

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G472	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/29/2014
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3708 LUEWAN DR INDIANAPOLIS, IN 46229
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 5/27/14, 5/28/14 and 5/29/14.</p> <p>Facility Number: 000986 Provider Number: 15G472 AIMS Number: 100244890</p> <p>Surveyors: Keith Briner, QIDP-TC Virginia Meehan, Federal Surveyor</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/9/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview for</p>	W000125	The client without a guardian will complete an informed Consent	06/28/2014

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

TITLE

(X6) DATE

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

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	<p>1 of 3 sampled clients (#3), the facility failed to secure a surrogate to assist client #3 with making informed choices and decisions.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 5/28/14 at 9:45 AM. Client #3's ISP (Individual Support Plan) dated 4/23/14 indicated client #3 did not have a guardian or HCR (Health Care Representative). Client #3's AFA (Annual Functional Assessment) dated 5/3/13 indicated the following:</p> <p>-"[Client #3] needs assistance to monitor his health and to coordinate medical care."</p> <p>Client #3's PPI (Personal Profile Information) form dated 3/9/12 indicated the following:</p> <p>-"[Client #3] is capable of making simple decisions that will not change his health status or interfere with his general well being. When decisions of that nature must be made his parents/guardian and his IST (Individual Support Team) is involved and assist [client #3] with making his decisions." Client #3's PPI form dated 3/9/12 indicated client #3's parents were deceased.</p>		<p>Skills list. See attachment. The information gathered from the completion of this skills list will determine goals which will be put into place to increase the understanding of informed consent in those areas needed. A guardian or a healthcare representative will be identified and appointed to assist the client in making healthcare decisions. Persons Responsible: Residential Director and Area Director</p>	

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W000149	<p>Client #3's IDE (Interdisciplinary Diagnostic and Evaluation) form dated 11/24/09 indicated the following:</p> <p>-"[Client #3] appears unable to make appropriate decisions regarding his health needs and would benefit from at least having a responsible party if not a legal guardian."</p> <p>Area Director (AD) #1 was interviewed on 5/28/14 at 11:35 AM. AD #1 indicated client #3 did not have a guardian or HCR. AD #1 indicated client #3's sister had been involved in client #3's life and would be solicited to serve as client #3's HCR.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 5 of 15 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to implement its policy and procedures to ensure the investigations of four incidents of injuries of unknown</p>	W000149	The Residential Director has been retrained on the completion of a thorough investigation. Additionally, the Residential Director has been retrained on those incidents which require an incident report and an investigation. Investigations are tracked on a database by incident	06/28/2014

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	<p>origin were thoroughly investigated for clients #3 and #6 and the investigations of one incident of injury of unknown origin, and one fall with injury were completed within 5 business days for clients #3 and #6.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/27/14 at 1:52 PM. The review indicated the following:</p> <p>-Investigation Summary Form (ISF) dated 10/22/13 indicated, "On 10/12/13, [client #3] fell at the park and sustained an injury to his head. This needs to be investigated." The 10/22/13 ISF indicated, "Date of Assignment: 10/12/13 due on 10/18/13." The ISF dated 10/22/13 indicated client #3 had a seizure risk plan and fall risk plan. The ISF dated 10/22/13 indicated the facility had reviewed client #3's 10/18/13 fall with injury to determine if client #3's fall prevention and seizure protocol had been appropriately implemented. The review indicated the investigation of client #3's 10/12/13 fall with injury was not completed within 5 business days.</p> <p>-ISF dated 1/10/14 indicated, "While</p>		<p>date to ensure that they are completed and reviewed by an administrator within five business days. All new staff who are responsible for completion of investigations will receive training which focuses on the importance of completing a thorough investigation. See attachment Person Responsible: Residential Director and Area Director</p>	

