| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G443 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | X3) DATE SURVEY COMPLETED 11/05/2014 |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| REM-INDIANA INC | 7310 E 55TH ST<br>INDIANAPOLIS, IN 46226 |

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| W000000 | This visit was for a pre-determined full annual recertification and state licensure survey.<br><br>Dates of Survey: 10/27/14, 10/28/14, 10/29/14, 10/30/14, 10/31/14, 11/3/14 and 11/5/14.<br><br>Facility Number: 000957<br>Provider Number: 15G443<br>AIMS Number: 100244630<br><br>Surveyor:<br>Keith Briner, QIDP<br><br>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/12/14 by Ruth Shackelford, QIDP. | W000000 | | |
| W000104 | 483.410(a)(1)<br>GOVERNING BODY<br>The governing body must exercise general policy, budget, and operating direction over the facility.<br>Based on record review and interview for 1 of 4 sampled clients (#3), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure client #3's personal | W000104 | The Home Manager and Program Director will complete an audit of all consumers finances, to determine if anyone's account balance is in excess of the allowable amount. If any consumers account balances are | 12/05/2014 |

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

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

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| | finances were not in excess of the predetermined maximum amount allowed by Medicaid.<br><br>Findings include:<br><br>Client #3's financial record was reviewed on 10/29/14 at 2:47 PM. Client #3's facility based cluster account dated 7/1/14 through 10/29/14 indicated an ending balance of $8,084.64. Client #3's personal community based checking account ledger dated 7/10/14 through 10/29/14 indicated an ending balance of $482.04. The review indicated client #3's personal finances/resources exceeded $2000.00.<br><br>AD (Area Director) #1 was interviewed on 10/29/14 at 3:00 PM. AD #1 indicated the maximum amount predetermined by Medicaid for client finances/resources was $2,000.00.<br><br>9-3-1(a) | | in excess of the allowable amount the Home Manager and Program Director will work with the Social Worker and Client Finance Specialist to spend the money in an appropriate manner to get the balance below the allowable amount.<br><br>The Home Manager and Program Director will receive retraining on consumers' finances including ensuring that all consumers' accounts are below the allowable amount.<br><br>Ongoing the Client Finance Specialist will provide a record monthly to the Area Director of all consumers that have an account balance in excess of the allowable amount. The Area Director will ensure that the Program Director and Home Manager are notified so they can work with the Social Worker and Client Finance Specialist to spend the money in an appropriate manner to get the balance below the allowable amount.<br><br>Responsible Party: Home Manager, Program Director, Area Director, Client Finance Specialist | |
| W000149 | 483.420(d)(1)<br>STAFF TREATMENT OF CLIENTS<br>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.<br>Based on observation, record review and interview for 2 of 4 sampled clients (#1 | W000149 | 1.The Program Director will | 12/05/2014 |

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| | and #4), the facility failed to implement its policy and procedures to prevent neglect of client #1 regarding his elopement behaviors, report 9 incidents of client #1's elopement behavior to the BDDS (Bureau of Developmental Disabilities Services), investigate 9 incidents of client #1's elopement behavior and 1 incident of alleged staff to client mistreatment regarding client #4 and develop and implement safeguards to prevent reoccurrence of client #1's elopement behaviors, address staff's implementation of client #1's BSP (Behavior Support Plan) and client #4's physical aggression.<br><br>Findings include:<br><br>1. Client #1's record was reviewed on 10/28/14 at 10:52 AM. Client #1's ISP (Individual Support Plan) dated 6/25/14 indicated client #1 required 24 hour supervision for his health and safety. Client #1's RMAP (Risk Management Assessment and Plan) dated 6/25/14 indicated, "Must be supervised at all times." Client #1's RMAP dated 6/25/14 indicated, "Staff should continuously be aware of where [client #1] is and be prepared to intervene in the event that he is attempting to steal."<br><br>Client #1's BSP dated 6/25/14 indicated, | | receive retraining on the need to ensure Interdisciplinary Team meetings are held as needed for consumers once incidents of targeted behaviors, such as elopements, occur to determine if staff followed consumers Behavior Support Plans as directed and determine if other protective measures need to be put into place or if any changes need to be made to consumers Behavior Support Plans.<br><br>Ongoing, the Program Director will ensure that Interdisciplinary Team meetings are held as needed for consumers once incidents of targeted behaviors, such as elopements, occur to determine if staff followed consumers Behavior Support Plans as directed and determine if other protective measures need to be put into place or if any changes need to be made to consumers Behavior Support Plans.<br>All Direct care staff will be receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents.<br><br>Program Director will receive retraining to include ensuring that all reportable incidents are documented and BDDS reports | |

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| | "If [client #1] appears irritated or upset, prompt him to engage in a leisure/relaxing activity or redirect him to work on one of his household goals. If [client #1] cannot be redirected and/or you anticipate elopement is possible, keep visual contact of [client #1] in or outside of the house and remind (sic) of his reinforcement program. Specifically, remind him that when he leaves without permission he may not get his outing." Client #1's BSP indicated, "If you do not see [client #1] leave the house, you are the only staff member in the home, or you lose sight of [client #1] while following him, immediately call the police and on-call supervisor."<br><br>Client #1's IDT (Interdisciplinary Team) meeting note dated 4/15/14 indicated, "Talked about [client #1] trying to get a hold of cigarettes and smoke them. This could be detrimental to his health. Staff will keep a better eye on [client #1] when he goes outside. If he tries to go to [gas station], then follow him and redirect him, (sic) because he will try to get cigarettes. Staff must always document problems with [client #1] and notify the home manager." Client #1's IDT dated 10/2/14 indicated, "[Client #1] states he elopes because he wants cigarettes. States he elopes every couple of nights. Often returns very quickly so staff isn't even | | are filed within 24 hours of knowledge of the incident.<br><br>The Home Manager will receive retraining on documentation review including reviewing all consumer Daily support records, behavior tracking and narrative notes to ensure all incidents that have been documented have been reported to the Program Director so reports can be made to the Bureau of Developmental Disability Services and investigations can be completed as needed.<br><br>Ongoing, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of twice weekly for 30 days to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines. After the 30 days, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of once per week to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines.<br><br>The Program Director will receive | |

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| | aware that [client #1] has ever left." Client #1's IDT dated 10/2/14 indicated, "Implement line of sight and 15 minute checks at night." Client #1's record did not indicate documentation of IDT review or recommendations between the 4/15/14 through 10/2/14 meetings.<br><br>Client #1's BPRNN (Behavior Progress Report Narrative Notes) indicated the following:<br><br>-BPRNN dated 7/12/14 at 5:10 PM indicated, "[Client #1] was in medication area (sic) just received 5:00 PM medications. After receiving 5:00 PM medication he left room other staff (sic) serving dinner. Staff was told by another client [client #1] (sic) had taken off. I got in my car and went to gas (sic) station. Found [client #1] getting cigarette butts from ash trays. Asked [client #1] to get in car, explained to [client #1] that it isn't safe to leave house alone (sic)."<br><br>-BPRNN dated 7/25/14 at 1:50 PM indicated, "Staff was arriving for work approximately (sic) 1:50 PM. [Client #1] was crossing the street towards the group home coming from the gas station. Talk(ed) to [client #1] about how dangerous it was to be walking the (sic) neighborhood." | | retraining on investigation requirements to include what requires an investigation, what documents should be reviewed, who should be interviewed, when the investigation is to be completed, as well as how to write the report of findings. As soon as the retraining has been completed the Area Director and/or the Quality Assurance Specialist will complete a daily follow-up regarding any outstanding investigations to be completed by this Program Director.<br><br>The Program Director will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are interviewed so that a thorough investigation can be completed.<br><br>All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary | |

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| | -BPRNN dated 9/11/14 at 5:03 PM indicated, "[Client #1] ran off to local gas station to ask people for cigarettes [client #1] (sic) return (sic)."<br><br>-BPRNN dated 9/11/14 at 9:10 PM indicated, "[Client #1] woke up took his medications and snuck out the back door and walked to gas station, (sic) staff went and got consumer, (sic) he went to gas station for cigarettes. Staff discuss (sic) with [client #1] it's to (sic) dangerous to be walking the streets at night."<br><br>-BPRNN dated 9/21/14 at 7:40 AM indicated, "Staff had just arrived to group home at 7:30 AM. Looked out the back door and seen (sic) [client #1] walking from gas station. Talked with [client #1] and he went back to room (sic) and in an outside. Told him he was not allowed out anymore only on front porch (sic)."<br><br>-BPRNN dated 9/21/14 at 9:30 AM indicated, "[Client #1] had already left couple hours before (sic). Upset (sic) that he cannot smoke while staff was getting peers together for Church [client #1] left again (sic). Talked with [client #1] and made him sit on couch for a couple of hours then he went back to room (sic) and came in and check in every 20 minutes (sic)." | | changes will be made.<br><br>The Area Director will take corrective action if needed when investigation requirements have not been met. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made<br><br>Client #1Behavior Support Plans has been updated to include addressing elopement behaviors, line of sight supervision, staff interventions for preventing elopement from the home and procedures for what to do if Client #1 elopes from the home.<br><br>All Direct Care staff will receive retraining to include a review of Client #1 ISP, RMAP and also updated Behavior Support Plans which include addressing elopement behaviors, line of sight supervision, staff interventions for preventing elopement from the home and procedures for what to do if Client #1 elopes from the home. | |

