

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G506	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/20/2014
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7085 ALLISONVILLE RD INDIANAPOLIS, IN 46220
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W000000	<p>This visit was for a post certification revisit (PCR) to the PCR completed on 10/6/14, to the annual recertification and state licensure survey completed on 8/21/14.</p> <p>Dates of Survey: November 18, 19 and 20, 2014.</p> <p>Facility number: 001020 Provider number: 15G506 AIM number: 100244980</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/4/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility failed to meet the Condition</p>	W000102	A.The direct care staff that left Client #4 unattended on the van was suspended and subsequently terminated after an internal investigation was completed that	12/20/2014

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>of Participation: Governing Body.</p> <p>__The facility's Governing Body failed to implement appropriate corrective actions to address the deficient practices cited during the post certification revisit survey (PCR) to the recertification and state licensure survey completed on 10/6/14 (10 of 12 deficient practices were re-cited along with six new citations).</p> <p>__The facility's Governing Body failed to exercise general policy and operating direction over the facility to ensure sufficient direct care staff to supervise and assist clients #1, #2, #3, #4 and #6 while transporting the clients from day services and to prevent the neglect of client #4.</p> <p>__The governing body failed to provide the clients with training in regard to finances and the use of personal funds for clients #1, #3, #5 and #6.</p> <p>Findings include:</p> <p>Please refer to W104. For 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility's governing body failed to exercise general operating direction over the facility by failing to implement appropriate corrective actions to address the deficient practices cited during the post certification revisit survey (PCR) to the recertification and state licensure survey completed on 10/6/14</p>		<p>substantiated neglect.</p> <p>All direct care staff received retraining regarding supervision levels that emphasized not leaving consumers unsupervised at any time unless otherwise indicated by their ISP. Training also included ensuring that a minimum of 2 staff are present on the van when more than 4 consumers are riding on the van run. Group home schedule has been adjusted to allow for there to be 2 staff available to ride on the van run.</p> <p>Home Manager and Program Director will receive retraining to include ensuring that there are adequate staff available to provide for all the client needs. For the next 4 weeks, the Home Manager and/or Program Director will completed observations a minimum of 3 times weekly to ensure that there is adequate staffing available to complete the van runs. After the 4 weeks and ongoing, the Home Manager and/or Program Director will completed observations a minimum of 2 times weekly to ensure that there is adequate staffing available to complete the van runs</p> <p>Responsible Party: Home Manager, Program Director</p> <p>B. Finance management goal/objectives have been</p>	

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W000104	<p>(10 of 12 deficient practices were re-cited along with six new citations). ___The governing body failed to exercise general policy and operating direction over the facility to ensure sufficient direct care staff to supervise and assist the clients while transporting the clients from day services and to prevent the neglect of client #4. ___The governing body failed to provide the clients with training in regard to finances and the use of personal funds for clients #1, #3, #5 and #6.</p> <p>This deficiency was cited on 10/6/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-1(a)</p> <p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and interview for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6),</p>	W000104	<p>developed for Client #1, 3, 5 and 6 to assist them with developing skills toward financial independence. Staff will receive retraining on all consumers financial goals.</p> <p>Program Director will receive retraining to include ensuring that goals and objectives are completed for consumers as needed based on their identified wants and needs.</p> <p>Ongoing the Program Director will review all consumers Behavior Tracking, Daily Support Records, etc. a minimum of quarterly to assess if new goals and objective need to be developed based on consumer needs and abilities. Program Director will work in conjunction with consumers IDT to ensure goals and objectives are developed as needed to meet all clients individual needs. Program Director will submit the next 3 ISPs to Area Director for review to ensure goals/objectives are being met based on client individual needs.</p> <p><i>C. Please refer to W104</i></p> <p>a. Please refer to 140 b. Please refer to 149</p>	12/20/2014			

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	<p>the facility's governing body failed to exercise general operating direction over the facility by failing to implement appropriate corrective actions to address the deficient practices cited during the post certification revisit survey (PCR) to the recertification and state licensure survey completed on 10/6/14 (10 of 12 deficient practices were re-cited along with six new citations).</p> <p>__The governing body failed to exercise general policy and operating direction over the facility to ensure sufficient direct care staff to supervise and assist the clients while transporting the clients from day services and to prevent the neglect of client #4.</p> <p>__The governing body failed to provide the clients with training in regard to finances and the use of personal funds for clients #1, #3, #5 and #6.</p> <p>Findings include:</p> <p>1. The facility's governing body failed to ensure the group home implemented its Plan of Correction, dated 11/5/14, for 10 of 12 previous cites the post certification revisit survey (PCR) to the recertification and state licensure survey completed on 10/6/14:</p> <p>a) Please refer to W140. For 6 of 6 clients living in the group home (#1, #2,</p>		<p>c. Please refer to 227 d. Please refer to 249 e. Please refer to 268 f. Please refer to 331 g. Please refer to 369 h. Please refer to 460 i. Please refer to 488 126 Finance management goal/objectives have been developed for Client #1, 3, 5 and 6 to assist them with developing skills toward financial independence. Staff will receive retraining on all consumers financial goals.</p> <p>Program Director will receive retraining to include ensuring that goals and objectives are completed for consumers as needed based on their identified wants and needs.</p> <p>Ongoing the Program Director will review all consumers Behavior Tracking, Daily Support Records, etc. a minimum of quarterly to assess if new goals and objective need to be developed based on consumer needs and abilities. Program Director will work in conjunction with consumers IDT to ensure goals and objectives are developed as needed to meet all clients individual needs. Program Director will submit the next 3 ISPs to Area Director for review to ensure goals/objectives are being met based on client individual needs. 149 The direct care staff that left Client #4 unattended on the van</p>	

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	<p>#3, #4, #5 and #6), the facility failed to keep a full and complete accounting of the clients' personal funds.</p> <p>b) Please refer to W159. For 3 of 3 sampled clients (#1, #2 and #3) and 3 additional clients (#4, #5 and #6), the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) failed to integrate, coordinate, and monitor the clients' active treatment plans.</p> <p>The PD failed to ensure:</p> <p>__ Clients #1, #3, #5 and #6 were provided training in regard to finances and the use of personal funds.</p> <p>__ Written policy was implemented in regard to the clients' finances and to ensure accountability of the clients' funds for clients #1, #2, #3, #4, #5, and #6.</p> <p>__ Sufficient direct care staff to supervise and assist clients #1, #2, #3, #4, and #6 while transporting the clients from the day services.</p> <p>__ Client #2's communication skills and/or needs were reassessed and client #2 was provided a communication book.</p> <p>__ The clients' ISPs (Individualized Support Plans) addressed the clients' identified training needs in regard to client #5's dining, client #2's communication and client #2's, #3's, #4's, #5's and #6's training needs in regard to food preparation.</p>		<p>was suspended and subsequently terminated after an internal investigation was completed that substantiated neglect.</p> <p>All direct care staff received retraining regarding supervision levels that emphasized not leaving consumers unsupervised at any time unless otherwise indicated by their ISP. Training also included ensuring that a minimum of 2 staff are present on the van when more than 4 consumers are riding on the van run. Group home schedule has been adjusted to allow for there to be 2 staff available to ride on the van run.</p> <p>Home Manager and Program Director will receive retraining to include ensuring that there are adequate staff available to provide for all the client needs. For the next 4 weeks, the Home Manager and/or Program Director will completed observations a minimum of 3 times weekly to ensure that there is adequate staffing available to complete the van runs. After the 4 weeks and ongoing, the Home Manager and/or Program Director will completed observations a minimum of 2 times weekly to ensure that there is adequate staffing available to complete the van runs</p> <p>Responsible Party: Home Manager, Program Director</p>	

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	<p>__The clients' ISPs addressed the clients' identified training needs in regard to bathing, personal hygiene, dressing, tooth brushing and oral health for clients #1, #2 and #3.</p> <p>__The staff implemented client #5's dining plan and to provide clients #1, #2 and #4 medication training when opportunity was available.</p> <p>__The staff promoted growth and dignity in regard to client #2's clothing and personal appearance and to ensure client #4 was appropriately dressed in regard to the weather.</p> <p>__A medication objective was developed for client #1.</p> <p>__The staff provided the clients a nutritious meal in regard to offering all of the menu items indicated for the meal and/or provided substitutions for items not available for clients #1, #2, #3, #4, #5 and #6.</p> <p>__The staff provided training in meal preparation and encouraged the clients to participate in all aspects of meal preparation for clients #1, #2, #3, #4, #5 and #6.</p> <p>c) Please see W227. For 2 of 3 sample clients (#2 and #3) and 3 additional clients (#4, #5 and #6), the facility failed to ensure the clients' ISPs (Individual Support Plans) addressed:</p> <p>__Client #5's identified training need in</p>			

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	<p>regard to dining.</p> <p>__ Client #2's identified training need in regard communication.</p> <p>__ Client #2's, #3's, #4's, #5's and #6's identified training needs in regard to meal preparation and cooking.</p> <p>d) Please refer to W249. For 2 of 3 sampled clients (#1 and #2) and 2 additional clients (#4 and #5), the facility failed to implement client #5's dining plan and failed to provide clients #1, #2 and #4 medication training when opportunity was available.</p> <p>e) Please refer to W268. For 1 of 3 sampled clients (#2) and 1 additional client (#4), the facility failed to promote growth and dignity in regard to client #2's clothing and personal appearance and to ensure client #4 was appropriately dressed in regard to the weather.</p> <p>f) Please refer to W331. For 2 of 3 sampled clients (#1 and #2) and 1 additional client (#5), the facility nursing services failed to ensure:</p> <p>__ Client #5's dysphagia needs were reassessed and the client's dining plan was updated to include the recommendations from the client's most current swallow study.</p> <p>__ Client #2's mobility needs were reassessed in regard to the use of a</p>			

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	<p>walker.</p> <p>__ All medications were administered in compliance with client #1's physician's orders</p> <p>g) Please refer to W369. For 1 of 7 medications observed being administered, the facility failed to ensure all medications were administered without error to client #1.</p> <p>h) Please refer to W460. For 3 of 3 sampled clients (#1, #2 and #3) and 3 additional clients (#4, #5 and #6), the facility failed to ensure the clients received a nutritious meal in regard to the staff offering all of the menu items indicated for the meal and/or provided substitutions for items not available.</p> <p>i) Please refer to W488. for 3 of 3 sampled clients (#1, #2 and #3) and 3 additional clients (#4, #5 and #6), the facility failed to ensure the staff provided training in meal preparation and family style dining when formal and informal training opportunities existed.</p> <p>2. The governing body failed to provide the clients with training in regard to finances and the use of personal funds for clients #1, #3, #5 and #6. Please see W126.</p>			

