

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G449		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/03/2013	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT				STREET ADDRESS, CITY, STATE, ZIP CODE 7859 DELBROOK DR INDIANAPOLIS, IN 46260			
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W000000	<p>This visit was for a full annual recertification and state licensure survey.</p> <p>Dates of Survey: 8/21/13, 8/22/13, 8/27/13, 8/28/13 and 9/3/13</p> <p>Facility Number: 000963 Provider Number: 15G449 AIMS Number: 100244740</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/12/13 by Ruth Shackelford, QIDP.</p>			W000000			

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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W000102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 3 of 3 sampled clients (#1, #2 and #3) plus 3 additional clients (#4, #5 and #6). The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to conduct a thorough investigation for two separate incidents/allegations of medical neglect for clients #1 and #4. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to develop safeguards to ensure client #4's constipation medical plan was implemented. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to report the results of investigations regarding two separate incidents of client to client aggression for clients #1, #3 and #5 to the administrator within 5 business days.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility</p>	W000102	<p>CORRECTION:The facility must ensure that specific governing body and management requirements are met. Specifically, the agency's Administrative Team will oversee the facility's investigations into:An incident of aggression that occurred between Client #1 and Client #5 that occurred on 6/13/13.An episode of constipation experienced by Client #4 on 6/22/13 which required an emergency room visit.An episode of an abnormally low sodium level experienced by Client #1 on 7/10/13 that required in-patient hospitalization. Specifically for Client #4:The Governing Body has replaced the facility nurse. All professional and direct support staff who worked in the facility in the month preceding Client #4's constipation incident on 6/22/13 written corrective performance action for failure to implement Client #4's Comprehensive High Risk Plans.The Governing Body has confirmed the facility's implementation of the use of communication books with day service providers to assist with bowel tracking.The Nurse Manager is overseeing new facility nurse in reviewing current assessment data and updating</p>	10/03/2013			

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	<p>nurse ensured client #1's HRP (High Risk Plan) for fluid consumption and BM (Bowel Movement) tracking protocol were implemented. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility nurse ensured client #4's HRP for constipation was implemented. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility nurse ensured clients #2, #3, #5 and #6's BM tracking protocols were implemented. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility nurse conducted quarterly nursing assessments of clients #1, #2 and #3's health status and medical needs.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to conduct a thorough investigation for two separate incidents/allegations of medical neglect for clients #1 and #4. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to take sufficient action to develop safeguards to ensure</p>		<p>Comprehensive High Risk Plans accordingly and will assure that all direct support staff receive training toward proper implementation of the revised plans. Additionally, the QIDP will be retrained to receive clarification that with incidents requiring investigation, the day of the incident will constitute the first day of the investigation. PREVENTION: The Administrative and Health Services Teams will collaborate to develop an assessment/investigation tool for use in response to serious medical incidents. The QIDP and nursing staff will be retrained regarding the need to document all investigations, criteria for conducting investigations at the facility and will receive an updated copy of the agency's incident-investigation tracking spreadsheet no less than weekly to assure thorough investigations are conducted within required timeframes. The QIDP and nursing staff will turn in copies of completed investigations to the Clinical Supervisor responsible for Quality Assurance to allow for appropriate oversight and follow-up. Additionally, the facility's QIDP will meet with the Clinical Supervisor responsible for Quality Assurance weekly to review incidents that require follow-up and investigation to assure timely completion. The Clinical Supervisor will also</p>				

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	<p>client #4's constipation medical plan was implemented. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to report the results of investigations regarding two separate incidents of client to client aggression for clients #1, #3 and #5 to the administrator within 5 business days.</p> <p>The governing body failed to ensure the facility nurse ensured client #1's HRP (High Risk Plan) for fluid consumption and BM (Bowel Movement) tracking protocol were implemented. The governing body failed to ensure the facility nurse ensured client #4's HRP for constipation was implemented. The governing body failed to ensure the facility nurse ensured clients #2, #3, #5 and #6's BM tracking protocols were implemented.</p> <p>The governing body failed to ensure the facility's nursing services conducted quarterly nursing assessments of clients #1, #2 and #3's health status and medical needs. Please see W104.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to conduct a thorough investigation for two separate incidents/allegations of medical</p>		<p>follow-up with the Nurse Manager no less than weekly to assure that timely investigations occur for significant medical incidents. The Executive Director will monitor the facility's incident – investigation tracking spreadsheet and follow-up as needed with the QIDP and Program Manager to provide for increased accountability. The Governing Body will assure that the QIDP brings all relevant elements of the interdisciplinary team together in response to incidents that affect the health and safety of individuals receiving support, to review current supports and to make adjustments and revisions as needed. Additionally, the nurse manager will assure that the facility nurse reviews all medical records of visit, OT, PT and Speech assessments and makes necessary modifications to risk plans. The QIDP will turn in copies of post-incident interdisciplinary team meeting notes to the Program Manager and the Clinical Supervisor responsible for Quality Assurance to allow for appropriate oversight and follow-up. The Clinical Supervisor will meet weekly with the QIDP to review incidents which require interdisciplinary team action and follow-up weekly with the Nurse Manager to review risk plan updates. The QIDP will meet with the Clinical Supervisor responsible for Quality Assurance weekly to review incidents that</p>		

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	<p>neglect for clients #1 and #4 and an incident of client to client aggression for clients #1 and #5. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to take sufficient action to develop safeguards to ensure client #4's constipation medical plan was implemented.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to report the results of investigations regarding an incident of client to client aggression for clients #1, #3 and #5 to the administrator within 5 business days. Please see W122.</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility nurse ensured client #1's HRP (High Risk Plan) for fluid consumption and BM (Bowel Movement) tracking protocol were implemented. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility nurse ensured client #4's HRP for constipation was implemented. The governing body failed to exercise general policy and operating direction over the facility to ensure the</p>		<p>require follow-up and investigation to assure timely notification of investigation conclusions. The Executive Director will monitor the facility's incident – investigation tracking spreadsheet and follow-up as needed with the QIDP and Program Manager to provide for increased accountability. RESPONSIBLE PARTIES: QIDP, Direct Support Staff, Health Services Team, Administrative Team</p>				

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	<p>facility nurse ensured clients #2, #3, #5 and #6's BM tracking protocols were implemented. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility nurse conducted quarterly nursing assessments of clients #1, #2 and #3's health status and medical needs. Please see W318.</p> <p>9-3-1(a)</p>			

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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 3 of 3 sampled clients (#1, #2 and #3) plus 3 additional clients (#4, #5 and #6), the governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to conduct a thorough investigation for two separate incidents/allegations of medical neglect for clients #1 and #4 and an incident of client to client aggression for clients #1 and #5. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to develop safeguards to ensure client #4's constipation medical plan was implemented. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to report the results of investigations regarding regarding an incident of client to client aggression for clients #1, #3 and #5 to the administrator within 5 business days.</p> <p>The governing body failed to ensure the facility nurse ensured client #1's HRP (High Risk Plan) for fluid consumption and BM (Bowel Movement) tracking</p>	W000104	<p>The governing body must exercise general policy, budget and operating direction over the facility. Specifically, the agency's Administrative Team will oversee the facility's investigations into:An incident of aggression that occurred between Client #1 and Client #5 that occurred on 6/13/13.An episode of constipation experienced by Client #4 on 6/22/13 which required an emergency room visit.An episode of an abnormally low sodium level experienced by Client #1 on 7/10/13 that required in-patient hospitalization. Specifically for Client #4:The Governing Body has replaced the facility nurse. All professional and direct support staff who worked in the facility in the month preceding Client #4's constipation incident on 6/22/13 written corrective performance action for failure to implement Client #4's Comprehensive High Risk Plans.The Governing Body has confirmed the facility's implementation of the use of communication books with day service providers to assist with bowel tracking.The Nurse Manager is overseeing new facility nurse in reviewing current assessment data and updating Comprehensive High Risk Plans</p>	10/03/2013

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	<p>protocol were implemented. The governing body failed to ensure the facility nurse ensured client #4's HRP for constipation was implemented. The governing body failed to ensure the facility nurse ensured clients #2, #3, #5 and #6's BM tracking protocols were implemented.</p> <p>The governing body failed to ensure the facility's nursing services conducted quarterly nursing assessments of clients #1, #2 and #3's health status and medical needs.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to conduct a thorough investigation for two separate incidents/allegations of medical neglect for clients #1 and #4. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures policy and procedures to take sufficient action to develop safeguards to ensure client #4's constipation medical plan was implemented. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and</p>		<p>accordingly and will assure that all direct support staff receive training toward proper implementation of the revised plans. Additionally, the QIDP will be retrained to receive clarification that with incidents requiring investigation, the day of the incident will constitute the first day of the investigation. PREVENTION: The Administrative and Health Services Teams will collaborate to develop an assessment/investigation tool for use in response to serious medical incidents. The QIDP and nursing staff will be retrained regarding the need to document all investigations, criteria for conducting investigations at the facility and will receive an updated copy of the agency's incident-investigation tracking spreadsheet no less than weekly to assure thorough investigations are conducted within required timeframes. The QIDP and nursing staff will turn in copies of completed investigations to the Clinical Supervisor responsible for Quality Assurance to allow for appropriate oversight and follow-up. Additionally, the facility's QIDP will meet with the Clinical Supervisor responsible for Quality Assurance weekly to review incidents that require follow-up and investigation to assure timely completion. The Clinical Supervisor will also follow-up with the Nurse Manager</p>	