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| | -BPRNN dated 9/21/14 at 1:00 PM indicated, "When other staff (unknown) returned from Church with others (sic) [client #1] decided to go back to the gas station for the third time during this shift. Staff had just checked on [client #1] before starting lunch and dealing with other clients. [Client #1] was brought home by a staff that was not working. Staff called [client #1's] guardian. His guardian wants something to be done. [Client #1's guardian] stated anytime [client #1] leave he want the police called and a report done because [client #1's] leaving is a safety issue (sic). Also wants reports done because if he can't do what he need (sic) to be done here [client #1's] next step will be state hospital. [Client #1] talked with parents and he understands what needs to be done."<br><br>-BPRNN dated 9/25/14 at 2:50 PM indicated, "[Client #1] was pacing around house. [Client #1] went to gas station to look for cigarette butts, return in several minutes. Stating (sic) 'I need a cigarette'. The electronic cigarette is not working. Staff discuss (sic) the danger of him walking across busy intersections and being alone in a public place."<br><br>-BPRNN dated 9/27/14 at 9:20 AM indicated, "[Client #1] was outside smoking. [Client #1] left went (sic) to the | | Program Director will receive retraining to include ensuring that all Direct Care staff are trained on all consumers initial and updated Behavior Support Plans once complete so they are aware of which steps to use to monitor and prevent targeted consumer behaviors and which interventions to use if targeted behaviors occur.<br><br>Ongoing the Program Director will ensure that all staff are trained on any initial and updated Behavior Support Plans once complete so they are aware of which steps to use to monitor and prevent targeted consumer behaviors and which interventions to use if targeted behaviors occur. The Program Director will provide the Area Director will copies of the staff training once complete to ensure all staff are trained on BSP updates.<br><br>1.The Program Director will receive retraining to include ensuring that when targeted behavior such as physical aggression or elopement occurs an investigation is completed to assess if staff followed consumers Behavior Support Plan interventions as directed. Based on the results of the investigation the Program Director will develop recommendation as needed regarding prevention of future targeted behaviors. | |

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| | gas station. While at the gas station [client #1] took a pop and ran out of the store."<br><br>-BPRNN dated 9/28/14 at 12:00 PM indicated, "[Client #1] was in room watching TV. [Client #1] left walked (sic) past gas station to storage place to get cigarettes. When walking over to gas station [client #1] refused to come back. Four times refused (sic)."<br><br>-BPRNN dated 9/28/14 indicated, "11:00 PM, 1:00 AM and 4:50 AM, [Client #1] wanted to smoke and didn't have any cigarettes or money. First time, walked out backdoor. Alarm not working. Told [client #1] to come back, hesitated but continued (sic). Second time went to check on [client #1] in his room, not there. [Client #1] went out back door again, (sic) was walking over to gas station. I called to him, stood outside (sic) and he came back. Third time, I went to the bathroom, came out (sic) heard a knock on (sic) front door at 5:00 AM. It was the police stated (sic) [client #1] was at gas station (sic)...."The BPRNN did not specify if the incidents of elopement at 1:00 AM and 4:50 AM occurred on the morning of 9/29/14.<br><br>The facility's BDDS Incident Reports and investigations were reviewed on 10/27/14 | | The Program Director will receive retraining on the need to ensure Interdisciplinary Team meetings are held as needed for consumers once incidents of targeted behaviors, such as elopements, occur to determine if staff followed consumers Behavior Support Plans as directed and determine if other protective measures need to be put into place or if any changes need to be made to consumers Behavior Support Plans.<br><br>Ongoing, the Program Director will ensure that Interdisciplinary Team meetings are held as needed for consumers once incidents of targeted behaviors, such as elopements, occur to determine if staff followed consumers Behavior Support Plans as directed and determine if other protective measures need to be put into place or if any changes need to be made to consumers Behavior Support Plans<br><br>The Program Director will receive retraining on investigation requirements to include what requires an investigation, what documents should be reviewed, who should be interviewed, when the investigation is to be completed, as well as how to write the report of findings. As soon as the retraining has been completed the Area Director | |

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| | at 11:40 AM. The review indicated the following:<br><br>-BDDS Incident Report dated 9/28/14 indicated, "On 9/27/14 at approximately 9:20 AM, [client #1] left the group home and walked to the nearby gas station where he took a drink. When staff noticed him missing, one staff went looking for him and found him at the gas station. [Client #1] was out of staff's sight for about 15 minutes. Staff brought [client #1] back to the group home without further incident. Staff will continue to follow [client #1's] BSP. Staff will keep [client #1] in sight at all times. Staff will monitor [client #1] for his health and safety."<br><br>-BDDS Incident Report dated 9/28/14 indicated, "On 9/28/14 at approximately 11:30 AM, [client #1] left the group home and walked to the nearby gas station where he was searching for a cigarette. Staff had [client #1] in line of sight and followed him to the gas station. This lasted about 20 minutes. The staff talked to the gas station attendant and they stated that they would call the police the next time he does this. Staff brought [client #1] back to the group home without further incident. Staff will continue to follow [client #1's] BSP. Staff will keep [client #1] in sight at all | | and/or the Quality Assurance Specialist will complete a daily follow-up regarding any outstanding investigations to be completed by this Program Director.<br><br>The Program Director will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are interviewed so that a thorough investigation can be completed.<br><br>All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.<br><br>The Area Director will take corrective action if needed when investigation requirements have not been met. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation | |

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| | times. Staff will monitor [client #1] for his health and safety."<br><br>-BDDS Incident Report dated 9/29/14 indicated client #1 had left the group home without staff's knowledge. At 5:00 AM the police notified group home staff client #1 had been at a nearby gas station unsupervised.<br><br>-Investigation dated 10/6/14 indicated, "Interview with [client #1]: [Client #1] said he leave (sic) the home without permission in order to go to the [gas station] and get cigarettes and soda. [Client #1] said he would leave the group home without staff knowing about it a couple of times a day. [Client #1] said he has been told by Mentor staff and [gas station] workers he is not allowed or welcome at the [gas station]." The 10/6/14 investigation indicated, "Evidence supports staff are not following [client #1's] BSP. Documentation supports [client #1] eloped 5 times in July and 16 times in September." The 10/6/14 Investigation indicated, "Brief summary of the incident: On 9/29/14 at approximately 5:30 AM [client #1] was brought back to the group home by [police]." The 10/6/14 Investigation did not indicate specific review of client #1's elopements occurring at 12:00 PM and 11:00 PM on | | needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made. | |

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| | 9/28/14 or client #1's 9/29/14 elopement at 1:00 AM. The 10/6/14 Investigation did not indicate documentation of recommendations to prevent future incidents of client #1's elopement behavior or address staff's implementation of client #1's BSP.<br><br>The review did not indicate documentation of client #1's 7/12/14, 7/25/14, 9/11/14 at 5:03 PM, 9/11/14 at 9:10 PM, 9/21/14 at 7:40 AM, 9/21/14 at 1:00 PM, 9/25/14 at 2:50 PM, 9/28/14 at 12:00 PM, 9/28/14 at 11:00 PM or 1:00 AM incidents of elopement had been reported to the BDDS or investigated.<br><br>Staff #2 was interviewed on 10/27/14 at 5:30 PM. Staff #2 indicated client #1 was on line of sight supervision due to elopement behaviors.<br><br>Observations were conducted at the group home on 10/28/14 from 6:05 AM through 7:30 AM. At 6:35 AM client #1 exited the front door of the group home to smoke a cigarette on the group home's front porch. Client #1 was not in staff's line of sight. At 6:39 AM, staff #3 walked past the front door and saw client #1 on the front porch smoking a cigarette. Staff #3 stood outside with client #1 while he smoked his cigarette. At 6:40 AM, client #1 walked out of the group | | | |

