

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 01/09/2015
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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 11/20/14, 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: January 7, 8 and 9, 2015.</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 1/15/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</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),</p>	W000104	<p>a. Please refer to 126 b. Please refer to 159 c. Please refer to 186</p>	02/08/2015

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>the facility's governing body failed to exercise general policy and operating direction over the facility to ensure implementation of appropriate corrective actions to address the deficient practices cited during the post certification revisit survey (PCR) completed on 11/20/14. Eleven of seventeen deficient practices were re-cited.</p> <p>Findings include:</p> <p>1. The facility's governing body failed to ensure the group home implemented its Plan of Correction, dated 12/20/14 for eleven of the seventeen deficient practices cited during the PCR survey completed on 11/20/14.</p> <p>a) For 2 of 3 sampled clients (#1 and #3), the facility failed to provide the clients with training in regard to finances and the use of personal funds. Please see W126.</p> <p>b) 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: __ Client #1's, #2's, #3's, #4's, #5's and #6's ISP (Individualized Support Plan)</p>		<p>d. Please refer to 220 e. Please refer to 227 f. Please refer to 242 g. Please refer to 268 h. Please refer to 331 i. Please refer to 369</p>		

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	<p>objectives were individualized and more specific to each client's need and developmental level in regard to cooking and meal preparation and to ensure the methodology for the objectives provided specific direction to the staff to implement the objective.</p> <p>__ Client #2's ISP indicated a planned sequence of objectives for client #2 to be able to meet his objective in regard to the client's financial needs.</p> <p>__ Clients #1 and #3 were provided training in regard to finances and the use of personal funds.</p> <p>__ Client #1's and #2's ISPs addressed the clients' identified training needs in regard to bathing/showering, personal hygiene and oral health.</p> <p>__ Client #2's ISP addressed the client's identified training need in regard communication.</p> <p>__ Client #2's communication skills and/or needs were reassessed.</p> <p>__ Clients #1 and #3 were provided medication training.</p> <p>__ Clients #2, #4, #5 and #6 were provided sufficient direct care staff to supervise and assist the clients while transporting the clients from the day services.</p> <p>__ Clients #1 and #5 were assisted with clothing and personal appearance. Please see W159.</p>			

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	<p>c) For 1 of 3 sampled clients (#2) and 3 additional clients (clients #4, #5 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. Please see W186.</p> <p>d) For 1 of 3 sample clients (#2), the facility failed to ensure client #2's communication skills and/or needs were reassessed. Please see W220.</p> <p>e) For 1 of 3 sample clients (#2), the facility failed to ensure client #2's ISP addressed client #2's identified training need in regard communication. Please see W227.</p> <p>f) For 2 of 3 sample clients (#1 and #2), the facility failed to ensure the clients' ISPs addressed the clients' identified training needs in regard to bathing/showering, personal hygiene and oral health. Please see W242.</p> <p>g) For 1 of 3 sampled clients (#2) and 1 additional client (#5), the facility failed to promote growth and dignity in regard to the clients' clothing and personal appearance. Please see W268.</p> <p>h) For 1 of 3 sampled clients (#1), the facility nursing services failed to develop and implement a plan of care/risk plan in</p>			

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W000126	<p>regard to client #1's falls to include the use of a mat around client #1's bed and how the staff were to monitor and assist client #1 throughout the day to prevent further injuries from falls. Please see W331.</p> <p>i) For 1 of 9 medications observed being administered, the facility failed to ensure all medications were administered without error to client #2. Please see W369.</p> <p>j) For 2 of 3 sampled clients (#1 and #3), the facility failed to develop medication objectives that provided medication training for clients #1 and #3. Please see W371.</p> <p>This deficiency was cited on 11/20/14. 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</p>			

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	<p>of their capabilities. Based on record review and interview for 2 of 3 sampled clients (#1 and #3), the facility failed to provide the clients with training in regard to finances and the use of personal funds.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 1/8/15 at 12 PM. __ Client #1's Camelot Behavioral Checklist (CBC) 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 December 2014 and January 2015 indicated no training in regard to money management.</p> <p>Client #3's record was reviewed on 1/8/15 at 2 PM. __ Client #3's CBC 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</p>	W000126	<p>Finance management goal/objectives have been developed for all consumers including Client #1 and 3 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. <i>Addendum:</i> <i>Finance management goal/objectives have been developed for all consumers including Client #1 and 3 to assist them with developing skills toward financial independence. Staff will receive retraining on all</i></p>	02/08/2015			