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W000126	<p>3. The governing body failed to exercise general policy and operating direction over the facility to ensure sufficient direct care staff to supervise and assist the clients while transporting the clients from day services and to prevent the neglect of client #4. Please see W149.</p> <p>This deficiency was cited on 10/6/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-1(a)</p> <p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. Based on record review, and interview for 2 of 3 sampled clients (#1 and #3) and 2 additional clients (#5 and #6), the facility failed to provide the clients with training in regard to finances and the use of personal funds.</p> <p>Findings include:</p>	W000126	<p>Finance management goal/objectives have been developed for Client #1, 3, 5 and 6 to assist them with developing skills toward financial independence. Staff will receive retraining on all consumers financial goals.</p> <p>Program Director will receive</p>	12/20/2014

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	<p>Client #1's record was reviewed on 11/19/14 at 11:30 AM. __ Client #1's Camelot Behavioral Checklist dated 4/17/14 indicated client #1 was not independent in counting change, making purchases, understanding sales tax, making bank deposits and/or withdrawals, budgeting money, writing checks, cashing checks and/or balancing a check book. __ Client #1's goal tracking sheets for November 2014 indicated no training in regard to money management.</p> <p>Client #3's record was reviewed on 11/19/14 at 12:30 PM. __ Client #3's Camelot Behavioral Checklist dated 10/20/14 indicated client #3 was not independent in counting change, making purchases, understanding sales tax, making bank deposits and/or withdrawals, budgeting money, writing checks, cashing checks and/or balancing a check book. __ Client #3's goal tracking sheets for November 2014 indicated no training in regard to money management.</p> <p>Client #5's record was reviewed on 11/19/14 at 1 PM. __ Client #5's Camelot Behavioral Checklist dated 10/20/14 indicated client #5 was not independent in counting</p>		<p>retraining to include ensuring that goals and objectives are completed for consumers as needed based on their identified wants and needs.</p> <p>Ongoing the Program Director will review all consumers Behavior Tracking, Daily Support Records, etc. a minimum of quarterly to assess if new goals and objective need to be developed based on consumer needs and abilities. Program Director will work in conjunction with consumers IDT to ensure goals and objectives are developed as needed to meet all clients individual needs. Program Director will submit the next 3 ISPs to Area Director for review to ensure goals/objectives are being met based on client individual needs.</p>				

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	<p>change, in making purchases, understanding sales tax, making bank deposits and/or withdrawals, budgeting money, cashing checks and/or balancing a check book.</p> <p>__ Client #5's goal tracking sheets for November 2014 indicated no training in regard to money management.</p> <p>Client #6's record was reviewed on 11/19/14 at 12 PM.</p> <p>__ Client #6's Camelot Behavioral Checklist dated 10/18/14 indicated client #6 was not independent in counting change, in making purchases, understanding sales tax, making bank deposits and/or withdrawals, budgeting money, cashing checks and/or balancing a check book.</p> <p>__ Client #6's goal tracking sheets for November 2014 indicated no training in regard to money management.</p> <p>Interview with the AD (Area Director) on 11/19/14 at 3 PM indicated clients #1, #3, #5 and #6 were not independent with their financial responsibilities and required money management skills through formal training. The AD indicated no objectives/goals in place for clients #1, #3, #5 and #6.</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 interview and record review for 3 of 3 sampled clients (#1, #2 and #3) and 3 additional clients (#4, #5 and #6), the facility failed to ensure the facility implemented its written policy in regard to client finances to ensure accountability of the clients' funds.</p> <p>Findings include:</p> <p>Client #1's, #2's, #3's, #4's, #5's and #6's financial records were reviewed on 11/18/14 at 6 PM and on 11/19/14 at 1 PM. Client #1's, #2's, #3's, #4's, #5's and #6's financial records indicated the following:</p> <p>__ Client #1's November 2014 COHR (Cash On Hand Record) reviewed on 11/18/14 with the PD (Program Director) did not reflect a deposit of \$45.00 on 11/7/14 and a receipt for a purchase from a local department store on 11/13/14 for clothing for \$35.22. On 11/19/14 the PD had added the deposit and the purchase made on 11/13/14 to client #1's COHR.</p>	W000140	<p>Home Manager and Program Director have obtained petty cash for all clients. The Home Manager will maintain Cash on Hand Registers for all deposits to petty cash and purchases made with petty cash funds. The Home Manager will also maintain receipts for all purchases made with any of the petty cash funds.</p> <p>Home Manager and Program Director will receive retraining to include ensuring that all consumers have access to their petty cash funds as needed. Home manager will maintain Cash on Hand registers for all deposits to and purchases made from consumers petty cash accounts. For 4 weeks the Home Manager will turn in copies of the Cash on Hand ledgers for the Program Director to review a minimum of weekly to ensure that all funds are being documented timely and accurately. After the 4 weeks and ongoing, the Home Manager will turn in copies of the Cash on Hand ledgers for the Program Director to review a minimum of monthly.</p>	12/20/2014

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	<p>__ Client #2's Check Register for November indicated client #2 had \$10.00 in the bank. There was no money at the home for client #2 and client #2 did not have a COHR for November 2014.</p> <p>__ Client #3's November 2014 COHR indicated no purchases made in October and November 2014 and a balance of \$20.00 in the COH at the home deposited on 11/7/14.</p> <p>__ Client #4's November 2014 COHR indicated on 11/18/14 client #4 was to have \$5.57 in the COH at the home. Client #4 had no money in the COH when reviewed on 11/18/14 at 6 PM with the PD. All finances were requested to be brought to the facility office the morning of 11/19/14. On 11/19/14 at 11 AM the PD provided client #4's COHR now with a balance of zero and indicated on the COHR client #4 was given \$5.57 on 11/17/14 for "vending for wk (week)."</p> <p>__ Client #5 did not have a November 2014 COHR but had \$20.00 in the COH at the home that was withdrawn on 11/7/14.</p> <p>__ Client #6's November 2014 COHR when reviewed on 11/18/14 indicated client #6 was to have \$.81 in the COH at</p>		<p>Program Director will review Cash on Hand Registers a minimum of monthly to ensure all transactions are recorded and receipts are obtained for all purchases.</p> <p>Ongoing, the Home Manager and/or Program Director will ensure that consumers have access to their petty cash funds as needed. If there are any issues with HM and/or Program Director not being able to have access to consumer funds the Area Director will be notified for follow up.</p> <p>Responsible Party: Home Manager, Program Director, Area Director</p>	

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	<p>the home. The \$.81 was not in the COH at the home.</p> <p>__ There was a bank envelope with \$6.00 and client #4's and #6's names on the outside of the envelope. Client #4's and #6's November 2014 COHR did not reflect the \$6.00 in the envelope.</p> <p>During interview with staff #1 on 11/18/14 at 4 PM, staff #1 indicated she was not aware of any money in the home at the present time for clients #1, #2, #3, #4, #5 and #6. Staff #1 produced a lock box with a gallon zip lock bag 1/3 full of pennies. Staff #1 indicated the pennies were used for client training.</p> <p>Interview with the PD on 11/18/14 at 6:15 PM indicated the HM (Home Manager) was responsible for the COH in the home. The PD indicated the HM was currently ill and would not be able to come to the home to review the money.</p> <p>During interview with the AD (Area Director) on 11/19/14 at 3 PM, the AD: __ Indicated there was to be a COHR for every client in the home and the HM should have initiated a new one at the beginning of the month. __ Stated the HM was "fairly new" and was still trying to get things organized. __ Indicated all receipts, withdrawals and</p>			

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W000149	<p>deposits were to be documented and accounted for as soon as possible after the transaction and no later than 24 hours later.</p> <p>__ Indicated all clients were to have COH in the home available to the staff if the clients were going out.</p> <p>__ Indicated the HM had not documented some of the client's receipts on their COHRs.</p> <p>__ Indicated the COHRs did not match the actual COH in the home.</p> <p>__ Indicated the group home had not followed the facility's policy in regard to client finances.</p> <p>This deficiency was cited on 10/6/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</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 observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3) and 2 additional clients (clients #4 and #6), the facility neglected</p>	W000149	The direct care staff that left Client #4 unattended on the van was suspended and subsequently terminated after an internal investigation was completed that	12/20/2014

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	<p>to implement its policy and procedures to ensure sufficient direct care staff to supervise and assist the clients while transporting the clients from day services and to prevent the neglect of client #4.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 11/18/14 between 3:30 PM and 7 PM.</p> <p>__At 3:30 PM staff #1 was at the group home alone. Staff #1 indicated clients #1, #2, #3, #4, #5 and #6 were at the day program and would not be home until 4:30 PM or later. Staff #1 indicated two staff worked the evening shift and she had remained at home to prepare the evening meal while the second staff (staff #2) left to pick up clients #1, #2, #3, #4 and #6 from the day services and transport them home. Staff #1 stated client #5 facilitated the city bus and would "usually" get home before clients #1, #2, #3, #4 and #6.</p> <p>__While waiting on the clients to return home from the day services, staff #1 had the television on in the living room. The local news channel on the television indicated the current outside temperature to be 15 degrees.</p> <p>__At 5 PM clients #1, #3, #5 and #6 entered the home through the front door.</p> <p>__At 5:03 PM staff #2 and client #2</p>		<p>substantiated neglect.</p> <p>All direct care staff received retraining regarding supervision levels that emphasized not leaving consumers unsupervised at any time unless otherwise indicated by their ISP. Training also included ensuring that a minimum of 2 staff are present on the van when more than 4 consumers are riding on the van run. Group home schedule has been adjusted to allow for there to be 2 staff available to ride on the van run.</p> <p>Home Manager and Program Director will receive retraining to include ensuring that there are adequate staff available to provide for all the client needs. For the next 4 weeks, the Home Manager and/or Program Director will complete observations a minimum of 3 times weekly to ensure that there is adequate staffing available to complete the van runs. After the 4 weeks and ongoing, the Home Manager and/or Program Director will completed observations a minimum of 2 times weekly to ensure that there is adequate staffing available to complete the van runs</p> <p>Responsible Party: Home Manager, Program Director</p>				