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| | home's kitchen area, into the group home's living room area and then to his bedroom. Staff #3 remained in the group home's kitchen area with staff #4 while client #1 moved from room to room out of their direct line of sight. At 6:43 AM client #1 returned to the kitchen area. At 6:49 AM, HM #1, staff #3, staff #4 and LPN (Licensed Practical Nurse) #1, which constituted the staff present in the home, were in the group home's medication administration area. The medication area was located at the end of a corridor past the kitchen area. The medication area did not have a direct view of the kitchen, living room or client #1's bedroom area. Client #1 was seated at the kitchen table writing in his journal. At 6:49 AM client #1 exited the kitchen area and returned to his bedroom. Client #1 was not in staff's line of sight. At 6:51 AM, client #1 returned to the kitchen area and then to the living room area. At 7:00 AM, client #1 was seated in the group home's living room area with no staff present in the area or in sight of client #1.<br><br>LPN #1 was interviewed on 10/28/14 at 12:00 PM. LPN #1 indicated client #1 should be in staff's line of sight during wake hours.<br><br>AD (Area Director) #1 and PD (Program Director) #1 were interviewed on | | | |

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| | 10/29/14 at 3:00 PM. PD #1 indicated client #1 should be in staff's line of sight while he is awake and was on 15 minute status checks during overnight hours. PD #1 indicated client #1's 10/2/14 IDT had recommended and developed a line of sight protocol to be implemented by staff working with client #1 to address client #1's elopement behaviors. PD #1 indicated he had trained all staff working in the home regarding client #1's line of sight supervision protocol. AD #1 stated, "During the 10/6/14 investigation [QAS (Quality Assurance Specialist) #1] found some incidents. We became aware of some additional incidents that had not been reported." AS #1 indicated the facility had conducted an IDT on 10/2/14 regarding client #1's elopements and determined client #1 should have a ration of cigarettes available to prevent his attempts to obtain tobacco from the gas station and determined staff would maintain line of sight supervision of client #1.<br><br>2. The facility's BDDS Incident Reports and investigations were reviewed on 10/27/14 at 11:40 AM. The review indicated the following:<br><br>-BDDS Incident Report dated 5/12/14 indicated, "[Staff #1] redirected [client #4] from opening neighbor's mail box. | | | |

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| | [Client #4] became upset and confrontational with [staff #1]. [Staff #1] redirected [client #4] to cool off in his bedroom and [client #4] spit/assaulted [staff #1]. [Staff #1] was able to push [client #4] off him and resulting in [client #4] having several scratches on his arms and back area. [Client #4] became upset because of the scratches and called 911. Emergency services and police came to the group home to assess the situation. [HM (Home Manager) #1] and [PD (Program Director) #1] came out to relieve staff from duty. [Client #4] was cleared by emergency services and said his wounds barely had skin broken. [HM #1] assisted [client #4] with using first aid to clean wounds (sic). [Staff #1] was immediately suspended pending outcome of investigation (sic). IDT will meet to discuss [client #4's] behaviors."<br><br>The review did not indicate documentation of an investigation regarding the 5/12/14 incident. The facility did not provide documentation of analysis of the incident to determine if staff #1 utilized a unapproved physical management technique, findings of fact and determination as to whether staff #1's actions were substantiated, unsubstantiated or inconclusive regarding mistreatment or abuse of client #4. | | | |

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| | Client #4's record was reviewed on 10/29/14 at 1:49 PM. The review did not indicate documentation of IDT review or recommendations regarding client #4's 5/12/14 incident.<br><br>AD #1 was interviewed on 10/29/14 at 3:15 PM. AD #1 indicated documentation of the investigation of client #4's 5/12/14 incident was not available for review.<br><br>AD #1 was interviewed on 10/27/14 at 11:47 AM. AD #1 indicated the facility's abuse and neglect policy should be implemented. AD #1 indicated all allegations of abuse, neglect and mistreatment should be reported to BDDS within 24 hours. AD #1 indicated all allegations of abuse, neglect and mistreatment should be thoroughly investigated. AD #1 indicated corrective measures to prevent recurrence of abuse, neglect and mistreatment should be developed and implemented through the investigation process, quality assurance review and/or IDT.<br><br>The facility's policy and procedures were reviewed on 10/30/14 at 5:00 PM. The facility's Quality and Risk Management policy dated April 2011 indicated, "Indiana Mentor promotes a high quality of service and seeks to protect individuals | | | |

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| | receiving Indiana Mentor services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed." The April 2011 policy indicated, "Indiana Mentor follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS: Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to Adult Protective Services or Child Protective Services as applicable. The provider shall suspend staff involved in an incident from duty pending investigation by the provider. This may include: (a.) physical abuse, including but not limited to: (i.) intentionally touching another person in a rude, insolent, or angry manner.... (e.) Failure to provide appropriate supervision, care or training...." The April 2011 policy indicated, "(4.) A service deliver site that compromises the health and safety of an individual while the individual is receiving services from the following causes.... (c.) Elopement of an individual that results in evasion of required supervision as described in the ISP for | | | |

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| | health and safety; (d.) Missing person when an individual wanders away and no one knows where they are.... (f.) Event with the potential for causing significant harm or injury.... (p.) Inadequate staff support for an individual including inadequate supervision, with the potential for (1.) Significant harm or injury to an individual."<br><br>The facility's Quality and Risk Management policy dated April 2011 indicated, "An initial report regarding an incident shall be submitted within twenty four (24) hours of: (a.) the occurrence of the incident; or (b.) the reporter becoming aware of or receiving information about an incident."<br><br>The facility's Quality and Risk Management policy dated April 2011 indicated, "Indiana Mentor is committed to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual served or other employee. (1.) Investigation findings will be submitted to the AD for review and development of further recommendations as needed within 5 days of the incident."<br><br>9-3-2(a) | | | |

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| W000153 | 483.420(d)(2)<br>STAFF TREATMENT OF CLIENTS<br>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.<br>Based on record review and interview for 9 of 13 allegations of abuse, neglect, mistreatment and injuries of unknown origin reviewed, the facility failed to report 9 incidents of client #1's elopement behavior to the BDDS (Bureau of Developmental Disabilities Services) within 24 hours in accordance with state law.<br><br>Findings include:<br><br>Client #1's record was reviewed on 10/28/14 at 10:52 AM. Client #1's ISP (Individual Support Plan) dated 6/25/14 indicated client #1 required 24 hour supervision for his health and safety. Client #1's RMAP (Risk Management Assessment and Plan) dated 6/25/14 indicated, "Must be supervised at all times." Client #1's RMAP dated 6/25/14 indicated, "Staff should continuously be aware of where [client #1] is and be prepared to intervene in the event that he is attempting to steal."<br><br>Client #1's BPRNN (Behavior Progress | W000153 | All Direct care staff will be receive retraining on incident reporting requirements including what incidents need to be reported, designated timeframes in which incidents are to be reported and the procedure for immediately notifying the on call supervisor of reportable incidents.<br><br>Program Director will receive retraining to include ensuring that all reportable incidents are documented and BDDS reports are filed within 24 hours of knowledge of the incident.<br><br>The Home Manager will receive retraining on documentation review including reviewing all consumer Daily support records, behavior tracking and narrative notes to ensure all incidents that have been documented have been reported to the Program Director so reports can be made to the Bureau of Developmental Disability Services and investigations can be completed as needed.<br><br>Ongoing, the Home Manager and/or Program Director will review the DSRs and Behavior | 12/05/2014 |

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| | Report Narrative Notes) indicated the following:<br><br>-BPRNN dated 7/12/14 at 5:10 PM indicated, "[Client #1] was in medication area (sic) just received 5:00 PM medications. After receiving 5:00 PM medication he left room other staff (sic) serving dinner. Staff was told by another client [client #1] (sic) had taken off. I got in my car and went to gas (sic) station. Found [client #1] getting cigarette butts from ash trays. Asked [client #1] to get in car, explained to [client #1] that it isn't safe to leave house alone (sic)."<br><br>-BPRNN dated 7/25/14 at 1:50 PM indicated, "Staff was arriving for work approximately (sic) 1:50 PM. [Client #1] was crossing the street towards the group home coming from the gas station. Talk(ed) to [client #1] about how dangerous it was to be walking the (sic) neighborhood."<br><br>-BPRNN dated 9/11/14 at 5:03 PM indicated, "[Client #1] ran off to local gas station to ask people for cigarettes [client #1] (sic) return (sic)."<br><br>-BPRNN dated 9/11/14 at 9:10 PM indicated, "[Client #1] woke up took his medications and snuck out the back door and walked to gas station, (sic) staff went | | tracking records a minimum of twice weekly for 30 days to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines. After the 30 days, the Home Manager and/or Program Director will review the DSRs and Behavior tracking records a minimum of once per week to ensure that all incidents that fall under the BDDS reportable incident guidelines are reported to the on call supervisor, Program Director and/or Area Director within the designated reporting guidelines.<br><br>Responsible Party: Home Manager, Program Director | |