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	<p>procedures to report the results of investigations regarding an incident of client to client aggression for clients #1, #3 and #5 to the administrator within 5 business days. Please see W149.</p> <p>2. The governing body failed to ensure the facility nurse ensured client #1's HRP for fluid consumption and BM tracking protocol were implemented. The facility nurse failed to ensure client #4's HRP for constipation was implemented. The governing body failed to ensure the facility nurse ensured clients #2, #3, #5 and #6's BM tracking protocols were implemented. Please see W331.</p> <p>3. The governing body failed to ensure the facility's nursing services conducted quarterly nursing assessments of clients #1, #2 and #3's health status and medical needs. Please see W336.</p> <p>9-3-1(a)</p>		<p>no less than weekly to assure that timely investigations occur for significant medical incidents. The Executive Director will monitor the facility's incident – investigation tracking spreadsheet and follow-up as needed with the QIDP and Program Manager to provide for increased accountability. The Governing Body will assure that the QIDP brings all relevant elements of the interdisciplinary team together in response to incidents that affect the health and safety of individuals receiving support, to review current supports and to make adjustments and revisions as needed. Additionally, the nurse manager will assure that the facility nurse reviews all medical records of visit, OT, PT and Speech assessments and makes necessary modifications to risk plans. The QIDP will turn in copies of post-incident interdisciplinary team meeting notes to the Program Manager and the Clinical Supervisor responsible for Quality Assurance to allow for appropriate oversight and follow-up. The Clinical Supervisor will meet weekly with the QIDP to review incidents which require interdisciplinary team action and follow-up weekly with the Nurse Manager to review risk plan updates. The QIDP will meet with the Clinical Supervisor responsible for Quality Assurance weekly to review incidents that require follow-up and</p>		

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			investigation to assure timely notification of investigation conclusions. The Executive Director will monitor the facility's incident – investigation tracking spreadsheet and follow-up as needed with the QIDP and Program Manager to provide for increased accountability. RESPONSIBLE PARTIES: QIDP, Direct Support Staff, Health Services Team, Administrative Team	

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W000122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 2 of 3 sampled clients (#1 and #3) plus 2 additional clients (#4 and #5). The facility failed to implement its policy and procedures to conduct a thorough investigation for two separate incidents/allegations of medical neglect for clients #1 and #4 and an incident of client to client aggression regarding clients #1 and #5. The facility failed to implement its policy and procedures to take sufficient action to develop safeguards to ensure client #4's constipation medical plan was implemented. The facility failed to implement its policy and procedures to report the results of investigations regarding regarding an incident of client to client aggression for clients #1, #3 and #5 to the administrator within 5 business days.</p> <p>Findings include:</p> <p>1. The facility failed to implement its policy and procedures to conduct a thorough investigation for two separate incidents/allegations of medical neglect for clients #1 and #4 and an incident of</p>	W000122	<p>CORRECTION:The facility must ensure that specific client protections requirements are met. Specifically, the facility will investigate:An incident of aggression that occurred between Client #1 and Client #5 that occurred on 6/13/13.An episode of constipation experienced by Client #4 on 6/22/13 which required an emergency room visit.An episode of an abnormally low sodium level experienced by Client #1 on 7/10/13 that required in-patient hospitalization. Specifically for Client #4:The facility nurse has been replaced. All professional and direct support staff who worked in the facility in the month preceding Client #4's constipation incident on 6/22/13 written corrective performance action for failure to implement Client #4's Comprehensive High Risk Plans.All staff have been retrained on current Comprehensive High Risk Plans.Communication books have been implemented for use with day service providers to assist with bowel tracking.The new facility nurse is reviewing current assessment data and updating Comprehensive High Risk Plans accordingly and will train direct support staff toward proper implementation of the</p>	10/03/2013			

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	<p>client to client aggression regarding clients #1 and #5. The facility failed to implement its policy and procedures to develop safeguards to ensure client #4's constipation medical plan was implemented. The facility failed to implement its policy and procedures to report the results of investigations regarding regarding an incident of client to client aggression for clients #1, #3 and #5 to the administrator within 5 business days. Please see W149.</p> <p>2. The facility failed to conduct a thorough investigation for two separate incidents/allegations of medical neglect for clients #1 and #4 and an incident of client to client aggression regarding clients #1 and #5. Please see W154.</p> <p>3. The facility failed to report the results of investigations regarding regarding an incident of client to client aggression for clients #1, #3 and #5 within 5 business days. Please see W156.</p> <p>4. The facility failed to take sufficient action to develop safeguards to address client #4's constipation. Please see W157.</p> <p>9-3-2(a)</p>		<p>revised plans. Additionally, the QIDP will be retrained to receive clarification that with incidents requiring investigation, the day of the incident will constitute the first day o the investigation. PREVENTION: The Administrative and Health Services Teams will collaborate to develop an assessment/investigation tool for use in response to serious medical incidents. The QIDP and nursing staff will be retrained regarding the need to document all investigations, criteria for conducting investigations at the facility and will receive an updated copy of the agency's incident-investigation tracking spreadsheet no less than weekly to assure thorough investigations are conducted within required timeframes. The QIDP and nursing staff will turn in copies of completed investigations to the Clinical Supervisor responsible for Quality Assurance to allow for appropriate oversight and follow-up. Additionally, the facility's QIDP will meet with the Clinical Supervisor responsible for Quality Assurance weekly to review incidents that require follow-up and investigation to assure timely completion. The Clinical Supervisor will also follow-up with the Nurse Manager no less than weekly to assure that timely investigations occur for significant medical incidents. The Executive Director will monitor the</p>		

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			<p>facility's incident – investigation tracking spreadsheet and follow-up as needed with the QIDP and Program Manager to provide for increased accountability. The QIDP will bring all relevant elements of the interdisciplinary team together in response to incidents that affect the health and safety of individuals receiving support, to review current supports and to make adjustments and revisions as needed. Additionally, the facility nurse will review all medical records of visit, OT, PT and Speech assessments and make necessary modifications to risk plans. The QIDP will turn in copies of post-incident interdisciplinary team meeting notes to the Program Manager and the Clinical Supervisor responsible for Quality Assurance to allow for appropriate oversight and follow-up. The Clinical Supervisor will meet weekly with the QIDP to review incidents which require interdisciplinary team action and follow-up weekly with the Nurse Manager to review risk plan updates. The QIDP will meet with the Clinical Supervisor responsible for Quality Assurance weekly to review incidents that require follow-up and investigation to assure timely notification of investigation conclusions. The Executive Director will monitor the facility's incident – investigation tracking spreadsheet and follow-up as</p>	

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			needed with the QIDP and Program Manager to provide for increased accountability. RESPONSIBLE PARTIES: QIDP, Direct Support Staff, Health Services Team, Administrative Team		

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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 4 of 8 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to implement its policy and procedures to conduct a thorough investigation for two separate incidents/allegations of medical neglect for clients #1 and #4 and an incident of client to client aggression regarding clients #1 and #5. The facility failed to implement its policy and procedures to take sufficient action to develop safeguards to ensure client #4's constipation medical plan was implemented. The facility failed to implement its policy and procedures to report the results of investigations regarding an incident of client to client aggression for clients #1, #3 and #5 to the administrator within 5 business days.</p> <p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports, investigations and incident reports were reviewed on 8/21/13 at 10:08 AM. The review indicated the following:</p>	W000149	Specifically, the facility will investigate:An incident of aggression that occurred between Client #1 and Client #5 that occurred on 6/13/13.An episode of constipation experienced by Client #4 on 6/22/13 which required an emergency room visit.An episode of an abnormally low sodium level experienced by Client #1 on 7/10/13 that required in-patient hospitalization. Specifically for Client #4:The facility nurse has been replaced. All professional and direct support staff who worked in the facility in the month preceding Client #4's constipation incident on 6/22/13 written corrective performance action for failure to implement Client #4's Comprehensive High Risk Plans.All staff have been retrained on current Comprehensive High Risk Plans.Communication books have been implemented for use with day service providers to assist with bowel tracking.The new facility nurse is reviewing current assessment data and updating Comprehensive High Risk Plans accordingly and will train direct support staff toward proper implementation of the revised plans. Additionally, the QIDP will be retrained to receive	10/03/2013			