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	<p>entered the home also through the front door of the home. Client #2 ambulated with a slow shuffle while taking small steps. Staff #2 maintained contact guard assist holding client #2's arm until client #2 was in the living room of the home and then returned outside to assist client #4.</p> <p>At 5:05 PM staff #2 returned inside the home and walked quickly past this surveyor and staff #1. Client #4 had not entered the home. This surveyor stepped outside the front door and no other clients were visible from the front door. Staff #1 was standing in the living room and was asked the location of client #4. Staff #1 indicated she didn't know and glanced around the living room and immediate area of the home and stated, "That's strange. I don't see her." This surveyor and staff #1 went out the front door and down the long ramp in front of the home. The facility van was parked at the side of the home, the back doors of the van were open, the wheelchair lift was extended and in an elevated position with client #4 sitting in her wheel chair on the lift. Client #4 was wearing capri pants (close-fitted calf-length tapered pants) and her lower legs were exposed to the weather. Client #4 indicated she was cold. Staff #1 lowered the wheel chair lift to the ground and removed client #4 from the lift. Staff #2 then returned outside to</p>			

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	<p>assist staff #1 with client #4. Staff #2 was asked why he had left client #4 unsupervised while elevated on the facility van lift and exposed to the weather and staff #2 stated, "I had to go to the bathroom."</p> <p>Interview with staff #1 on 11/18/14 at 4 PM indicated only one staff transported the clients home from day services. Staff #1 stated she had worked at the facility for 2 years and "We used to always have two staff for transport. I don't know when or why it changed but only one does it now." Staff #1 indicated the second staff would stay home to prepare the evening meal. Staff #1 indicated she was working 2 PM to 10 PM and staff #2 was working 2:30 PM to 9:30 PM. Staff #1 indicated once the clients were home from transport one staff would always remain in the home to supervise the clients as they came in the home and the second staff assisted the clients into the home.</p> <p>Interview with the PD (Program Director) on 11/18/14 at 6:30 PM stated, "There should have been two staff" on transport on the evening of 11/18/14. The PD indicated staff #2 should not have left client #4 outside on the van unsupervised.</p> <p>Interview with the AD (Area Director) on</p>			

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	<p>11/19/14 at 3 PM stated two staff "should be" on transport to pick up the clients (#1, #2, #3, #4, #5 and #6) from day services and did not know why only one staff was transporting the clients on the evening of 11/18/14. The AD indicated the clients were to be supervised at all times and were never to be left outside, alone and on the facility van.</p> <p>Review of the facility's BDDS (Bureau of Developmental Disabilities Services) report dated 11/19/14 on 11/19/14 at 4 PM indicated on 11/18/14 at 5 PM staff #2 "was helping the residents off the van from day program when he went inside of group home to use the rest room leaving [client #4] unattended. [Client #4] was not harmed and she (sic) left unattended for two minutes. Staff was suspended pending an investigation. All staff will be retained (sic) on client supervision levels and Vehicle Safety."</p> <p>The facility's abuse and neglect policy entitled, "Quality and Risk Management" dated 4/11 was reviewed on 11/19/14 at 12 PM. The policy indicated neglect to be, not all inclusive, "Failure to provide appropriate supervision, care or training."</p> <p>9-3-2(a)</p>			

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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL 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) and 3 additional clients (#4, #5 and #6), the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) failed to integrate, coordinate, and monitor the clients active treatment plans. The PD failed to ensure:</p> <p>__ Clients #1, #3, #5 and #6 were provided training in regard to finances and the use of personal funds. __ Written policy was implemented in regard to the clients' finances and to ensure accountability of the clients' funds for clients #1, #2, #3, #4, #5, and #6). __ Sufficient direct care staff to supervise and assist clients #1, #2, #3, #4, and #6 while transporting the clients from the day services. __ Client #2's communication skills and/or needs were reassessed and client #2 was provided a communication book. __ The clients' ISPs (Individualized Support Plans) addressed the clients' identified training needs in regard to client #5's dining, client #2's communication and client #2's, #3's, #4's, #5's and #6's training needs in regard to</p>	W000159	<p>1 Finance management goal/objectives have been developed for Client #1, 3, 5 and 6 to assist them with developing skills toward financial independence. Staff will receive retraining on all consumers financial goals.</p> <p>Program Director will receive retraining to include ensuring that goals and objectives are completed for consumers as needed based on their identified wants and needs.</p> <p>Ongoing the Program Director will review all consumers Behavior Tracking, Daily Support Records, etc. a minimum of quarterly to assess if new goals and objective need to be developed based on consumer needs and abilities. Program Director will work in conjunction with consumers IDT to ensure goals and objectives are developed as needed to meet all clients individual needs. Program Director will submit the next 3 ISPs to Area Director for review to ensure goals/objectives are being met based on client individual needs.</p> <p>2. Home Manager and Program Director have obtained petty cash for all clients. The Home Manager</p>	12/20/2014			

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	<p>food preparation.</p> <p>__The clients' ISPs addressed the clients' identified training needs in regard to bathing, personal hygiene, dressing, tooth brushing and oral health for clients #1, #2 and #3.</p> <p>__The staff implement client #5's dining plan and to provide clients #1, #2 and #4 medication training when opportunity was available.</p> <p>__The staff promoted growth and dignity in regard to client #2's clothing and personal appearance and to ensure client #4 was appropriately dressed in regard to the weather.</p> <p>__A medication objective was developed for client #1.</p> <p>__The staff provided the clients a nutritious meal in regard to offering all of the menu items indicated for the meal and/or provided substitutions for items not available for clients #1, #2, #3, #4, #5 and #6.</p> <p>__The staff provided training in meal preparation and encouraged the clients to participate in all aspects of meal preparation for clients #1, #2, #3, #4, #5 and #6.</p> <p>Findings include:</p> <p>1. The PD failed to ensure clients #1, #3, #5 and #6 were provided training in regard to finances and the use of personal</p>		<p>will maintain Cash on Hand Registers for all deposits to petty cash and purchases made with petty cash funds. The Home Manager will also maintain receipts for all purchases made with any of the petty cash funds.</p> <p>Home Manager and Program Director will receive retraining to include ensuring that all consumers have access to their petty cash funds as needed. Home manager will maintain Cash on Hand registers for all deposits to and purchases made from consumers petty cash accounts. For 4 weeks the Home Manager will turn in copies of the Cash on Hand ledgers for the Program Director to review a minimum of weekly to ensure that all funds are being documented timely and accurately. After the 4 weeks and ongoing, the Home Manager will turn in copies of the Cash on Hand ledgers for the Program Director to review a minimum of monthly.</p> <p>Program Director will review Cash on Hand Registers a minimum of monthly to ensure all transactions are recorded and receipts are obtained for all purchases.</p> <p>Ongoing, the Home Manager and/or Program Director will ensure that consumers have access to their petty cash funds as needed. If there are any issues with HM and/or Program Director</p>	

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	<p>funds. Please see W126.</p> <p>2. The PD failed to ensure written policy was implemented in regard to the clients' finances and to ensure accountability of the clients' funds for clients #1, #2, #3, #4, #5, and #6. Please see W140.</p> <p>3. The PD failed to ensure sufficient direct care staff to supervise and assist clients #1, #2, #3, #4, and #6 while transporting the clients from the day services. Please see W186.</p> <p>4. The PD failed to ensure client #2's communication skills and/or needs were reassessed and client #2 was provided a communication book. Please see W220.</p> <p>5. The PD failed to ensure the clients' ISPs addressed the clients' identified training needs in regard to client #5's dining, client #2's communication and client #2's, #3's, #4's, #5's and #6's training needs in regard to food preparation. Please see W227.</p> <p>6. The PD failed to ensure the clients' ISPs addressed the clients' identified training needs in regard to bathing, personal hygiene, dressing, tooth brushing and oral health for clients #1, #2 and #3. Please see W242.</p>		<p>not being able to have access to consumer funds the Area Director will be notified for follow up.</p> <p>3 The direct care staff that left Client #4 unattended on the van was suspended and subsequently terminated after an internal investigation was completed that substantiated neglect.</p> <p>All direct care staff received retraining regarding supervision levels that emphasized not leaving consumers unsupervised at any time unless otherwise indicated by their ISP. Training also included ensuring that a minimum of 2 staff are present on the van when more than 4 consumers are riding on the van run. Group home schedule has been adjusted to allow for there to be 2 staff available to ride on the van run.</p> <p>Home Manager and Program Director will receive retraining to include ensuring that there are adequate staff available to provide for all the client needs. For the next 4 weeks, the Home Manager and/or Program Director will completed observations a minimum of 3 times weekly to ensure that there is adequate staffing available to complete the van runs. After the 4 weeks and ongoing, the Home Manager and/or Program Director will completed observations a minimum of 2 times weekly to</p>	

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	<p>7. The PD failed to ensure the staff implemented client #5's dining plan and to provide clients #1, #2 and #4 medication training when opportunity was available. Please see W249.</p> <p>8. The PD failed to ensure the staff promoted growth and dignity in regard to client #2's clothing and personal appearance and to ensure client #4 was appropriately dressed in regard to the weather. Please see W268.</p> <p>9. The PD failed to ensure a medication objective was developed for client #1. Please see W371.</p> <p>10. The PD failed to ensure the staff provided the clients a nutritious meal in regard to offering all of the menu items indicated for the meal and/or provided substitutions for items not available for clients #1, #2, #3, #4, #5 and #6. Please refer to W460.</p> <p>11. The PD failed to ensure the staff provided training in meal preparation and encouraged the clients to participate in all aspects of meal preparation for clients #1, #2, #3, #4, #5 and #6. Please refer to W488.</p> <p>This deficiency was cited on 10/6/14. The facility failed to implement a systemic</p>		<p>ensure that there is adequate staffing available to complete the van runs</p> <p>4 A speech/hearing evaluation has been scheduled for Client #2 to reassess their communication needs. Once the evaluation is completed and a report is received communication goals and objectives will be developed based on the evaluation recommendations.</p> <p>Program Director and Program Nurse will receive retraining on ensuring that all consumers received assessments and reassessments evaluations as needed to document if there is any change in abilities. New goals and objective for communication will be developed based on the assessment recommendations.</p> <p>Ongoing, the Program Nurse will track when the recommended re-evaluations are needed for all assessments and communicate to the Home Manager and/or Program Director when they need to be scheduled. The Program Nurse will ensure that documentation of assessments is available for the Program Director to review so that appropriate goals and objectives can be developed.</p> <p>5 1. A dining goal has been developed for Client #5</p>				

