

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G796	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  05/16/2016
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NAME OF PROVIDER OR SUPPLIER  BENCHMARK HUMAN SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 6856 WHEELLOCK RD FORT WAYNE, IN 46835
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W 0000  Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of survey: May 9, 10, 11, 12 and 16, 2016.</p> <p>Facility number: 012549 Provider number: 15G796 AIM number: 201019420</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/23/16.</p>	W 0000		
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based upon observation and interview, for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and for 3 additional clients (clients #5, #7 and #8), the governing body failed to exercise operating direction over the facility to maintain the home in good condition.</p>	W 0104	The carpet in the front living room, dining room and back living room was replaced with laminate flooring on 5/31/16. The register in the dining room was replaced 6/1/16. The carpet in the main hallway/main bathroom is being replaced with laminate flooring and C&R flooring is coming out on 6/3/16 to measure for	06/15/2016

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

TITLE

(X6) DATE

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

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	<p>Findings include:</p> <p>Observations were completed at the group home on 5/9/16 from 5:24 PM until 7:00 PM, and on 5/10/16 from 6:40 AM until 8:00 AM in the home in which clients #1, #2, #3, #4, #5, #6 and #7 resided. The carpeting was stained along the french doors in the dining room and was frayed to the underlayment/pad in the threshold to the adjacent medication administration room. The register in the dining room was rusted/discolored. The carpeting down the hallway to clients #1, #3, #4 and #5's bedroom and the hallway to the main bathroom was soiled. The window latches in clients #1, #3, #4 and in client #5's room were broken resulting in a gap between the window frames. Client #5's fan in the attached bathroom was covered in dust. There were three white stains on client #5's carpeting ranging between 2 inches and 3 inches in diameter. Client #3's window frame was dusty. The blinds in client #1 and #4's room were unable to be closed once it was raised and the blind in client #3's window was difficult to close once opened. The supply room in the basement had a depressed area 2 and 1/2 inches in diameter. Clients #7 and #8's room had a 2 and 1/2 inch depression in the wall. The humidifier's filter was covered in dust.</p>		<p>installation. On 6/3/16 C&amp;R carpeting is also measuring the area in client #5's bedroom where there were bleach stains and will replace with carpeting that area. The window latches for Clients #1, #3, #4 and #5 were fixed to latch completely ensuring no gaps between the window frames. Client #5's fan was dusted and cleaned by the QIDP. Client #3's window frame was dusted and cleaned. The blinds in clients #1, #3 and #4 rooms have been replaced and installed. All windows have been tested and can open and close appropriately. The depressed area in the wall in clients #7 and #8 wall has been patched and painted. The humidifier was cleaned thoroughly. The shower chair will be stored in the medication room and all staff have been trained to store it there when not in use. The end table in the living room was dusted and cleaned. The depressed area in the supply room in the basement was patched and painted. The management staff will complete CQA's (environmental checks of all areas of the home) weekly for 3 months and turn them into the Residential Director for compliance. These will ensure areas are clean and dusted, furniture/windows and appliances are in working condition, and all aspects of the house are being maintained. The Residential Director is required to document</p>		

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	<p>On 5/10/16 there was a shower chair in the home's entryway and there was dust on an end table in the living room.</p> <p>The house manager (HM) was interviewed on 5/9/16 at 6:15 PM and indicated the stains were permanent in client #5's bedroom after staff attempted to clean something that was spilled on the carpet. When asked about the carpeting in the home, he stated in regards to the carpet in the living room and dining room, "We are waiting on the carpet to get pulled up," and indicated the carpet was cleaned daily. He indicated dusty window frames should be dusted and the blinds should be able to be operational.</p> <p>The HM was interviewed on 5/10/16 at 7:50 AM and indicated the shower chair was used by clients #1 and #4 and was stored in the hallway when not in use to provide more room in the restroom.</p> <p>The facility's CQA (Compliance Quality Assurance) Environmental Probes dated 2/17/16, 3/17/16 and 4/13/16 were reviewed on 5/10/16 at 1:32 PM. The forms indicated there was torn carpeting in the living room and dining room and the windows of the dining room were able to be opened, closed and locked. The form dated 4/13/16 also indicated "windows/ledges dusty," and "rust noted</p>		and complete 2 CQA's per year, however the Residential Director is in the home monthly. The Residential Director will complete a CQA monthly for 3 months and turn into the Vice President to monitor compliance. The CQA's will then be completed monthly by management and turned into the Residential Director and Vice President to ensure compliance and all actions needing attention in the home are addressed appropriately.				