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| | and got consumer, (sic) he went to gas station for cigarettes. Staff discuss (sic) with [client #1] it's to (sic) dangerous to be walking the streets at night."<br><br>-BPRNN dated 9/21/14 at 7:40 AM indicated, "Staff had just arrived to group home at 7:30 AM. Looked out the back door and seen (sic) [client #1] walking from gas station. Talked with [client #1] and he went back to room (sic) and in an outside. Told him he was not allowed out anymore only on front porch (sic)."<br><br>-BPRNN dated 9/21/14 at 9:30 AM indicated, "[Client #1] had already left couple hours before (sic). Upset (sic) that he cannot smoke while staff was getting peers together for Church [client #1] left again (sic). Talked with [client #1] and made him sit on couch for a couple of hours then he went back to room (sic) and came in and check in every 20 minutes (sic)."<br><br>-BPRNN dated 9/21/14 at 1:00 PM indicated, "When other staff (unknown) returned from Church with others (sic) [client #1] decided to go back to the gas station for the third time during this shift. Staff had just checked on [client #1] before starting lunch and dealing with other clients. [Client #1] was brought home by a staff that was not working. | | | |

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| | Staff called [client #1's] guardian. His guardian wants something to be done. [Client #1's guardian] stated anytime [client #1] leave he want the police called and a report done because [client #1's] leaving is a safety issue (sic). Also wants reports done because if he can't do what he need (sic) to be done here [client #1's] next step will be state hospital. [Client #1] talked with parents and he understands what needs to be done."<br><br>-BPRNN dated 9/25/14 at 2:50 PM indicated, "[Client #1] was pacing around house. [Client #1] went to gas station to look for cigarette butts, return in several minutes. Stating (sic) 'I need a cigarette'. The electronic cigarette is not working. Staff discuss (sic) the danger of him walking across busy intersections and being alone in a public place."<br><br>-BPRNN dated 9/27/14 at 9:20 AM indicated, "[Client #1] was outside smoking. [Client #1] left went (sic) to the gas station. While at the gas station [client #1] took a pop and ran out of the store."<br><br>-BPRNN dated 9/28/14 at 12:00 PM indicated, "[Client #1] was in room watching TV. [Client #1] left walked (sic) past gas station to storage place to get cigarettes. When walking over to gas | | | |

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| | station [client #1] refused to come back. Four times refused (sic)."<br><br>-BPRNN dated 9/28/14 indicated, "11:00 PM, 1:00 AM and 4:50 AM, [Client #1] wanted to smoke and didn't have any cigarettes or money. First time, walked out backdoor. Alarm not working. Told [client #1] to come back, hesitated but continued (sic). Second time went to check on [client #1] in his room, not there. [Client #1] went out back door again, (sic) was walking over to gas station. I called to him, stood outside (sic) and he came back. Third time, I went to the bathroom, came out (sic) heard a knock on (sic) front door at 5:00 AM. It was the police stated (sic) [client #1] was at gas station (sic)...."The BPRNN did not specify if the incidents of elopement at 1:00 AM and 4:50 AM occurred on the morning of 9/29/14.<br><br>The facility's BDDS Incident Reports and investigations were reviewed on 10/27/14 at 11:40 AM.<br><br>The review did not indicate documentation of client #1's 7/12/14, 7/25/14, 9/11/14 at 5:03 PM, 9/11/14 at 9:10 PM, 9/21/14 at 7:40 AM, 9/21/14 at 1:00 PM, 9/25/14 at 2:50 PM, 9/28/14 at 12:00 PM, 9/28/14 at 11:00 PM or 1:00 AM incidents of elopement had been | | | |

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| | reported to the BDDS.<br><br>AD (Area Director) #1 and PD (Program Director) #1 were interviewed on 10/29/14 at 3:00 PM. AD#1 stated, "During the 10/6/14 investigation [QAS (Quality Assurance Specialist) #1] found some incidents. We became aware of some additional incidents that had not been reported."<br><br>AD #1 was interviewed on 10/27/14 at 11:47 AM. AD #1 indicated all allegations of abuse, neglect and mistreatment should be reported to the BDDS within 24 hours.<br><br>9-3-1(b)(5)<br>9-3-2(a) | | | |
| W000154 | 483.420(d)(3)<br>STAFF TREATMENT OF CLIENTS<br>The facility must have evidence that all alleged violations are thoroughly investigated.<br>Based on record review and interview for 10 of 13 allegations of abuse, neglect, mistreatment and injuries of unknown origin reviewed, the facility failed to investigate 9 incidents of client #1's elopement behavior and 1 incident of alleged staff to client mistreatment regarding client #4. | W000154 | The Program Director will receive retraining on investigation requirements to include what requires an investigation, what documents should be reviewed, who should be interviewed, when the investigation is to be completed, as well as how to write the report of findings. As soon as the retraining has been completed the Area Director and/or the Quality Assurance | 12/05/2014 |

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| | Findings include:<br><br>1. Client #1's record was reviewed on 10/28/14 at 10:52 AM. Client #1's ISP (Individual Support Plan) dated 6/25/14 indicated client #1 required 24 hour supervision for his health and safety. Client #1's RMAP (Risk Management Assessment and Plan) dated 6/25/14 indicated, "Must be supervised at all times." Client #1's RMAP dated 6/25/14 indicated, "Staff should continuously be aware of where [client #1] is and be prepared to intervene in the event that he is attempting to steal."<br><br>Client #1's BSP dated 6/25/14 indicated, "If [client #1] appears irritated or upset, prompt him to engage in a leisure/relaxing activity or redirect him to work on one of his household goals. If [client #1] cannot be redirected and/or you anticipate elopement is possible, keep visual contact of [client #1] in or outside of the house and remind (sic) of his reinforcement program. Specifically, remind him that when he leaves without permission he may not get his outing." Client #1's BSP indicated, "If you do not see [client #1] leave the house, you are the only staff member in the home, or you lose sight of [client #1] while following him, immediately call the police and on-call supervisor." | | Specialist will complete a daily follow-up regarding any outstanding investigations to be completed by this Program Director.<br><br>The Program Director will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are interviewed so that a thorough investigation can be completed.<br><br>All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.<br><br>The Area Director will take corrective action if needed when investigation requirements have not been met. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future | |

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| | Client #1's BPRNN (Behavior Progress Report Narrative Notes) indicated the following:<br><br>-BPRNN dated 7/12/14 at 5:10 PM indicated, "[Client #1] was in medication area (sic) just received 5:00 PM medications. After receiving 5:00 PM medication he left room other staff (sic) serving dinner. Staff was told by another client [client #1] (sic) had taken off. I got in my car and went to gas (sic) station. Found [client #1] getting cigarette butts from ash trays. Asked [client #1] to get in car, explained to [client #1] that it isn't safe to leave house alone (sic)."<br><br>-BPRNN dated 7/25/14 at 1:50 PM indicated, "Staff was arriving for work approximately (sic) 1:50 PM. [Client #1] was crossing the street towards the group home coming from the gas station. Talk(ed) to [client #1] about how dangerous it was to be walking the (sic) neighborhood."<br><br>-BPRNN dated 9/11/14 at 5:03 PM indicated, "[Client #1] ran off to local gas station to ask people for cigarettes [client #1] (sic) return (sic)."<br><br>-BPRNN dated 9/11/14 at 9:10 PM indicated, "[Client #1] woke up took his | | investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.<br><br>Responsible Staff: Program Director, Area Director, Quality Assurance Specialist | |

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| | medications and snuck out the back door and walked to gas station, (sic) staff went and got consumer, (sic) he went to gas station for cigarettes. Staff discuss (sic) with [client #1] it's to (sic) dangerous to be walking the streets at night."<br><br>-BPRNN dated 9/21/14 at 7:40 AM indicated, "Staff had just arrived to group home at 7:30 AM. Looked out the back door and seen (sic) [client #1] walking from gas station. Talked with [client #1] and he went back to room (sic) and in an outside. Told him he was not allowed out anymore only on front porch (sic)."<br><br>-BPRNN dated 9/21/14 at 9:30 AM indicated, "[Client #1] had already left couple hours before (sic). Upset (sic) that he cannot smoke while staff was getting peers together for Church [client #1] left again (sic). Talked with [client #1] and made him sit on couch for a couple of hours then he went back to room (sic) and came in and check in every 20 minutes (sic)."<br><br>-BPRNN dated 9/21/14 at 1:00 PM indicated, "When other staff (unknown) returned from Church with others (sic) [client #1] decided to go back to the gas station for the third time during this shift. Staff had just checked on [client #1] before starting lunch and dealing with | | | |

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| | other clients. [Client #1] was brought home by a staff that was not working. Staff called [client #1's] guardian. His guardian wants something to be done. [Client #1's guardian] stated anytime [client #1] leave he want the police called and a report done because [client #1's] leaving is a safety issue (sic). Also wants reports done because if he can't do what he need (sic) to be done here [client #1's] next step will be state hospital. [Client #1] talked with parents and he understands what needs to be done."<br><br>-BPRNN dated 9/25/14 at 2:50 PM indicated, "[Client #1] was pacing around house. [Client #1] went to gas station to look for cigarette butts, return in several minutes. Stating (sic) 'I need a cigarette'. The electronic cigarette is not working. Staff discuss (sic) the danger of him walking across busy intersections and being alone in a public place."<br><br>-BPRNN dated 9/27/14 at 9:20 AM indicated, "[Client #1] was outside smoking. [Client #1] left went (sic) to the gas station. While at the gas station [client #1] took a pop and ran out of the store."<br><br>-BPRNN dated 9/28/14 at 12:00 PM indicated, "[Client #1] was in room watching TV. [Client #1] left walked | | | |