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	<p>plan of correction to prevent reoccurrence.</p> <p>9-3-3(a)</p>		<p>2. A speech/hearing evaluation has been scheduled for Client #2 to reassess their communication needs. Once the evaluation is completed and a report is received communication goals and objectives will be developed based on the evaluation recommendations. Program Director and Program Nurse will receive retraining on ensuring that all consumers received assessments and reassessments evaluations as needed to document if there is any change in abilities. New goals and objective for communication will be developed based on the assessment recommendations.</p> <p>Ongoing, the Program Nurse will track when the recommended re-evaluations are needed for all assessments and communicate to the Home Manager and/or Program Director when they need to be scheduled. The Program Nurse will ensure that documentation of assessments is available for the Program Director to review so that appropriate goals and objectives can be developed</p> <p>3. Meal preparation/cooking goals have been developed for Clients 1, 2, 3, 4, 5 and 6 based on their abilities.</p> <p>Program Director will receive retraining to include ensuring that</p>	

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			<p>goals and objectives are completed for consumers as needed based on their identified wants and needs.</p> <p>Ongoing the Program Director will review all consumers Behavior Tracking, Daily Support Records, etc. a minimum of quarterly to assess if new goals and objective need to be developed based on consumer needs and abilities. Program Director will work in conjunction with consumers IDT to ensure goals and objectives are developed as needed to meet all clients individual needs. Program Director will submit the next 3 ISPs to Area Director for review to ensure goals/objectives are being met based on client individual needs. 6 Goals have been developed for Client #1 in regard to bathing, personal hygiene and oral hygiene Goals have been developed for Client #2 in regard to oral hygiene and choosing appropriate clothing Goals have been developed for Client #3 in regard to bathing/showering and oral hygiene.</p> <p>Program Director will receive retraining to include ensuring that goals and objectives are completed for consumers as needed based on their identified wants and needs.</p> <p>Ongoing the Program Director will</p>	

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			<p>review all consumers Behavior Tracking, Daily Support Records, etc. a minimum of quarterly to assess if new goals and objective need to be developed based on consumer needs and abilities. Program Director will work in conjunction with consumers IDT to ensure goals and objectives are developed as needed to meet all clients individual needs. Program Director will submit the next 3 ISPs to Area Director for review to ensure goals/objectives are being met based on client individual needs.</p> <p>7</p> <p>1. All direct care staff will receive retraining on implementing all consumers dining plans at all meals based on recommendations from the consumers physician and/or dietician. For 4 weeks the HM and/or Program director will complete mealtime observations a minimum of three times weekly to ensure that direct care staff are following all consumers dining plans based on recommendations from consumers physician and/or dietician</p> <p>Ongoing after the 4 weeks the HM and/or Program director will complete mealtime observations a minimum of twice weekly to ensure that direct care staff are following all consumers dining plans based on recommendations</p>	

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			<p>from consumers physician and/or dietician</p> <p>2. All direct care staff will receive retraining on ensuring that all consumers medication goals and objectives are being run as directed.</p> <p>For 4 weeks the HM and/or Program director will complete medication administration observations a minimum of three times weekly to ensure that direct care staff are running medication goals as directed.</p> <p>Ongoing after the 4 weeks the HM and/or Program director will complete medication administration observations a minimum of twice weekly to ensure that direct care staff are running medication goals as directed.</p> <p>8 Client #2 was taken to get his helmet refitted and a replacement was ordered so that he has a helmet that fits. Client #2 clothing has been gone through. Clothing that is too big has been gotten rid of and new clothing that fits has been provided to Client #2.</p> <p>All Direct Care staff, Home manager and Program Director will receive retraining on client dignity including ensuring that all consumers have clothing that fit, are well shaven and groomed and hair and nails are trimmed and</p>	

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			<p>adaptive equipment fits properly.</p> <p>Home manager and Program Director will complete observations in the home a minimum of 5 times per week for the first 4 weeks to ensure that all clients dignity is maintained by ensuring they are wearing clothing that fits, are well shaven and groomed. After the first 4 weeks and ongoing Home manager and Program Director will complete observations in the home a minimum of 2 times per week to ensure that all clients dignity is maintained by ensuring they are wearing clothing that fits, are well shaven and groomed, etc. If consumers need to purchase clothing that fits, Home Manager and Program Director will assist clients with doing so. 9 A goal has been developed for Client #1 in regard to medication administration.</p> <p>Program Director will receive retraining to include ensuring that goals and objectives are completed for consumers as needed based on their identified wants and needs.</p> <p>Ongoing the Program Director will review all consumers Behavior Tracking, Daily Support Records, etc. a minimum of quarterly to assess if new goals and objective need to be developed based on consumer needs and abilities. Program Director will work in</p>	

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			<p>conjunction with consumers IDT to ensure goals and objectives are developed as needed to meet all clients individual needs. Program Director will submit the next 3 ISPs to Area Director for review to ensure goals/objectives are being met based on client individual needs.</p> <p>10 All direct care staff will receive retraining on ensuring that all client dietary orders are being followed as directed including limitations on portions and ensuring that dietary supplements are offered as directed. Staff retraining will also include ensuring that all menu items or appropriate substitutions are offered to consumers.</p> <p>Home Manager will receive retraining to include ensuring that all menu items are available for meal preparation or appropriate substitutions are available.</p> <p>For 4 weeks the HM and/or Program director will complete mealtime observations a minimum of three times weekly to ensure that direct care staff are preparing all consumers food and beverages as directed by their Physician and/or dietician and that all menu items are being served.</p> <p>Ongoing after the 4 weeks the HM and/or Program director will complete mealtime observations</p>	

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			<p>a minimum of twice weekly to ensure that direct care staff are preparing all consumers food and beverages as directed by their Physician and/or dietician and all menu items are being served.</p> <p>11 All direct care staff will receive additional retraining to include allowing and encouraging all consumers to assist with meal preparation, setting the table, cleaning up after the meal, etc. In addition, retraining will include ensuring that all consumers are allowed to eat in a way consistent with developmental levels. Retraining will include ensuring that consumers are allowed to serve themselves at mealtime or are provided had over hand assistance as needed.</p> <p>Staff training will also include ensuring that consumers mealtime objectives are being run as directed including encouraging consumers to take small drinks between bites to prevent choking as needed.</p> <p>For 4 weeks the Home Manager and/or Program director will complete mealtime observations a minimum of daily to ensure that direct care staff are allowing and encouraging consumers to assist with meal preparation and clean up; are eating in a way consistent with developmental levels and are running consumers mealtime objectives.</p>	

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W000186	<p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3) and 2 additional clients (clients #4 and #6), the facility failed to provide sufficient direct care staff to supervise and assist the clients while transporting the clients from the day services.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 11/18/14 between 3:30 PM and 7 PM. __At 3:30 PM staff #1 was at the group</p>	W000186	<p>Ongoing after the 4 weeks the HM and/or Program director will complete mealtime observations a minimum of twice weekly to ensure that direct care staff are allowing and encouraging consumers to assist with meal preparation and clean up; are eating in a way consistent with developmental levels and are running consumers mealtime objectives.</p> <p>The direct care staff that left Client #4 unattended on the van was suspended and subsequently terminated after an internal investigation was completed that substantiated neglect.</p> <p>All direct care staff received retraining regarding supervision levels that emphasized not leaving consumers unsupervised at any time unless otherwise indicated by their ISP. Training also included ensuring that a minimum of 2 staff are present on the van when more than 4 consumers are riding on the van</p>	12/20/2014

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	<p>home alone. Staff #1 indicated clients #1, #2, #3, #4, #5 and #6 were at the day program and would not be home until 4:30 PM or later. Staff #1 indicated two staff worked the evening shift and she had remained at home to prepare the evening meal while the second staff (staff #2) left to pick up clients #1, #2, #3, #4 and #6 from the day services and transport them home. Staff #1 stated client #5 facilitated the city bus and would "usually" get home before clients #1, #2, #3, #4 and #6.</p> <p>__ While waiting on the clients to return home from the day services, staff #1 had the television on in the living room. The local news channel on the television indicated the current outside temperature to be 15 degrees.</p> <p>__ At 5 PM clients #1, #3, #5 and #6 entered the home through the front door.</p> <p>__ At 5:03 PM staff #2 and client #2 entered the home also through the front door of the home. Client #2 ambulated with a slow shuffle while taking small steps. Staff #2 maintained contact guard assist holding client #2's arm until client #2 was in the living room of the home and then returned outside to assist client #4.</p> <p>__ At 5:05 PM staff #2 returned inside the home and walked quickly past this surveyor and staff #1. Client #4 had not entered the home. This surveyor stepped</p>		<p>run. Group home schedule has been adjusted to allow for there to be 2 staff available to ride on the van run.</p> <p>Home Manager and Program Director will receive retraining to include ensuring that there are adequate staff available to provide for all the client needs. For the next 4 weeks, the Home Manager and/or Program Director will completed observations a minimum of 3 times weekly to ensure that there is adequate staffing available to complete the van runs. After the 4 weeks and ongoing, the Home Manager and/or Program Director will completed observations a minimum of 2 times weekly to ensure that there is adequate staffing available to complete the van runs</p> <p>Responsible Party: Home Manager, Program Director</p>	

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	<p>outside the front door and no other clients were visible from the front door. Staff #1 was standing in the living room and was asked the location of client #4. Staff #1 indicated she didn't know and glanced around the living room and immediate area of the home and stated, "That's strange. I don't see her." This surveyor and staff #1 went out the front door and down the long ramp in front of the home. The facility van was parked at the side of the home, the back doors of the van were open, the wheelchair lift was extended and in an elevated position with client #4 sitting in her wheel chair on the lift. Client #4 was wearing capri pants (close-fitted calf-length tapered pants) and her lower legs were exposed to the weather. Client #4 indicated she was cold. Staff #1 lowered the wheel chair lift to the ground and removed client #4 from the lift. Staff #2 then returned outside to assist staff #1 with client #4. Staff #2 was asked why he had left client #4 unsupervised while elevated on the facility van lift and exposed to the weather and staff #2 stated, "I had to go to the bathroom."</p> <p>Interview with staff #1 on 11/18/14 at 4 PM indicated only one staff transported the clients home from day services. Staff #1 stated she had worked at the facility for 2 years and "We used to always have</p>			