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	<p>on vents in dining room." There was no evidence of visits by the Residential Director (RD) or other administrative staff to assess the condition of the home.</p> <p>E-mails from the RD in regards to the carpeting for the group home from 10/22/15 were reviewed on 5/10/16 at 4:20 PM and indicated the status of the flooring replacement for the group home had been requested on 10/22/15 and again on 5/10/16.</p> <p>The RD, group home nurse and Qualified Intellectual Disabilities Professional (QIDP) #2 were interviewed on 5/10/16 at 11:52 AM. The RD indicated the flooring was to be replaced in June, 2016. She indicated the flooring replacement had been requested in October, 2015, but had to be approved by a committee who oversees group home expenditures and the committee had not approved it until recently. She indicated the windows should be in good condition and a request to repair/replace them had been submitted on 5/10/16. She indicated the filters, registers and window frames should not be dusty. The QIDP #2 indicated the shower chair should be stored in the hallway only when in use by clients #1 and #4 and then returned to the bathroom where it was to be stored part in the tub and part on the floor of the</p>			

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	bathroom as there was not enough room to store the entire chair in the tub.  9-3-1(a)			
W 0136 Bldg. 00	483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.  Based on interview and record review, the facility failed for 1 of 4 sampled clients (client #4) to encourage clients to participate in a variety of community	W 0136	The team (including input from his guardian/mom) will meet and discuss #4's preferred community activities. If #4 and his guardian identify a specific church that he would like to attend, the team will incorporate that into his activities	06/15/2016

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	<p>based activities.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 5/10/16 at 1:35 PM. Client #1's Residential Monthly Reports signed by the Qualified Intellectual Disabilities Professional (QIDP) included the following summaries:</p> <p>Summaries dated April, 2016, March, 2016, February, 2016, January, 2016, December, 2015, November, 2015, September, 2015, August, 2015, July, 2015, June, 2015 and May, 2015 indicated client #4 participated in community outings with day services including going to the park and library. The report indicated while at the group home client #4 "enjoys going to church, listening to music, reading books, dancing and watching cars through the window." There was no documentation of other community based activities.</p> <p>Client #4's Activity Calendars were reviewed on 5/11/16 at 4:15 PM. A calendar dated March, 2016 indicated</p>		<p>schedule and ensure that he attends if he chooses. The team will ensure that #4 has his preferred activities on his monthly calendar and has the opportunity to attend. Staff will all be trained on implementing the community activities and documenting the outcome of the community outing on the calendar. The activity calendars will be turned into the Residential Director for review and compliance monthly. Preferred community activities and activity calendars will also be reviewed and implemented for all of the clients in the home to ensure meaningful community opportunities.</p>		

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W 0186  Bldg. 00	<p>client #4 participated in going to the airport, eating ice cream at a restaurant, going to a grocery and general merchandise store and two visits to the library. A calendar dated April, 2016 indicated client #4 went to the library and a gym once and the park twice. There was no evidence of client #4 going to church or of other community based activities.</p> <p>The Residential Director was interviewed on 5/12/16 at 3:09 PM and indicated client #4 went on more activities than those listed on the activity calendar, but they had not been documented.</p> <p>9-3-2(a)</p> <p>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.</p>			

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	<p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based upon observation and interview, the facility failed to ensure enough staff were available for 1 of 4 sampled clients (client #1) to implement his plan to address pica (eating inedibles) behavior.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 5/9/16 from 5:24 PM until 7:00 PM. Staff #2 and #3 were the only two direct support professionals on duty upon arrival at the group home. Staff #2 prepared and plated clients #1, #2, #3, #4, #5, #7 and #8's food and staff #3 placed the prepared plates on the table while client #1 sat in a chair in the living room without activity or materials in his possession. At 5:50 PM, client #1 reached down and picked at the carpet and placed his fingers in his mouth 7 times before the surveyor got the attention of staff #3 to address client #1's behavior. The house manager and the Qualified Intellectual Disabilities Professional (QIDP) #1 were upstairs at 6:00 PM when the meal was served and direct support staff #5 arrived at the meal table at 6:09 PM. At 6:30 PM, client #1 removed bits of objects from the recliner he was seated in and attempted to place</p>	W 0186	<p>The manager and QIDP work from the home and are required to provide DSP coverage as needed. The manager and QIDP will be re-trained on the appropriate staffing based on timeframes of the home. The manager and QIDP enter their time into the payroll system and the director will monitor the house schedule and the time they are working, covering open shifts within the home. In addition to monitoring the payroll system time entry the director or designee with complete unannounced visits to the home to ensure the appropriate staff coverage is being provided. All staff will be retrained on #1's Behavior Support plan. The plan indicates staff are to maintain visual supervision related to sitting in his chair and picking carpet. The carpet was replaced with vinyl flooring and a cover will also be utilized for his chair which discontinues the use of this restriction in his plan although other interventions including offering him items to hold in his hand and increased monitoring during mealtimes will remain. The team also met and discussed how to monitor and provide safety without pre-plating food. This was started as a safety measure</p>	06/15/2016

