

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G403	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/18/2013
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NAME OF PROVIDER OR SUPPLIER  DAMAR SERVICES INC--BRADFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 8835 E CR 200 S AVON, IN 46168
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W000000	<p>This visit was for the investigation of complaint #IN00137329.</p> <p>Complaint #IN00137329: Substantiated, federal and state deficiencies related to the allegation(s) are cited at: W104, W149, W154, W159, W240 and W436.</p> <p>Dates of Survey: 10/17/13 and 10/18/13</p> <p>Facility Number: 000917 Provider Number: 15G403 AIMS Number: 100249320</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/29/13 by Ruth Shackelford, QIDP.</p>	W000000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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

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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A's guardian did not pay for a gait belt.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 10/17/13 at 2:02 PM. Client A's OT (Occupational Therapy) Visit Note dated 11/19/12 indicated, "Gait belt on during standing and sitting."</p> <p>RM (Residential Manager) #1 was interviewed on 10/17/13 at 2:10 PM. RM #1 indicated client A has had an OT recommendation for a gait belt since 11/19/12. RM #1 stated, "There has been confusion about [client A's] gait belt. Initially, [client A's] school had a gait belt. We used it here and then ended up giving it back to the school." RM #1 stated, "[Client A's] mother just bought her one last week around the fourth (10/4/13)." RM #1 indicated the facility had not purchased a gait belt for client A to use while in the group home.</p>	W000104	<p>The governing body must exercise general policy, budget, and operating direction over the facility. Additional gait belt(s) have been purchased and clients BSP have been revised to include the needed steps for proper implementation of this equipment. Formal training was conducted by the agency nurse regarding when and how to use the gait belt. All BSP and physician notes have been reviewed to assess need for any adaptive equipment. If needed, revision of BSP will be done to include guidelines for use of any adaptive equipment. Staff will receive documented training by appropriate personnel regarding these revisions. Monthly reviews of effectiveness of programs will be completed and revisions made as needed .Steps will be taken to purchase any adaptive equipment not existing. While waiting for Medicaid prior approval to purchase the gait belt, client's mother offered to provide one gait belt as she had many available. However, in the future, upon receiving a doctors' or therapist order for any adaptive equipment--immediately steps will be taken to purchase such equipment .Steps to be used may include but not limited to staff will</p>	11/17/2013			

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	<p>Client A's mother was interviewed on 10/17/13 at 4:10 PM. Client A's mother stated, "Yes, she, [client A], has needed the gait belt since around last November (2012). They said she had one at the school but not one for the home. After the last incident, I just took her one."</p> <p>This federal tag relates to complaint #IN00137329.</p> <p>9-3-1(a)</p>		<p>inquire before leaving the appointment if, the office is able to place the orderIf prior authorization is required by the insurance carrier, Residential Manager will immediately start the process and seek clarification with physician regarding recommendation for a start date to begin the use of adaptive equipment.If prior authorization is required by the insurance carrier, and there is a delay of immediate availability of equipment - Residential Manager will inquire with the physician or therapist the ability to borrow such equipment or information on renting the equipment if possible. If rental is possible, Dir of Program/QDDP will immediately seek approval from the IDT, Human Rights committee and parent/guardian to rent the equipment – the cost of rental will be assumed by the agency.If approval for such equipment is denied by ones insurance carrier – approval will be sought from IDT, Human Rights committee and parent/guardian to purchase the equipment – the cost of the purchase will be assumed by the agency.All residential managers have been advised of these procedures.Clients that are recommended to receive services such as Speech, Physical and/or Occupational therapy – initial assessment will be reviewed by the Dir. of program/QDDP and/or the agency nurse to ensure</p>		

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			recommendations are being followed as prescribed.		