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	<p>two staff for transport. I don't know when or why it changed but only one does it now." Staff #1 indicated the second staff would stay home to prepare the evening meal. Staff #1 indicated she was working 2 PM to 10 PM and staff #2 was working 2:30 PM to 9:30 PM. Staff #1 indicated once the clients were home from transport one staff would always remain in the home to supervise the clients as they came in the home and the second staff assisted the clients into the home.</p> <p>Interview with the PD (Program Director) on 11/18/14 at 6:30 PM stated, "There should have been two staff" on transport on the evening of 11/18/14. The PD indicated staff #2 should not have left client #4 outside on the van unsupervised.</p> <p>Interview with the AD (Area Director) on 11/19/14 at 3 PM stated two staff "should be" on transport to pick up the clients (#1, #2, #3, #4, #5 and #6) from day services and did not know why only one staff was transporting the clients on the evening of 11/18/14. The AD indicated the clients were to be supervised at all times and were never to be left outside, alone and on the facility van.</p> <p>9-3-3(a)</p>			

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W000220	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include speech and language development. Based on observation, interview and record review for 1 of 3 sample clients (#2), the facility failed to ensure client #2's communication skills and/or needs were reassessed.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 11/18/14 between 3:30 PM and 7 PM. During this time period client #2 communicated with a loud tone of voice and was difficult to understand. Client #2 repeated himself numerous times with this surveyor and the staff trying to make his needs known and/or trying to communicate. Client #2 did not use a communication book and/or any assistive communication devices.</p> <p>Client #2's record was reviewed on 11/19/14 at 11 AM.</p> <p>Client #2's ISP (Individualized Support Plan) dated 3/30/14 indicated client #2 had a mild hearing loss but was able to</p>	W000220	<p>A speech/hearing evaluation has been scheduled for Client #2 to reassess their communication needs. Once the evaluation is completed and a report is received communication goals and objectives will be developed based on the evaluation recommendations.</p> <p>Program Director and Program Nurse will receive retraining on ensuring that all consumers received assessments and reassessments evaluations as needed to document if there is any change in abilities. New goals and objective for communication will be developed based on the assessment recommendations.</p> <p>Ongoing, the Program Nurse will track when the recommended re-evaluations are needed for all assessments and communicate to the Home Manager and/or Program Director when they need to be scheduled. The Program Nurse will ensure that documentation of assessments is available for the Program Director to review so that appropriate goals and objectives can be</p>	12/20/2014

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	<p>hear conversational speech and hearing aids were not recommended "at this time."</p> <p>Client #2's record indicated an assessment by a speech/language pathologist (SLP) on 7/14/08 with recommendations for speech sessions to create a communication book for client #2 to use at the home and while in the community. The record indicated client #2 returned to the SLP on 10/2/08 and the SLP had compiled a list of words/objects to include in client #2's communication book. The SLP indicated client #2 had declined in skill level since his initial evaluation on 7/14/08. The record indicated client #2 was given a communication book developed by the SLP on 10/9/08 for the staff to work with the client at home.</p> <p>Interview with staff #1 on 11/18/14 at 6:30 PM indicated client #2 was difficult to understand but the staff had gotten to know some of his words and expressions. Staff #1 indicated client #2 did not have a communication book. Staff #1 stated, "I've been here for 2 years and I've never seen him use one."</p> <p>Interview with the AD (Area Director) on 11/19/14 at 4 PM indicated she had communicated with the facility nurse and</p>		<p>developed.</p> <p>Responsible party: Home Manager, Program Director, Program Nurse</p>	

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W000227	<p>was told the assessment of 2008 was client #2's most current communication assessment and had no knowledge of client #2 using and/or having a communication book. The AD indicated client #2's communication needs had not been reassessed since 2008.</p> <p>9-3-4(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review and interview for 2 of 3 sample clients (#2 and #3) and 3 additional clients (#4, #5 and #6), the facility failed to ensure the clients' ISPs (Individual Support Plans) addressed: __ Client #5's identified training need in regard to dining. __ Client #2's identified training need in regard communication. __ Client #2's, #3's, #4's, #5's and #6's identified training need in regard to meal preparation and cooking.</p> <p>Findings include:</p>	W000227	<ol style="list-style-type: none"> 1. A dining goal has been developed for Client #5 2. A speech/hearing evaluation has been scheduled for Client #2 to reassess their communication needs. Once the evaluation is completed and a report is received communication goals and objectives will be developed based on the evaluation recommendations. Program Director and Program Nurse will receive retraining on ensuring that all consumers received assessments and reassessments evaluations as needed to document if there is any change in abilities. New goals 	12/20/2014

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	<p>1. Observations were conducted at the group home on 11/18/14 between 3:30 PM and 7 PM. During this observation period client #5 was observed eating his evening meal of lasagna, green beans and cornbread. Client #5's food was cut into small pieces for him. While client #5 ate his meal client #5 did not take small bites, eat at a slow pace and/or alternate fluids with solids. The staff did not prompt client #5 to take small bites, eat at a slow pace and/or alternate fluids with solids.</p> <p>Client #5's record was reviewed on 11/19/14 at 1 PM. Client #5's ISP dated 5/14/14 indicated client #5 was at risk for choking and was to be encouraged to take small bites, to eat at a slower pace and to alternate fluids with solids. Client #5's goal tracking sheets for November 2014 indicated no training in regard to client #5's dining needs. Client #5's ISP indicated no training objectives and/or goals in regard to client #5's dining needs.</p> <p>During interview with the AD (Area Director) on 11/19/14 at 3 PM, the AD indicated all formal goals would be represented with evidence of a goal tracking sheet in the client's record. The AD indicated there were no goals and/or objectives to assist client #5 in regard to</p>		<p>and objective for communication will be developed based on the assessment recommendations.</p> <p>Ongoing, the Program Nurse will track when the recommended re-evaluations are needed for all assessments and communicate to the Home Manager and/or Program Director when they need to be scheduled. The Program Nurse will ensure that documentation of assessments is available for the Program Director to review so that appropriate goals and objectives can be developed</p> <p>3. Meal preparation/cooking goals have been developed for Clients 1, 2, 3, 4, 5 and 6 based on their abilities.</p> <p>Program Director will receive retraining to include ensuring that goals and objectives are completed for consumers as needed based on their identified wants and needs.</p> <p>Ongoing the Program Director will review all consumers Behavior Tracking, Daily Support Records, etc. a minimum of quarterly to assess if new goals and objective need to be developed based on consumer needs and abilities. Program Director will work in conjunction with consumers IDT to ensure goals and objectives are developed as needed to meet all clients individual needs.</p>	

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	<p>client #5's dining needs.</p> <p>2. Observations were conducted at the group home on 11/18/14 between 3:30 PM and 7 PM. During this time period client #2 communicated with a loud tone of voice and was difficult to understand. Client #2 repeated himself numerous times with this surveyor and the staff in trying to make his needs known and/or to communicate with the staff and this surveyor. During this observation period client #2 did not use a communication book and/or any assistive communication devices.</p> <p>Client #2's record was reviewed on 11/19/14 at 11 AM. Client #2's record indicated an assessment by a speech/language pathologist (SLP) on 7/14/08 with recommendations for speech sessions to create a communication book for client #2 to use at the home and while in the community. The record indicated client #2 returned to the SLP on 10/2/08 and the SLP had compiled a list of words/objects to include in client #2's communication book. The SLP indicated client #2 had declined in skill level since his initial evaluation on 7/14/08. The record indicated client #2 was given a communication book developed by the SLP on 10/9/08 for the staff to work with</p>		<p>Program Director will submit the next 3 ISPs to Area Director for review to ensure goals/objectives are being met based on client individual needs. Responsible Party: Home Manager, Program Director</p>				

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	<p>the client at home.</p> <p>Client #2's ISP dated 3/30/14 indicated no objectives and/or goals to assist client #2 with his communication needs.</p> <p>Interview with staff #1 on 11/18/14 at 6:30 PM indicated client #2 was difficult to understand but the staff had gotten to know some of his words and expressions. Staff #1 indicated client #2 did not have a communication book. Staff #1 stated, "I've been here for 2 years and I've never seen him use one."</p> <p>Interview with the AD on 11/19/14 at 4 PM indicated client #2's ISP did not include any objectives and/or goals in regard to client #2's communication needs. The AD indicated no knowledge of a communication book for client #2.</p> <p>3. Observations were conducted at the group home on 11/18/14 between 3:30 PM and 7 PM. Lasagna, green beans and cornbread were prepared for the evening meal and were prepared by staff #1 prior to the clients getting home from the day services. Clients #1, #2, #3, #4, #5 and #6 did not assist with the preparation of the food for the evening meal of 11/18/14 and were not provided training on food preparation.</p>			

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	<p>Client #2's record was reviewed on 11/19/14 at 11 AM. Client #2's Camelot Behavioral Checklist dated 4/7/14 indicated client #2 was not independent in preparing a meal. Client #2's goal tracking sheets for November 2014 indicated no training in regard to meal preparation and/or cooking. Client #2's 3/30/14 ISP indicated no objectives and/or goals to assist client #2 with meal preparation and/or cooking.</p> <p>Client #3's record was reviewed on 11/19/14 at 12:30 PM. Client #3's Camelot Behavioral Checklist dated 10/20/14 indicated client #3 was not independent in preparing a meal. Client #3's goal tracking sheets for November 2014 indicated no training in regard to meal preparation and/or cooking. Client #3's 3/20/14 ISP indicated no objectives and/or goals to assist client #3 with meal preparation and/or cooking.</p> <p>Client #4's record was reviewed on 11/19/14 at 1:30 PM. Client #4's Camelot Behavioral Checklist dated 10/15/14 indicated client #4 was not independent in preparing a meal that required mixing and/or the use of the stove and could not prepare a complete meal. Client #4's goal tracking sheets for November 2014</p>			

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	<p>indicated no training in regard to meal preparation and/or cooking. Client #4's 5/5/14 ISP indicated no objectives and/or goals to assist client #4 with meal preparation and/or cooking.</p> <p>Client #5's record was reviewed on 11/19/14 at 1 PM. Client #5's Camelot Behavioral Checklist dated 10/20/14 indicated client #5 was not independent in preparing a meal. Client #5's goal tracking sheets for November 2014 indicated no training in regard to meal preparation and/or cooking. Client #5's 5/14/14 ISP indicated no objectives and/or goals to assist client #5 with meal preparation and/or cooking.</p> <p>Client #6's record was reviewed on 11/19/14 at 12 PM. Client #6's Camelot Behavioral Checklist dated 10/18/14 indicated client #6 was not independent in preparing a meal that required mixing and could not prepare a complete meal. Client #6's goal tracking sheets for November 2014 indicated no training in regard to meal preparation and/or cooking. Client #6's 7/29/14 ISP indicated no objectives and/or goals to assist client #6 with meal preparation</p>			

