

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G308	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/15/2013
NAME OF PROVIDER OR SUPPLIER CDC INC			STREET ADDRESS, CITY, STATE, ZIP CODE 204 RILEY RD DELPHI, IN 46923		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: October 7, 8, 11, and 15, 2013</p> <p>Facility Number: 000827 Provider Number: 15G308 AIM Number: 100235060</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review completed 10/28/13 by W. Chris Greeney 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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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 observation, record review, and interview, for 3 of 4 clients (clients #1, #3, and #4) who lived in the group home, the governing body failed to exercise operating direction over the facility to complete maintenance and repairs at the group home for clients #1 and #3's missing closet doors, and client #4's scuffed flooring.</p> <p>Findings include:</p> <p>During observations on 10/7/13 from 4:15pm until 6:30pm, and on 10/8/13 from 5:30am until 7:10am, clients #1 and #3's bedroom closets did not have a door closure to the closet. During both observation periods client #4's bedroom hardwood floor was scuffed, gouged, and needed repaired. On 10/7/13 at 5:17pm, GHS (Group Home Staff) #3 indicated client #1 and #3's bedroom closet doors were missing. At 5:17pm, GHS #3 stated client #4's bedroom hardwood floor "needed refinished" because the floor was scuffed and gouged.</p> <p>On 10/8/13 at 1:30pm, and on 10/15/13 at 9:30am, the facility's maintenance items to be repaired and/or replaced was</p>	W000104	<p>As for tag 104 a maintenance check list has been drafted for maintenance issues to be checked in the group home monthly. All issues listed in the deficiency has been completed on 11-13-2013. Monitoring of the checklist will be done monthly by Group Home Supervisor. Addendum: To ensure the clients home will be maintained for health and Safety the checklist of the house inspections will include all areas of the home A checklist will be done weekly by group home staff member if any issue found to be deficient staff will turn into Maintenance Department on the appropriate form for issue to be addressed. Monitoring of issues will be done by GHS weekly by reviewing the checklist that staff have completed.</p>	11/13/2013			

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	<p>requested from the QIDP (Qualified Intellectual Disabilities Professional) and none were available for review.</p> <p>On 10/8/13 at 1:30pm, an interview with the QIDP was conducted. The QIDP indicated no maintenance items had identified maintenance needs for needed repairs.</p> <p>9-3-1(a)</p>				

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W000137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation, interview, and record review, for 2 of 2 sampled clients (clients #1 and #2) and 2 additional clients (clients #3 and #4), the facility failed to ensure clients #1, #2 #3, and #4 had individual keys to access their locked pop money in their bedrooms.</p> <p>Findings include:</p> <p>On 10/7/13 from 4:15pm until 6:30pm, and on 10/8/13 from 5:30am until 7:10am, clients #1, #2 and #3's keys for their personal money lockboxes were kept on a hook beside the medication desk in the back of the dining room. On 10/8/13 at 6:10am, client #1 told GHS (Group Home Staff) #2 "I need my money." Client #1 was prompted to get her key by GHS #2. Client #1 walked behind the medication desk, removed a key which had her initials on the key ring, walked to her (client #1's) bedroom, inserted the key, opened the lock box, and checked</p>	W000137	As for tag W137 as the closing of the survey the GHS (Group Home Supervisor) has given the keys to the clients to be put in their bedrooms for the clients to be able to open and lock their lock boxes as they wish. A set of the keys in the case a client has lost their key has been placed in the lock box behind the staff desk. Clients ISP 's have been updated to include the identified need for ht lock box used by the client. Monitoring to ensure that the need of the lock box will be done a quarterly basis by the QIDP.Addendum: GHS will be monitoring the placement of the keys at least once a week. If clients that need additional training or assistance with their lock boxes they will be assessed quarterly and a goal will be implemented to ensure that the need is addressed.	11/14/2013			