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	<p>them in his mouth. The group home nurse redirected client #1 and removed bits of objects from client #1's chair.</p> <p>The QIDP #1 was interviewed on 5/9/16 at 6:09 PM and indicated the staffing ratio was adequate for two staff to be in the home. She indicated client #1 was to be within eyesight of staff at all times.</p> <p>The group home nurse was interviewed on 5/9/16 at 6:30 PM and when asked about the bits of objects, she indicated they were pieces of carpet.</p> <p>Client #1's record was reviewed on 5/10/16 at 3:24 PM. A Behavior Support Plan (BSP) dated 9/1/15 indicated "PICA: Ingesting or attempting to ingest inedible objects such as threads from fabric, beads, small objects, etc. Property Destruction: destroying objects by pulling threads out of it or tearing pieces of the object. Food stealing: Taking food from others." Interventions included, but were not limited to, "Staff will always maintain visual supervision of [client #1] while he is awake and in the restroom... [Client #1] needs to have his hands occupied when he is awake. Staff need to encourage him to manipulate objects that he desires, so that he does not engage in property destruction (picking of threads to ingest). Staff also need to redirect</p>		<p>to decrease the likelihood of individuals stealing food from others which may not be their prescribed diet. The team will assess over the next month alternatives and document those and the results which will be monitored by the director. Once a decision is made by the team on the safest way to handle family style dining, all staff will receive training on the new plan and it will be monitored and documented on the Dining Checklist two times weekly for three months to ensure staff's training is effective. Dining checklists will then resume to one weekly by management ongoing. These will be turned into the Residential Director monthly for compliance.</p>	

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W 0249	<p>[client #1] when he engages in property destruction, by giving him objects to manipulate and interact with appropriately."</p> <p>The Residential Director (RD) and QIDP #2 were interviewed on 5/10/16 at 11:52 AM and indicated client #1 should be given items to hold and be redirected when he exhibited pica behavior, but client #1's plan did not include eyesight supervision. When asked if staff could prepare and serve the meal and meet the needs of clients with only two direct support staff, the RD indicated there were normally three staff on duty. The RD indicated having two staff present met the ratio established for the clients in the group home and staff should implement client #1's plan. The QIDP indicated the third staff was not scheduled to work in the group home until 6:00 PM.</p> <p>9-3-3(a)</p> <p>483.440(d)(1)</p>			

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Bldg. 00	<p><b>PROGRAM IMPLEMENTATION</b></p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based upon observation, record review and interview, the facility failed for 2 of 4 sampled clients (clients #1 and #3) to implement their plans to address behaviors.</p> <p>Findings include:</p> <p>1. Observations were completed at the group home on 5/9/16 from 5:24 PM until 7:00 PM. At 5:50 PM, client #1 reached down and picked at the carpet and placed his fingers in his mouth 7 times without redirection before the surveyor got the attention of staff #3 to address client #1's behavior. At 6:30 PM, client #1 took bits of objects from the fold in the seat of recliner he was seated in and attempted to place them in his mouth. The group home nurse removed bits of objects from client #1's chair.</p> <p>Client #1's record was reviewed on 5/10/16 at 3:24 PM. A Behavior Support Plan (BSP) dated 9/1/15 indicated "PICA: Ingesting or attempting to ingest</p>	W 0249	<p>For Client #1 all staff will be retrained on his Behavior Support Plan. All staff will also be retrained on the proper supervision level for #1. A recliner cover will be placed over his recliner to decrease the chances of other debris or items getting into the chair. Staff will be trained to also check the chair 2 times daily for any items in his chair. For client #3, all staff will be retrained on her Behavior Support Plan and appropriate supervision level around food. Management staff will also complete the dining checklist two times weekly for three months to ensure staff's training is effective and ensure all Behavior support plans are being followed. Dining checklists will then resume to one weekly by management ongoing. These will be turned into the Residential Director monthly for compliance. The manager and QIDP work from the home and are required to provide DSP coverage as needed. The manager and QIDP will be re-trained on the appropriate staffing based on timeframes of the home. The manager and QIDP enter their</p>	06/15/2016	