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	<p>[client #6] was bathing on 1/4/14 staff observed two scratches on his left hip/buttock. One is 4 inches in length. It is unknown how these scratches were sustained. It was also noted that [client #6's] fingernails are long. An investigation is needed to determine how this injury occurred and to provide recommendations to prevent recurrence." The ISF dated 1/10/14 indicated two direct care staff were interviewed regarding client #6's injury of unknown origin. The ISF dated 1/10/14 did not indicate documentation of additional staff or client interviews.</p> <p>-ISF dated 3/20/14 indicated, "On 3/15/14, a bruise was found on [client #3's] left shoulder blade. This (sic) origin is unknown. This needs to be investigated." The 3/20/14 ISF indicated, "[Client #3's] bruise on his left shoulder blade is not a result of abuse or neglect, and was found to be caused by his chair at workshop." The 3/15/14 ISF indicated client #3 and one facility direct care staff were interviewed regarding client #3's 3/15/14 injury of unknown origin. The 3/15/14 ISF did not indicate documentation of additional facility staff, day program staff or clients being interviewed regarding client #3's 3/15/14 injury of unknown origin.</p>			

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	<p>-ISF dated 4/1/14 indicated, "On 3/21/14, a bruise was discovered on [client #3's] thigh. Please investigate to determine the origin of the injury." The 4/1/14 ISF indicated client #3 and one direct support professional were interviewed regarding client #3's 3/21/14 injury of unknown origin. The 4/1/14 ISF did not indicate documentation of additional staff or client interviews. The 4/1/14 ISF indicated, "Date of assignment: 3/21/14 due on 3/29/14." The review indicated the investigation of client #3's 3/21/14 injury of unknown origin was not completed within 5 business days.</p> <p>-ISF dated 4/8/14 indicated, "On 4/2/14, a bruise was found on [client #6's] tailbone. The origin of the injury is unknown. Please investigate to determine the cause of the injury." The 4/2/14 ISF indicated, "Staff at [day program] discovered the bruise while assisting [client #6] in the restroom." The 4/8/14 ISF indicated client #6, RD (Residential Director) #1 and QIDP (Qualified Intellectual Disabilities Professional) #1 had been interviewed. The 4/8/14 investigation did not indicate documentation of additional facility staff, day program staff or clients being interviewed regarding client #6's 4/2/14 injury of unknown origin.</p> <p>Area Director (AD) #2 was interviewed</p>			

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	<p>on 5/27/14 at 2:00 PM. AD #2 indicated the facility's abuse and neglect policy should be implemented. AD #2 indicated investigations should be thorough and should be completed within 5 business days.</p> <p>AD #1 was interviewed on 5/27/14 at 2:25 PM. When asked if any clients in the group home were capable of giving reliable statements, AD #1 indicated clients #2 and #3 should be interviewed regarding allegations/incidents that they had or may have witnessed. AD #1 indicated all potential witnesses to allegations of abuse, neglect, mistreatment and injuries of unknown origin should be interviewed and included in the investigation process.</p> <p>The facility's policy and procedures were reviewed on 5/29/14 at 10:39 AM. The facility's Preventing Abuse and Neglect (PAN) policy dated 10/2013 indicated the following:</p> <p>"Immediately upon receiving notification the incident from the RD the AD will initiate an investigation of the allegation(s) to provide a factual basis for management actions."</p> <p>The PAN policy dated 10/2013 indicated the investigation of allegations of abuse,</p>			

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W000154	<p>neglect, mistreatment, exploitation and injuries of unknown origin should be thoroughly investigated.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 4 of 15 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to ensure the investigations of 4 incidents of injury of unknown origin were thoroughly investigated for clients #3 and #6.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/27/14 at 1:52 PM. The review indicated the following:</p> <p>-ISF (Investigation Summary Form) dated 1/10/14 indicated, "While [client #6] was bathing on 1/4/14 staff observed two scratches on his left hip/buttock. One is 4 inches in length. It is unknown how</p>	W000154	In the event that an incident occurs in which the health and safety of the individual is jeopardized or there is an allegation of abuse, mistreatment or neglect suspected, the Area Director will initiate and complete a thorough investigation into the incident which will provide a factual basis for management decisions. Investigations will be completed within 5 business days and will include administrator review. The Residential Director has been retrained in these expectations. Investigations are tracked by an administrator on a database by incident date to ensure that they are completed and reviewed by an administrator within five business days. See attachment PersonResponsible: Residential Director and Area Director	06/28/2014	