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	<p>her pop money. Client #1 indicated she had "\$0.05." Client #1 relocked her lock box, left her bedroom, walked to the dining room, and stated to GHS #1 "I need my money." Client #1 opened an unsecured drawer to the medication desk, removed an envelope with her initials on the outside of the envelope, and stated "This one is mine." Client #1 opened the envelope, counted quarters inside and stated she had \$2.00 "enough for pop for a week." Client #1 indicated the house manager set up the envelope for all the clients who lived in the group home in advance. At 6:10am, GHS #1 and GHS #2 both indicated the house manager set up envelopes for clients #1, #2, #3, and #4 in advance and the envelopes were kept in the unsecured drawer and not in the each clients lock boxes for pop money in the clients bedrooms. GHS #1 and GHS #2 both indicated clients #1, #2, #3, and #4's lock box keys were kept on a hook behind the medication desk in the dining room and indicated no clients had individual keys to access their personal money.</p> <p>Client #1's record was reviewed on 10/8/13 at 12:15pm. Client #1's 2/12/13</p>						

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	<p>ISP (Individual Support Plan) indicated a goal/objective to budget her weekly spending \$2.00 for day services. Client #1's record did not indicate the identified need for locked items and indicated client #1 could use a key to access a lock.</p> <p>Client #2's record was reviewed on 10/8/13 at 1:20pm. Client #2's 4/15/13 ISP indicated a goal/objective to remove her money from her lock box to purchase pop at day services. Client #2's record did not indicate the identified need for locked items and indicated client #2 could use a key to access a lock.</p> <p>On 10/8/13 at 1:30pm, an interview the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated clients #1, #2, #3, and #4 should have had a key to their individual lock boxes and the extra key should have been kept by staff in a secure place.</p> <p>9-3-2(a)</p>				

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W000140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on observation, interview, and record review, for 2 of 2 sampled clients (clients #1 and #2) and 2 additional clients (clients #3 and #4), the facility failed to ensure an accurate accounting and security of clients #1, #2 #3, and #4's personal funds and failed to follow their policy and procedure for client finances. Findings include:</p> <p>On 10/7/13 from 4:15pm until 6:30pm, and on 10/8/13 from 5:30am until 7:10am, clients #1, #2 and #3's keys for their personal money lockboxes were kept on a hook beside the medication desk in the back of the dining room. On 10/8/13 at 6:10am, client #1 told GHS (Group Home Staff) #2 "I need my money." Client #1 was prompted to get her key by GHS #2. Client #1 walked behind the medication desk, removed a key which had her initials on the key ring, walked to her (client #1's) bedroom, inserted the key, opened the lock box, and checked her pop money. Client #1 indicated she had "\$0.05." Client #1 relocked her lock</p>	W000140	As for tag W 140 as of the closing of the survey the clients money has been counted and included in the clients cash log. As of 11/5/2013 GHS has been retrained on correct procedure for cash on hand. Cash logs will be monitored by qualified supervisory staff on a monthly basis. Addendum: House Inspection checklist updated to include location of the clients money. Monitoring will be done by Qualified Supervisory Staff monthly and as needed if any issues found from House Inspection. Addendum of House Inspection checklist will be completed by 12-6-2013. Addendum: Qualified Supervisory staff will review vocational assessments for updates by 11-25-2013. Vocational Assessments will be checked quarterly by Qualified Supervisory staff. Qualified Supervisory staff will review monthly summary to determine any areas that are identified by goal data and update all assessments with identified needs quarterly.	11/14/2013			

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	<p>box, left her bedroom, walked to the dining room, and stated to GHS #1 "I need my money." Client #1 opened an unsecured drawer to the medication desk, removed an envelope with her initials on the outside of the envelope, and stated "This one is mine." Inside the unsecured medication desk drawer were additional envelopes with money inside each envelope: two (2) envelopes with client #4's initials and five (5) envelopes with client #4's initials. Client #1 opened her envelope, counted quarters inside, and stated she had \$2.00 "enough for (soft drinks) for a week." Client #1 indicated the house manager set up the envelope for all the clients who lived in the group home in advance. At 6:10am, GHS #1 and GHS #2 both indicated the house manager set up envelopes for clients #1, #2, #3, and #4 in advance, the envelopes were kept in the unsecured drawer, and the money was not in the each clients lock boxes for soft drink money in the client bedrooms. GHS #1 and GHS #2 both indicated clients #1, #2, #3, and #4's lock box keys were kept on an unsecured hook behind the medication desk in the dining room and indicated no clients had</p>						