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	<p>and/or cooking.</p> <p>Interview with staff #1 on 11/18/14 at 6:45 PM indicated clients #2, #3, #4, #5 and #6 were not independent with food and/or meal preparation and required assistance from staff. Staff #1 indicated one staff goes on transport and the other evening shift staff prepared the evening meal.</p> <p>During interview with the AD on 11/19/14 at 3 PM, when asked who was to prepare the clients' meals, the AD indicated the staff were to assist the clients (clients #1, #2, #3, #4, #5 and #6) to prepare their own meals and the clients were to be involved with all aspects of the meal preparation and provided training. The AD indicated all formal goals would be represented with evidence of a goal tracking sheet in the clients' records. The AD indicated no goals and/or objectives for clients #2, #3, #4, #5 and #6 in regard to meal preparation and/or cooking.</p> <p>This deficiency was cited on 10/6/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p>			

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W000242	<p>9-3-4(a)</p> <p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on observation, record review and interview for 3 of 3 sample clients (#1, #2 and #3), the facility failed to address the clients' identified training needs in regard to bathing, personal hygiene, dressing, tooth brushing and/or oral health.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 11/18/14 between 3:30 PM and 7 PM. At 5 PM when client #2 returned home from the day services client #2 was wearing an oversized gray sweat shirt and sweat pants. The crotch of client #2's sweat pants hung a few inches above client #2's knees and the bottoms of the pants were bunched up around client #2's ankles. At 6:10 PM the PD</p>	W000242	<p>Goals have been developed for Client #1 in regard to bathing, personal hygiene and oral hygiene</p> <p>Goals have been developed for Client #2 in regard to oral hygiene and choosing appropriate clothing</p> <p>Goals have been developed for Client #3 in regard to bathing/showering and oral hygiene.</p> <p>Program Director will receive retraining to include ensuring that goals and objectives are completed for consumers as needed based on their identified wants and needs.</p> <p>Ongoing the Program Director will review all consumers Behavior Tracking, Daily Support Records, etc. a minimum of quarterly to assess if new goals and objective</p>	12/20/2014			

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	<p>(Program Director) checked the size of client #2's sweat pants he was wearing and indicated client #2's sweat pants were a large, too large for client #2 and needed to be changed.</p> <p>Client #1's record was reviewed on 11/19/14 at 11:30 AM. Client #1's ISP (Individualized Support Plan) dated 3/25/14 indicated client #1 was incontinent of urine, needed assistance with personal hygiene, required prompts to bathe and reminders to brush her teeth. Client #1's Camelot Behavioral Checklist (CBC) dated 4/17/14 indicated client #1 required assistance to ensure she wore clean clothing and clothing that was appropriate to the weather and in choosing clothing that was not wrinkled, stained and/or torn. The CBC indicated client #1 could not bathe/shower, brush her teeth and or keep herself clean independently.</p> <p>__ Client #1's ISP and goal tracking sheets for November 2014 indicated no training in regard to client #1's identified need in regard to bathing, personal hygiene, dressing and/or tooth brushing.</p> <p>Client #2's record was reviewed on</p>		<p>need to be developed based on consumer needs and abilities. Program Director will work in conjunction with consumers IDT to ensure goals and objectives are developed as needed to meet all clients individual needs. Program Director will submit the next 3 ISPs to Area Director for review to ensure goals/objectives are being met based on client individual needs.</p> <p>Responsible Party: Home Manager, Program Director</p>	

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	<p>11/19/14 at 11 AM. Client #2's ISP dated 3/30/14 indicated client #2 was edentulous (no teeth) and in need of oral hygiene skills. Client #2's CBC indicated client #2 could not choose clothes for activities, weather and/or clothes that were not wrinkled.</p> <p>__ Client #2's ISP and goal tracking sheets for November 2014 indicated no training in regard to client #2's identified need for training in regard to oral hygiene/health and/or dressing.</p> <p>Client #3's record was reviewed on 11/19/14 at 12:30 PM. Client #3's ISP dated 3/20/14 indicated client #3 required physical assistance from the staff to brush her teeth. Client #3's MARs (Medication Administration Records) indicated staff were to assist client #3 twice a day to brush her teeth. Client #3's CBC dated 10/20/14 indicated client #3 was not independent with bathing/showering.</p> <p>__ Client #3's ISP and goal tracking sheets for November 2014 indicated no training in regard to client #3's identified need for training in regard to bathing/showering and/or tooth brushing.</p> <p>Interview with staff #1 on 11/18/14 at 6:30 PM indicated:</p> <p>__ Client #1 required assistance with bathing, personal hygiene, dressing and</p>						

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W000249	<p>tooth brushing. Indicated client #1 wore an adult brief and was incontinent of urine and required assistance with her personal hygiene.</p> <p>__ Client #2 required assistance with showering and picking out his clothing.</p> <p>__ Client #3 required assistance with bathing/showering and tooth brushing.</p> <p>During interview with the AD (Area Director) on 11/19/14 at 3 PM, the AD indicated all formal goals would be represented with evidence of a goal tracking sheet in the client's record. The AD indicated no goals and/or objectives to assist clients #1, #2 and/or #3 with their identified needs in regard to bathing, dressing, personal hygiene, tooth brushing and/or oral health.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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</p>			

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	<p>achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview for 2 of 3 sampled clients (#1 and #2) and 2 additional clients (#4 and #5), the facility failed to implement client #5's dining plan and failed to provide clients #1, #2 and #4 medication training when opportunity was available.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 11/18/14 between 3:30 PM and 7 PM. During this observation period the following was observed while client #5 ate his evening meal of lasagna, green beans and cornbread: ___ Client #5's food was cut into small pieces. ___ Client #5 did not limit his liquid intake to single sips of liquids, did not limit his food intake to small bites of food, did not dry swallow one time after each intake of solids, did not alternate liquids and solids and did not tuck his chin down while swallowing. ___ The staff did not prompt client #5 to limit his liquid intake to single sips of liquids, to limit his food intake to small bites of food, to dry swallow one time after each intake of solids, to alternate liquids and solids and to tuck his chin down while swallowing.</p>	W000249	<p>1. All direct care staff will receive retraining on implementing all consumers dining plans at all meals based on recommendations from the consumers physician and/or dietician. For 4 weeks the HM and/or Program director will complete mealtime observations a minimum of three times weekly to ensure that direct care staff are following all consumers dining plans based on recommendations from consumers physician and/or dietician</p> <p>Ongoing after the 4 weeks the HM and/or Program director will complete mealtime observations a minimum of twice weekly to ensure that direct care staff are following all consumers dining plans based on recommendations from consumers physician and/or dietician</p> <p>2. All direct care staff will receive retraining on ensuring that all consumers medication goals and objectives are being run as directed.</p> <p>For 4 weeks the HM and/or Program director will complete medication administration observations a minimum of three times weekly to ensure that direct care staff are running medication</p>	12/20/2014

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	<p>Client #5's record was reviewed on 11/19/14 at 1 PM.</p> <p>__ Client #5's 10/1/14 dining plan indicated "See swallow guidelines."</p> <p>__ Client #5's swallow study dated 5/10/10 indicated client #5 was to limit liquid intake to single sips of nectar thick liquids, to limit food intake to small bites of food, to dry swallow one time after each intake of solids, to alternate liquids and solids and to tuck chin down during swallowing.</p> <p>__ Client #5's ISP dated 5/14/14 indicated client #5 was at risk for choking and was to be encouraged to take small bites, to eat at a slower pace and to alternate fluids with solids.</p> <p>During interview with the AD (Area Director) on 11/19/14 at 3 PM, the AD indicated the staff were to follow client #5's dining plan and ISP directives whenever client #5 was eating.</p> <p>2. During observation of the medication pass at the group home on 11/18/14 between 5:15 PM and 5:35 PM the following was observed:</p> <p>__ At 5:15 PM staff #1 gave client #4 DHEA (Dehydroepiandrosterone - a hormone) 50 mg (milligrams).</p> <p>__ At 5:20 PM staff #1 gave client #1 Metamucil (a laxative) and Calcium</p>		<p>goals as directed.</p> <p>Ongoing after the 4 weeks the HM and/or Program director will complete medication administration observations a minimum of twice weekly to ensure that direct care staff are running medication goals as directed.</p> <p>Responsible Party: Home Manager, Program Director</p>	
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	<p>Oyster Shell with vitamin D.</p> <p>__At 5:35 PM staff #1 gave client #2 Klonopin 0.5 mg, Carbamazepine 300 mg and Topiramate 200 mg for seizures and an Advair disc for breathing problems.</p> <p>Staff #1 did not provide clients #1, #2 and #4 medication training while giving the clients their PM medications.</p> <p>Client #1's record was reviewed on 11/19/14 at 11:30 AM. Client #1's 3/25/14 ISP indicated client #1 was not independent with administering her own medications and required staff assistance and training. Client #1's ISP indicated no medication objectives.</p> <p>Client #2's record was reviewed on 11/19/14 at 11 AM. Client #2's 3/30/14 ISP indicated client #2 was not independent with administering his own medications and required staff assistance and training. Client #2's ISP indicated client #2 was to identify his Depakote prior to punching the medication out of the pill pack.</p> <p>Client #4's record was reviewed on 11/19/14 at 1:30 PM. Client #4's 5/5/14 ISP indicated client #4 was not independent with administering his own</p>			

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W000268	<p>medications and required staff assistance and training. Client #4's ISP indicated client #4 had an objective to name two of the side effects of her medications.</p> <p>Interview with the AD on 11/19/14 at 4:30 PM indicated the staff were to provide the clients medication training with every medication pass.</p> <p>This deficiency was cited on 10/6/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-4(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p>	W000268	<p>Client #2 was taken to get his helmet refitted and a replacement was ordered so that he has a helmet that fits. Client #2 clothing has been gone through. Clothing that is too big has been gotten rid of and new clothing that fits has been provided to Client #2.</p> <p>All Direct Care staff, Home manager and Program Director will receive retraining on client</p>	12/20/2014