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| | (sic) past gas station to storage place to get cigarettes. When walking over to gas station [client #1] refused to come back. Four times refused (sic)."<br><br>-BPRNN dated 9/28/14 indicated, "11:00 PM, 1:00 AM and 4:50 AM, [Client #1] wanted to smoke and didn't have any cigarettes or money. First time, walked out backdoor. Alarm not working. Told [client #1] to come back, hesitated but continued (sic). Second time went to check on [client #1] in his room, not there. [Client #1] went out back door again, (sic) was walking over to gas station. I called to him, stood outside (sic) and he came back. Third time, I went to the bathroom, came out (sic) heard a knock on (sic) front door at 5:00 AM. It was the police stated (sic) [client #1] was at gas station (sic)...."The BPRNN did not specify if the incidents of elopement at 1:00 AM and 4:50 AM occurred on the morning of 9/29/14.<br><br>The facility's BDDS Incident Reports and investigations were reviewed on 10/27/14 at 11:40 AM. The review indicated the following:<br><br>-BDDS Incident Report dated 9/28/14 indicated, "On 9/27/14 at approximately 9:20 AM, [client #1] left the group home and walked to the nearby gas station | | | |

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| | where he took a drink. When staff noticed him missing, one staff went looking for him and found him at the gas station. [Client #1] was out of staff's sight for about 15 minutes. Staff brought [client #1] back to the group home without further incident. Staff will continue to follow [client #1's] BSP. Staff will keep [client #1] in sight at all times. Staff will monitor [client #1] for his health and safety."<br><br>-BDDS Incident Report dated 9/28/14 indicated, "On 9/28/14 at approximately 11:30 AM, [client #1] left the group home and walked to the nearby gas station where he was searching for a cigarette. Staff had [client #1] in line of sight and followed him to the gas station. This lasted about 20 minutes. The staff talked to the gas station attendant and they stated that they would call the police the next time he does this. Staff brought [client #1] back to the group home without further incident. Staff will continue to follow [client #1's] BSP. Staff will keep [client #1] in sight at all times. Staff will monitor [client #1] for his health and safety."<br><br>-BDDS Incident Report dated 9/29/14 indicated client #1 had left the group home without staff's knowledge. At 5:00 AM the police notified group home staff | | | |

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| | client #1 had been at a nearby gas station unsupervised.<br><br>-Investigation dated 10/6/14 indicated, "Interview with [client #1]: [Client #1] said he leave (sic) the home without permission in order to go to the [gas station] and get cigarettes and soda. [Client #1] said he would leave the group home without staff knowing about it a couple of times a day. [Client #1] said he has been told by Mentor staff and [gas station] workers he is not allowed or welcome at the [gas station]." The 10/6/14 investigation indicated, "Evidence supports staff are not following [client #1's] BSP. Documentation supports [client #1] eloped 5 times in July and 16 times in September." The 10/6/14 Investigation indicated, "Brief summary of the incident: On 9/29/14 at approximately 5:30 AM [client #1] was brought back to the group home by [police]." The 10/6/14 Investigation did not indicate specific review of client #1's elopements occurring at 12:00 PM and 11:00 PM on 9/28/14 or client #1's 9/29/14 elopement at 1:00 AM.<br><br>The review did not indicate documentation of client #1's 7/12/14, 7/25/14, 9/11/14 at 5:03 PM, 9/11/14 at 9:10 PM, 9/21/14 at 7:40 AM, 9/21/14 at | | | |

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| | 1:00 PM, 9/25/14 at 2:50 PM, 9/28/14 at 12:00 PM, 9/28/14 at 11:00 PM or 1:00 AM incidents of elopement had been investigated.<br><br>2. The facility's BDDS Incident Reports and investigations were reviewed on 10/27/14 at 11:40 AM. The review indicated the following:<br><br>-BDDS Incident Report dated 5/12/14 indicated, "[Staff #1] redirected [client #4] from opening neighbor's mail box. [Client #4] became upset and confrontational with [staff #1]. [Staff #1] redirected [client #4] to cool off in his bedroom and [client #4] spit/assaulted [staff #1]. [Staff #1] was able to push [client #4] off him and resulting in [client #4] having several scratches on his arms and back area. [Client #4] became upset because of the scratches and called 911. Emergency services and police came to the group home to assess the situation. [HM (Home Manager) #1] and [PD (Program Director) #1] came out to relieve staff from duty. [Client #4] was cleared by emergency services and said his wounds barely had skin broken. [HM #1] assisted [client #4] with using first aid to clean wounds (sic). [Staff #1] was immediately suspended pending outcome of investigation (sic). IDT will meet to discuss [client #4's] behaviors." | | | |

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| | The review did not indicate documentation of an investigation regarding the 5/12/14 incident. The facility did not provide documentation of analysis of the incident to determine if staff #1 utilized a unapproved physical management technique, findings of fact and determination as to whether staff #1's actions were substantiated, unsubstantiated or inconclusive regarding mistreatment or abuse of client #4.<br><br>AD (Area Director) #1 was interviewed on 10/29/14 at 3:15 PM. AD #1 indicated documentation of the investigation of client #4's 5/12/14 incident was not available for review.<br><br>AD #1 was interviewed on 10/27/14 at 11:47 AM. AD #1 indicated all allegations of abuse, neglect and mistreatment should be thoroughly investigated.<br><br>9-3-2(a) | | | |
| W000157 | 483.420(d)(4)<br>STAFF TREATMENT OF CLIENTS<br>If the alleged violation is verified, appropriate corrective action must be taken.<br>Based on observation, record review and interview for 10 of 13 allegations of | W000157 | 1.Client #1Behavior Support Plans has been updated to | 12/05/2014 |

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| | abuse, neglect, mistreatment and injuries of unknown origin reviewed, the facility failed to develop and implement corrective actions to prevent recurrence of client #1's elopement behaviors, address staff's implementation of client #1's BSP (Behavior Support Plan) and client #4's physical aggression.<br><br>Findings include:<br><br>1. Client #1's record was reviewed on 10/28/14 at 10:52 AM. Client #1's ISP (Individual Support Plan) dated 6/25/14 indicated client #1 required 24 hour supervision for his health and safety. Client #1's RMAP (Risk Management Assessment and Plan) dated 6/25/14 indicated, "Must be supervised at all times." Client #1's RMAP dated 6/25/14 indicated, "Staff should continuously be aware of where [client #1] is and be prepared to intervene in the event that he is attempting to steal."<br><br>Client #1's BSP dated 6/25/14 indicated, "If [client #1] appears irritated or upset, prompt him to engage in a leisure/relaxing activity or redirect him to work on one of his household goals. If [client #1] cannot be redirected and/or you anticipate elopement is possible, keep visual contact of [client #1] in or outside of the house and remind (sic) of | | include addressing elopement behaviors, line of sight supervision, staff interventions for preventing elopement from the home and procedures for what to do if Client #1 elopes from the home.<br><br>All Direct Care staff will receive retraining to include a review of Client #1 ISP, RMAP and also updated Behavior Support Plans which include addressing elopement behaviors, line of sight supervision, staff interventions for preventing elopement from the home and procedures for what to do if Client #1 elopes from the home.<br><br>Program Director will receive retraining to include ensuring that all Direct Care staff are trained on all consumers initial and updated Behavior Support Plans once complete so they are aware of which steps to use to monitor and prevent targeted consumer behaviors and which interventions to use if targeted behaviors occur.<br><br>Ongoing the Program Director will ensure that all staff are trained on any initial and updated Behavior Support Plans once complete so they are aware of which steps to use to monitor and prevent targeted consumer behaviors and which interventions to use if targeted behaviors occur. The Program Director will provide the Area Director will copies of the | |