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to implement its policy and procedures to complete a thorough investigation regarding an injury of unknown origin for client A.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 10/17/13 at 12:21 PM. The review indicated the following:</p> <p>-BDDS report dated 9/10/13 indicated, "[Client A] was observed by staff on Monday, September 9, 2013 as having bruising on her left arm. Staff documented the bruising and she went to school." The 9/10/13 BDDS report indicated, "The school nurse called to say that she also had swelling in her left shoulder and was not moving it very well. At that time reporting staff called [client A's] PCP (Primary Care Physician) for an appointment and had her picked up from school. While at the doctor's office [client A] was given x-rays and had lab work done. [Client A] stayed home from school the remainder of the evening. The doctor's office called with the report that [client A] had non-displaced (fractured) proximal left humerus involving a growth plate." The 9/10/13 BDDS report indicated, "At that time</p>	W000149	Damar Services, Inc.has a written Policy and Procedures in place for client abuse and neglect. The Residential Manager and Director of program will ensure that all safeguards are in place for any client with the potential of injury of unknown origins.Clients BSP will include necessary steps in the area of required visual supervision and the use of any adaptive equipment. Staff will ensure that all visual supervision is completed and adaptive equipment utilized when required.Residential Manager will provide ongoing monitoring 2. All BSP have been reviewed to assess need for adequate visual supervision and the use of adaptive equipment is in place. for individuals with behaviors or impairments that may produce injuries. Revision of BSP will be done and may include steps such as required increment of visual checks to be completed; required body checks to conducted; guidelines for use of adaptive equipment and reporting injuries of unknown origins procedures. Staff will receive documented training by appropriate personnel regarding these revisions. Monthly reviews of effectiveness of programs will be completed and revisions made as needed.	11/17/2013			

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	<p>reporting staff called [client A's] mother to update her on the situation. [Client A's] mother said that she wanted something done about it immediately and that we needed to take her daughter, [client A], to the emergency room. Reporting staff took [client A] to the emergency room. The emergency room doctor looked over [client A's] x-ray from her earlier visit and said that [client A] had a fractured humerus."</p> <p>-Investigation Form dated 9/10/13 indicated, "Person completing the investigation: [RM #1 (Resident Manager)]. If you were a person directly involved in this incident stop and seek out the next appropriate person to complete the investigation and investigation form."</p> <p>The 9/10/13 Investigation form indicated, "Staff persons interviewed: [DSP #1 (Direct Support Professional)], [DSP #2], [DSP #3] and [DSP #4]." The 9/10/13 Investigation form did not indicate documentation of interviews conducted with DSPs #1, #2, #3 and/or #4.</p> <p>The 9/10/13 Investigation form indicated, "Client interviewed: [Client A]." The 9/10/13 Investigation form did not indicate clients B, C, D, E and/or F had been interviewed. The 9/10/13 Investigation form did not indicate documentation of the interview conducted with client A.</p> <p>The 9/10/13 Investigation form did not indicate documentation of an investigation</p>		<p>3. All BSP goals, training steps and outcomes will be reviewed monthly by Dir of program/QDDP to ensure steps in place are effective and progress is towards goal of reducing injuries of unknown origins is done 4. Injuries of unknown origins will be documented in clients' nurse's notes. Monthly reviews of these notes will be reviewed by the nurse. Revision of steps or plan will be done if needed, according to recommendation of assigned nurse. All injuries of unknown origins are documented according to agency policy regarding Incident Reporting and investigated and reported to Governing Bodies (BDDS). The Group Home Investigation form has been revised to include implementation directions and specific sections on the form are provided to document all individuals' statement as interviewed. BDDS incident report notification regarding closure or need for additional follow up are received electronically from the state indicating if appropriate actions were completed. Dir of program/QDDP will ensure any additional steps or information is delivered by guidelines and revisions of ones BSP will be done if needed.</p>				

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	<p>summary/findings in regard to the origin of client A's injury.</p> <p>DSP #3 was interviewed on 10/17/13 at 1:39 PM. DSP #3 indicated she had worked at the group home on 9/9/13. DSP #3 indicated her normal work hours were from 6:30 AM through 2:30 PM. DSP #3 indicated clients A, B, C, D, E and F were present in the house during the morning of 9/9/13. When asked if clients B, C, D, E and/or F were able to verbally communicate/report, DSP #3 stated, "Yes, [client F] can."</p> <p>RM #1 was interviewed on 10/17/13 at 1:02 PM. RM #1 indicated she had worked in the group home on Saturday 9/7/13 during the morning shift and again on Saturday 9/7/13 during the overnight shift. RM #1 indicated the overnight shift on 9/7/13 went through the morning hours on 9/8/13. RM #1 stated, "[DSP #5] noticed the bruises on [client A's] arm on Sunday 9/8/13 but didn't report the bruises to me." When asked if she had directly worked with client A on 9/8/13 prior to DSP #5's observation of client A's bruises on her left arm, RM #1 stated, "Yes," When asked if she should have conducted the investigation, RM #1 stated, "Well, no I guess not." When asked if she had completed the 9/10/13 Investigation form regarding client A's injury of unknown origin, RM #1 stated, "Yes." When asked if DSPs #1, #2, #3 and/or #4 had been interviewed, RM #1 stated, "Yes." When asked if there was documentation of the interviews, RM #1 stated, "No, I didn't take notes. There are no</p>						