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	<p>individual keys to access their personal money. At 6:10am, client #1, #2, #3, and #4's additional locked money was reviewed by GHS #1. GHS #1 indicated clients #1, #3, and #4's 10/2013 financial records did not have an accounting ledger which included the money in each individual envelope with initials inside the unsecured drawer.</p> <p>On 10/8/13 at 10:15am, a review of client #1, #3, and #4's financial records kept at the agency was conducted and indicated the following one withdrawal monthly for pop money which each client signed a receipt:</p> <p>-Client #1: On 9/9/13 expensed "5 week pop money \$10.00." On 8/8/13 "5 week pop money \$10.00." On 7/2013 "5 week pop money \$10.00." On 7/2013 "Week pop money \$10.00."</p> <p>-Client #3: On 9/9/13 expensed "5 week pop money \$10.00." On 8/8/13 "5 week pop money \$10.00." On 7/2013 "5 week pop money \$10.00." On 7/2013 "Week pop money \$10.00."</p> <p>-Client #4: On 9/9/13 expensed "5 week pop money \$10.00." On 8/8/13 "5 week pop money \$10.00." On 7/2013 "5 week pop money \$10.00." On 7/2013 "Week</p>						

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	<p>pop money \$10.00."</p> <p>On 10/8/13 at 12:00noon, the facility's policy and procedure 4/19/12 "Procedure for Management of Consumer Finances" indicated the facility staff should fill out a withdrawal slip for each time each client made a withdrawal from their facility maintained personal funds to ensure a complete accounting of their finances. The policy indicated money maintained by the facility should be kept secured.</p> <p>On 10/8/13 at 1:30pm, an interview the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated clients #1, #2, #3, and #4 should have had a key to their individual lock boxes and the extra key should have been kept by staff in a secure place. The QIDP indicated client personal funds accounts were to be kept separate for each client and secured. The QIDP indicated she was unaware the House Manager was setting the clients pop money up in envelopes and kept in an unsecured desk. The QIDP indicated the facility's personal funds policy and procedure was not followed by the facility staff when no October, 2013 receipt of the withdrawal was documented. The QIDP indicated the policy and procedure was not followed</p>				

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	when funds were not given to the client and the funds were kept in a separate envelope. 9-3-2(a)				

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W000225	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills. Based on observation, record review, and interview, for 1 additional client (client #3), the facility failed to assess client #3's vocational needs and skills and to include his work history and work interests.</p> <p>Findings include:</p> <p>On 10/8/13 from 8am until 10:15am, at the facility's workshop client #3 sat at a table inside a classroom. From 8:00am until 9:25am, client #3 was prompted to complete wooden puzzles while seated at a table by Workshop Staff (WKS) #1. From 8:00am until 9:25am, client #3 completed puzzles, emptied the puzzles, and then re completed puzzles independently. During the observation period four (4) different times, client #3 emptied three (3) wooden puzzles pieces together in a pile on the table with the puzzle pieces face down, mixed the puzzle pieces up in the pile, and independently completed all three puzzles in less than one minute ten seconds (1 min. 10 sec.). At 9:10am, while client #3 was continuing to mix and complete wooden puzzles, Workshop Staff (WKS) #1 prompted client #3 to identify flash cards of a hand, the colors yellow and red, and barn yard animals which he did</p>	W000225	As for tag W 225 as of 11/11/2013 clients vocational assessments will be reviewed by the IDT to be updated . Vocational assessment form has been revised to include work history/ work interest on 11/5/2013. Monitoring of the vocational assessment will be done by Day Service Team Lead annually and or as needed.	11/14/2013			

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	<p>correctly. At 9:10am, WKS #1 stated client #3 was in the classroom to "learn goals, rinse his dishes, increase his leisure skills, to exercise, and to purchase his pop." WKS #1 indicated client #3 did not have an active treatment schedule for the workshop classroom, and did not have a schedule to follow for active treatment inside the classroom. At 9:10am, WKS #1 indicated she was unaware of client #3's work interests and his work history. WKS #1 indicated she was unaware if client #3 had completed paid work at the workshop. WKS #1 indicated no vocational assessment was available for review.</p> <p>On 10/8/13 at 9:25am, client #3 indicated he did not know if he ever attended workshop and had paid work available. Client #3 used one and two word responses to questions and when asked if he would like to attend the paid work area of the workshop, client #3 walked to the doorway and looked out into the hallway. WKS #1 prompted client #3 to return to the table inside the classroom. Client #3 did not respond when asked what his work interests were at the workshop.</p> <p>On 10/8/13 at 2:09pm, client #3's record was reviewed. Client #3's 12/18/12 ISP (Individual Support Plan) did not include a vocational goal/objective. Client #3's</p>				