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| | his reinforcement program. Specifically, remind him that when he leaves without permission he may not get his outing." Client #1's BSP indicated, "If you do not see [client #1] leave the house, you are the only staff member in the home, or you lose sight of [client #1] while following him, immediately call the police and on-call supervisor."<br><br>Client #1's IDT (Interdisciplinary Team) meeting note dated 4/15/14 indicated, "Talked about [client #1] trying to get a hold of cigarettes and smoke them. This could be detrimental to his health. Staff will keep a better eye on [client #1] when he goes outside. If he tries to go to [gas station], then follow him and redirect him, (sic) because he will try to get cigarettes. Staff must always document problems with [client #1] and notify the home manager." Client #1's IDT dated 10/2/14 indicated, "[Client #1] states he elopes because he wants cigarettes. States he elopes every couple of nights. Often returns very quickly so staff isn't even aware that [client #1] has ever left." Client #1's IDT dated 10/2/14 indicated, "Implement line of sight and 15 minute checks at night." Client #1's record did not indicate documentation of IDT review or recommendations between the 4/15/14 through 10/2/14 meetings. | | staff training once complete to ensure all staff are trained on BSP updates.<br><br>1.The Program Director will receive retraining to include ensuring that when targeted behavior such as physical aggression or elopement occurs an investigation is completed to assess if staff followed consumers Behavior Support Plan interventions as directed. Based on the results of the investigation the Program Director will develop recommendation as needed regarding prevention of future targeted behaviors.<br><br>The Program Director will receive retraining on the need to ensure Interdisciplinary Team meetings are held as needed for consumers once incidents of targeted behaviors, such as elopements, occur to determine if staff followed consumers Behavior Support Plans as directed and determine if other protective measures need to be put into place or if any changes need to be made to consumers Behavior Support Plans.<br><br>Ongoing, the Program Director will ensure that Interdisciplinary Team meetings are held as needed for consumers once incidents of targeted behaviors, such as elopements, occur to determine if staff followed | |

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| | Client #1's BPRNN (Behavior Progress Report Narrative Notes) indicated the following:<br><br>-BPRNN dated 7/12/14 at 5:10 PM indicated, "[Client #1] was in medication area (sic) just received 5:00 PM medications. After receiving 5:00 PM medication he left room other staff (sic) serving dinner. Staff was told by another client [client #1] (sic) had taken off. I got in my car and went to gas (sic) station. Found [client #1] getting cigarette butts from ash trays. Asked [client #1] to get in car, explained to [client #1] that it isn't safe to leave house alone (sic)."<br><br>-BPRNN dated 7/25/14 at 1:50 PM indicated, "Staff was arriving for work approximately (sic) 1:50 PM. [Client #1] was crossing the street towards the group home coming from the gas station. Talk(ed) to [client #1] about how dangerous it was to be walking the (sic) neighborhood."<br><br>-BPRNN dated 9/11/14 at 5:03 PM indicated, "[Client #1] ran off to local gas station to ask people for cigarettes [client #1] (sic) return (sic)."<br><br>-BPRNN dated 9/11/14 at 9:10 PM indicated, "[Client #1] woke up took his medications and snuck out the back door | | consumers Behavior Support Plans as directed and determine if other protective measures need to be put into place or if any changes need to be made to consumers Behavior Support Plans.<br>Responsible Party: Home Manager, Program Director, Behavior Specialist, Area Director | |

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| | and walked to gas station, (sic) staff went and got consumer, (sic) he went to gas station for cigarettes. Staff discuss (sic) with [client #1] it's to (sic) dangerous to be walking the streets at night."<br><br>-BPRNN dated 9/21/14 at 7:40 AM indicated, "Staff had just arrived to group home at 7:30 AM. Looked out the back door and seen (sic) [client #1] walking from gas station. Talked with [client #1] and he went back to room (sic) and in an outside. Told him he was not allowed out anymore only on front porch (sic)."<br><br>-BPRNN dated 9/21/14 at 9:30 AM indicated, "[Client #1] had already left couple hours before (sic). Upset (sic) that he cannot smoke while staff was getting peers together for Church [client #1] left again (sic). Talked with [client #1] and made him sit on couch for a couple of hours then he went back to room (sic) and came in and check in every 20 minutes (sic)."<br><br>-BPRNN dated 9/21/14 at 1:00 PM indicated, "When other staff (unknown) returned from Church with others (sic) [client #1] decided to go back to the gas station for the third time during this shift. Staff had just checked on [client #1] before starting lunch and dealing with other clients. [Client #1] was brought | | | |

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| | home by a staff that was not working. Staff called [client #1's] guardian. His guardian wants something to be done. [Client #1's guardian] stated anytime [client #1] leave he want the police called and a report done because [client #1's] leaving is a safety issue (sic). Also wants reports done because if he can't do what he need (sic) to be done here [client #1's] next step will be state hospital. [Client #1] talked with parents and he understands what needs to be done."<br><br>-BPRNN dated 9/25/14 at 2:50 PM indicated, "[Client #1] was pacing around house. [Client #1] went to gas station to look for cigarette butts, return in several minutes. Stating (sic) 'I need a cigarette'. The electronic cigarette is not working. Staff discuss (sic) the danger of him walking across busy intersections and being alone in a public place."<br><br>-BPRNN dated 9/27/14 at 9:20 AM indicated, "[Client #1] was outside smoking. [Client #1] left went (sic) to the gas station. While at the gas station [client #1] took a pop and ran out of the store."<br><br>-BPRNN dated 9/28/14 at 12:00 PM indicated, "[Client #1] was in room watching TV. [Client #1] left walked (sic) past gas station to storage place to | | | |

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| | get cigarettes. When walking over to gas station [client #1] refused to come back. Four times refused (sic)."<br><br>-BPRNN dated 9/28/14 indicated, "11:00 PM, 1:00 AM and 4:50 AM, [Client #1] wanted to smoke and didn't have any cigarettes or money. First time, walked out backdoor. Alarm not working. Told [client #1] to come back, hesitated but continued (sic). Second time went to check on [client #1] in his room, not there. [Client #1] went out back door again, (sic) was walking over to gas station. I called to him, stood outside (sic) and he came back. Third time, I went to the bathroom, came out (sic) heard a knock on (sic) front door at 5:00 AM. It was the police stated (sic) [client #1] was at gas station (sic)...."The BPRNN did not specify if the incidents of elopement at 1:00 AM and 4:50 AM occurred on the morning of 9/29/14.<br><br>The facility's BDDS Incident Reports and investigations were reviewed on 10/27/14 at 11:40 AM. The review indicated the following:<br><br>-BDDS Incident Report dated 9/28/14 indicated, "On 9/27/14 at approximately 9:20 AM, [client #1] left the group home and walked to the nearby gas station where he took a drink. When staff | | | |

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| | noticed him missing, one staff went looking for him and found him at the gas station. [Client #1] was out of staff's sight for about 15 minutes. Staff brought [client #1] back to the group home without further incident. Staff will continue to follow [client #1's] BSP. Staff will keep [client #1] in sight at all times. Staff will monitor [client #1] for his health and safety."<br><br>-BDDS Incident Report dated 9/28/14 indicated, "On 9/28/14 at approximately 11:30 AM, [client #1] left the group home and walked to the nearby gas station where he was searching for a cigarette. Staff had [client #1] in line of sight and followed him to the gas station. This lasted about 20 minutes. The staff talked to the gas station attendant and they stated that they would call the police the next time he does this. Staff brought [client #1] back to the group home without further incident. Staff will continue to follow [client #1's] BSP. Staff will keep [client #1] in sight at all times. Staff will monitor [client #1] for his health and safety."<br><br>-BDDS Incident Report dated 9/29/14 indicated client #1 had left the group home without staff's knowledge. At 5:00 AM the police notified group home staff client #1 had been at a nearby gas station | | | |

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| | unsupervised.<br><br>-Investigation dated 10/6/14 indicated, "Interview with [client #1]: [Client #1] said he leave (sic) the home without permission in order to go to the [gas station] and get cigarettes and soda. [Client #1] said he would leave the group home without staff knowing about it a couple of times a day. [Client #1] said he has been told by Mentor staff and [gas station] workers he is not allowed or welcome at the [gas station]." The 10/6/14 investigation indicated, "Evidence supports staff are not following [client #1's] BSP. Documentation supports [client #1] eloped 5 times in July and 16 times in September." The 10/6/14 Investigation indicated, "Brief summary of the incident: On 9/29/14 at approximately 5:30 AM [client #1] was brought back to the group home by [police]." The 10/6/14 Investigation did not indicate documentation of recommendations to prevent future incidents of client #1's elopement behavior or address staff's implementation of client #1's BSP.<br><br>Staff #2 was interviewed on 10/27/14 at 5:30 PM. Staff #2 indicated client #1 was on line of sight supervision due to elopement behaviors. | | | |

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| | Observations were conducted at the group home on 10/28/14 from 6:05 AM through 7:30 AM. At 6:35 AM client #1 exited the front door of the group home to smoke a cigarette on the group home's front porch. Client #1 was not in staff's line of sight. At 6:39 AM, staff #3 walked past the front door and saw client #1 on the front porch smoking a cigarette. Staff #3 stood outside with client #1 while he smoked his cigarette. At 6:40 AM, client #1 walked out of the group home's kitchen area, into the group home's living room area and then to his bedroom. Staff #3 remained in the group home's kitchen area with staff #4 while client #1 moved from room to room out of their direct line of sight. At 6:43 AM client #1 returned to the kitchen area. At 6:49 AM, HM #1, staff #3, staff #4 and LPN (Licensed Practical Nurse) #1, which constituted the staff present in the home, were in the group home's medication administration area. The medication area was located at the end of a corridor past the kitchen area. The medication area did not have a direct view of the kitchen, living room or client #1's bedroom area. Client #1 was seated at the kitchen table writing in his journal. At 6:49 AM client #1 exited the kitchen area and returned to his bedroom. Client #1 was not in staff's line of sight. At 6:51 AM, client #1 returned to the kitchen area | | | |