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	<p>statements. I didn't write down the questions or their answers. It was more informal." When asked if there was documentation of a summary of findings regarding the origin of client A's injury, RM #1 stated, "No." When asked if clients B, C, D, E and/or F had been present in the home on 9/9/13 and had been interviewed, RM #1 stated, "They were all here but I didn't interview them. The only one that would be able was [client F]."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/17/13 at 2:30 PM. QIDP #1 indicated allegations of abuse, neglect and injuries of unknown origin should be thoroughly investigated. QIDP #1 indicated the facility's Abuse and Neglect policy and procedure should be implemented.</p> <p>The facility's policy and procedures were reviewed on 10/18/13 at 12:00 PM. The facility's 3/21/11 policy and procedure entitled Abuse and Neglect of Children policy indicated investigations of abuse, neglect and injuries of unknown origin should be thoroughly investigated.</p> <p>This federal tag relates to complaint #IN00137329.</p> <p>9-3-2(a)</p>						

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 3 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to complete a thorough investigation regarding an injury of unknown origin for client A.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 10/17/13 at 12:21 PM. The review indicated the following:</p> <p>-BDDS report dated 9/10/13 indicated, "[Client A] was observed by staff on Monday, September 9, 2013 as having bruising on her left arm. Staff documented the bruising and she went to school." The 9/10/13 BDDS report indicated, "The school nurse called to say that she also had swelling in her left shoulder and was not moving it very well. At that time reporting staff called [client A's] PCP (Primary Care Physician) for an appointment and had her picked up from school. While at the doctor's office [client A] was given x-rays and had lab work done. [Client A] stayed home from school the remainder of the evening. The doctor's office called with the report that [client A] had</p>	W000154	Damar Services, Inc.has a written Policy and Procedures in place for Incidents Reporting to Governing Bodies (BDDS). Residential Manager or Dir. Of Program will ensure that a complete and thorough investigation of injury of unknown origin or any reportable incident is completed according to policy. Revision of Group Home Investigation form.has been revised in the following ways to ensure a complete investigation has been concluded.Clearer directions are present and includes, if you are the person directly involved in the incident or present during the incident Stop.Seek out the next appropriate person to complete the investigation.Director of program or another Resident Manager if the director is not available may be used (Vice President of Program and Services should be sought if investigation includes Director of the program).Sections have been added to the form and directions have been included to document all witnesses or individuals involved in the situation. Identification code has been added to clearly identify the person being interviewed. Director of program	11/17/2013	

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	<p>non-displaced proximal (fractured) left humerus involving a growth plate." The 9/10/13 BDDS report indicated, "At that time reporting staff called [client A's] mother to update her on the situation. [Client A's] mother said that she wanted something done about it immediately and that we needed to take her daughter, [client A], to the emergency room. Reporting staff took [client A] to the emergency room. The emergency room doctor looked over [client A's] x-ray from her earlier visit and said that [client A] had a fractured humerus."</p> <p>-Investigation Form dated 9/10/13 indicated, "Person completing the investigation: [RM #1 (Resident Manager)]. If you were a person directly involved in this incident stop and seek out the next appropriate person to complete the investigation and investigation form."</p> <p>The 9/10/13 Investigation form indicated, "Staff persons interviewed: [DSP #1 (Direct Support Professional)], [DSP #2], [DSP #3] and [DSP #4]." The 9/10/13 Investigation form did not indicate documentation of interviews conducted with DSPs #1, #2, #3 and/or #4.</p> <p>The 9/10/13 Investigation form indicated, "Client interviewed: [Client A]." The 9/10/13 Investigation form did not indicate clients B, C, D, E and/or F had been interviewed. The 9/10/13 Investigation form did not indicate documentation of the interview conducted with client A.</p>		<p>has provided training to all Residential Managers regarding how to use the revised investigation form. The agency policy regarding Incidents Reporting to governing bodies has been reviewed to ensure it complies with State and Federal regulations. All Residential Manager will receive training from the Director of the program regarding the revised form and instructions. Additional review by a supervisor is now included in the final step to ensure a complete investigation has been done. In addition, a daily school communication sheet has been developed. Daily communication to the school and from the school is done to ensure all are communicating observations or events that may produce an injury. All reportable incidents investigations will occur as directed by agency policy regarding Incidents Reporting. All copies of investigations are submitted to agency Quality Assurance. Review of policy and procedures pertaining to this will be reviewed at least annually and revised as needed. Additional training will occur with any revisions</p>				