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	<p>1/21/13 "Vocational Assessment" did not indicate if client #3 had the skill to attend the workshop. Client #3's 1/21/13 Vocational Assessment indicated "... (can sometimes) use appropriate safety equipment, recognizes safety and warning symbols and signs, acts appropriately around hazardous equipment, responds appropriately to emergencies and drills, follow safety rules, Works cooperatively with other in pairs or in groups, completes job in a timely manner, adapts to changes in job routine, makes transitions smoothly from one task to another... Work Tolerance: (Always) leaves work area no more than once between scheduled breaks, returns to work station promptly, requires minimal encouragement to remain on task..." Client #3's Vocational Assessment did not include his work history or client #3's work interest. No documentation for client #3's workshop/day services attendance was available for review.</p> <p>On 10/8/13 at 1:30pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated the workshop was responsible for client #3's assessment and development of his goals/objectives. The QIDP indicated client #3's assessment did not include his work history or his work interests. The QIDP indicated no further</p>						

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	vocational information for client #3 was available for review. 9-3-4(a)				

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, for 2 of 2 sampled clients (clients #1 and #2) and for 2 additional clients (clients #3 and #4), the facility failed to teach clients #1, #2, and #4 about their medications when opportunities existed and the facility failed to provide client #3 with meaningful activity at the facility owned day program.</p> <p>Findings include:</p> <p>1. On 10/8/13 from 6:25am until 7:05am, medication administration was completed by GHS #2 at the group home. At 6:25am, GHS #2 punched client #4's oral medications from each medication card, signed client #4's 10/2013 MAR (Medication Administration Record) as given, and then administered the medications to client #4. No teaching client #4 the names, doses, side effects, or reasons for the medications was completed. At 6:32am, client #4's 10/2013 MAR indicated "Atorvastatin 20mg (for high cholesterol), Doxazosin</p>	W000249	As for tag W249 part 1 as of the closing of the survey staff have been retrained on medication administration on 10/25/2013 and completed a supervised med pass given by Residential manager and GHS. MAR's (Medication Administration Records) have been reviewed to ensure all side effects are listed on clients MAR's. Monitoring of the MAR's will be done monthly by GHS. Supervised med passes will continue to be done by qualified supervisory staff on a monthly basis. All staff have been retrained on name of medication, dosage, reason for giving medication and the side effects of the medication on 11/7/2013. Part 2 of tag W 249 Day Service Coordinator has implemented and posted schedules for classrooms. Monitoring of the schedules will be done by either DSC or Team Lead. Addendum: MAR's will be changed from monthly monitoring to weekly by GHS. Monitoring of schedules to ensure clients and staff are following schedule will be done by Qualified Supervisory staff at	11/14/2013			

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	<p>4mg (for enlarged prostate), Loratadine 10mg (for allergies), Fish Oil 1000mg (for low bloodwork), and Namenda 10mg (for Dementia)."</p> <p>At 6:34am, GHS #2 punched client #1's oral medications from each medication card, signed client #1's 10/2013 MAR (Medication Administration Record) as given, and then administered the medications to client #1. No teaching client #1 the names, doses, side effects, or reasons for the medications was completed. At 6:45am, client #1's 10/2013 MAR and client #1's 10/2013 "Physician's Orders" both indicated "Vitamin C (for health), Vitamin D3 (for health), Calcium Antacid (for stomach distress), Abilify 15mg (for behaviors), L-Lysine HCL (for blisters), Thera Tablet (for general health), Tegretol/Carbamazepine 400mg (for seizure disorder), and Keppra/Levetiracetam 500mg (for seizures)."</p> <p>At 6:48am, GHS #2 punched client #2's oral medications from each medication card, signed client #2's 10/2013 MAR (Medication Administration Record) as given, and then administered the medications to client #2. at 6:48am, GHS #1 asked client #2 "Do you get your pill today?" and client #2 responded "Yes."</p>		<p>least bi-monthly.249 Addendum Part 1/The supervisor will implement a once a week supervised med passes for at least the next 60 days to ensure appropriate Core A&B training is implemented. Part 2/ The Day Service Coordinator or Team Lead will monitor schedules on a once a week basis for 30 days then bi-monthly for 30 days then monthly to ensure consumer have a complete day scheduled for activities.</p>				