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	<p>inedible objects such as threads from fabric, beads, small objects, etc. Property Destruction: destroying objects by pulling threads out of it or tearing pieces of the object. Food stealing: Taking food from others." Interventions included, but were not limited to, "Staff will always maintain visual supervision of [client #1] while he is awake and in the restroom... [Client #1] needs to have his hands occupied when he is awake. Staff need to encourage him to manipulate objects that he desires, so that he does not engage in property destruction (picking of threads to ingest). Staff also need to redirect [client #1] when he engages in property destruction, by giving him objects to manipulate and interact with appropriately."</p> <p>The Residential Director (RD) and QIDP #2 were interviewed on 5/10/16 at 11:52 AM and indicated client #1 should be given items to hold and be redirected when he exhibited pica behavior, but client #1's plan did not include eyesight supervision. When asked if staff could prepare and serve the meal and meet the needs of clients with only two direct support staff, the RD indicated there were normally three staff on duty. The RD indicated having two staff present met the ratio established for the clients in the group home and staff should implement</p>		<p>time into the payroll system and the director will monitor the house schedule and the time they are working, covering open shifts within the home. In addition to monitoring the payroll system time entry the director or designee with complete unannounced visits to the home to ensure the appropriate staff coverage is being provided.</p>				

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W 0268 Bldg. 00	<p>client #4's plan. The QIDP indicated the third staff was not scheduled to work in the group home until 6:00 PM.</p> <p>2. Observations were completed at the group home on 5/10/16 from 6:40 AM until 8:00 AM. At 6:55 AM, client #3 went into the unattended kitchen and got a bottle of ketchup.</p> <p>Client #3's plan was reviewed on 5/10/16 at 3:58 PM. A Behavior Support Plan dated 11/1/15 indicated targeted behaviors of food stealing and physical aggression. The plan indicated client #3's "Food stealing, anytime [client #3] attempts or successfully steals food or beverages from others. This includes any food that is not hers, such as in the refrigerator." The plan indicated she was to be arms length away from food that is not hers.</p> <p>The Residential Director (RD) was interviewed on 5/16/16 at 4:40 PM and indicated client #3 should be supervised while around food to address food stealing behavior.</p> <p>9-3-4(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and</p>			

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W 0367	<p>independence of the client.</p> <p>Based on observation, record review and interview the facility failed for 3 of 3 sampled clients (clients #1, #3 and #4) to encourage dignity by ensuring clients #1 and #4 were shaven and client #3's underwear was not exposed.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 5/9/16 from 5:24 PM until 7:00 PM. Client #3's underwear was exposed between her shirt and pants during the observation. Clients #1 and #4's faces were unshaven.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 5/9/16 at 6:43 PM and indicated clients were to be shaved daily.</p> <p>The Residential Director was interviewed on 5/12/16 at 3:09 PM and indicated client #3 was hard to fit and clothing had recently been purchased to fit her, and staff should ensure her underwear was not exposed.</p> <p>9-3-5(a)</p> <p>483.460(k) DRUG ADMINISTRATION</p>	W 0268	<p>All staff will be retrained on proper hygiene for all the clients and clients to be shaven daily. If a client wants to grow facial hair, then this will be added to their ISP as personal choice. Ensuring proper hygiene including clients being shaven will be included on a checklist for the management to check daily. This will continue daily for 1 month and then go to weekly checks ongoing. The checklist will be turned into the Residential Director to monitor compliance.</p> <p>An inventory was completed on client #3's clothing. All clothing is proper fitting. Staff will be retrained on ensuring dignity for Client #3 and ensuring and redirecting if her underwear is showing.</p>	06/15/2016