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	<p>The 9/10/13 Investigation form did not indicate documentation of an investigation summary/findings in regard to the origin of client A's injury.</p> <p>DSP #3 was interviewed on 10/17/13 at 1:39 PM. DSP #3 indicated she had worked at the group home on 9/9/13. DSP #3 indicated her normal work hours were from 6:30 AM through 2:30 PM. DSP #3 indicated clients A, B, C, D, E and F were present in the house during the morning of 9/9/13. When asked if clients B, C, D, E and/or F were able to verbally communicate/report, DSP #3 stated, "Yes, [client F] can."</p> <p>RM #1 was interviewed on 10/17/13 at 1:02 PM. RM #1 indicated she had worked in the group home on Saturday 9/7/13 during the morning shift and again on Saturday 9/7/13 during the overnight shift. RM #1 indicated the overnight shift on 9/7/13 went through the morning hours on 9/8/13. RM #1 stated, "[DSP #5] noticed the bruises on [client A's] arm on Sunday 9/8/13 but didn't report the bruises to me." When asked if she had directly worked with client A on 9/8/13 prior to DSP #5's observation of client A's bruises on her left arm, RM #1 stated, "Yes," When asked if she should have conducted the investigation, RM #1 stated, "Well, no I guess not." When asked if she had completed the 9/10/13 Investigation form regarding client A's injury of unknown origin, RM #1 stated, "Yes." When asked if DSPs #1, #2, #3 and/or #4 had been interviewed, RM #1</p>						

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	<p>stated, "Yes." When asked if there was documentation of the interviews, RM #1 stated, "No, I didn't take notes. There are no statements. I didn't write down the questions or their answers. It was more informal."</p> <p>When asked if there was documentation of a summary of findings regarding the origin of client A's injury, RM #1 stated, "No." When asked if clients B, C, D, E and/or F had been present in the home on 9/9/13 and had been interviewed, RM #1 stated, "They were all here but I didn't interview them. The only one that would be able was [client F]."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 10/17/13 at 2:30 PM. QIDP #1 indicated allegations of abuse, neglect and injuries of unknown origin should be thoroughly investigated.</p> <p>This federal tag relates to complaint #IN00137329.</p> <p>9-3-2(a)</p>				

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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 1 of 3 sampled clients (A), the QIDP (Qualified Intellectual Disabilities Professional) failed to ensure client A's ISP (Individual Support Plan)/High Risk Plan addendum included the needed supports and services regarding how staff was to assist client A with walking and/or standing. The QIDP failed to ensure client A received a gait belt.</p> <p>Findings include;</p> <p>1. The QIDP failed to ensure client A's ISP/High Risk Plan addendum included the needed supports and services regarding how staff was to assist client A with walking and/or standing. Please see W240.</p> <p>2. The QIDP failed to ensure client A received a gait belt. Please see W436.</p> <p>This federal tag relates to complaint #IN00137329.</p> <p>9-3-3(a)</p>	W000159	<p>Additional gait belt(s) have been purchased and clients BSP have been revised to include the needed steps for proper implementation of this equipment. All BSP have been reviewed to assess need for adequate visual supervision is in place and adaptive equipment is secure for individuals with behaviors or impairments that may produce injuries. Revision of BSP will be done and may include steps such as required increment of visual checks to be completed; required body checks to be conducted; guidelines for use of adaptive equipment and reporting injuries of unknown origins procedures. Staff will receive documented training by appropriate personnel regarding these revisions. Monthly reviews of effectiveness of programs will be completed and revisions made as needed. Upon admission of new residents or upon occurrence of a new malaptive behavior that may produce injury – a High Risk Assessment will be completed by the Residential Manager or Director of Program. Plans will be developed to reduce incidents and may include guidelines for increased visual supervision; required body checks to conduct;</p>	11/17/2013