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	<p>these scratches were sustained. It was also noted that [client #6's] fingernails are long. An investigation is needed to determine how this injury occurred and to provide recommendations to prevent recurrence." The ISF dated 1/10/14 indicated two direct care staff were interviewed regarding client #6's injury of unknown origin. The ISF dated 1/10/14 did not indicate documentation of additional staff or client interviews.</p> <p>-ISF dated 3/20/14 indicated, "On 3/15/14, a bruise was found on [client #3's] left shoulder blade. This (sic) origin is unknown. This needs to be investigated." The 3/20/14 ISF indicated, "[Client #3's] bruise on his left shoulder blade is not a result of abuse or neglect, and was found to be caused by his chair at workshop." The 3/15/14 ISF indicated client #3 and one facility direct care staff were interviewed regarding client #3's 3/15/14 injury of unknown origin. The 3/15/14 ISF did not indicate documentation of additional facility staff, day program staff or clients being interviewed regarding client #3's 3/15/14 injury of unknown origin.</p> <p>-ISF dated 4/1/14 indicated, "On 3/21/14, a bruise was discovered on [client #3's] thigh. Please investigate to determine the origin of the injury." The 4/1/14 ISF</p>			

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	<p>indicated client #3 and one direct support professional were interviewed regarding client #3's 3/21/14 injury of unknown origin. The 4/1/14 ISF did not indicate documentation of additional staff or client interviews.</p> <p>-ISF dated 4/8/14 indicated, "On 4/2/14, a bruise was found on [client #6's] tailbone. The origin of the injury is unknown. Please investigate to determine the cause of the injury." The 4/2/14 ISF indicated, "Staff at [day program] discovered the bruise while assisting [client #6] in the restroom." The 4/8/14 ISF indicated client #6, RD (Residential Director) #1 and QIDP (Qualified Intellectual Disabilities Professional) #1 had been interviewed. The 4/8/14 investigation did not indicate documentation of additional facility staff, day program staff or clients being interviewed regarding client #6's 4/2/14 injury of unknown origin.</p> <p>Area Director (AD) #2 was interviewed on 5/27/14 at 2:00 PM. AD #2 indicated investigations should be thorough.</p> <p>AD #1 was interviewed on 5/27/14 at 2:25 PM. When asked if any clients in the group home were capable of giving reliable statements, AD #1 indicated clients #2 and #3 should be interviewed regarding allegations/incidents that they</p>						

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W000156	<p>had or may have witnessed. AD #1 indicated all potential witnesses to allegations of abuse, neglect, mistreatment and injuries of unknown origin should be interviewed and included in the investigation process.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p> <p>Based on record review and interview for 2 of 15 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to ensure the investigations of one incident of injury of unknown origin, and one fall with injury were completed within 5 business days for clients #3 and #6.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/27/14 at 1:52 PM. The review indicated the following:</p>	W000156	<p>In the event that an incident occurs in which the health and safety of the individual is jeopardized or there is an allegation of abuse, mistreatment or neglect suspected, the Area Director will initiate an investigation into the incident which will provide a factual basis for management decisions. Investigations will be completed within 5 business days and will include administrator review. Investigations are tracked by an administrator on a database by incident date to ensure that they are completed and reviewed by an administrator within five business days. The Residential Director has been retrained on the components of a thorough investigation and those incidents</p>	07/13/2014			

