheelchair around the home. __Indicated maintenance had recently put up a foam protection on the walls and corners of the walls in the hallway to client B's bedroom to help prevent further injury. __When asked what protective measures were implemented to ensure no further injury to client B's feet, the NM stated, "Besides the protection on the walls" after client B's injury of 2/7/15 the staff began putting a fleece blanket around client B's legs and feet to help prevent			

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	further injury. __When asked was client B to wear any protective socks or shoes, the NM stated an order from the wound doctor for an ace wrap to both feet and diabetic socks was given some time ago and "apparently was overlooked but she (client B) has them (the ace wrap and diabetic socks) on now." __Indicated client B was in the process of getting a new wheel chair that would protect client B's feet from getting bumped. __Indicated the staff had not been retrained in regard to client B's medical needs. __Indicated client B's risk plans have been updated and the staff will be trained on the new risk plans on Thursday (2/26/15). __Indicated no risk plan in regard to client B's recurring injuries to client B's feet and stated, "But we will ensure it's included in her plans." __Indicated the facility's RN was in the home weekly to assess the clients and was to document a descriptive assessment of client B's wounds each time the client was assessed. __Indicated the staff were to do daily skin assessments for client B and were to make a descriptive documentation of their assessments in the staff progress notes whenever anything other than			

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	normal was found on their assessments. __Indicated the staff had not been documenting descriptive notes of their skin assessments and client B's wounds in the client's progress notes and stated, "That too will be included in the training on Thursday." __Indicated nursing was to monitor staffs' skin assessments and documentation of client B's wounds in the progress notes. __Indicated the facility RN was new and had only been in the home a couple of months. __Indicated client B was to be repositioned every two hours. __Indicated she was changing some of the forms used by the staff to document client B's positioning and stated, "I think they (the staff) were confused and for some reason they aren't documenting on the right forms now." __Indicated no documentation of repositioning for client B for February 2015 and the staff had failed to correctly document client B's repositioning in January 2015. The RN and the NM were interviewed on 2/24/15 at 1:30 PM. __The NM indicated no specific plan in place in regard to client B's supra pubic catheter. __The RN stated, "I have seen the staff help her (client B)" when using the			

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	catheter. __The NM indicated in going through some of the clients' quarterly physician's orders she had noted that many of the clients' orders had dropped off and she would need to go back through the orders to ensure all were updated. The facility's RN, the NM and client B were interviewed on 2/24/15 at 2:30 PM. __The NM indicated the staff had placed a blanket around client B's legs and feet to protect client B's feet from further injury. __The RN indicated client B could not move from the waist down and required staff assistance for all transfers. __When asked how the staff were to assist client B in repositioning while at the DP and did the DP also have a Hoyer lift, the RN indicated she didn't know if they had a Hoyer lift and thought client B was offered an alternate seating position (a recliner) while at the DP and then asked client B if she was placed in an alternate seating position while at the DP. Client B indicated she had been in her wheelchair all day. __The NM and RN indicated no specific positioning plan at the DP. __Client B stated her toenails had not been cut and/or trimmed "for a long time." __Client B indicated she had never been			

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	to a podiatrist to have her feet assessed. __The RN and the NM indicated no knowledge of client B seeing a podiatrist and the NM stated, "We will make sure she does." __Client B indicated she had not been elevating her legs while sitting in the wheelchair. __The RN stated to client B, "You need to keep your legs up as much as possible while you're sitting in your chair." __Client B indicated when maneuvering her wheelchair she would hit her feet on the corners of the walls and various objects which caused the areas on her feet to continue to open and cause injury. __Client B indicated she used the wheelchair for mobility and was unable to move her hips and lower extremities. __Client B indicated she was able to maneuver the wheelchair and stated, "But I run into things a lot." __Client B indicated she used the supra pubic catheter herself with staff assistance. 3. The facility's reportable and investigative records were reviewed on 2/24/15 at 8:45 AM. The Investigative Summary dated 2/12/15 indicated the following interview with staff #2. "[Staff #2] stated the ladies were picked up from the workshop at 3:30 PM on 2/5/15. They went back to the group home and picked			