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	<p>December 2014 and January 2015 indicated no training in regard to money management.</p> <p>During interview with the RM (Residential Manager) on 1/8/15 at 12 PM, the RM: ___ Indicated clients #1 and #3 each had a goal to go out into the community one time a week for an outing. ___ Stated, "And while they were out they (clients #1 and #3) would usually purchase something." ___ Indicated the community outing served as client #1's and #3's financial training.</p> <p>The PD (Program Director) and the AD (Area Director) were interviewed on 1/8/15 at 3 PM. ___ The PD indicated he could not locate a financial training objective for clients #1 and #3 in the clients' goal tracking sheets. ___ The PD indicated clients #1 and #3 were not independent with their financial responsibilities and required money management skills through formal training. ___ The AD indicated no objectives/goals in place for financial training for clients #1 and #3.</p> <p>This deficiency was cited on 11/20/14. The facility failed to implement a systemic plan of correction to prevent</p>		<p><i>consumers financial goals.</i></p> <p><i>Program Director has received additional retraining to ensure that all consumers have goals and objectives completed based on their identified wants and needs.</i></p> <p><i>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.</i></p>				

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W000159	<p>reoccurrence.</p> <p>9-3-2(a)</p> <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.</p> <p>The PD failed to ensure: __ Client #1's, #2's, #3's, #4's, #5's and #6's ISP (Individualized Support Plan) objectives were individualized and more specific to each client's need and developmental level in regard to cooking and meal preparation and to ensure the methodology for the objectives provided specific direction to the staff to implement the objective. __ Client #2's ISP indicated a planned sequence of objectives for client #2 to be able to meet his objective in regard to the client's financial needs.</p>	W000159	<p>1. All consumers cooking/meal preparation goals and objectives have been revised and are specific to each consumers wants/needs</p> <p>Program Director will receive retraining regarding ensuring that goals/objectives are individualized based on each consumers wants/needs. 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>	02/08/2015	

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	<p>__ Client #1 and #3 were provided training in regard to finances and the use of personal funds.</p> <p>__ Client #1's and #2's ISPs addressed the clients' identified training needs in regard to bathing/showering, personal hygiene and oral health.</p> <p>__ Client #2's ISP addressed the client's identified training need in regard communication.</p> <p>__ Client #2's communication skills and/or needs were reassessed.</p> <p>__ Clients #1 and #3 were provided medication training.</p> <p>__ Clients #2, #4, #5 and #6 were provided sufficient direct care staff to supervise and assist the clients while transporting the clients from the day services.</p> <p>__ Clients #1 and #5 were assisted with clothing and personal appearance.</p> <p>Findings include:</p> <p>1. Client #1's, #2's, 3's, #4's, #5's and #6's GTS (Goal Tracking Sheets) for December 2014 and January 2015 were reviewed on 1/8/15 at 11:30 AM. The GTS indicated clients #1, #2, #3, #4, #5 and #6 began the same objective on 12/15/14 to participate daily in an assigned chore following the posted chore chart in the kitchen. The methodology sheets for this objective</p>		<p>2. Client #2 money/finance goal has been revised based on needs/abilities to allow Client #2 to meet his long term financial goal.</p> <p>Program Director will receive retraining regarding ensuring that goals/objectives are individualized based on each consumers wants/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>3. Finance management goal/objectives have been developed for all consumers including Client #1 and 3 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</p>	

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	<p>indicated the staff were to prompt the clients to "complete whichever chore he/she is assigned to do for that day" and for the staff to offer praise and encouragement.</p> <p>Interview with staff #1 on 1/7/15 at 4:30 PM indicated clients #1, #2, #3, #4, #5 and #6 were not independent with preparing a meal and/or cooking for themselves and all clients in the home (#1, #2, #3, #4, #5 and #6) required training.</p> <p>Interview with the RM (Residential Manager) on 1/8/15 at 12 PM indicated after the previous survey of 11/20/14 all clients were given a meal preparation objective. The RM indicated all objectives were written the same and the clients were to participate in a chore in the home following the chore chart that was posted in the kitchen. When asked if the objectives were individualized to each client's developmental needs and assessments, the RM indicated no answer.</p> <p>The PD (Program Director) and the AD (Area Director) were interviewed on 1/8/15 at 3 PM. _The PD indicated clients #1, #2, 3, #4, #5 and #6 were given identical goals of participation in a chore in the home to</p>		<p>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>Addendum:</i> <i>Finance management goal/objectives have been developed for all consumers including Client #1 and 3 to assist them with developing skills toward financial independence. Staff will receive retraining on all consumers financial goals.</i></p> <p><i>Program Director has received additional retraining to ensure that all consumers have goals and objectives completed based on their identified wants and needs.</i></p> <p><i>Ongoing the Program Director will review all consumers Behavior Tracking, Daily Support Records, etc. a minimum of quarterly to</i></p>				

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	<p>assist the clients with meal preparation. __The AD indicated each clients' objectives were to be individualized and more specific to each clients' needs and developmental level in regard to cooking and meal preparation. __The AD indicated the clients' objectives would be revised and the clients would be provided objectives specific to each client's need with specific methodology for the staff to implement the objective.</p> <p>2. Client #2's record was reviewed on 1/8/15 at 1 PM. Client #2's revised 12/9/14 ISP (Individualized Support Plan) indicated client #2 "does not comprehend that money is needed to purchase wanted and needed items." Client #2's CBC (Camelot Behavioral Checklist) dated 4/7/14 indicated client #2 did not know the equivalent of coins and could not count change.</p> <p>Client #2's ISP goal tracking sheets indicated client #2 had an objective to review his finances weekly with staff assistance and to make a simple budget of wanted items.</p> <p>The PD (Program Director) and the AD (Area Director) were interviewed on 1/9/15 at 3 PM. __The PD indicated client #2 required</p>		<p><i>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</i></p> <p>4. 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</p>		