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W000159	<p>483.430(a)</p> <p>9-3-2(a)</p> <p>-Investigation Summary Form (ISF) dated 10/22/13 indicated, "On 10/12/13, [client #3] fell at the park and sustained an injury to his head. This needs to be investigated." The 10/22/13 ISF indicated, "Date of Assignment: 10/12/13 due on 10/18/13." The review indicated the investigation of client #3's 10/12/13 fall with injury was not completed within 5 business days.</p> <p>-ISF dated 4/1/14 indicated, "On 3/21/14, a bruise was discovered on [client #3's] thigh. Please investigate to determine the origin of the injury." The 4/1/14 ISF indicated client #3 and one direct support professional were interviewed regarding client #3's 3/21/14 injury of unknown origin. The 4/1/14 ISF indicated, "Date of assignment: 3/21/14 due on 3/29/14." The review indicated the investigation of client #3's 3/21/14 injury of unknown origin was not completed within 5 business days.</p> <p>Area Director (AD) #2 was interviewed on 5/27/14 at 2:00 PM. AD #2 indicated investigations should be completed within 5 business days.</p>		<p>which require an investigation be completed. PersonResponsible: Residential Director and Area Director</p>		

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	<p>QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 3 additional clients (#4, #5 and #6), the QIDP (Qualified Intellectual Disabilities Professional) failed to monitor, integrate and coordinate clients #1, #2, #3, #4, #5, and #6's active treatment program by failing to promote the clients' choice and self-management during meal time and by failing to ensure the facility's HRC (Human Rights Committee) reviewed, monitored and approved the group home's practice of restricting clients #1, #2 and #3's access to liquid cleaning supplies.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The QIDP failed to monitor, integrate and coordinate clients #1, #2, #4, #5, and #6's active treatment program by failing to promote the clients' choice and self-management during meal time. Please see W247. 2. The QIDP failed to monitor, integrate and coordinate clients #1, #2 and #3's active treatment program by failing to ensure the facility's HRC reviewed, 	W000159	The Residential Director has received training on those issues which could result in a restriction of consumer rights. The training included the need to seek the approval of the Human Rights Committee for any measure put into place which could be considered a restriction. Human Right Committee approvals will be obtained to secure liquid cleaning supplies. Goals will be put into place to increase independence with liquid cleaning products. These goals will be reviewed routinely by the QIDP to determine advancement in independence in this area. No less than bi-weekly, the Area Director will complete an observation of the home and ensure that no practices are in place which restrict the rights of the individuals living in the home. Person Responsible: Residential Director and Area Director	07/13/2014

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W000247	<p>monitored and approved the group home's practice of restricting clients #1, #2 and #3's access to liquid cleaning supplies. Please see W264.</p> <p>9-3-3(a)</p> <p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. Based on observation and interview for 2 of 3 sampled clients (#1 and #2) plus 3 additional clients (#4, #5 and #6), the facility failed to promote choice and self-management during mealtime.</p> <p>Findings include:</p> <p>During dinner observations at the home on 5/27/14 at 7:15 PM, client #1 was served a plate of food and a spoon. Client #1 started to eat his dinner but was told he had to wait for everyone to be served. Client #1 looked up and out the window and then began to eat his dinner again. Staff #1 told client #1 to wait and then removed his plate to another area of the dining table. When other clients at the</p>	W000247	Staff in the home received retraining on the rights of consumers and the need to encourage self-choice throughout the day including meal times. This will additionally, include ensuring that there are options available during mealtimes to allow for client choice. Routine observations by management will be completed no less than twice weekly to ensure that this continues to occur. Professional staff will complete Incidental Staff Observations no less than twice weekly to assess staff performance and adherence to family style dining, consumer rights and consumer choice throughout the day. Staff who receive below a 70% on the observation will receive retraining regarding consumer choice and	07/13/2014