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	up two housemates. [Staff #2] stated herself, [staff #3] and [clients A, B, C, D, E, F, G and H] drove to the [name of city] office and were there for approximately 15 minutes but left due to the office being closed. Upon arriving back in [name of city], we (staff #2 and #3) picked up [staff #1] and drove to the [name of nursing home] to weigh all the ladies." Client A's record was reviewed on 2/24/15 at 10:51 AM. Client A's quarterly physician's orders dated 12/1/14 indicated client A was to be weighed monthly. Client A's MAR (Medication Administration Records) for December 2014 and January and February 2015 indicated no weights recorded. Client B's record was reviewed on 2/24/15 at 10:51 AM. Client B's quarterly physician's orders dated 12/1/14 indicated client B was to be weighed monthly. Client B's January 2015 MAR indicated initials of staff on the 21st. Client B's January MAR indicated no weight recorded for January. Client B's Nutrition Assessments for 2014/2015 indicated: April - 214. 2 pounds. May - 297 pounds June - 297 pounds July - 297 pounds			

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	Refused in August, September and October November - 203.6 pounds December - 198.2 pounds January 194.2 pounds The dietician noted the weights of May, June and July and questioned the accuracy. Client C's record was reviewed on 2/24/15 at 10:51 AM. Client C's quarterly physician's orders dated 12/1/14 indicated client C was to be weighed weekly on Tuesdays and a hand written order on the physician's orders indicated client C was to be weighed monthly. __Client C's record did not indicate weekly weights. Client C's MAR for January 2015 indicated no weight for client C for the month of January. Client D's record was reviewed on 2/24/15 at 10:51 AM. Client D's quarterly physician's orders dated 12/1/14 indicated client D was to be weighed weekly in the AM on Fridays. __Client D's record indicated no weights for client D in January 2015. The QIDPD (Qualified Intellectual Disabilities Professional Designee) was interviewed on 2/24/15 at 1 PM. The QIDP: __Indicated the clients are taken to a			

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	nearby town and/or a nearby nursing home to be weighed. __Indicated the facility has used several different places that had a scale that would accommodate clients in a wheelchair. __Indicated the facility had a small bath scale that would accommodate the clients that could stand and stated, "But usually they (clients A, B, C, D, E, F, G and H) all go together" and get weighed at the same time after the clients got out of the DP in the afternoon. The facility's NM (Nurse Manager) was interviewed on 2/24/15 at 1:30 PM. The NM: __Indicated clients B, C and G utilized wheelchairs for mobility. __Indicated the clients should be weighed first thing in the morning before eating and with the same clothing and/or light weight clothing. __Indicated the staff failed to ensure all clients were weighed as ordered by the physician and/or failed to document the clients' weights on the correct forms. __Indicated she (the NM) had been reviewing the clients' physician's orders and had realized some of the orders had been dropped off when renewed each quarter and she was trying to get everyone's orders updated, including when the clients were to be weighed and how often.			

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	__Indicated the facility's RN was new within the past two months and she had taken over as the NM in April of last year. __Indicated nursing was responsible to check the quarterly physician's orders for accuracy. __Indicated the discrepancy with client B's weights was because the staff had not been deducting the weight of the clients' wheelchairs when weighing the clients and this was something else she had corrected recently. This deficiency was cited on 1/20/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-6(a)			
W 436 Bldg. 00	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 3 of 7 clients with adaptive equipment, the facility failed to ensure clients B and C were furnished with new wheelchairs and client F with hearing aids.	W 436	**W436:** The facility must furnish, maintain in good repair, and teach clients to use and make informed choices about the use of dentures,	04/03/2015