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	<p>-BDDS report dated 7/11/13 indicated, "Staff reported to the nurse-on-call that [client #1] was not speaking and tremulous (shaking). Per nurse instructions staff transported [client #1] to the [hospital] ER (Emergency Room) where after testing, he was admitted with a diagnosis of low sodium." The 7/11/13 BDDS report indicated, "[Client #1's] fluid intake is limited to 64 ounces daily... and he has a history of compulsive fluid consumption. Staff track fluid intake across environments but the tracking has been completed sporadically and the team believes [client #1] may have flushed his electrolytes by drinking excessively through the day."</p> <p>The review did not indicate an investigation to determine if client #1's Fluid Restriction Protocol (FRP) was implemented by staff.</p> <p>Client #1's record was reviewed on 8/21/13 at 1:24 PM. Client #1's HRP (High Risk Plan) for Hyponatremia (electrolyte disorder) indicated client #1's fluid intake should be monitored, documented and restricted to 64 ounces per day. Client #1's POF (Physician Order Form) dated 7/24/13 indicated, "Avoid excessive fluid intake, 68 ounce fluid restriction." Client #1's POF dated 7/24/13 indicated, "Please observe client</p>		<p>clarification that with incidents requiring investigation, the day of the incident will constitute the first day o the investigation. PREVENTION:The Administrative and Health Services Teams will collaborate to develop an assessment/investigation tool for use in response to serious medical incidents. The QIDP and nursing staff will be retrained regarding the need to document all investigations, criteria for conducting investigations at the facility and will receive an updated copy of the agency's incident-investigation tracking spreadsheet no less than weekly to assure thorough investigations are conducted within required timeframes. The QIDP and nursing staff will turn in copies of completed investigations to the Clinical Supervisor responsible for Quality Assurance to allow for appropriate oversight and follow-up. Additionally, the facility's QIDP will meet with the Clinical Supervisor responsible for Quality Assurance weekly to review incidents that require follow-up and investigation to assure timely completion. The Clinical Supervisor will also follow-up with the Nurse Manager no less than weekly to assure that timely investigations occur for significant medical incidents. The Executive Director will monitor the facility's incident – investigation tracking spreadsheet and</p>		

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	<p>for fluid intake. Staff to supervise client at all meals...." Client #1's hospital patient face sheet dated 7/10/13 indicated client #1's "Admitting Diagnosis: altered mental status (and) Hyponatremia." Client #1's hospital patient transfer report dated 7/10/13 indicated, "Possibly too much fluid." Client #1's hospital discharge form dated 7/12/13 indicated client #1 was admitted to the hospital on 7/10/13 and was discharged on 7/12/13 with diagnoses that included but was not limited to Hyponatremia and polydipsia (excessive thirst).</p> <p>2. The facility's BDDS reports, investigations and incident reports were reviewed on 8/21/13 at 10:08 AM. The review indicated the following:</p> <p>-BDDS report dated 6/23/13 indicated on 6/22/13, "[Client #4] complained of stomach discomfort and vomited at least 3 times. Staff notified on-call nurse of [client #4's] discomfort and vomiting. [Nurse #1] instructed staff to take [client #4] to the [ER] of (sic) evaluation. [Hospital] complete(d) blood work and completed a CT (Computed Tomography) scan of his stomach. [Client #4] was discharged from [hospital] emergency (sic) with (sic) diagnosis of constipation along with prescribed medication to relieve his discomfort of constipation."</p>		<p>follow-up as needed with the QIDP and Program Manager to provide for increased accountability. The QIDP will bring all relevant elements of the interdisciplinary team together in response to incidents that affect the health and safety of individuals receiving support, to review current supports and to make adjustments and revisions as needed. Additionally, the facility nurse will review all medical records of visit, OT, PT and Speech assessments and make necessary modifications to risk plans. The QIDP will turn in copies of post-incident interdisciplinary team meeting notes to the Program Manager and the Clinical Supervisor responsible for Quality Assurance to allow for appropriate oversight and follow-up. The Clinical Supervisor will meet weekly with the QIDP to review incidents which require interdisciplinary team action and follow-up weekly with the Nurse Manager to review risk plan updates. The QIDP will meet with the Clinical Supervisor responsible for Quality Assurance weekly to review incidents that require follow-up and investigation to assure timely notification of investigation conclusions. The Executive Director will monitor the facility's incident – investigation tracking spreadsheet and follow-up as needed with the QIDP and Program Manager to provide for</p>		

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	<p>The 6/23/13 BDDS report indicated, "[Client #4's] BMs (Bowel Movements) will continue to be monitored daily on every shift and staff will follow protocol if he has had no BM in three days by notifying the nurse."</p> <p>The review did not indicate documentation of an investigation regarding client #4's 6/23/13 ER visit.</p> <p>The review did not indicate documentation of the facility administration and/or nursing review of client #4's BMR (Bowel Movement Record) for potential medical neglect by facility staff and/or nursing for failure to implement client #4's HRP for constipation. The review did not indicate documentation of recommendations to ensure facility staff implemented client #4's HRP for constipation.</p> <p>Client #4's record was reviewed on 8/21/13 at 2:36 PM. Client #4's POF dated 6/1/13 indicated client #4's diagnosis included but was not limited to "History of Constipation." Client #4's 6/1/13 POF indicated, "Call nurse if no BM in 3 days." Client #4's POF dated 6/1/13 indicated, "Constipation: (note: no BM for 3 days); (a) give 4 ounces of prune juice or dried prunes; (b) milk of magnesia- as labeled on package." Client #4's POF dated 6/1/13 indicated, "Milk of Magnesium, given 30 milliliters by mouth</p>		<p>increased accountability. RESPONSIBLE PARTIES: QIDP, Direct Support Staff, Health Services Team, Administrative Team</p>				

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	<p>PRN (as needed) if no BM after 3 days." Client #4's HRP for constipation dated 7/2012 indicated client #4 had "potential for bowel obstruction." Client #4's HRP for constipation indicated facility staff should notify nursing if client #4 had "Three days with no BM. PRN constipation medication has been given and no results (BM) within eight hours."</p> <p>Client #4's June 2013 BMR indicated, "If no BM in 3 days give laxative according to instructions on MAR (Medication Administration Record)." Client #4's June 2013 BMR indicated, "Laxative: chart yes if given during the shift. Chart no if no is (sic) laxative given during the shift."</p> <p>Client #4's June 2013 BMR indicated client #4 did not have a BM from the evening of 6/4/13 through the evening of 6/9/13, from the evening shift of 6/9/13 through the evening shift of 6/18/13 and from the evening shift of 6/18/13 through the evening shift of 6/22/13.</p> <p>Client #4's June 2013 BMR did not indicate documentation of client #4 being given a laxative.</p> <p>Client #4's POF dated 6/1/13 did not indicate documentation of client #4 being given a Milk of Magnesium PRN and/or the nurse being notified</p>						

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	<p>Client #4's MNS (Monthly Nursing Summary) dated June 2013 did not indicate documentation of the nurse being notified of client #4 not having a BM from the evening of 6/4/13 through the evening of 6/9/13, from the evening shift of 6/9/13 through the evening shift of 6/18/13 and from the evening shift of 6/18/13 through the evening shift of 6/22/13.</p> <p>Client #4's HDF (Hospital Discharge Form) dated 6/22/13 indicated client #4 was assessed in the ER (Emergency Room) for vomiting and stomach discomfort. Client #4's HDF dated 6/22/13 indicated client #4 was diagnosed with "Constipation." Client #4's HDF dated 6/22/13 indicated, "Patient Information: Seek immediate medical care if, (2) the constipation stays for more than 4 days."</p> <p>Client #4's July 2013 BMR indicated client #4 did not have a BM from the evening shift of 6/22/13 through the evening shift of 7/3/13 and from the morning of 7/20/13 through the evening of 7/25/13.</p> <p>Client #4's July 2013 BMR did not indicate documentation of being given a laxative.</p>						

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	<p>Client #4's POF dated 6/1/13 did not indicate documentation of client #4 being given a Milk of Magnesium PRN and/or the nurse being notified.</p> <p>Client #4's MNS dated July 2013 did not indicate documentation of the nurse being notified regarding client #4 not having a BM from the evening shift of 6/22/13 through the evening shift of 7/3/13 and/or after no BM from the morning of 7/20/13 through the evening of 7/25/13.</p> <p>Client #4's POF dated 7/1/13 did not indicate documentation of client #4 being given a Milk of Magnesium PRN and/or the nurse being notified after no BM's from the evening shift of 6/22/13 through the evening shift of 7/3/13 and/or after no BM from the morning of 7/20/13 through the evening of 7/25/13.</p> <p>Client #4's August 2013 BMR indicated client did not have a BM from the evening shift of 8/4/13 through the evening shift of 8/9/13 and from the evening shift of 8/9/13 through the evening shift of 8/14/13.</p> <p>Client #4's POF for August 2013 did not indicate documentation of client #4 being given a Milk of Magnesium PRN and/or the nurse being notified.</p>			