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	<p>table and the adjoining table started eating, staff #1 gave client #1 back his plate, and he ate independently.</p> <p>Observations were conducted at the group home on 5/28/14 from 6:00 AM through 7:30 AM. At 6:15 AM, clients #1, #2, #4, #5 and #6 participated in the home's family style morning meal. Staff #2 assisted clients #1, #2, #4, #5 and #6 to serve themselves portions of dry cereal for breakfast, and toast with strawberry jelly. Client #6 declined his serving of cereal. Clients #1, #2, #4, #5 and #6 were not offered a choice of type of cereal or jelly for the morning meal.</p> <p>DSP #1 (Direct Support Professional) was interviewed on 5/28/14 at 6:35 AM and indicated the home had one type of cereal available to the morning meal. DSP #1 stated, "We normally have different kinds. [Client #6] only likes the sweet kind." DSP #1 indicated the clients should have a choice of cereal.</p> <p>RD (Residential Manager) #1 and AD (Area Director) #1 were interviewed on 5/28/14 at 7:10 AM. RD #1 indicated the home had one type of cereal and one type of jelly available for the morning meal. RD #1 indicated the clients should have a choice of cereal and jelly.</p>		self management Person Responsible: Residential Director and Area Director				

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W000264	<p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 5/28/14 at 11:31 AM. QIDP #1 indicated client #1 should be allowed to eat his meal when he chooses.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility's HRC (Human Rights Committee) failed to review, monitor and approve the group home's practice of restricting clients #1, #2 and #3's access to liquid cleaning supplies.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/27/14 from 5:00 PM to</p>	W000264	<p>The facility will ensure that the human rights committee will review the need to continue to secure liquid cleansers within the home on a routine basis. Additionally, the facility will ensure that client rights are met regarding the access of liquid cleansers. This will be ensured as each consumer will be assessed as to their ability and proclivity to use liquid cleansers in a safe manner for clients # 1, 2 and 3. Training objectives will be established for clients to safely</p>	06/28/2014

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	<p>7:45 PM. At 6:00 PM, DSP (Direct Support Professional) #2 prompted client #4 to assist cleaning dishes used to prepare the evening meal. DSP #2 removed a set of keys from the kitchen cabinet and walked into the group home's laundry room. DSP #2 used the keys to remove liquid dish detergent from a locked cabinet in the laundry room area. DSP #2 returned to the kitchen area with the dish detergent.</p> <p>DSP #2 was interviewed on 5/27/14 at 6:00 PM. DSP #2 indicated the group home kept liquid dish and laundry detergent locked in the cabinet due to client #5's behavior of drinking liquid soaps.</p> <p>1. Client #1's record was reviewed on 5/28/14 at 11:00 AM. Client #1's record did not indicate documentation of HRC review or approval of client #1's restricted access to liquid cleaning supplies.</p> <p>2. Client #2's record was reviewed on 5/28/14 at 10:37 AM. Client #2's record did not indicate documentation of HRC review or approval of client #2's restricted access to liquid cleaning supplies.</p> <p>3. Client #3's record was reviewed on</p>		<p>access liquid cleansers within the home. The training objectives will be reviewed monthly by the QIDP to determine the advancement towards independence in using liquid cleansers unsupervised. Responsible persons: Residential Director, Area Director</p>	

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W000368	<p>5/28/14 at 9:45 AM. Client #3's record did not indicate documentation of HRC review or approval of client #3's restricted access to liquid cleaning supplies.</p> <p>RD (Residential Director) #1 was interviewed on 5/28/14 at 12:00 PM. RD #1 indicated the group home kept liquid cleaning supplies locked in a cabinet in the group home. RD #1 indicated clients #2 and #3 could access the liquid cleaning supplies if they ask staff for the key.</p> <p>9-3-4(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on observation, record review and interview for 2 of 3 sampled clients (#1 and #3) plus 2 additional clients (#5 and #6), the facility failed to ensure medications were administered as ordered by the physician for clients #1, #3, #5 and #6.</p> <p>Findings include: During observation of medication pass on</p>	W000368	Staff members will receive further training regarding policy 4.06 Administration of Medication. Staff members will specifically receive further training on following all of the appropriate medication steps as outlined in the policy. Professional Staff will complete at least twice weekly observations of medication passes. All staff will have a medication observation completed. Those staff who do	07/18/2014			