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	<p>At 7:05am, client #2's 10/2013 MAR and 10/2013 "Physician's Order's" indicated "Aspirin 325mg (to prevent blood clots), Vitamin B-12 1000 cr (for low blood levels), Lamotrigine 100mg (for seizures), Budesonide 3mg (for behaviors), Detrol LA 4mg (for urinary incontinence), Vimpat 50mg (for seizures), Buspirone 5mg (for behaviors), Carvedilol 3.125mg (for hypertension), Levetiraceta 250mg (for seizures), Gabapentin 400mg (for seizures), and Oyster Shell Calcium + D 500mg (for nutritional health)." No teaching client #2 the names, doses, side effects, or reasons for the medications was completed.</p> <p>On 10/8/13 at 12:15pm, client #1's record was reviewed. Client #1's 2/12/13 ISP (Individual Support Plan) indicated a goal/objective to learn how to identify her medications and to identify her abilify medication.</p> <p>On 10/8/13 at 1:20pm, client #2's record was reviewed. Client #2's 4/15/13 ISP indicated a goal/objective to use peridox rinse to brush her teeth and to place lotion on her hands before going to bed to prevent chapped hands.</p> <p>On 10/8/13 at 1:30pm, an interview the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP</p>			

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	<p>indicated client #1, #2, and #4's medication objectives should have been implemented during each opportunity. The QIDP indicated facility staff should have taught each client the name, dose, side effects, and reasons for each medication at each opportunity formal and informal.</p> <p>2. On 10/8/13 from 8am until 10:15am, at the facility's workshop client #3 sat at a table inside a classroom. From 8:00am until 9:25am, client #3 was prompted to complete wooden puzzles while seated at a table by Workshop Staff (WKS) #1. From 8:00am until 9:25am, client #3 completed puzzles, emptied the puzzles, and then recompleted puzzles independently. During the observation period four (4) different times, client #3 emptied three (3) wooden puzzles pieces together in a pile on the table with the puzzle pieces face down, mixed the puzzle pieces up in the pile, and independently completed all three puzzles in less than one minute ten seconds (1 min. 10 sec.). At 9:10am, while client #3 was continuing to mix and complete wooden puzzles, Workshop Staff (WKS) #1 prompted client #3 to identify flash cards of a hand, the colors yellow and red, and barn yard animals which he did correctly. At 9:10am, WKS #1 stated client #3 was in the classroom to "learn</p>						

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	<p>goals, rinse his dishes, increase his leisure skills, to exercise, and to purchase his pop." WKS #1 indicated client #3 did not have an active treatment schedule for the workshop classroom and did not have a schedule to follow for active treatment inside the classroom. When asked the value of client #3's activity of completing the same wooden puzzles and the same flash cards, WKS #1 indicated she did not know.</p> <p>On 10/8/13 at 2:09pm, client #3's record was reviewed. Client #3's 12/18/12 ISP (Individual Support Plan) did not include a vocational goal/objective and did not include a day services active treatment schedule. Client #3's 1/21/13 "Vocational Assessment" did not indicate if client #3 had the skill to attend the sheltered workshop and did not indicate client #3's interests.</p> <p>On 10/8/13 at 1:30pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated no further information regarding client #3's day services schedule for active treatment was available for review. The QIDP indicated the workshop was responsible for client #3's assessment and development of his goals/objectives. The QIDP indicated no further vocational information for client</p>						

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	#3 was available for review. 9-3-4(a)				