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	<p>3. The facility's BDDS reports, investigations and incident reports were reviewed on 8/21/13 at 10:08 AM. The review indicated the following:</p> <p>-BDDS report dated 6/13/13 indicated while clients #1 and #5 were loading the group home van to go to day services, client #1 needed to use the restroom. The 6/13/13 BDDS report indicated client #5 "Became very upset and began hitting [client #1] three times on the head and pulled... his shirt." The 6/13/13 BDDS report indicated, "Team will investigate and review [client #5's] behavior plan."</p> <p>The review did not indicate an investigation regarding the 6/13/13 incident of client to client aggression for clients #1 and #5.</p> <p>-BDDS report dated 6/25/13 indicated on 6/24/13 "[Client #5] refused to eat his breakfast, when housemate [client #1] was sitting at table in dining room, refused to pick his dish up and take it to the sink. [Client #5] got upset at housemate [client #1] and hit housemate [client #1] on the arm three times. [Staff #1] was by refrigerator and redirected [client #5]. [Client #5] then went into his room upset fussing and throwing things in his room. After 5 minutes, [client #5]</p>				

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	<p>came out of his room and went into (sic) living room and hit another housemate, [client #3], in the face with his fist. [Staff #1] continued to intervene in the altercation and continued to de-escalate [client #5] by talking with him."</p> <p>-Investigation dated 7/2/13 regarding the 6/24/13 incident of client to client aggression for clients #1, #3 and #5 indicated the summary of findings was reported to the administrator on 7/2/13.</p> <p>AS #1 (Administrative Staff) was interviewed on 8/21/13 at 9:40 AM. AS #1 indicated the facility's abuse/neglect and investigation policy should be implemented. AS #1 indicated allegations of abuse, neglect and mistreatment should be thoroughly investigated. AS #1 indicated the results of investigations should be completed and reported to the administrator within 5 business days. AS #1 indicated failure to implement a HRP was neglect. AS #1 indicated the facility should review the findings of investigations to develop recommendations for corrective action.</p> <p>QIDPD #1 (Qualified Intellectual Disabilities Professional Designee) was interviewed on 8/21/13 at 3:27 PM. QIDPD #1 indicated failure to implement clients' HRPs was neglect. QIDPD #1</p>			

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	<p>indicated allegations of abuse and neglect should be investigated. QIDPD #1 indicated there had not been an IDT (Interdisciplinary Meeting) to review clients #1 and #4's hospitalizations.</p> <p>LPN #1 (Licensed Practical Nurse) was interviewed on 8/21/13 at 2:58 PM. LPN #1 indicated HRPs should be implemented by facility staff. LPN #1 indicated staff should monitor client #4's BMs daily. LPN #1 indicated staff should administer client #4's milk of magnesium if client #4 does not have a BM in a 3 day period. LPN #1 indicated staff should notify the nurse when client #4 does not have a BM in a 3 day period. LPN #1 indicated the nurse who was assigned to the group home during the 6/22/13 period has since left the agency. LPN #1 indicated the nurse should have documented on the MNSs if staff had notified her if client #4 had not had a BM for 3 days. LPN #1 indicated there was no available documentation of the nurse being notified by staff regarding client #4's BMs.</p> <p>The facility's policy and procedures were reviewed on 8/26/13 at 12:39 PM. The facility's 9/14/07 policy and procedure entitled, "Investigations" indicated, "Practices: 3. (b) Ensure alleged incident of abuse, neglect, mistreatment,</p>			

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	<p>exploitation or injuries of unknown origin are fully investigated within 5 calendar days from the date the allegations were made and investigation was initiated." The 9/14/07 policy indicated, "A thorough investigation final report will be written at the completion of the investigation. The report shall include, but is not limited to, the following:... concerns and recommendations... (and) methods to prevent future incidents." The facility's policy and procedure entitled, "Abuse, Neglect, Exploitation (and) Mistreatment dated 2/26/11 indicated, "Program intervention neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to implement a support plan, inappropriate application of intervention without a qualified person notification/review. Medical neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm."</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 3 of 8 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to conduct a thorough investigation for two separate incidents/allegations of medical neglect for clients #1 and #4 and an incident of client to client aggression regarding clients #1 and #5.</p> <p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports, investigations and incident reports were reviewed on 8/21/13 at 10:08 AM. The review indicated the following:</p> <p>-BDDS report dated 6/13/13 indicated while clients #1 and #5 were loading the group home van to go to day services, client #1 needed to use the restroom. The 6/13/13 BDDS report indicated client #5 "Became very upset and began hitting [client #1] three times on the head and pulled... his shirt." The 6/13/13 BDDS report indicated, "Team will investigate and review [client #5's] behavior plan."</p> <p>The review did not indicate an</p>	W000154	<p>CORRECTION: The facility must have evidence that all alleged violations are thoroughly investigated. Specifically, the facility will investigate: An incident of aggression that occurred between Client #1 and Client #5 that occurred on 6/13/13. An episode of constipation experienced by Client #4 on 6/22/13 which required an emergency room visit. An episode of an abnormally low sodium level experienced by Client #1 on 7/10/13 that required in-patient hospitalization. PREVENTION: The Administrative and Health Services Teams will collaborate to develop an assessment/investigation tool for use in response to serious medical incidents. The QIDP and nursing staff will be retrained regarding the need to document all investigations, criteria for conducting investigations at the facility and will receive an updated copy of the agency's incident-investigation tracking spreadsheet no less than weekly to assure thorough investigations are conducted within required timeframes. The QIDP and nursing staff will turn in copies of completed investigations to the Clinical Supervisor responsible for Quality Assurance to allow for</p>	10/03/2013			

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	<p>investigation regarding the 6/13/13 incident of client to client aggression for clients #1 and #5.</p> <p>2. BDDS report dated 6/23/13 indicated on 6/22/13, "[Client #4] complained of stomach discomfort and vomited at least 3 times. Staff notified on-call nurse of [client #4's] discomfort and vomiting. [Nurse #1] instructed staff to take [client #4] to the [emergency room] of (sic) evaluation. [Hospital] complete(d) blood work and completed a CT (Computed Tomography) scan of his stomach. [Client #4] was discharged from [hospital] emergency (sic) with (sic) diagnosis of constipation along with prescribed medication to relieve his discomfort of constipation." The 6/23/13 BDDS report indicated, "[Client #4's] BMs (Bowel Movements) will continue to be monitored daily on every shift and staff will follow protocol if he has had no BM in three days by notifying the nurse."</p> <p>The review did not indicate documentation of an investigation regarding client #4's 6/23/13 ER visit. The review did not indicate documentation of the facility administration and/or nursing review of client #4's BMR (Bowel Movement Record) for potential medical neglect by facility staff and/or nursing for failure to</p>		<p>appropriate oversight and follow-up. Additionally, the facility's QIDP will meet with the Clinical Supervisor responsible for Quality Assurance weekly to review incidents that require follow-up and investigation to assure timely completion. The Clinical Supervisor will also follow-up with the Nurse Manager no less than weekly to assure that timely investigations occur for significant medical incidents. The Executive Director will monitor the facility's incident – investigation tracking spreadsheet and follow-up as needed with the QIDP and Program Manager to provide for increased accountability. RESPONSIBLE PARTIES: QIDP, Direct Support Staff, Health Services Team, Administrative Team</p>				

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	<p>implement client #4's HRP (High Risk Protocol) for constipation.</p> <p>Client #4's record was reviewed on 8/21/13 at 2:36 PM. Client #4's POF (Physician Order Form) dated 6/1/13 indicated client #4's diagnosis included but was not limited to "History of Constipation." Client #4's 6/1/13 POF indicated, "Call nurse if no BM in 3 days." Client #4's POF dated 6/1/13 indicated, "Constipation: (note: no BM for 3 days); (a) give 4 ounces of prune juice or dried prunes; (b) milk of magnesia- as labeled on package." Client #4's POF dated 6/1/13 indicated, "Milk of Magnesium, given 30 milliliters by mouth PRN (as needed) if no BM after 3 days." Client #4's HRP for constipation dated 7/2012 indicated client #4 was had "potential for bowel obstruction." Client #4's HRP for constipation indicated facility staff should notify nursing if client #4 had "Three days with no BM. PRN constipation medication has been given and no results (BM) within eight hours."</p> <p>3. The facility's BDDS (Bureau of Developmental Disabilities Services) reports, investigations and incident reports were reviewed on 8/21/13 at 10:08 AM. The review indicated the following:</p> <p>-BDDS report dated 7/11/13 indicated,</p>						