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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 2 of 3 sampled clients (#1 and #2) and 1 additional client (#5), the facility nursing services failed to ensure: ___ Client #5's dysphagia needs were reassessed and the client's dining plan was updated to include the recommendations from the clients most</p>	W000331	<p>dignity including ensuring that all consumers have clothing that fit, are well shaven and groomed and hair and nails are trimmed and adaptive equipment fits properly.</p> <p>Home manager and Program Director will complete observations in the home a minimum of 5 times per week for the first 4 weeks to ensure that all clients dignity is maintained by ensuring they are wearing clothing that fits, are well shaven and groomed. After the first 4 weeks and ongoing Home manager and Program Director will complete observations in the home a minimum of 2 times per week to ensure that all clients dignity is maintained by ensuring they are wearing clothing that fits, are well shaven and groomed, etc. If consumers need to purchase clothing that fits, Home Manager and Program Director will assist clients with doing so.</p> <p>1. A new swallow study has been scheduled for Client #5 to assess his needs. Once the evaluation is completed the Program Nurse and Program director will work together to review the findings to determine if any changes need to be made to Client #5 dining plan.</p>	12/20/2014

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	<p>current swallow study.</p> <p>__ Client #2's mobility needs were reassessed in regard to the use of a walker.</p> <p>__ All medications were administered in compliance with client #1's physician's orders</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 11/18/14 between 3:30 PM and 7 PM. During this observation period the following was observed while client #5 ate his evening meal of lasagna, green beans and cornbread:</p> <p>__ Client #5's natural posture was slightly stooped with his head down.</p> <p>__ Client #5's food was cut into small pieces.</p> <p>__ Client #5 did not limit his liquid intake to single sips of liquids, did not limit his food intake to small bites of food, did not dry swallow one time after each intake of solids, did not alternate liquids and solids and did not tuck his chin down while swallowing.</p> <p>__ The staff did not prompt client #5 to limit his liquid intake to single sips of liquids, to limit his food intake to small bites of food, to dry swallow one time after each intake of solids, to alternate liquids and solids and to tuck his chin down while swallowing.</p>		<p>2. A PT/OT assessment has been scheduled for Client #2 to assess his ambulation needs. Once the evaluation is completed the Program Nurse and Program director will work together to review the findings to determine if any changes need to be made to Client #5 Risk Management plan and Fall protocol or if any adaptive equipment is needed to assist with ambulation.</p> <p>Program Nurse will receive retraining to include ensuring that all consumers have current assessments as needed and current dining plans reflect recommendations from the most recent assessments. Program nurse will keep a record of when all consumers have assessments and will work with the Home Manager and Program Director to schedule consumers for reassessments as needed. Retraining will include ensuring that Program Nurse does not provide adaptive equipment to consumers without assessments or orders from licensed physicians.</p> <p>3. All direct care staff will receive retraining on medication administration to ensure that medications are being given as directed by the physician on the MAR. This includes correct medication, correct time, correct route and correct dosage.</p>	

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	<p>__The staff did not prompt client #5 to hold his head up while eating.</p> <p>Client #5's record was reviewed on 11/19/14 at 1 PM.</p> <p>__Client #5's Risk plan dated 5/14/14 indicated client #5 had diagnoses of, but not limited to, Dysphagia (difficulty swallowing) and Cervical Dystonia (a condition in which the neck muscles contract involuntarily causing the head to twist or turn to one side) that causes client #5 to carry his head down. "This could potentially cause a choking risk/difficulty swallowing. Staff should monitor [client #5] while eating."</p> <p>__Client #5's swallow study dated 5/10/10 indicated client #5 was to have 1:1 (one staff to one client) supervision while eating. The study indicated client #5 was to limit liquid intake to single sips of nectar thick liquids, to limit food intake to small bites of food, to dry swallow one time after each intake of solids, to alternate liquids and solids and to tuck chin down during swallowing.</p> <p>__Client #5's 10/1/14 dining plan indicated "See swallow guidelines."</p> <p>__Client #5's dining plan did not indicate 1:1 supervision while eating. The dining plan did not indicate for the staff to prompt client #5 to limit liquid intake to single sips of nectar thick liquids, to limit food intake to small bites of food, to dry</p>		<p>For 4 weeks the HM and/or Program director will complete medication administration observations a minimum of three times weekly to ensure that direct care staff are preparing and administering medications as directed by the consumers Physician.</p> <p>Ongoing after the 4 weeks the HM and/or Program director will complete medication administration observations a minimum of three times weekly to ensure that direct care staff are preparing and administering medications as directed by the consumers Physician.</p> <p>Responsible Party: Home Manager, Program Director, Program Nurse</p>	

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	<p>swallow one time after each intake of solids, to alternate liquids and solids and to tuck chin down during swallowing.</p> <p>During interview with the AD (Area Director) on 11/19/14 at 3 PM, the AD indicated she had contacted the RN and had discussed client #5's dining plan and swallow study with the RN. The AD indicated the RN "should have" updated client #5's dining plan to include the recommendation of the most current swallow study and the RN should have had client #5 reassessed to ensure the client's dining needs were still current with the needs indicated in 2010.</p> <p>2. Observations were conducted at the group home on 11/18/14 between 3:30 PM and 7 PM. Client #2 was a small short in stature male that ambulated independently taking small shuffling steps.</p> <p>__ At 5:30 PM staff #1 asked client #2, "Why are you walking like that?" Staff #1 stated client #2 always shuffled when he walked "but never this bad."</p> <p>__ Staff provided client #2 contact guard assistance holding client #2's arm while ambulating outside and provided periodic assistance to balance client #2 when inside.</p> <p>__ Client #2 did not use a walker.</p>			

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	<p>Client #2's record was reviewed on 11/19/14 at 11 AM. Client #2's Fall Protocol written 2/1/13 and reviewed by the RN on 5/1/14 indicated client #2 was to use a walker. Client #2's record indicated no assessment recommending the use of a walker. Client #2's record indicated no physician's order for a walker.</p> <p>During interview with the AD (Area Director) on 11/19/14 at 4 PM, the AD stated she had communicated with the facility's RN and the RN told the AD she had added the use of a walker to client #2's protocol "because she (the RN) thought he (client #2) could use one." The AD indicated the RN did not have an assessment for the use of a walker and/or a physician's order. The AD indicated no PT (Physical Therapy) assessment was available for review and did not know when client #2 had last been assessed by PT. The AD stated the RN "should have" gotten a PT assessment for the need for the walker prior to providing client #2 with a walker.</p> <p>3. During observation of the medication pass at the group home on 11/18/14 between 5:15 PM and 5:35 PM, staff #1 used a measuring spoon and placed one measuring spoon of Metamucil powder into a glass of water and used the</p>			

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	<p>measuring spoon to stir the powder in the liquid. Once stirred, the staff laid the measuring spoon down and handed the glass of liquid to client #1 to drink. When asked how much Metamucil was client #1 to have, staff #1 stated, "One tablespoon." Staff #1 was asked what size was the measuring spoon she had used to measure client #1's medication. Staff #1 picked up the measuring spoon and said, "Oh no, someone must have switched it. This is a teaspoon." The measuring spoon used to measure client #1's Metamucil was a teaspoon and not a tablespoon.</p> <p>Review of the medication label on the container of Metamucil given to client #1 on 11/18/14 at 5:20 PM indicated to mix one tablespoon of Metamucil powder in eight ounces of water.</p> <p>Review of client #1's MAR (Medication Administration Record) on 11/18/14 at 6:45 PM indicated "Metamucil Powder Orange, mix 1 tablespoonful in 8oz. (ounces) fluid and take by mouth daily to increase Fiber."</p> <p>Client #1's record was reviewed on 11/19/14 at 11:30 AM. Client #1's 11/2014 quarterly physician's orders indicated "Metamucil Powder Orange, mix 1 tablespoonful in 8oz. fluid and take by mouth daily to increase Fiber."</p>			

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W000369	<p>Interview with the AD (Area Director) on 11/19/14 at 4:30 PM indicated all medications were to be given as ordered by the clients' physician's orders and as indicated on the facility MARs.</p> <p>This deficiency was cited on 10/6/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-6(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview for 1 of 7 medications observed being administered, the facility failed to ensure all medications were administered without error to client #1.</p> <p>Findings include:</p> <p>During observation of the medication pass at the group home on 11/18/14 between 5:15 PM and 5:35 PM, staff #1 used a measuring spoon and placed one</p>	W000369	<p>All direct care staff will receive retraining on medication administration to ensure that medications are being given as directed by the physician on the MAR. This includes correct medication, correct time, correct route and correct dosage.</p> <p>For 4 weeks the HM and/or Program director will complete medication administration observations a minimum of three times weekly to ensure that direct care staff are preparing and administering medications as</p>	12/20/2014

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	<p>measuring spoon of Metamucil powder into a glass of water and used the measuring spoon to stir the powder in the liquid. Once stirred, the staff laid the measuring spoon down and handed the glass of liquid to client #1 to drink. When asked how much Metamucil was client #1 to have, staff #1 stated, "One tablespoon." Staff #1 was asked what size was the measuring spoon she had used to measure client #1's medication. Staff #1 picked up the measuring spoon and said, "Oh no, someone must have switched it. This is a teaspoon." The measuring spoon used to measure client #1's Metamucil was a teaspoon and not a tablespoon.</p> <p>Review of the medication label on the container of Metamucil given to client #1 on 11/18/14 at 5:20 PM indicated to mix one tablespoon of Metamucil powder in eight ounces of water.</p> <p>Review of client #1's MAR (Medication Administration Record) on 11/18/14 at 6:45 PM indicated "Metamucil Powder Orange, mix 1 tablespoonful in 8oz. (ounces) fluid and take by mouth daily to increase Fiber."</p> <p>Client #1's record was reviewed on 11/19/14 at 11:30 AM. Client #1's 11/2014 quarterly physician's orders indicated "Metamucil Powder Orange,</p>		<p>directed by the consumers Physician.</p> <p>Ongoing after the 4 weeks the HM and/or Program director will complete medication administration observations a minimum of three times weekly to ensure that direct care staff are preparing and administering medications as directed by the consumers Physician.</p> <p>Responsible Party; Program Nurse, Home Manager, Program Director</p>	

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W000371	<p>mix 1 tablespoonful in 8oz. fluid and take by mouth daily to increase Fiber."</p> <p>Interview with the AD (Area Director) on 11/19/14 at 4:30 PM indicated all medications were to be given as ordered by the clients' physician's orders and as indicated on the facility MARs.</p> <p>This deficiency was cited on 10/6/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-6(a)</p> <p>483.460(k)(4) DRUG ADMINISTRATION The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to develop medication objectives that provided medication training.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 11/19/14 at 11:30 AM. Client #1's</p>	W000371	<p>A goal has been developed for Client #1 in regard to medication administration.</p> <p>Program Director will receive retraining to include ensuring that goals and objectives are completed for consumers as needed based on their identified wants and needs.</p>	12/20/2014