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W000250	<p>483.440(d)(2) PROGRAM IMPLEMENTATION</p> <p>The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on observation, interview, and record review, for 1 additional client (client #3), the facility failed to develop an active treatment schedule which included what staff were to do with the client at the facility=owned day services and/or indicated what training was to occur with the client #3.</p> <p>Findings include:</p> <p>On 10/8/13 from 8am until 10:15am, at the facility's workshop client #3 sat at a table inside a classroom. From 8:00am until 9:25am, client #3 was prompted to complete wooden puzzles while seated at a table by Workshop Staff (WKS) #1. From 8:00am until 9:25am, client #3 completed puzzles, emptied the puzzles, and then recompleted puzzles independently. During the observation period four (4) different times, client #3 emptied three (3) wooden puzzles pieces together in a pile on the table with the puzzle pieces face down, mixed the puzzle pieces up in the pile, and independently completed all three puzzles in less than one minute ten seconds (1 min. 10 sec.). At 9:10am, while client #3</p>	W000250	<p>As for tag W 250 as of 11/11/2013 clients vocational assessments will be reviewed by the IDT to be updated . Vocational assessment form has been revised to include work history/ work interest on 11/5/2013. Monitoring of the vocational assessment will be done by Day Service Team Lead annually and or as needed. Day Service Coordinator has implemented and posted schedules for classrooms. Monitoring of the schedules will be done by either DSC or Team Lead. Addendum:House Inspection checklist updated to include location of the clients money. Monitoring will be done by Qualified Supervisory Staff monthly and as needed if any issues found from House Inspection. Addendum of House Inspection checklist will be completed by 12-6-2013.Addendum: Qualified Supervisory staff will review vocational assessments for updates by 11-25-2013. Vocational Assessments will be checked quarterly by Qualified Supervisory staff. Qualified Supervisory staff will review monthly summary to determine any areas that are identified by</p>	11/14/2013	

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	<p>was continuing to mix and complete wooden puzzles, Workshop Staff (WKS) #1 prompted client #3 to identify flash cards of a hand, the colors yellow and red, and barn yard animals which he did correctly. At 9:10am, WKS #1 stated client #3 was in the classroom to "learn goals, rinse his dishes, increase his leisure skills, to exercise, and to purchase his pop." WKS #1 indicated client #3 did not have an active treatment schedule for the workshop classroom, and did not have a schedule to follow for active treatment inside the classroom.</p> <p>On 10/8/13 at 2:09pm, client #3's record was reviewed. Client #3's 12/18/12 ISP (Individual Support Plan) did not include a vocational goal/objective and did not include a day services active treatment schedule. Client #3's 1/21/13 "Vocational Assessment" did not indicate if client #3 had the skill to attend the sheltered workshop.</p> <p>On 10/8/13 at 1:30pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated no further information regarding client #3's day services schedule for active treatment was available for review. The QIDP indicated the workshop was responsible for client #3's assessment and development of his</p>		goal data and update all assessments with identified needs quarterly.				

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	goals/objectives. The QIDP indicated no further vocational information for client #3 was available for review. 9-3-4(a)				

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W000368	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review, and interview for 2 of 2 sampled clients (clients #1 and #2) and 3 additional clients (clients #3, #4, and discharged client #5), the facility failed to administer medications without error and as prescribed by the clients' personal physician.</p> <p>Findings include:</p> <p>On 10/7/13 at 12:55pm, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports were reviewed from 9/2012 through 10/7/13 and indicated the following for clients #1, #2, #3, #4, and discharged client #5:</p> <p>-A 7/25/13 BDDS report for a medication error on 7/23/13 at 10:30am, indicated client #1 had expressed pain in her left breast at the workshop, was to have received as needed pain medication at 10:30am, and did not receive the pain medication.</p> <p>-A 7/9/13 BDDS report for a medication error on 7/2/13 at 10am, indicated client #4 had his warm salt water rinse medication omitted at the workshop.</p>	W000368	<p>As for tag W 368 Monthly supervised med passes for staff have been implemented. Evaluation of med errors is being done at the monthly Safety meeting by Health & safety Specialist to analysis any trends. Motioning of supervised med passes by qualified supervisory staff on a monthly basis. Addendum: All staff will be retrained on the appropriate ways to communicate and transcribe medication orders on MAR's by 12-5-2013. Staff will review MAR's and Change of Shift reports daily for any changes and or if a PRN has been given for follow up. Monitoring to ensure staff will be done by Qualified Supervisory staff weekly. 368 Addendum Med errors are being reviewed daily as received by QIDP. QIDP logs and reviews for trends of med errors daily as received. The supervisor will implement a once a week supervised med passes for at least the next 60 days to ensure appropriate Core A&B training is implemented</p>	11/14/2013	