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	<p>"Staff reported to the nurse-on-call that [client #1] was not speaking and tremulous (shaking). Per nurse instructions staff transported [client #1] to the [hospital] ER (Emergency Room) where after testing, he was admitted with a diagnosis of low sodium." The 7/11/13 BDDS report indicated, "[Client #1's] fluid intake is limited to 64 ounces daily... and he has a history of compulsive fluid consumption. Staff track fluid intake across environments but the tracking has been completed sporadically and the team believes [client #1] may have flushed his electrolytes by drinking excessively through the day."</p> <p>The review did not indicate an investigation to determine if client #1's Fluid Restriction Protocol (FRP) was implemented by staff.</p> <p>Client #1's record was reviewed on 8/21/13 at 1:24 PM. Client #1's HRP (High Risk Plan) for Hyponatremia (electrolyte disorder) indicated client #1's fluid intake should be monitored, documented and restricted to 64 ounces per day. Client #1's POF (Physician Order Form) dated 7/24/13 indicated, "Avoid excessive fluid intake 68 ounce fluid restriction." Client #1's POF dated 7/24/13 indicated, "Please observe client for fluid intake. Staff to supervise client at</p>			

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	<p>all meals...." Client #1's hospital patient face sheet dated 7/10/13 indicated client #1's "Admitting Diagnosis: altered mental status (and) Hyponatremia." Client #1's hospital patient transfer report dated 7/10/13 indicated, "Possibly too much fluid." Client #1's hospital discharge form dated 7/12/13 indicated client #1 was admitted to the hospital on 7/10/13 and was discharged on 7/12/13 with diagnoses that included but were not limited to Hyponatremia and polydipsia (excessive thirst).</p> <p>AS #1 (Administrative Staff) was interviewed on 8/21/13 at 9:40 AM. AS #1 indicated allegations of abuse, neglect and mistreatment should be thoroughly investigated. AS #1 indicated failure to implement a HRP was considered neglect. AS #1 indicated client #4 had a history of constipation and HRP. When asked if client #4's ER visit due to constipation should be investigated to determine if staff had implemented his HRP for constipation, AS #1 the facility should have determined if client #4 had received the medical supports described in his HRP for constipation leading up to his 6/22/13 ER visit. AS #1 indicated the facility had not investigated the 6/22/13 incident of constipation for client #4.</p> <p>QIDPD #1 (Qualified Intellectual</p>						

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	<p>Disabilities Professional Designee) was interviewed on 8/21/13 at 3:27 PM. QIDPD #1 indicated clients' HRPs should be implemented. QIDPD #1 indicated failure to implement a client's HRP was neglect. QIDPD #1 indicated allegations of abuse and neglect should be investigated.</p> <p>9-3-2(a)</p>			

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W000156	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 2 of 8 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to report the results of investigations regarding an incident of client to client aggression for clients #1, #3 and #5 within 5 business days.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, investigations and incident reports were reviewed on 8/21/13 at 10:08 AM. The review indicated the following:</p> <p>-BDDS report dated 6/25/13 indicated on 6/24/13 "[Client #5] refused to eat his breakfast, when housemates [client #1] was sitting at table in dining room, refused to pick his dish up and take it to the sink. [Client #5] got upset at housemate [client #1] and hit housemate [client #1] on the arm three times. [Staff #1] was by refrigerator and redirected [client #5]. [Client #5] then went into his room upset fussing and throwing things in</p>	W000156	<p>CORRECTION:The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Specifically, the QIDP will be retrained to receive clarification that with incidents requiring investigation, the day of the incident will constitute the first day of the investigation. PREVENTION:The QIDP will meet with the Clinical Supervisor responsible for Quality Assurance weekly to review incidents that require follow-up and investigation to assure timely notification of investigation conclusions. The Executive Director will monitor the facility's incident – investigation tracking spreadsheet and follow-up as needed with the QIDP and Program Manager to provide for increased accountability. RESPONSIBLE PARTIES: QIDP, Direct Support Staff, Health Services Team, Administrative Team</p>	10/03/2013

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	<p>his room. After 5 minutes, [client #5] came out of his room and went into (sic) living room and hit another housemate, [client #3] in the face with his fist. [Staff #1] continued to intervene in the altercation and continued to de-escalate [client #5] by talking with him."</p> <p>-Investigation dated 7/2/13 regarding the 6/24/13 incident of client to client aggression for clients #1, #3 and #5 indicated the conclusion of the investigation was 7/2/13.</p> <p>AS #1 (Administrative Staff) was interviewed on 8/21/13 at 9:40 AM. AS #1 indicated the results of investigations should be completed and reported to the administrator within 5 business days.</p> <p>QIDPD #1 (Qualified Intellectual Disabilities Professional Designee) was interviewed on 8/21/13 at 3:27 PM. QIDPD #1 indicated investigations of allegations of abuse/neglect should be completed and the results reported to the administrator in 5 business days.</p> <p>9-3-2(a)</p>				

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W000157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 8 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to take sufficient action to develop safeguards to address client #4's constipation.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, investigations and incident reports were reviewed on 8/21/13 at 10:08 AM. The review indicated the following:</p> <p>-BDDS report dated 6/23/13 indicated on 6/22/13, "[Client #4] complained of stomach discomfort and vomited at least 3 times. Staff notified on-call nurse of [client #4's] discomfort and vomiting. [Nurse #1] instructed staff to take [client #4] to the [emergency room] of (sic) evaluation. [Hospital] complete(d) blood work and completed a CT (Computed Tomography) scan of his stomach. [Client #4] was discharged from [hospital] emergency (sic) with (sic) diagnosis of constipation along with prescribed medication to relieve his discomfort of constipation." The 6/23/13 BDDS report</p>	W000157	<p>CORRECTION:If the alleged violation is verified, appropriate corrective action must be taken. Specifically for Client #4:The facility nurse has been replaced. All professional and direct support staff who worked in the facility in the month preceding Client #4's constipation incident on 6/22/13 written corrective performance action for failure to implement Client #4's Comprehensive High Risk Plans.All staff have been retrained on current Comprehensive High Risk Plans.Communication books have been implemented for use with day service providers to assist with bowel tracking. The new facility nurse is reviewing current assessment data and updating Comprehensive High Risk Plans accordingly and will train direct support staff toward proper implementation of the revised plans. PREVENTION:The QIDP will bring all relevant elements of the interdisciplinary team together in response to incidents that affect the health and safety of individuals receiving support, to review current supports and to make adjustments and revisions as needed. Additionally, the facility nurse will review all medical records of visit, OT, PT and Speech assessments and make</p>	10/03/2013			

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	<p>indicated, "[Client #4's] BMs (Bowel Movements) will continue to be monitored daily on every shift and staff will follow protocol if he has had no BM in three days by notifying the nurse." The review did not indicate documentation of the facility administration and/or nursing review of client #4's BMR (Bowel Movement Record) for potential medical neglect by facility staff and/or nursing for failure to implement client #4's HRP (High Risk Protocol) for constipation. The review did not indicate documentation of recommendations to prevent reoccurrence.</p> <p>Client #4's record was reviewed on 8/21/13 at 2:36 PM. Client #4's POF (Physician Order Form) dated 6/1/13 indicated client #4's diagnosis included but was not limited to "History of Constipation." Client #4's 6/1/13 POF indicated, "Call nurse if no BM in 3 days." Client #4's POF dated 6/1/13 indicated, "Constipation: (note: no BM for 3 days); (a) give 4 ounces of prune juice or dried prunes; (b) milk of magnesia- as labeled on package." Client #4's POF dated 6/1/13 indicated, "Milk of Magnesium, given 30 milliliters by mouth PRN (as needed) if no BM after 3 days." Client #4's HRP for constipation dated 7/2012 indicated client #4 was had</p>		necessary modifications to risk plans. The QIDP will turn in copies of post-incident interdisciplinary team meeting notes to the Program Manager and the Clinical Supervisor responsible for Quality Assurance to allow for appropriate oversight and follow-up. The Clinical Supervisor will meet weekly with the QIDP to review incidents which require interdisciplinary team action and follow-up weekly with the Nurse Manager to review risk plan updates. RESPONSIBLE PARTIES: QIDP, Direct Support Staff, Health Services Team, Administrative Team				

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	<p>"potential for bowel obstruction." Client #4's HRP for constipation indicated facility staff should notify nursing if client #4 had "Three days with no BM. PRN constipation medication has been given and no results (BM) within eight hours."</p> <p>Client #4's June 2013 BMR indicated, "If no BM in 3 days give laxative according to instructions on MAR (Medication Administration Record)." Client #4's June 2013 BMR indicated, "Laxative: chart yes if given during the shift. Chart no if no is (sic) laxative given during the shift."</p> <p>Client #4's June 2013 BMR indicated client #4 did not have a BM from the evening of 6/4/13 through the evening of 6/9/13, from the evening shift of 6/9/13 through the evening shift of 6/18/13 and from the evening shift of 6/18/13 through the evening shift of 6/22/13.</p> <p>Client #4's June 2013 BMR did not indicate documentation of being given a laxative.</p> <p>Client #4's POF dated 6/1/13 did not indicate documentation of client #4 being given a Milk of Magnesium PRN and/or the nurse being notified</p> <p>Client #4's MNS (Monthly Nursing Summary) dated June 2013 did not indicate documentation of the nurse being</p>			