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	Findings include: 1. Observations were conducted at the group home from 3:20 PM through 6:52 PM. Client C was observed throughout the observation period. Client C utilized a manual wheelchair with a lap belt for ambulation. Client C had body tremors and was unable to maintain her body position in the wheelchair. Client C's buttocks/trunk slid or moved in a forward position toward the front of the wheelchair. Client C's wheelchair had a fastened seat belt which prevented client C from falling out of the chair. Observations were conducted at the group home on 2/24/15 from 6:30 AM through 7:30 AM. Client C was observed throughout the observation period. Client C utilized a manual wheelchair with a lap belt for ambulation. Client C had body tremors and was unable to maintain her body position in the wheelchair. Client C's buttocks/trunk slid or moved in a forward position toward the front of the wheelchair. Client C's wheelchair had a fastened seat belt which prevented client C from falling out of the chair. Client C's record was reviewed on 2/24/15 at 11:51 AM. Client C's OT (Occupational Therapy) form dated		eyeglasses, hearing and other communication aids, braces, and other devices identified by the interdisciplinary team as needed by client. **Corrective action:** ·All staff has been in serviced to ensure all clients adaptive equipment is being utilized per client's plans. (**Attachment H)** · Residential Manager has been in serviced on the correct procedure for replacement of adaptive equipment (**Attachment H)** · Client C had a wheelchair evaluation at KDH on 2-25-15. Client C had a mobility evaluation with Physician on 3-17-15. Information submitted to National Seating and Mobility to proceed with approval process. **(Attachment I)** · Client F had appointment at Decatur Co. Hospital on 3-4-15. Hearing	

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	5/6/12 indicated, "[Client C] presented seated in a standard sling back and seat wheelchair. [Client #C] had slid forward in her chair and was restrained successfully by a lap seatbelt. [Client C] presented with right neck and trunk lateral flexion while up in the chair. [Client C] required maximum assistance to reposition herself upright in a chair. [Client C] has difficulty holding her head up against gravity." Client C's medical Consult Doctor's Orders and Progress Notes form dated 8/1/12 indicated, "[Client C] may benefit from a wheelchair assessment particularly as her posture, head and trunk control changes." 2. The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IRs (Incident Reports) and investigations were reviewed on 2/24/15 at 8:42 AM. The review indicated the following: -BDDS report dated 1/10/14 indicated client F's hearing aids had been placed in a cup on the medication administration room countertop. The 1/10/14 BDDS report indicated client F mistakenly picked up the cup containing her hearing aids while she was attempting to pick up a cup with water for her medication		aids have been ordered. **(Attachment J)** · ResCare has received a bill for client B's wheelchair. Payment has been approved and a check is being submitted to National Seating and Mobility in order for wheelchair to be ordered. **(Attachment R)** **How we will identify others:** · Residential Managers will review adaptive equipment checklist **(Attachment TT)** 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. **Measures to be put in place:** · Adaptive Equipment/Maintenance checklist has been in-serviced to all staff for proper documenting. · A weekly Residential Manager checklist has been in-serviced to include a weekly	

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	administration. The 1/10/14 BDDS report indicated client F swallowed her hearing aids before staff could redirect her. Client F's record was reviewed on 3/4/15 at 8:15 AM. Client F's Medical Consult Doctor's Orders and Progress Notes form dated 8/27/14 indicated, "Heavy wax each ear. Lost aids. Need replaced." AS #3 was interviewed on 2/24/15 at 12:15 PM. AS #3 indicated client C had been reassessed for a new wheelchair and was in the process of obtaining a new wheelchair. AS #3 indicated client F's hearing aids were in the process of being replaced but had not yet arrived. This deficiency was cited on 1/20/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-7(a)		adaptive check. **Monitoring of Corrective Action:** · Clinical Supervisor will review Adaptive Equipment checklist **(Attachment TT)** monthly to ensure that all equipment is maintained and in good working order. · 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. ·For no less than two months, the Residential Manager will complete three Active treatment observations **(Attachment S)**per week to ensure that active treatment is being provided and medication goals are implemented. ·For no less than two months, an administrative staff will be complete an active treatment observation**(Attachment S)** to	