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NAME OF PROVIDER OR SUPPLIER  DAMAR SERVICES INC--BRADFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 8835 E CR 200 S AVON, IN 46168
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			<p>guidelines for use of adaptive equipment and reporting injuries of unknown origins procedures..Staff will receive documented training by appropriate personnel regarding these revisions.Monthly reviews of effectiveness of programs will be completed and revisions made as needed. All injuries of unknown origins are documented according to agency policy regarding Incident Reporting and investigated and reported to Governing Bodies (BDDS).Group Home Investigation form has been revised to included implementation directions and specific sections on the form to document of all individuals interviewed.BDDS incident report notification regarding closure or need for additional follow up are received electronically from the state indicating if appropriate actions were completed.Dir of program/QDDP will ensure any additional steps or information is delivered by guidelines and revisions of ones BSP will o done if needed.</p>	

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W000240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure client A's ISP (Individual Support Plan)/High Risk Plan addendum included the needed supports and services regarding how staff was to assist client A with walking and/or standing.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 10/17/13 at 12:21 PM. The review indicated the following:</p> <p>-BDDS report dated 9/10/13 indicated, "[Client A] was observed by staff on Monday, September 9, 2013 as having bruising on her left arm. Staff documented the bruising and she went to school." The 9/10/13 BDDS report indicated, "The school nurse called to say that she also had swelling in her left shoulder and was not moving it very well. At that time reporting staff called [client A's] PCP (Primary Care Physician) for an appointment and had her picked up from school. While at the doctor's office [client A] was given x-rays and had lab work</p>	W000240	<p>Client's BSP has been revised and includes Interactive Guideline steps to be used regarding the use of the gait belt. Formal training was conducted by the agency nurse regarding when and how to use the gait belt All BSP will be reviewed by the Director of program/QDDP to ensure adequate supports are in place to assist overall goals of reaching ones' fullest potential. Any plan that requires revision will be completed by the Dir of the program/QDDP and receive approval by the IDT, Human Rights Committee and parent/guardian. Monthly reviews will be done to asses effectiveness of program or need for revision. Furthermore, when applicable – therapy notes will be reviewed by Dir. of Program/QDDP and agency nurse to ensure all recommendations are being followed. This includes reviewing the initial appointment notes and any ongoing therapy notes on a monthly basis. Revision of plans will be done if therapy plans changes. In the future, clients that are recommended to receive services such as Speech, Physical and/or Occupational therapy – initial assessment will be reviewed by the Dir of</p>	11/17/2013	

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	<p>done. [Client A] stayed home from school the remainder of the evening. The doctor's office called with the report that [client A] had non-displaced proximal (fractured) left humerus involving a growth plate." The 9/10/13 BDDS report indicated, "At that time reporting staff called [client A's] mother to update her on the situation. [Client A's] mother said that she wanted something done about it immediately and that we needed to take her daughter, [client A], to the emergency room. Reporting staff took [client A] to the emergency room. The emergency room doctor looked over [client A's] x-ray from her earlier visit and said that [client A] had a fractured humerus."</p> <p>Client A's record was reviewed on 10/17/13 at 2:02 PM. Client A's OT (Occupational Therapy) Visit Note dated 11/19/12 indicated, "Gait belt on during standing and sitting activities." Client A's ISP dated 5/8/13 did not indicate the use of a gait belt or other supports for client A regarding standing, walking or sitting. Client A's High Risk Fall Protocol addendum form dated 9/13/13 did not indicate how/when staff were to use client A's gait belt.</p> <p>RM (Resident Manager) #1 was interviewed on 10/17/13 at 1:02 PM. RM #1 indicated she had updated client A's</p>		<p>program/QDDP and/or the agency nurse to ensure recommendations are being followed as prescribed. Approval by the IDT, Human Rights Committee and parent/guardian prior to implementation. Staff will receive training on the implementation of any formal training steps and/or exercises that has been prescribed. Tracking sheets will be developed and monitored by the Residential Manager and the QDDP. Statistical analysis completed monthly. Data will be shared with therapist. Plans will be revised as therapy goals are updated and monthly reviews will be done to asses effectiveness of program or need for revision. Residential Manager will routinely monitor the completion of formal and informal training done by staff. Concerns or difficulty with implementing existing plan will be discussed with Dir of program/QDDP, nurse or IDT members to asses and develop revised steps. Data or information will be shared with therapist to ensure overall goal is being addressed. Plans will be revised as therapy goals are updated and monthly reviews will be done to asses effectiveness of program or need for revision</p>				