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	<p>notified regarding client #4 not having a BM from the evening of 6/4/13 through the evening of 6/9/13, from the evening shift of 6/9/13 through the evening shift of 6/18/13 and from the evening shift of 6/18/13 through the evening shift of 6/22/13.</p> <p>Client #4's HDF (Hospital Discharge Form) dated 6/22/13 indicated client #4 was assessed in the ER (Emergency Room) for vomiting and stomach discomfort. Client #4's HDF dated 6/22/13 indicated client #4 was diagnosed with "Constipation." Client #4's HDF dated 6/22/13 indicated, "Patient Information: Seek immediate medical care if, (2) the constipation stays for more than 4 days."</p> <p>Client #4's July 2013 BMR indicated client #4 did not have a BM from the evening shift of 6/22/13 through the evening shift of 7/3/13 and from the morning of 7/20/13 through the evening of 7/25/13.</p> <p>Client #4's July 2013 BMR did not indicate documentation of being given a laxative.</p> <p>Client #4's POF dated 6/1/13 did not indicate documentation of client #4 being given a Milk of Magnesium PRN and/or</p>			

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	<p>the nurse being notified.</p> <p>Client #4's MNS dated July 2013 did not indicate documentation of the nurse being notified regarding client #4 not having a BM from the evening shift of 6/22/13 through the evening shift of 7/3/13 and/or after no BM from the morning of 7/20/13 through the evening of 7/25/13.</p> <p>Client #4's POF dated 7/1/13 did not indicate documentation of client #4 being given a Milk of Magnesium PRN and/or the nurse being notified after no BMs from the evening shift of 6/22/13 through the evening shift of 7/3/13 and/or after no BM from the morning of 7/20/13 through the evening of 7/25/13.</p> <p>Client #4's August 2013 BMR indicated client did not have a BM from the evening shift of 8/4/13 through the evening shift of 8/9/13 and from the evening shift of 8/9/13 through the evening shift of 8/14/13.</p> <p>Client #4's POF for August 2013 did not indicate documentation of client #4 being given a Milk of Magnesium PRN and/or the nurse being notified.</p> <p>AS #1 (Administrative Staff) was interviewed on 8/21/13 at 9:40 AM. AS #1 indicated the facility should review the</p>						

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	<p>findings of investigations to develop recommendations for corrective action.</p> <p>QIDPD #1 (Qualified Intellectual Disabilities Professional Designee) was interviewed on 8/21/13 at 3:27 PM. QIDPD #1 indicated there had not been an IDT (Interdisciplinary Meeting) to review clients #1 and #4's hospitalizations.</p> <p>LPN #1 (Licensed Practical Nurse) was interviewed on 8/21/13 at 2:58 PM. LPN #1 indicated facility staff should be retrained regarding client #4's constipation protocol.</p> <p>9-3-2(a)</p>				

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W000259	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure the IDT (Interdisciplinary Team) reviewed of client #2's CFA (Comprehensive Functional Assessment) annually.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 8/21/13 at 12:35 PM. Client #2's CFA was dated 7/11/12. Client #2's record did not indicate documentation of an annual IDT review of client #2's CFA.</p> <p>QIDPD #1 (Qualified Intellectual Disabilities Services Professional Designee) was interviewed on 8/21/13 at 3:40 PM. QIDPD #1 indicated client #2's CFA dated 7/11/12 was the most current CFA available for review. QIDPD #1 indicated client #2's CFA should be reviewed annually.</p> <p>9-3-4(a)</p>	W000259	<p>CORRECTION:At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Specifically, the team has completed an updated Comprehensive Consent Assessments for Client #2. PREVENTION:Professional staff will be retrained regarding the need to include an annually updated Comprehensive Functional Assessment included in each individual's record. Members of the Operations Team will review assessment data during routine visits to the facility which will occur no less than monthly as part of the agency's formal internal audit process. RESPONSIBLE PARTIES:QIDP, Residential Manager, Direct Support Staff, Administrative Team</p>	10/03/2013	

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W000318	<p>483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 3 additional clients (#4, #5 and #6), the facility failed to meet the Condition of Participation: Health Care Services. The facility's health care services failed to ensure the facility nurse ensured client #1's HRP (High Risk Plan) for fluid consumption and BM (Bowel Movement) tracking protocol were implemented. The facility's health care services failed to ensure the facility nurse ensured client #4's HRP for constipation was implemented. The facility's health care services failed to ensure the facility nurse ensured clients #2, #3, #5 and #6's BM tracking protocols were implemented. The facility's health care services failed to ensure the facility nurse conducted quarterly nursing assessments of clients #1, #2 and #3's health status and medical needs.</p> <p>Findings include:</p> <p>1. The facility's health care services failed to ensure the facility nurse ensured client #1's HRP for fluid consumption and BM tracking protocol were implemented. The facility's health care services failed to ensure the facility nurse ensured client</p>	W000318	<p>CORRECTION:The facility must ensure that specific health care services requirements are met. Specifically, The facility nurse has been replaced. All professional and direct support staff who worked in the facility in the month preceding Client #4's constipation incident on 6/22/13 and Client #1's hospitalization on 7/10/13 received written corrective performance action for failure to implement Client #1 and Client #4's Comprehensive High Risk Plans.All staff have been retrained on current Comprehensive High Risk Plans.Communication books have been implemented for use with day service providers to assist with monitoring fluid intake and bowel tracking.The new facility nurse is reviewing current assessment data and updating Comprehensive High Risk Plans accordingly and will train direct support staff toward proper implementation of the revised plans.The facility nurse has been trained on expectations for quarterly nursing physicals and nursing physicals for the current quarter. PREVENTION:The facility nurse will review all medical records of visit, OT, PT and Speech assessments and make necessary modifications to risk plans. During the next 90</p>	10/03/2013			

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	<p>#4's HRP for constipation was implemented. The facility's health care services failed to ensure the facility nurse ensured clients #2, #3, #5 and #6's BM tracking protocols were implemented. Please see W331.</p> <p>2. The facility's health care services failed to ensure the facility nurse conducted quarterly nursing assessments of clients #1, #2 and #3's health status and medical needs. Please see W336.</p> <p>9-3-6(a)</p>		<p>days a nurse will review records in the home no less than twice weekly, performing face to face assessments as needed. After three months the administrative team will evaluate the ongoing support needs of the facility with the goal of reducing gradually required nursing visits to as needed but no less than weekly. Members of the administrative team will monitor bowel tracking and fluid consumption records weekly for the next 60 days and twice monthly for an additional 30 days to assure accurate documentation and follow-up with nursing staff. After three months the administrative team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly. Copies of quarterly nursing physical examinations will be placed in the each individual's medical chart upon completion. The Nurse Manager will maintain a tracking system to assure quarterly nursing physical examinations are completed as required. Additionally, Administrative Team members will review nursing documentation while conducting routine audits in the home, no less than monthly, to assure records of quarterly nursing evaluations are completed and filed appropriately. Copies of audits of medical charts will be provided to the facility</p>		

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			nurse and nurse manager to facilitate appropriate follow-up. RESPONSIBLE PARTIES: QIDP, Direct Support Staff, Health Services Team, Administrative Team	

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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 3 additional clients (#4, #5 and #6), the facility nurse failed to ensure client #1's HRP (High Risk Plan) for fluid consumption and BM (Bowel Movement) tracking protocol were implemented. The facility nurse failed to ensure client #4's HRP for constipation was implemented. The facility nurse failed to ensure clients #2, #3, #5 and #6's BM tracking protocols were implemented.</p> <p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports, investigations and incident reports were reviewed on 8/21/13 at 10:08 AM. The review indicated the following:</p> <p>-BDDS report dated 7/11/13 indicated, "Staff reported to the nurse-on-call that [client #1] was not speaking and tremulous (shaking). Per nurse instructions staff transported [client #1] to the [hospital] ER (Emergency Room) where after testing, he was admitted with a diagnosis of low sodium." The 7/11/13 BDDS report indicated, "[Client #1's] fluid intake is limited to 64 ounces daily...</p>	W000331	<p>CORRECTION: The facility must provide clients with nursing services in accordance with their needs. Specifically, The facility nurse has been replaced. All professional and direct support staff who worked in the facility in the month preceding Client #4's constipation incident on 6/22/13 and Client #1's hospitalization on 7/10/13 received written corrective performance action for failure to implement Client #1 and Client #4's Comprehensive High Risk Plans. All staff have been retrained on current Comprehensive High Risk Plans. Communication books have been implemented for use with day service providers to assist with monitoring fluid intake and bowel tracking. The new facility nurse is reviewing current assessment data and updating Comprehensive High Risk Plans accordingly and will train direct support staff toward proper implementation of the revised plans. PREVENTION: The facility nurse will review all medical records of visit, OT, PT and Speech assessments and make necessary modifications to risk plans. During the next 90 days a nurse will review records in the home no less than twice weekly, performing face to face assessments as needed. After</p>	10/03/2013			