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Bldg. 00	<p>The facility must have an organized system for drug administration that identifies each drug up to the point of administration. Based on observation, record review and interview, the facility failed to ensure staff implemented training for proper medication administration for 1 of 4 sampled clients (client #4).</p> <p>Findings include:</p> <p>Observations were completed at the group home on 5/10/16 from 6:40 AM until 8:00 AM. Client #4's medications of Doxyclyne Hyclate (antibiotic) 100 mg (milligrams), Furosemide 20 mg (diuretic), Omeprazole (antacid) DR (delayed release) and Thera M tablet (nutritional supplement) were sitting in a medication administration cup in the medication room prior to client #4 entering the room.</p> <p>Staff #1 was interviewed on 5/10/16 at 6:46 AM and indicated he normally does not prepare medications prior to administration, but he thought client #4 was on his way to receive his medication.</p> <p>The Residential Director, group home nurse and QIDP (Qualified Intellectual Disabilities Professional) were interviewed on 5/10/16 at 11:52 AM and indicated medications were not to be</p>	W 0367	<p>Staff # 1 was retrained immediately on the Medication Administration Policy. All staff will be retrained on the Medication Administration Policy. Management staff completes Medication Administration Tracking Forms observing medication passes to ensure staff are following policy and the medication cabinet is locked. Also that all medications and keys are stored according to policy. Management staff will complete the Medication Administration Tracking Forms three times a week for three months and turn into the Residential Director for compliance. Then once a week ongoing and turned into the Residential Director for monitoring.</p>	06/15/2016

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W 0382 Bldg. 00	<p>prepared prior to administration based upon facility practices which used Living in the Community Core A and Core B.</p> <p>Living in the Community Core A (undated) was reviewed on 5/16/16 at 12:00 PM and indicated in a checklist on page 53 the client was to be in the medication administration area when dispensing medications.</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based upon observation and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3 and #4) and for 2 additional clients (clients #7 and #8), to ensure medications were secured when not being administered.</p> <p>Findings include:</p> <p>Observations were completed at the</p>	W 0382	Staff # 1 was retrained immediately on the Medication Administration Policy. All staff will be retrained on the Medication Administration Policy. Management staff completes Medication Administration Tracking Forms observing medication passes to ensure staff are following policy and the medication cabinet is locked. Also that all medications and keys are stored according to policy. Management staff will complete	06/15/2016

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W 0429 Bldg. 00	<p>group home on 5/9/16 from 5:24 PM until 7:00 PM. In the medication room, a cabinet which stored clients #1, #2, #3, #4, #7 and #8's medications was unlocked.</p> <p>The group home manager was interviewed on 5/9/16 at 6:15 PM and indicated the medications should be locked.</p> <p>The Residential Director, group home nurse and QIDP (Qualified Intellectual Disabilities Professional) were interviewed on 5/10/16 at 11:52 AM and indicated medications were to be kept locked when not being administered.</p> <p>9-3-6(a)</p> <p>483.470(e)(2)(i) HEATING AND VENTILATION The facility must maintain the temperature and humidity within a normal comfort range by heating, air conditioning or other means. Based upon observation and interview, the facility failed for one additional client (client #5) to ensure his bedroom was maintained at a comfortable temperature.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 5/9/16 from 5:24 PM</p>	W 0429	<p>the Medication Administration Tracking Forms three times a week for three months and turn into the Residential Director for compliance. Then once a week ongoing and turned into the Residential Director for monitoring.</p> <p>The window latches for Client #5 were fixed to latch completely ensuring no gaps between the window frames. Room temperatures will be taken daily for 3 months and documented to ensure the temperature in client #5's bedroom is appropriate (between 68 to 72 degrees). The form documenting room temperature will be turned into</p>	06/15/2016

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W 0473 Bldg. 00	<p>until 7:00 PM, and on 5/10/16 from 6:40 AM until 8:00 AM. The window latches in client #5's room were broken causing the window frames unable to be closed tightly. Client #5's room and attached bathroom temperature was 63 degrees based upon measurement using the group home's thermometer. Client #5 stated during the surveyors observation "Cold."</p> <p>Client #5 was interviewed on 5/9/16 at 5:50 PM and indicated his room was cold.</p> <p>The Residential Director, group home nurse and QIDP (Qualified Intellectual Disabilities Professional) were interviewed on 5/10/16 at 11:52 AM and indicated the room temperature should be warmer than 63 degrees in client #5's bedroom.</p> <p>9-3-7(a)</p> <p>483.480(b)(2)(ii) MEAL SERVICES Food must be served at appropriate temperature.</p>		<p>the Residential Director for monitoring. The management staff will complete CQA's (environmental checks of all areas of the home) weekly for 3 months and turn them into the Residential Director for compliance. These will ensure areas are clean and dusted, furniture/windows and appliances are in working condition, and all aspects of the house are being maintained. The Residential Director will complete a CQA monthly for 3 months and turn into the Vice President to monitor compliance. The CQA's will then be completed monthly by management and turned into the Residential Director and Vice President to ensure compliance and all actions needing attention in the home are addressed appropriately.</p>	