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| | and then to the living room area. At 7:00 AM, client #1 was seated in the group home's living room area with no staff present in the area or in sight of client #1.<br><br>LPN #1 was interviewed on 10/28/14 at 12:00 PM. LPN #1 indicated client #1 should be in staff's line of sight during wake hours.<br><br>AD (Area Director) #1 and PD (Program Director) #1 were interviewed on 10/29/14 at 3:00 PM. PD #1 indicated client #1 should be in staff's line of sight while he is awake and was on 15 minute status checks during overnight hours. PD #1 indicated client #1's 10/2/14 IDT had recommended and developed a line of sight protocol to be implemented by staff working with client #1 to address client #1's elopement behaviors. PD #1 indicated he had trained all staff working in the home regarding client #1's line of sight supervision protocol. AS #1 indicated the facility had conducted an IDT on 10/2/14 regarding client #1's elopements and determined client #1 should have a ration of cigarettes available to prevent his attempts to obtain tobacco from the gas station and determined staff would maintain line of sight supervision of client #1.<br><br>2. The facility's BDDS Incident Reports | | | |

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| | and investigations were reviewed on 10/27/14 at 11:40 AM. The review indicated the following:<br><br>-BDDS Incident Report dated 5/12/14 indicated, "[Staff #1] redirected [client #4] from opening neighbor's mail box. [Client #4] became upset and confrontational with [staff #1]. [Staff #1] redirected [client #4] to cool off in his bedroom and [client #4] spit/assaulted [staff #1]. [Staff #1] was able to push [client #4] off him and resulting in [client #4] having several scratches on his arms and back area. [Client #4] became upset because of the scratches and called 911. Emergency services and police came to the group home to assess the situation. [HM (Home Manager) #1] and [PD (Program Director) #1] came out to relieve staff from duty. [Client #4] was cleared by emergency services and said his wounds barely had skin broken. [HM #1] assisted [client #4] with using first aid to clean wounds (sic). [Staff #1] was immediately suspended pending outcome of investigation (sic). IDT will meet to discuss [client #4's] behaviors."<br><br>The review did not indicate documentation of an investigation regarding the 5/12/14 incident. The facility did not provide documentation of analysis of the incident to determine if | | | |

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| | staff #1 utilized a unapproved physical management technique, findings of fact and determination as to whether staff #1's actions were substantiated, unsubstantiated or inconclusive regarding mistreatment or abuse of client #4.<br><br>Client #4's record was reviewed on 10/29/14 at 1:49 PM. The review did not indicate documentation of IDT review or recommendations regarding client #4's 5/12/14 incident.<br><br>AD #1 was interviewed on 10/27/14 at 11:47 AM. AD #1 indicated corrective measures to prevent recurrence of abuse, neglect and mistreatment should be developed and implemented through the investigation process, quality assurance review and/or IDT.<br><br>9-3-2(a) | | | |
| W000159 | 483.430(a)<br>QUALIFIED MENTAL RETARDATION PROFESSIONAL<br>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.<br>Based on observation, record review and interview for 2 of 4 sampled clients (#2, #3 and #4), the QIDP (Qualified Intellectual Disability Professional) failed to ensure client #4's informed consent | W000159 | 1.The Program Director and Home Manager will work to complete CFAs for all Clients including Client #2. 3 and 4. | 12/05/2014 |

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| | assessment and CFA (Comprehensive Functional Assessment) were completed with 30 days of client #4's admission to the facility, clients #2 and #3's CFA's were reviewed/updated annually and ensure the facility provided client #1 with dentures and client #2 had a formal training objective to assist client #2 utilize her prescription eyeglasses.<br><br>Findings include:<br><br>1. The QIDP failed to ensure client #4's informed consent assessment and CFAs were completed within 30 days of client #4's admission to the facility. Please see W210.<br><br>2. The QIDP failed to ensure clients #2 and #3's CFAs were reviewed/updated annually. Please see W259.<br><br>3. The QIDP failed to provide client #1 with dentures. The QIDP failed to ensure client #2 had a formal training objective to assist client #2 utilize her prescription eyeglasses. Please see W436.<br><br>9-3-3(a) | | The Program Director and Home Manager will be retrained on completing CFAs for all clients. This training will include the importance of these CFA's, the reason for them, how to complete them, and when to complete them. Program Director will receive retraining on ensuring that all assessments, including a Comprehensive Functional assessment are completed for each consumer within 30 days of admission and reviewed and updated a minimum of annually on an ongoing basis.<br><br>Ongoing, the Program Director will ensure that Comprehensive Functional assessments are completed for each consumer within 30 days of admission and a minimum of annually on an ongoing basis. The Area Director will communicate with the Program Director at the 30 day post-admission time to ensure that all assessments and goals have been completed as needed.<br><br>Responsible Party: Home Manager, Program Director, Area Director<br><br>1.The Program Director and Home Manager will work to complete CFAs for all Clients including Client #2. 3 and 4.<br><br>The Program Director and Home Manager will be retrained on completing CFAs for all clients. | |

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| | | | This training will include the importance of these CFA's, the reason for them, how to complete them, and when to complete them. Program Director will receive retraining on ensuring that all assessments, including a Comprehensive Functional assessment are completed for each consumer within 30 days of admission and reviewed and updated a minimum of annually on an ongoing basis.<br><br>Ongoing, the Program Director will ensure that Comprehensive Functional assessments are completed for each consumer within 30 days of admission and a minimum of annually on an ongoing basis. The Area Director will communicate with the Program Director at the 30 day post-admission time to ensure that all assessments and goals have been completed as needed.<br><br>Responsible Party: Home Manager, Program Director, Area Director<br><br>3.<br>A. New dentures have been provided for Client #1. A formal goal has been developed for Client #1 to encourage him to use his dentures. All staff will be trained on the implementation of this goal.<br><br>Home Manager, Program | |

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| | | | Director and Program Nurse will receive retraining to include ensuring that all consumers have necessary adaptive equipment, including dentures, and that it is maintained in good working order. Training will include ensuring that once it is determined that adaptive equipment needs to be fixed or replaced that the Home Manager and/or Program Nurse will communicate with the Program Director to ensure adaptive equipment is repaired and/or replaced as needed in a timely manner.<br><br>The Home Manager, Program Director will complete active treatment observations twice per week for four weeks to observe if all consumers' adaptive equipment is being maintained in good working order and repaired/replaced as needed. After four weeks and ongoing the Home Manager and/ or Program Director will complete active treatment observations at least once per week to observe if all consumers adaptive equipment is being maintained in good working order and repaired/replaced as needed.<br><br>B. A formal goal has been developed for Client #2 to encourage her to use her eyeglasses. All staff will be trained on the implementation of | |

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| | | | this goal.<br><br>Program Director will receive retraining to include ensuring that all consumers have goals in place to encourage them to use their adaptive equipment as directed and how to maintain it in good working order.<br><br>Ongoing, Program Director will ensure that goals and objectives are developed for consumers that have challenges with using their adaptive equipment as directed and/or maintaining it in good working order. These formal goals will be reviewed for progress a minimum of quarterly and revised as necessary to adapt to progress achieved.<br><br>Responsible Staff: Program Nurse, Home Manager, Program Director | |
| W000210 | 483.440(c)(3)<br>INDIVIDUAL PROGRAM PLAN<br>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.<br>Based on record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure client #4's informed consent assessment and CFA (Comprehensive Functional Assessment) were completed within 30 days of client #4's admission to the facility. | W000210 | The Program Director and Home Manager will work to complete CFAs for all Clients including Client #2. 3 and 4.<br><br>The Program Director and Home Manager will be retrained on completing CFAs for all clients. | 12/05/2014 |