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	<p>and he has a history of compulsive fluid consumption. Staff track fluid intake across environments but the tracking has been completed sporadically and the team believes [client #1] may have flushed his electrolytes by drinking excessively through the day."</p> <p>Client #1's record was reviewed on 8/21/13 at 1:24 PM. Client #1's HRP for Hyponatremia (electrolyte disorder) indicated client #1's fluid intake should be monitored, documented and restricted to 64 ounces per day. Client #1's POF (Physician Order Form) dated 7/24/13 indicated, "Avoid excessive fluid intake, 68 ounce fluid restriction." Client #1's POF dated 7/24/13 indicated, "Please observe client for fluid intake. Staff to supervise client at all meals..." Client #1's hospital patient face sheet dated 7/10/13 indicated client #1's "Admitting Diagnosis: altered mental status (and) Hyponatremia." Client #1's hospital patient transfer report dated 7/10/13 indicated, "Possibly too much fluid." Client #1's hospital discharge form dated 7/12/13 indicated client #1 was admitted to the hospital on 7/10/13 and was discharged on 7/12/13 with diagnoses that included but were not limited to Hyponatremia and polydipsia (excessive thirst).</p>		<p>three months the administrative team will evaluate the ongoing support needs of the facility with the goal of reducing gradually required nursing visits to as needed but no less than weekly. Members of the administrative team will monitor bowel tracking and fluid consumption records weekly for the next 60 days and twice monthly for an additional 30 days to assure accurate documentation and follow-up with nursing staff. After three months the administrative team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly. RESPONSIBLE PARTIES: QIDP, Direct Support Staff, Health Services Team, Administrative Team</p>				

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	<p>Client #1's June 2013 BMR (Bowel Movement Record) indicated client #1 did not have a BM from the evening shift of 6/2/13 through the evening shift of 6/6/13, from the evening shift of 6/6/13 through the day shift of 6/10/13, from the day shift of 6/10/13 through the evening shift of 6/14/13, from the evening shift of 6/10/13 through the evening shift of 6/22/13 and/or from the evening shift of 6/22/13 through the evening shift of 6/27/13. Client #1's June 2013 BMR indicated, "If no BM in 3 days give laxative according to instructions on MAR (Medication Administration Record)." Client #1's June 2013 BMR indicated, "Laxative: chart yes if given during the shift. Chart no if no is (sic) laxative given during the shift." Client #1's June 2013 BMR did not indicate documentation of staff administering client #1's laxative or notifying the facility nurse following periods of no BMs longer than 3 days.</p> <p>Client #1's July 2013 BMR indicated client #1 did not have a BM from the day shift of 7/14/13 through the evening shift of 7/18/13, from the morning shift of 7/20/13 through the evening shift of 7/25/13 and/or from the evening shift of 7/27/13 through the evening shift 8/4/13. Client #1's July 2013 BMR indicated, "If no BM in 3 days give laxative according</p>			

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	<p>to instructions on MAR." Client #1's July 2013 BMR indicated, "Laxative: chart yes if given during the shift. Chart no if no is (sic) laxative given during the shift." Client #1's July 2013 BMR did not indicate documentation of staff administering client #1's laxative or notifying the facility nurse following periods of no BMs longer than 3 days.</p> <p>Client #1's August 2013 BMR indicated client #1 did not have a BM from the evening shift of 7/27/13 through the evening shift 8/4/13 and/or from the evening shift of 8/12/13 through the evening shift of 8/17/13. Client #1's August 2013 BMR indicated, "If no BM in 3 days give laxative according to instructions on MAR." Client #1's August 2013 BMR indicated, "Laxative: chart yes if given during the shift. Chart no if no is (sic) laxative given during the shift." Client #1's August 2013 BMR did not indicate documentation of staff administering client #1's laxative or notifying the facility nurse following periods of no BM's longer than 3 days.</p> <p>Client #1's POF dated 7/24/13 indicated, "Constipation: (note: no BM for 3 days); (a) give 4 ounces of prune juice or dried prunes; (b) milk of magnesia- as labeled on package." Client #1's POF dated 6/1/13 indicated, "Milk of Magnesium,</p>			

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	<p>given 30 milliliters by mouth PRN (as needed) if no BM after 3 days." Client #1's PO dated 7/24/13 did not indicate documentation of Milk of Magnesium or prunes/prune juice had been given to client #1 following periods of no BMs longer than 3 days.</p> <p>2. The facility's BDDS reports, investigations and incident reports were reviewed on 8/21/13 at 10:08 AM. The review indicated the following:</p> <p>-BDDS report dated 6/23/13 indicated on 6/22/13, "[Client #4] complained of stomach discomfort and vomited at least 3 times. Staff notified on-call nurse of [client #4's] discomfort and vomiting. [Nurse #1] instructed staff to take [client #4] to the [emergency room] of (sic) evaluation. [Hospital] complete(d) blood work and completed a CT (Computed Tomography) scan of his stomach. [Client #4] was discharged from [hospital] emergency (sic) with (sic) diagnosis of constipation along with prescribed medication to relieve his discomfort of constipation." The 6/23/13 BDDS report indicated, "[Client #4's] BM's (Bowel Movement's) will continue to be monitored daily on every shift and staff will follow protocol if he has had no BM in three days by notifying the nurse."</p>			

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	<p>Client #4's record was reviewed on 8/21/13 at 2:36 PM. Client #4's POF dated 6/1/13 indicated client #4's diagnosis included but was not limited to "History of Constipation." Client #4's 6/1/13 POF indicated, "Call nurse if no BM in 3 days." Client #4's POF dated 6/1/13 indicated, "Constipation: (note: no BM for 3 days); (a) give 4 ounces of prune juice or dried prunes; (b) milk of magnesia- as labeled on package." Client #4's POF dated 6/1/13 indicated, "Milk of Magnesium, given 30 milliliters by mouth PRN if no BM after 3 days." Client #4's HRP for constipation dated 7/2012 indicated client #4 was had "potential for bowel obstruction." Client #4's HRP for constipation indicated facility staff should notify nursing if client #4 had "Three days with no BM. PRN constipation medication has been given and no results (BM) within eight hours."</p> <p>Client #4's June 2013 BMR indicated, "If no BM in 3 days give laxative according to instructions on MAR (Medication Administration Record)." Client #4's June 2013 BMR indicated, "Laxative: chart yes if given during the shift. Chart no if no is (sic) laxative given during the shift." Client #4's June 2013 BMR indicated client #4 did not have a BM from the evening of 6/4/13 through the evening of 6/9/13, from the evening shift of 6/9/13</p>			

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	<p>through the evening shift of 6/18/13 and from the evening shift of 6/18/13 through the evening shift of 6/22/13. Client #4's June 2013 BMR did not indicate documentation of staff administering client #4's laxative or notifying the facility nurse following periods of no BM's longer than 3 days.</p> <p>Client #4's POF dated 6/1/13 did not indicate documentation of client #4 being given a Milk of Magnesium PRN and/or the nurse being notified following periods of no BM's longer than 3 days.</p> <p>Client #4's MNS (Monthly Nursing Summary) dated June 2013 did not indicate documentation of the nurse being notified regarding client #4 following periods of no BM's longer than 3 days.</p> <p>Client#4's HDF (Hospital Discharger Form) dated 6/22/13 indicated client #4 was assessed in the ER for vomiting and stomach discomfort. Client #4's HDF dated 6/22/13 indicated client #4 was diagnosed with "Constipation." Client #4's HDF dated 6/22/13 indicated, "Patient Information: Seek immediate medical care if, (2) the constipation stays for more than 4 days."</p> <p>Client #4's July 2013 BMR indicated client #4 did not have a BM from the</p>			

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	<p>evening shift of 6/22/13 through the evening shift of 7/3/13 and from the morning of 7/20/13 through the evening of 7/25/13.</p> <p>Client #4's July 2013 BMR did not indicate documentation of being given a laxative following periods of no BM's longer than 3 days.</p> <p>Client #4's POF dated 6/1/13 did not indicate documentation of client #4 being given a Milk of Magnesium PRN and/or the nurse being notified following periods of no BM's longer than 3 days.</p> <p>Client #4's MNS dated July 2013 did not indicate documentation of the nurse being notified following periods of no BM's longer than 3 days.</p> <p>Client #4's MNS dated July 2013 did not indicate documentation of the nurse being notified following periods of no BM's longer than 3 days.</p> <p>Client #4's POF dated 7/1/13 did not indicate documentation of client #4 being given a Milk of Magnesium PRN and/or the nurse being notified following periods of no BM's longer than 3 days.</p> <p>Client #4's August 2013 BMR indicated client #4 did not have a BM from the</p>						