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	<p>-A 6/3/13 BDDS report for a medication error on 6/3/13 at 6:30am, indicated staff failed to administer client #1's morning medications. No medications were listed on the BDDS report.</p> <p>-A 4/16/13 BDDS report for a medication error on 4/15/13 at 7:00pm, indicated client #2 was not administered her salt water rinse at the workshop on 4/15/13.</p> <p>-A 4/4/13 BDDS report for a medication error on 4/3/13 at 2:30pm, indicated client #2 had diarrhea at the workshop and staff failed to administer client #2's Loperamide medication.</p> <p>-A 2/4/13 BDDS report for a medication error on 2/3/13 at 7:00pm, indicated client #3 did not receive his Imipram for incontinence medication.</p> <p>-A 1/7/13 BDDS report for a medication error on 1/6/13 at 6:30am, indicated client #1's 6:30am dose of Carbamazepine was not administered.</p> <p>-A 11/16/12 BDDS report for a medication error on 11/15/12 at 9:00pm, indicated client #2's "Neurontine 400mg (milligram) BID (twice daily for seizures)" was not administered.</p> <p>-A 10/22/12 BDDS report for a</p>						

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	<p>medication error on 10/21/12 at 6:30am, indicated client #3 received an "extra dose (at) 6:30am medications of Thera M (vitamin), Carbamazepine 100mg, Carbamazepine 200mg, and Cephalexin 500mg."</p> <p>-A 10/10/12 BDDS report for a medication error on 10/9/12 at 8:15am, indicated client #2 had "several soiling" incidents at the workshop and staff had not administered client #2's Loperamide medication.</p> <p>-A 10/1/12 BDDS report for a medication error on 10/1/12 at 8:30am, indicated staff at the workshop did not administer client #2's Loperamide medication (for incontinence).</p> <p>-A 9/6/12 BDDS report for a medication error on 9/5/12 at 5:00pm, indicated client #5 was given a housemates medication of Cabapetin, Lisinopril, and Tropium CL.</p> <p>On 10/8/13 at 12:15pm, client #1's record was reviewed. Client #1's 10/2013 "Physician's Orders" indicated "Vitamin C (for health), Vitamin D (for health), Acetaminophen a pain reliever, Docusate Sodium 100mg (stool Softener), Loratadine 10mg (for allergies), Thera Tablet (for general health), Tegretol/Carbamazepine 400mg (for</p>						

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	<p>seizure disorder), and Keppra/Levetiracetam 500mg (for seizures)."</p> <p>On 10/8/13 at 1:20pm, client #2's record was reviewed. Client #2's 10/2013 "Physician's Order's" indicated "Loperamide Cap 2mg" for loose stools.</p> <p>On 10/8/13 at 2:00pm, client #3's record was reviewed. Client #3's 10/2013 "Physician's Orders" indicated "Thera M (vitamin) (for general health), Carbamazepine 100mg (for seizures), Carbamazepine 200mg (for seizures), Imipram 50mg (for incontinence), and Cephalexin 500mg (for Acne)."</p> <p>On 10/8/13 at 12:00noon, a record review was completed of the 5/24/13 facility's policy and procedures for medication administration. The policy and procedure indicated facility staff should follow physician's orders to administer medications to clients who lived in the group home.</p> <p>On 10/8/13 at 1:25pm, the 2004 "Core A/Core B Medication Training" indicated "Lesson 3 Principles of Administering Medications." The Core A/Core B policy and procedure indicated the facility should follow physician orders.</p>						

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	<p>On 10/8/13 at 1:30pm, an interview the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated staff should follow physician's orders to administer medications and did not for clients #1, #2, #3, #4, and discharged client #5.</p> <p>9-3-6(a)</p>				