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| | Findings include:<br><br>Client #4's record was reviewed on 10/28/14 at 1:49 PM. Client #4's ISP (Individual Support Plan) dated 2/23/14 indicated, "Legal status: Self." Client #4's ISP dated 2/23/14 indicated, "Assessment of ability to provide informed consent: (no response/blank). List areas where he cannot provide informed consent: (no response/blank). List who helps provide informed consent when he is unable to: (no response/blank)." Client #4's record did not indicate documentation of informed consent assessment. Client #4's record did not indicate documentation of a CFA. Client #4's Physicians Order form dated 9/27/14 indicated client #4's date of admission was 9/14/12.<br><br>PD (Program Director) #1 was interviewed on 10/29/14 at 3:00 PM. PD #1 indicated client #4 did not have a HCR (Health Care Representative) or guardian. PD #1 indicated client #4's ISP/ informed consent assessment should be completed. PD #1 indicated there was not additional documentation of client #4's CFA being completed.<br><br>9-3-4(a) | | This training will include the importance of these CFA's, the reason for them, how to complete them, and when to complete them. Program Director will receive retraining on ensuring that all assessments, including a Comprehensive Functional assessment are completed for each consumer within 30 days of admission and reviewed and updated a minimum of annually on an ongoing basis.<br><br>Ongoing, the Program Director will ensure that Comprehensive Functional assessments are completed for each consumer within 30 days of admission and a minimum of annually on an ongoing basis. The Area Director will communicate with the Program Director at the 30 day post-admission time to ensure that all assessments and goals have been completed as needed.<br><br>Responsible Party: Home Manager, Program Director, Area Director | |

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| W000259 | 483.440(f)(2)<br>PROGRAM MONITORING & CHANGE<br>At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed.<br>Based on record review and interview for 2 of 4 sampled clients (#2 and #3), the facility failed to ensure clients #2 and #3's CFAs (Comprehensive Functional Assessment) were reviewed/updated annually.<br><br>Findings include:<br><br>1. Client #2's record was reviewed on 10/28/14 at 1:00 PM. Client #2's CFA was dated 8/7/13. Client #2's record did not indicate documentation of annual review/revision of client #2's CFA since 8/7/13.<br><br>2. Client #3's record was reviewed on 10/28/14 at 9:15 AM. Client #3's CFA was dated 6/27/13. Client #3's record did not indicate documentation of annual review/revision of client #3's CFA since 6/27/13.<br><br>PD (Program Director) #1 was interviewed on 10/29/14 at 3:00 PM. PD #1 indicated clients #2 and #3's CFAs should be reviewed annually.<br><br>9-3-4(a) | W000259 | The Program Director and Home Manager will work to complete CFAs for all Clients including Client #2. 3 and 4.<br><br>The Program Director and Home Manager will be retrained on completing CFAs for all clients. This training will include the importance of these CFA's, the reason for them, how to complete them, and when to complete them. Program Director will receive retraining on ensuring that all assessments, including a Comprehensive Functional assessment are completed for each consumer within 30 days of admission and reviewed and updated a minimum of annually on an ongoing basis.<br><br>Ongoing, the Program Director will ensure that Comprehensive Functional assessments are completed for each consumer within 30 days of admission and a minimum of annually on an ongoing basis. The Area Director will communicate with the Program Director at the 30 day post-admission time to ensure that all assessments and goals have been completed as needed.<br><br>Responsible Party: Home | 12/05/2014 |

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| | | | Manager, Program Director, Area Director | |
| W000436 | 483.470(g)(2)<br>SPACE AND EQUIPMENT<br>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.<br>Based on observation, record review and interview for 2 of 4 clients with adaptive equipment (#1 and #2), the facility failed to provide client #1 with dentures. The facility failed to ensure client #2 had a formal training objective to assist client #2 utilize her prescription eyeglasses.<br><br>Findings include:<br><br>Observations were conducted at the group home on 10/28/14 from 6:05 AM through 7:30 AM. Clients #1 and #2 were observed throughout the observation period. Client #1 did not wear dentures. Client #2 did not wear eyeglasses.<br><br>Observations were conducted at the group home on 10/27/14 from 4:45 PM | W000436 | 1.New dentures have been provided for Client #1. A formal goal has been developed for Client #1 to encourage him to use his dentures. All staff will be trained on the implementation of this goal.<br><br>Home Manager, Program Director and Program Nurse will receive retraining to include ensuring that all consumers have necessary adaptive equipment, including dentures, and that it is maintained in good working order. Training will include ensuring that once it is determined that adaptive equipment needs to be fixed or replaced that the Home Manager and/or Program Nurse will communicate with the | 12/05/2014 |

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| | through 6:07 PM. Clients #1 and #2 were observed throughout the observation period. Client #1 did not wear dentures. Client #2 did not wear eyeglasses.<br><br>1. Client #1's record was reviewed on 10/28/14 at 10:52 AM. Client #1's Health Care Coordination Monthly Health Review (HCCMHR) from 1/2014 through 10/2014 indicated client #1 refused to wear his dentures. Client #1's QNA (Quarterly Nursing Assessment) form dated 3/20/13, 6/2013, 9/2013, 12/2013, 3/2014, 6/2014 and 9/2014 indicated client #1 refused to wear his dentures. Client #1's dental exam form dated 3/20/14 indicated, "Ill fitting dentures."<br><br>LPN (Licensed Practical Nurse) #1 was interviewed on 10/28/14 at 12:00 PM. LPN #1 stated, "[Client #1] has refused to wear his dentures as long as I've been working at the house. When he puts them in, they look like horse teeth. I mean, they do. They stick out of his mouth and don't fit on his gums. [Client #1] is so small and lost so much weight. The dentures just don't fit his mouth. He won't wear them. I don't think they are really even functional, if he did wear them he wouldn't be able to eat." LPN #1 stated, "I think he would wear his dentures if they fit him." | | Program Director to ensure adaptive equipment is repaired and/or replaced as needed in a timely manner.<br><br>The Home Manager, Program Director will complete active treatment observations twice per week for four weeks to observe if all consumers' adaptive equipment is being maintained in good working order and repaired/replaced as needed. After four weeks and ongoing the Home Manager and/ or Program Director will complete active treatment observations at least once per week to observe if all consumers adaptive equipment is being maintained in good working order and repaired/replaced as needed.<br><br>1.A formal goal has been developed for Client #2 to encourage her to use her eyeglasses. All staff will be trained on the implementation of this goal.<br><br>Program Director will receive retraining to include ensuring that all consumers have goals in place to encourage them to use their adaptive equipment as directed and how to maintain it in good working order.<br><br>Ongoing, Program Director will ensure that goals and objectives | |

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| | AD (Area Director) #1 was interviewed on 10/29/14 at 3:00 PM. AD #1 indicated client #1 was in the process of being fitted for dentures. AD #1 indicated Medicaid had approved the purchase of client #1's dentures. AD #1 indicated the facility had not provided client #1 with a pair of dentures that fit properly.<br><br>2. Client #2's record was reviewed on 10/28/14 at 1:00 PM. Client #2's vision examination form dated 9/23/14 indicated client #2 had a prescription for full time use of eyeglasses. Client #2's ISP (Individual Support Plan) dated 6/25/14 indicated client #2 wore prescription eyeglasses. Client #2's ISP did not indicate a formal training objective to assist client #2 utilize her prescription eyeglasses.<br><br>PD (Program Director) #1 was interviewed on 10/29/14 at 3:10 PM. PD #1 indicated client #2 refused to wear her eyeglasses. PD #1 indicated client #2 did not have a training objective to teach or encourage client #2 to utilize her eyeglasses.<br><br>9-3-7(a) | | are developed for consumers that have challenges with using their adaptive equipment as directed and/or maintaining it in good working order. These formal goals will be reviewed for progress a minimum of quarterly and revised as necessary to adapt to progress achieved.<br><br>Responsible Staff: Program Nurse, Home Manager, Program Director | |

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| W000440 | 483.470(i)(1)<br>EVACUATION DRILLS<br>The facility must hold evacuation drills at least quarterly for each shift of personnel.<br>Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 4 additional clients (#5, #6, #7 and #8), the facility failed to conduct evacuation drills for each quarter on each shift of staff.<br><br>Findings include:<br><br>The facility's evacuation drill record was reviewed on 10/28/14 at 2:40 PM. The review indicated the facility failed to conduct an evacuation drill for clients #1, #2, #3, #4, #5, #6, #7 and #8 on the day shift for the third quarter, July, August, September 2014.<br><br>AD (Area Director) #1 was interviewed on 10/29/14 at 3:00 PM. AD #1 indicated fire drills should be conducted once per quarter on each shift.<br><br>9-3-7(a) | W000440 | All Direct Support Professionals will receive a retraining to ensure that they understand the importance of completing the monthly fire drills. The training will include reviewing a copy of the fire drill schedule.<br><br>Ongoing, the Direct Support Professionals will complete one fire drill per month (or more as needed) according to the schedule to ensure that the health and safety of the client's needs are met.<br><br>The Home Manager will be retrained on the policy and procedures for the completion of evacuation drills.<br><br>The Home Manager will be responsible for submitting a copy of the fire drill to the Program Director and Quality Assurance Specialist before the last day of each month.<br><br>The Quality Assurance Specialist will review the report and request any necessary follow-up. The Program Director will be responsible for ensuring the needed follow-up is completed.<br><br>Responsible Staff: Program | 12/05/2014 |

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| | | | Director, Home Manager, Quality Assurance Specialist | |