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	<p>5/27/14 at 5:30 PM, client #6 received Tamsulosin (prostate) 0.4 milligrams prior to the dinner meal that was served at 7:15 PM. During record review on 5/28/14 at 4:00 PM, the physician's order dated 5/1/14 indicated the medication was to be administered twice daily after meals. The medication was not given as directed by the physician's order.</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/27/14 at 1:52 PM. The review indicated the following:</p> <p>-Investigation Summary Form (ISF) dated 5/31/13 indicated, "On 5/27/13, it was discovered that... [DSP (Direct Support Professional) #3] had failed to administer [client #5's] antibiotic for two consecutive days." The 5/31/13 ISF included an attached copy of client #5's 4/13/13 physician's order form. The 4/13/13 physician's order form indicated client #5 had an order for Azithromycin 250 milligrams (antibiotic) daily for 5 days.</p> <p>-ISF dated 7/24/13 indicated, "[DSP #2] administered [client #6's] 5:00 PM medication to [client #5] on 7/16/13." The 7/24/13 ISF indicated, "[Client #5] received an extra 150 milligrams of Depakote, an extra dose of Oxybutynin, 4 milligrams of Flomax and 150 milligrams of Zantac."</p> <p>-ISF dated 10/10/13 indicated, "It was discovered on 10/5/13 that [client #1] missed his 5:00 PM medications on 10/4/13."</p> <p>-ISF dated 4/24/14 indicated, "[DSP #4] administered [client #3's] 5:00 PM medication</p>		<p>not successfully complete a medication pass will be retrained and observed until the medication administration is done successfully and according to company policy. See attachment. Person Responsible: Residential Director and Nurse</p>	

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	<p>with his 7:00 AM medication on 4/16/14." The 4/24/14 ISF indicated, "[Client #3] was given his Oxybutynin and Synthroid for 7:00 AM along with his 5:00 PM medications of Oxybutynin, Lamotrigine and Levetiracetam."</p> <p>1. Client #1's record was reviewed on 5/28/14 at 11:00 AM. Client #1's physician's order form dated 5/2/14 indicated client #1 should receive Acetaminophen tablet 325 milligrams (pain), Docusate capsule 100 milligrams (constipation), Polyethylene Glycol Powder 3350 (constipation), Imipramine tablet 50 milligrams (bladder control) and Alprazolam tablet 0.25 milligram tablet (anxiety) daily at 5:00 PM.</p> <p>2. Client #3's record was reviewed on 5/28/14 at 9:45 AM. Client #3's physician's order form dated 5/2/14 indicated client #3 should receive Levothyroxine tablet 75 micrograms (hypothyroid), Nystatin powder (rash), Oxybutynin tablet 5 milligrams (bladder control), Levetiracetam tablet 500 milligrams (seizures), Miconazole cream 2 percent (skin irritation), Lamotrigine tablet 100 milligram (seizures) daily at 7:00 AM.</p> <p>3. Client #5's physician's orders dated 5/2/14 were reviewed on 5/28/14 at 5:00 PM. Client #5's physician's orders indicated client #5 should receive Benzotropine tablet 0.5 milligrams (involuntary movements), Risperidone tablet 1 milligram (autism), Divalproex tablets 1000 milligrams (seizures), Oxybutynin tablet 15 milligrams (bladder control) and Oyster Shell Calcium tablet 500 milligrams (supplement) at 5:00 PM daily.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 5/28/14 at 12:15 PM. LPN #1 indicated medication should be administered</p>			

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	according to the physician's orders. 9-3-6(a)				