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	<p>evening shift of 8/4/13 through the evening shift of 8/9/13 and from the evening shift of 8/9/13 through the evening shift of 8/14/13.</p> <p>Client #4's POF for August 2013 did not indicate documentation of client #4 being given a Milk of Magnesium PRN and/or the nurse being notified following periods of no BM's longer than 3 days.</p> <p>3. Client #2's record was reviewed on 8/21/13 at 12:35 PM. Client #2's POF dated 7/24/13 indicated, "Call nurse if no BM in 3 days." Client #2's POF dated 7/24//13 indicated, "Constipation: (note: no BM for 3 days); (a) give 4 ounces of prune juice or dried prunes; (b) milk of magnesia- as labeled on package." Client #2's POF dated 7/24/13 indicated, "Milk of Magnesium, given 30 milliliters by mouth PRN if no BM after 3 days." Client #2's BMR dated 8/1/13 through 8/21/13 indicated client #2 did not have a BM from the evening shift of 8/16/13 through the morning shift 8/21/13 (4 days). Client #2's BMR did not indicate documentation of client #2's Milk of Magnesium PRN being administered or the facility nurse being notified. Client #2's POF dated 7/24/13 did not indicate documentation of client #2's Milk of Magnesium PRN being administered or the facility nurse being notified.</p>						

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	<p>4. Client #3's record was reviewed on 8/21/13 at 2:52 PM. Client #3's POF dated 7/24/13 indicated, "Call nurse if no BM in 3 days." Client #3's POF dated 7/24//13 indicated, "Constipation: (note: no BM for 3 days); (a) give 4 ounces of prune juice or dried prunes; (b) milk of magnesia- as labeled on package." Client #3's POF dated 7/24/13 indicated, "Milk of Magnesium, given 30 milliliters by mouth PRN if no BM after 3 days." Client #3's June 2013 BMR indicated, "If no BM in 3 days give laxative according to instructions on MAR." Client #3's June 2013 BMR indicated, "Laxative: chart yes if given during the shift. Chart no if no is (sic) laxative given during the shift." Client #3's BMR indicated client #3 did not have a BM from the evening shift of 6/3/13 through the morning shift of 6/7/13, from the evening shift of 6/11/13 through the evening shift of 6/16/13, from the evening shift of 6/17/13 through the morning shift of 6/23/13 and/or from 6/27/13 through 6/30/13. Client #3's record did not indicate documentation of client #3's Milk of Magnesium PRN being administered or the facility nurse being notified following periods of no BM's longer than 3 days.</p> <p>Client #3's July 2013 BMR indicated, "If no BM in 3 days give laxative according</p>			

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	<p>to instructions on MAR." Client #3's June 2013 BMR indicated, "Laxative: chart yes if given during the shift. Chart no if no is (sic) laxative given during the shift." Client #3's July 2013 BMR indicated client #3 did not have a BM from 7/1/13 through the morning shift of 7/20/13, from the evening shift of 7/22/13 through the evening shift of 7/27/13 and/or from the evening shift of 7/27/13 through 7/31/13. Client #3's record did not indicate documentation of client #3's Milk of Magnesium PRN being administered or the facility nurse being notified following periods of no BM's longer than 3 days.</p> <p>5. Client #5's August 2013 BMR was reviewed on 8/21/13 at 5:15 PM. Client #5's August 2013 BMR indicated, ""If no BM in 3 days give laxative according to instructions on MAR." Client #5's August 2013 BMR indicated, "Laxative: chart yes if given during the shift. Chart no if no is (sic) laxative given during the shift." Client #5's August 2013 BMR indicated client #5 had not have a BM from the morning shift of 8/5/13 through the evening shift of 8/9/13 and/or from the evening shift of 8/9/13 through the morning shift of 8/14/13. Client #5's August 2013 BMR did not indicate documentation client #5 received a laxative PRN following periods of no BM's longer that 3 days.</p>			

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	<p>6. Client #6's August 2013 BMR was reviewed on 8/21/13 at 5:20 PM. Client #6's August 2013 BMR indicated, ""If no BM in 3 days give laxative according to instructions on MAR." Client #6's August 2013 BMR indicated, "Laxative: chart yes if given during the shift. Chart no if no is (sic) laxative given during the shift." Client #6's August 2013 BMR indicated client #6 had not have a BM from 8/1/13 through the evening shift of 8/4/13, from the evening shift of 8/7/13 through the evening shift of 8/12/13 and/or from the evening shift of 8/14/13 through the evening shift of 8/19/13. Client #6's August 2013 BMR did not indicate documentation client #6 received a laxative PRN following periods of no BM's longer that 3 days.</p> <p>AS (Administrative Staff) #1 was interviewed on 8/21/13 at 9:40 AM. AS #1 indicated failure to implement a HRP was neglect. AS #1 indicated the facility staff should notify the facility nurse following 3 day periods of not having a BM.</p> <p>QIDPD #1 (Qualified Intellectual Disabilities Professional Designee) was interviewed on 8/21/13 at 3:27 PM. QIDPD #1 indicated clients' HRPs should be implemented. QIDPD #1 indicated</p>			

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	<p>failure to implement a client's HRP was neglect.</p> <p>LPN #1 (Licensed Practical Nurse) was interviewed on 8/21/13 at 2:58 PM. LPN #1 indicated client #1's HRP for Hyponatremia should be implemented by staff. LPN #1 indicated clients #1, #2, #3, #4, #5 and #6's HRP's and/or BMR protocol's should be implemented. When asked if the facility nurse should review the clients BMRs, LPN #1 stated, "Yes, they should be reviewed by the nurse weekly." LPN #1 indicated staff should administer a PRN of milk of magnesium if client does not have a BM in a 3 day period. LPN #1 indicated staff should notify the nurse if a client does not have a BM in a 3 day period. LPN #1 indicated there was no available documentation of the nurse being notified by staff for clients #1, #2, #3, #4, #5 and/or #6 following incidents of clients not having BMs in a 3 day period.</p> <p>9-3-6(a)</p>						

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W000336	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility's nursing services failed to conduct quarterly nursing assessments of clients' health status and medical needs for clients #1, #2 and #3.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 8/21/13 at 1:24 PM. Client #1's POs (Physicians Orders) dated 7/24/13 indicated client #1's diagnoses included but were not limited to moderate mental retardation, history of seizure disorder, psychosis and hyperlipidemia. Client #1's QNA (Quarterly Nursing Assessment) form for the year 2013 did not indicate documentation of a quarterly nursing physical assessment of client #1's health status and medical needs from 1/1/13 through 7/25/13.</p> <p>2. Client #2's record was reviewed on 8/21/13 at 12:35 PM. Client #2's POs dated 7/24/13 indicated client #2's diagnoses included but were not limited to severe mental retardation and epilepsy.</p>	W000336	<p>CORRECTION:Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Specifically, the facility has a new nurse that has been trained on expectations for quarterly nursing physicals and nursing physicals for the current quarter. PREVENTION:Copies of quarterly nursing physical examinations will be placed in the each individual's medical chart upon completion. The Nurse Manager will maintain a tracking system to assure quarterly nursing physical examinations are completed as required. Additionally, Administrative Team members will review nursing documentation while conducting routine audits in the home, no less than monthly, to assure records of quarterly nursing evaluations are completed and filed appropriately. Copies of audits of medical charts will be provided to the facility nurse and nurse manager to facilitate appropriate follow-up. RESPONSIBLE PARTIES:QIDP, Direct Support</p>	10/03/2013

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	<p>Client #2's QNA form for the year 2013 did not indicate documentation of a quarterly nursing physical assessment of client #2's health status and medical needs from 1/1/13 through 7/25/13.</p> <p>3. Client #3's record was reviewed on 8/21/13 at 2:52 PM. Client #3's POs dated 7/24/13 indicated client #3's diagnoses included but were not limited to profound mental retardation, fragile x syndrome and psychosis. Client #3's QNA form for the year 2013 did not indicate documentation of a quarterly nursing physical assessment of client #3's health status and medical needs from 1/1/13 through 7/25/13.</p> <p>LPN #1 (Licensed Practical Nurse) was interviewed on 8/21/13 at 3:36 PM and indicated nursing physical assessments of clients' health status and medical needs should be conducted on a quarterly basis. LPN #1 indicated there were no additional nursing physical assessments available for review regarding clients #1, #2 and #3.</p> <p>9-3-6(a)</p>		Staff, Health Services Team, Administrative Team		