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	<p>quarterly physician's orders for 11/2014 indicated client #1 was provided the following medications and/or treatments:</p> <p>__ Aspirin (for cardiac prevention) 81 mg (milligrams) daily.</p> <p>__ One multivitamin daily.</p> <p>__ Glyburide 5 mg for diabetes twice a day.</p> <p>__ Oxybutynin 10 mg for urinary incontinence twice a day</p> <p>__ Oyster shell calcium 500 mg with Vitamin D for bone strengthening three times a day.</p> <p>__ Chlorhexidine rinse for oral health twice a day</p> <p>__ Selenium Sulfate shampoo to her scalp twice a day for dry scalp.</p> <p>Client #1's ISP (Individualized Support Plan) dated 3/25/14 indicated client #1 did not independently take her medications and required staff assistance. The ISP indicated self-medication skills as one of client #1's prioritized formal goals that was to be written. Client #1's goal tracking sheets for November 2014 indicated no medication goals/objectives for client #1.</p> <p>During interview with the AD (Area Director) on 11/19/14 at 3 PM, the AD indicated no medication objectives were found for client #1. The AD stated, "Yes, she (client #1) should have a medication</p>		<p>Ongoing the Program Director will review all consumers Behavior Tracking, Daily Support Records, etc. a minimum of quarterly to assess if new goals and objective need to be developed based on consumer needs and abilities. Program Director will work in conjunction with consumers IDT to ensure goals and objectives are developed as needed to meet all clients individual needs. Program Director will submit the next 3 ISPs to Area Director for review to ensure goals/objectives are being met based on client individual needs.</p> <p>Responsible Party: Home Manager, Program Director</p>	

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W000460	<p>objective."</p> <p>9-3-6(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, interview and record review for 3 of 3 sampled clients (#1, #2 and #3) and 3 additional clients (#4, #5 and #6), the facility failed to ensure the clients received a nutritious meal in regard to the staff offering all of the menu items indicated for the meal and/or provided substitutions for items not available.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 11/18/14 between 3:30 PM and 7 PM.</p> <p>__ Clients #1, #2, #3, #4, #5 and #6 were served lasagna, green beans and corn bread with kool aid and/or tea for their evening meal.</p> <p>__ Clients #2 and #5 were provided one can of Ensure (a dietary supplement) to drink with their meals.</p> <p>__ Client #5 did not eat all of the food on</p>	W000460	<p>All direct care staff will receive retraining on ensuring that all client dietary orders are being followed as directed including limitations on portions and ensuring that dietary supplements are offered as directed. Staff retraining will also include ensuring that all menu items or appropriate substitutions are offered to consumers.</p> <p>Home Manager will receive retraining to include ensuring that all menu items are available for meal preparation or appropriate substitutions are available.</p> <p>For 4 weeks the HM and/or Program director will complete mealtime observations a minimum of three times weekly to ensure that direct care staff are preparing all consumers food and beverages as directed by their Physician and/or dietician and that all menu items are being served.</p>	12/20/2014

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	<p>his plate and refused to drink the Ensure.</p> <p>__ Client #1 had seconds of the lasagna.</p> <p>__ Client #4 had seconds of the lasagna and the corn bread.</p> <p>__ Clients #1, #2, #3, #4, #5 and #6 were not provided and/or offered a tossed salad with dressing or skim milk.</p> <p>__ The staff did not prompt and or provide training to clients #1 and #4 on portion control.</p> <p>Review of the facility "Fall 2014 Week 4 Regular Menu" on 11/18/14 at 4 PM indicated the clients were to have the following for their evening meal on 11/18/14:</p> <p>__ 1 slice of Lasagna with 3 ounces of meat</p> <p>__ 1/2 cup of cooked broccoli</p> <p>__ 1 slice of garlic toast</p> <p>__ 1 cup of tossed salad with 1 tablespoon of dressing</p> <p>__ 1 cup of skim milk and coffee/tea</p> <p>Client #1's record was reviewed on 11/19/14 at 11:30 AM. Client #1's quarterly physician's orders dated 11/2014 indicated client #1 was to have a regular diet with no extra portions.</p> <p>Client #2's record was reviewed on 11/19/14 at 11 AM. Client #2's quarterly physician's orders dated 11/2014</p>		<p>Ongoing after the 4 weeks the HM and/or Program director will complete mealtime observations a minimum of twice weekly to ensure that direct care staff are preparing all consumers food and beverages as directed by their Physician and/or dietician and all menu items are being served.</p> <p>Responsible Party: Program Nurse, Program Director, Home Manager</p>	

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	<p>indicated client #2 was to have a regular diet high in fiber and a can of Boost, Ensure or CIB (Carnation Instant Breakfast) (all dietary supplements) daily after meals.</p> <p>Client #4's record was reviewed on 11/19/14 at 1:30 PM. Client #4's quarterly physician's orders dated 11/2014 indicated client #4 was to have a regular diet with no extra portions.</p> <p>Client #5's record was reviewed on 11/19/14 at 1 PM. Client #5's quarterly physician's orders dated 11/2014 indicated client #5 was to have a can of Boost, Ensure or CIB daily after meals.</p> <p>Interview with staff #1 on 11/18/14 at 6:45 PM indicated the corn bread had to be substituted because there was no garlic bread in the home and the salad was not offered because there was nothing in the home to make a salad with.</p> <p>During interview with the AD (Area Director) on 11/19/14 at 3 PM, the AD indicated the staff were to follow the facility menus and to provide substitutions for foods not available. The AD indicated the staff were to follow the clients' dietary orders and provide training to the clients that were not to</p>			

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(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
W000488	<p>have extra portions.</p> <p>This deficiency was cited on 10/6/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-8(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3) and 3 additional clients (#4, #5 and #6), the facility failed to ensure the staff provided training in meal preparation and family style dining when formal and informal training opportunities existed.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 11/18/14 between 3:30 PM and 7 PM. __At 3:30 PM staff #1 was at the group home alone. Staff #1 indicated clients #1, #2, #3, #4, #5 and #6 were at the day program and would not be home until 4:30 PM or later. The oven was on and an</p>	W000488	<p>All direct care staff will receive additional retraining to include allowing and encouraging all consumers to assist with meal preparation, setting the table, cleaning up after the meal, etc. In addition, retraining will include ensuring that all consumers are allowed to eat in a way consistent with developmental levels. Retraining will include ensuring that consumers are allowed to serve themselves at mealtime or are provided had over hand assistance as needed.</p> <p>Staff training will also include ensuring that consumers mealtime objectives are being run as directed including encouraging consumers to take small drinks between bites to prevent choking as needed.</p>	12/20/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G506	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/20/2014
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	<p>empty box from a local department store was lying on the counter. The box indicated "Italian Style Lasagna with Meat Sauce." Staff #1 indicated the day shift staff had taken it out of the freezer and placed it into the refrigerator for the evening meal. Staff #1 indicated she had placed the lasagna in the oven after she arrived at work which was 2 PM.</p> <p>__At 3:45 PM staff #1 prepared kool-aid and tea for the evening meal and placed the containers in the refrigerator.</p> <p>__At 4 PM staff #1 opened a large bag of frozen green beans, placed them in a large bowl and placed the bowl in the microwave.</p> <p>__At 4:12 PM staff #1 opened the microwave, stirred the bowl of green beans and restarted the microwave.</p> <p>__At 4:15 PM staff #1 prepared corn bread from a box mix and placed it in a baking pan.</p> <p>__At 4:35 PM staff #1 took the lasagna out of the oven and placed the corn bread into the oven to bake. Staff #1 cut the lasagna into individual pieces and placed the pieces on a serving plate.</p> <p>__At 4:55 PM staff #1 took the corn bread out of the oven and placed it on the counter.</p> <p>__At 5 PM clients #1, #2, #3, #4, #5 and #6 arrived home from the day services.</p> <p>__At 5:10 PM client #3 began setting the dining room table with plates and</p>		<p>For 4 weeks the Home Manager and/or Program director will complete mealtime observations a minimum of daily to ensure that direct care staff are allowing and encouraging consumers to assist with meal preparation and clean up; are eating in a way consistent with developmental levels and are running consumers mealtime objectives.</p> <p>Ongoing after the 4 weeks the HM and/or Program director will complete mealtime observations a minimum of twice weekly to ensure that direct care staff are allowing and encouraging consumers to assist with meal preparation and clean up; are eating in a way consistent with developmental levels and are running consumers mealtime objectives.</p> <p>Responsible party: Home Manager, Program Director</p>	

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	<p>napkins. Staff #1 assisted also in setting the table by placing the glasses and utensils on the table. Staff #1 cut the cornbread into individual pieces.</p> <p>__At 5:15 PM staff #1 began the evening medications while staff #2 carried the food to the table.</p> <p>__Between 5:25 PM and 5:35 PM staff #2 assisted the clients to fill their plates with lasagna, green beans and corn bread. Staff #2 filled the clients' cups with kool aid and/or tea and returned the pitchers of liquid to the refrigerator.</p> <p>__At 5:40 PM staff #1 sat down at the table with her chair sideways. Staff #2 stood up throughout the entire meal. Staff #1 and staff #2 did not eat with the clients.</p> <p>The entire meal was prepared by staff #1 prior to the clients getting home from day services. Clients #1, #2, #3, #4, #5 and #6 did not assist with the preparation of the food for the evening meal of 11/18/14 and were not provided any training on food preparation.</p> <p>Interview with staff #1 on 11/18/14 at 6:45 PM indicated clients #1, #2, #3, #4, #5 and #6 were not independent with food preparation and required assistance from staff.</p> <p>During interview with the AD (Area</p>			

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W009999	<p>Director) on 11/19/14 at 3 PM, when asked who was to prepare the clients' meals, the AD indicated the staff would assist but the clients (#1, #2, #3, #4, #5 and #6) were prepare their own meals and were to be involved with all aspects of the meal preparation. When asked should the staff prepare the entire meal prior to the clients getting home from day services, the AD stated, "No."</p> <p>This deficiency was cited on 10/6/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-8(a)</p>	W009999	no information was listed on the 2567 report for this citation	12/20/2014			