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	<p>High Risk Fall Protocol on 9/13/13. RM #1 indicated client A should utilize a gait belt during standing, walking and sitting activities. RM #1 indicated client A's 5/8/13 ISP and High Risk Fall Protocol dated 9/13/13 did not include how and when staff were to use client A's gait belt or support her during standing, walking and/or sitting activities.</p> <p>This federal tag relates to complaint #IN00137329.</p> <p>9-3-4(a)</p>						

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>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.</p> <p>Based on record review and interview for 1 of 4 clients with adaptive equipment (A), the facility failed to ensure client A had a gait belt after a recommendation was made to use one.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 10/17/13 at 2:02 PM. Client A's OT (Occupational Therapy) Visit Note dated 11/19/12 indicated, "Gait belt on during standing and sitting."</p> <p>RM (Residential Manager) #1 was interviewed on 10/17/13 at 2:10 PM. RM #1 indicated client A has had an OT recommendation for a gait belt since 11/19/12. RM #1 stated, "There has been confusion about [client A's] gait belt. Initially, [client A's] school had a gait belt. We used it here and then ended up giving it back to the school." RM #1 indicated the facility had not purchased a gait belt for client A to use while in the group home.</p>	W000436	<p>Additional gait belt(s) have been purchased. Client's BSP has been revised and includes Interactive Guideline steps to be used regarding the use of the gait belt. Formal training was conducted by the agency nurse regarding when and how to use the gait belt All BSP will be reviewed by the Director of program/QDDP to ensure adequate supports are in place to assist overall goals of reaching ones' fullest potential. Any plan that requires revision will be completed by the Dir of the program/QDDP and receive approval by the IDT, Human Rights Committee and parent/guardian. Monthly reviews will be done to asses effectiveness of program or need for revision. Residential Manger will monitor clients' ability to effectively use adaptive equipment such as eyeglasses, hearing and other communication aids or braces when prescribed by a physician. If needed, formal or informal training will be initiated to ensure one reaches their potential. Clients that are receiving services such as</p>	11/17/2013			

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	<p>Client A's mother was interviewed on 10/17/13 at 4:10 PM. Client A's mother stated, "Yes, she, [client A], has needed the gait belt since around last November (2012). They said she had one at the school but not one for the home."</p> <p>This federal tag relates to complaint #IN00137329.</p> <p>9-3-7(a)</p>		<p>Speech, Physical and/or Occupational therapy – physician notes will be reviewed by the Dir. of program/QDDP or agency nurse to ensure recommendations are being followed.Plans will be developed if needed.Approval by the IDT, Human Rights Committee and parent/guardian prior to implementation.Staff will receive training on the implementation of any formal training steps and/or exercises that has been prescribed. In addition physician's notes will be reviewed by Residential Manager upon completions of required annual exams to ensure recommendations are being followed.If needed, plans will be revised to include training to assist client in gaining ability to independently use any adaptive equipment and/or improve on skills necessary to reach recommendation outcomes. Residential Manager will routinely monitor the completion of formal and informal training done by staff.Concerns or difficulty with implementing existing plan will be discussed with Dir of program/QDDP, nurse or IDT members to asses and develop revised steps.Dir of program/QDDP will review progress monthly to asses effectiveness of program or need for revision</p>		