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, for 2 of 2 sampled clients (clients #1 and #2) with adaptive equipment, the facility failed to teach and encourage clients #1 and #2 to wear their prescribed eye glasses.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 10/8/13 from 5:30am until 7:10am. From 5:30am until 6:34am, client #1 did not wear her prescribed eye glasses. From 5:30am until 6:34am, client #1 fed herself breakfast, watched television, and completed her morning care without her prescribed eye glasses.</p> <p>On 10/8/13 at 12:15pm, client #1's record review was conducted. Client #1's 2/12/13 ISP (Individual Support Plan) indicated she wore prescribed eye glasses. Client #1's 10/15/12 vision evaluation indicated she wore prescribed eye glasses.</p> <p>On 10/8/13 at 1:30pm, an interview the QIDP (Qualified Intellectual Disabilities</p>	W000436	As for tag W436 GHS will retrain staff on clients morning routine on 11/7/2013. Monitoring of morning routines will be done by qualified supervisory staff on a monthly basis. Addendum: Monitoring will be done by visual observation of Qualified Supervisory staff weekly to ensure staff and clients are using proper place settings. 436 Addendum Appropriate client morning routines will be monitored by Supervisor at least 2 days a week for 30 days, then 1 day a week for 30 days then monthly.	11/14/2013	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G308	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/15/2013
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	<p>Professional) was conducted. The QIDP indicated client #1 wore prescribed eye glasses. The QIDP indicated client #1 should have been taught and encouraged to wear her prescribed eye glasses.</p> <p>2. Observations were conducted at the group home on 10/8/13 from 5:30am until 7:10am. From 5:30am until 7:10am, client #2 did not wear her prescribed eye glasses. From 5:30am until 7:10am, client #2 fed herself breakfast, watched television, completed her morning care, and completed medication administration with GHS (Group Home Staff) #1 without her prescribed eye glasses.</p> <p>On 10/8/13 at 1:20pm, client #2's record review was conducted. Client #2's 4/15/13 ISP (Individual Support Plan) indicated she wore prescribed eye glasses. Client #2's 1/20/12 vision evaluation indicated she wore prescribed eye glasses.</p> <p>On 10/8/13 at 1:30pm, an interview the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated client #2 wore prescribed eye glasses. The QIDP indicated client #2 should have been taught and encouraged to wear her prescribed eye glasses.</p> <p>9-3-7(a)</p>				

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W000484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview, for 4 of 4 clients (clients #1, #2, #3, and #4) who lived in the group home, the facility staff failed to teach and encourage clients to use dining utensils and a napkin.</p> <p>Findings include:</p> <p>On 10/8/13 from 5:30am until 7:10am, clients #1, #2, #3, and #4 were at the group home. At 5:30am, clients #1, #2, #3, and #4 were seated at breakfast at the dining room table of pancakes, bacon strips, milk, and juice. Clients #1, #2, #3, and #4 did not have a knife and spoon at their table settings. Client #1 and #2 stirred their Coffee with a fork. From 5:30am until 6:00am, clients #1, #2, #3, and #4 ate their pancakes in pieces of approximately two inches by two inches (2" x 2") and no knives were offered for use. From 5:30am until 6:00am, clients #1, #2, #3, and #4 licked the syrup off their fingers, ate bacon with their fingers, and no redirection to use a napkin was encouraged. Clients #1, #2, #3, and #4 each had an unused napkin beside their place settings.</p>	W000484	As for tag 484 GHS will retrain staff on place settings and clients dignity on 11/7/2013. Monitoring of place settings will continue to be done on a monthly basis along with ensuring client dignity hasn't been lacked by qualified supervisory staff. 484 Addendum Appropriate placesetting will be monitored by Supervisor at least 2 days a week for 30 days, then 1 day a week for 30 days then monthly.	11/14/2013			

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	<p>On 10/8/13 at 1:30pm, an interview the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated clients #1, #2, #3, and #4 should have had a knife and spoon during breakfast. The QIDP indicated clients #1, #2, #3, and #4 should have been taught and encouraged to use a knife to cut their pancakes, a spoon to stir their coffee, and a to use a napkin during their meal by the facility staff.</p> <p>9-3-8(a)</p>			