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	<p>Based upon observation and interview, the facility failed to ensure food was maintained at a warm temperature for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and for 3 additional clients (clients #5, #7 and #8).</p> <p>Findings include:</p> <p>Observations were completed at the group home on 5/10/16 from 6:40 AM until 8:00 AM. Clients #1, #3, #5, #7 and #8 sat from 6:47 AM until 7:00 AM with their scrambled eggs sitting in front of them without eating. Client #2's plate of scrambled eggs was sitting at his place at the table.</p> <p>Staff #3 and house manager were interviewed on 5/10/16 at 7:00 AM. Staff #3 indicated the clients were waiting for client #2 to come to the table. The house manager indicated the clients were to wait to eat at the same time and stated, "We try to wait so they can eat family style." The house manager then asked staff #3 how long the eggs had been sitting on the table. Staff #3 stated, "10 minutes." The house manager stated, "That's too long," and instructed staff #3 and the QIDP to heat up the clients' food. The house manager then heated clients #1, #2, #3, #4, #5, #7 and #8's food in the</p>	W 0473	All staff including management will be retrained on not putting food out ahead of time, before the clients sit down to eat. If food is prepared and the clients are not sitting and ready to eat, the hot food will be placed back in the oven and the cold food will be kept in the refrigerator to maintain appropriate temperatures. Management staff will also complete the dining checklist two times weekly for three months to ensure staff's training is effective and these will be turned into the Residential Director for monitoring. The dining checklists will then resume to once weekly ongoing.	06/15/2016

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W 0488 Bldg. 00	<p>microwave.</p> <p>9-3-8(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based upon observation and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and for 3 additional clients (clients #5, #7 and #8) to encourage them to participate in the preparation of their meal.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 5/9/16 from 5:24 PM until 7:00 PM. Staff #2 prepared and served food on plates for clients #1, #2, #3, #4, #5 and #7 and #8's food and staff #3 placed the prepared plates on the table. While staff prepared the food, client #1 sat in a chair in the living room without activity or materials in his possession, clients #4 and #7 sat in the adjacent living room, client #8 sat at the table in the kitchen, and clients #3 and #5 were in the kitchen area watching staff.</p>	W 0488	<p>The team also met and discussed how to monitor and provide safety without pre-plating food. This was started as a safety measure to decrease the likelihood of individuals stealing food from others which may not be their prescribed diet. The team will assess over the next month alternatives and document those and the results which will be monitored by the director. Once a decision is made by the team on the safest way to handle family style dining, all staff will receive training on the new plan and it will be monitored and documented on the Dining Checklist two times weekly for three months to ensure staff's training is effective. Dining checklists will then resume to one weekly by management ongoing. These will be turned into the Residential Director monthly for compliance. All staff will also be retrained on Active Treatment and ensuring the clients are encouraged to be as independent as possible.</p>	06/15/2016

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	<p>Observations were completed at the group home on 5/10/16 from 6:40 AM until 8:00 AM. The QIDP (Qualified Intellectual Disabilities Professional) #1 and staff #3 served and delivered the scrambled eggs on client #1 and #8's plates. Staff #3 squeezed ketchup on client #4's food as he sat in a chair in the adjacent living room without asking client #4 if he wanted ketchup on his food or involving him in preparing his plate.</p> <p>The QIDP #1 was interviewed on 5/10/16 at 6:50 AM and when asked about clients participating in the preparation of their meals, stated, "They are working on not grabbing food."</p> <p>The Residential Director, group home nurse and QIDP (Qualified Intellectual Disabilities Professional) #2 were interviewed on 5/10/16 at 11:52 AM. The QIDP #2 indicated clients were to be assisted by staff to serve their food and stated, "We want them to be as independent as possible."</p> <p>9-3-8(a)</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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