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			ensure active treatment is occurring and all high risk issues are being addressed. **Completion Date: 4-3-15**	
W 999 Bldg. 00	State Findings The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met. 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: (16) A medication error or medical treatment error as follows: (c) "missed medication - not given." This state rule was not met as evidenced by: Based on record review and interview for	W 999	**W 9999:** 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: (16) A medication error as follows: (c) “missed medication- not given.” **Corrective action:** · Staff have been in-serviced on BDDS reportable standards, including missed medications. (**Attachment H**) **How we will identify others:**	04/03/2015

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	1 of 4 sampled clients (A), the facility failed to report medication errors to the BDDS (Bureau of Developmental Disabilities Services) in regard to client A's missed doses of medication. Findings include: The facility's reportable and investigative records were reviewed on 2/24/15 at 8:45 AM. The facility records indicated no reports of medication errors in regard to client A's missed doses of medication. Client A's record was reviewed on 2/24/15 at 10 AM. __Client A's December 2014 MAR (Medication Administration Record) indicated client A was to receive Naproxen 500 mg (milligrams) for pain at 7 AM and 7 PM. Client A's December MAR indicated client A did not receive her prescribed Naproxen on December 14, 15, 16 and 17 because the medication was not available to give. __Client A's January 2015 MAR indicated client A was to receive Naproxen 500 mg for pain at 7 AM and 7 PM. Client A's January MAR indicated client A did not receive her prescribed Naproxen on January 16, 17, 18 and 19 because the medication was not available to give.		· For no less than two months, the Residential Manager will complete three Active treatment observations**(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)**to ensure active treatment is occurring and all high risk issues are being addressed. · Clinical Supervisor 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. · All BDDS reportable incidents will be reported to the Clinical Supervisor and BDDS reports submitted within 24 hours **Measures to be put in place:** · For no less than two months, the Residential	

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	Email interview with the CS (Clinical Supervisor) on 2/27/15 at 4 PM indicated all medication errors of missed doses of medication were to be reported to BDDS. The CS indicated she was not made aware of the missed medications for client A. This deficiency was cited on 1/20/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-1(b)		Manager will complete three Active treatment observations**(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)**to ensure active treatment is occurring and all high risk issues are being addressed. · Staff will receive training in Abuse and Neglect, Reporting abuse and neglect, and Incident Reporting at monthly staff meetings and annually. · 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. · All BDDS reportable incidents will be reported to BDDS within 24 hours.	

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			· All staff will follow policy and procedure for all reporting. · Incidents will be reviewed at Safety Committee for timeliness and that needed interventions 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. **Monitoring of Corrective Action**: · Clinical Supervisor will review staff training to ensure that all staff has received training on the of abuse/neglect/mistreatment, Client ISP/BSP/High Risk Plans, GH staffing levels, dignity/ rights/privacy. · Clinical Supervisor, Program Manager will review monthly staff meetings for	

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			Abuse and Neglect training, Reporting Procedures and ensure that annual training is current. · Clinical Supervisor will also review all incident reports to address any compliance issues. · Program Manager & Executive Director will periodically review BDDS reports for thoroughness, timeliness, and complete adherence to state requirements. · All incident report data will be reviewed by safety committee. · For no less than two months, the Residential Manager will complete three Active treatment observations**(Attachment S)** per week to ensure that active treatment is being provided and medication goals are implemented. · For no less than two months, an administrative staff will be complete an active treatment observation **(Attachment S)**to ensure active treatment is occurring	

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			and all high risk issues are being addressed. · The RM will notify the CS if there are issues with CS sufficient staffing for client Program/ High Risk plans to be implemented. The CS will ensure the facility meets the staffing requirements for the home. **Completion Date: 4-3-15**	