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	<p>assistance with handling money and with his finances.</p> <p>__The AD indicated client #2's planned sequence of training provided to client #2 should be revised in order for client #2 to meet his long term goal.</p> <p>__The AD indicated client #2's money goal/objective "would be revised."</p> <p>3. The PD failed to ensure clients #1 and #3 were provided training in regard to finances and the use of personal funds. Please see W126.</p> <p>4. The PD failed to ensure sufficient direct care staff to supervise and assist clients #2, #4, #5 and #6 while transporting the clients from the day services. Please see W186.</p> <p>5. The PD failed to ensure client #2's communication skills and/or needs were reassessed. Please see W220.</p> <p>6. The PD failed to ensure client #2's ISP (Individual Support Plan) addressed client #2's identified training need in regard to communication. Please see W227.</p> <p>7. The PD failed to ensure the clients' ISPs (Individual Support Plans) addressed the clients' identified training needs in regard to bathing/showering,</p>		<p>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><i>Addendum:</i> All Direct Care staff, Home Manager and Program Director will receive additional training on ensuring that there are adequate staff available on the van run when more than 4 consumers are present on the van. Training will also include instructing staff that they must notify Home Manager and/or Program Director if adequate staff is not present to fulfill transportation protocol. A monitoring sheet has been put in place to document how many staff are on the van on daily van runs to ensure adequate staffing is present. Home Manager is monitoring daily.</p> <p>Ongoing Home Manager and/or Program Director will ensure that adequate staffing is available and maintained when more than 4 consumers are present on the van run. Home Manager and/or Program Director will completed observations a minimum of 3 times weekly during</p>		

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	<p>personal hygiene and oral health for clients #1 and #2. Please see W242.</p> <p>8. The PD failed to ensure the staff promoted growth and dignity in regard to the clients' clothing and personal appearance for clients #2 and #5. Please see W268.</p> <p>9. The PD failed to ensure a medication objective was developed for clients #1 and #3. Please see W371.</p> <p>This deficiency was cited on 11/20/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-3(a)</p>		<p><i>transportation times to ensure adequate staffing is provided and maintained.</i></p> <p>Responsible Party: Home Manager, Program Director</p> <p>5. 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>Responsible party: Home</p>		

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			<p>Manager, Program Director, Program Nurse</p> <p>6. 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>Program Director will receive retraining to include ensuring that goals and objectives are completed for consumers as needed based on their identified</p>	

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			<p>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>Addendum:</i> 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. A communication goal has been developed for Client #2 to assist with communication needs. Once the Speech evaluation is completed the current goals/objectives for client #2 will be modified based on the evaluation recommendations.</p> <p>Program Director has received additional training on ensuring that all consumers have goals and objectives to address their</p>	

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			<p><i>identified wants and needs.</i></p> <p><i>Ongoing, the Program Director will provide the Area Director will copies of consumers goals and objectives for review when ISP are completed to ensure that goals and objectives are developed to address consumers identified wants and needs.</i></p> <p>Responsible Party: Home Manager, Program Director</p> <p>7. 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 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</p>	

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			<p>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>Addendum:</i> Program Director has provided Area Director will copies of goals written for all consumers to address their identified wants and needs. Program Director has received additional retraining on writing ISPs and goals/objectives to assist with understanding in developing client specific goals.</p> <p>Area Director will review all consumers ISPs and goals/objectives to ensure that training opportunities have been developed based on each consumers wants and needs.</p> <p>Responsible Party: Home Manager, Program Director 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</p>	

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			<p>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 3 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 first4 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><i>Addendum:</i> <i>All Direct Care staff, Home manager and Program Director have received additional 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 adaptive equipment fits properly.</i></p> <p><i>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</i></p>	

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			<p><i>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.</i></p> <p>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 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</p>	

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W000186	483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in		<p>are being met based on client individual needs.</p> <p><i>Addendum:</i> <i>Medication goals/objectives have been developed for all clients, including Clients #1 and 3.</i></p> <p><i>Program Director will receive additional retraining on writing ISPs and goals/objectives to include ensuring that goals and objectives are completed for consumers as needed based on their identified wants and needs.</i></p> <p><i>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.</i></p> <p>Responsible Party: Home Manager, Program Director</p>		

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	<p>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 1 of 3 sampled clients (#2) and 3 additional clients (clients #4, #5 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 1/7/15 between 3:30 PM and 6:30 PM. At 3:30 PM: __Staff #1 was at the group home with client #1. __Staff #1 indicated clients #2, #3, #4, #5 and #6 were at the day program and stated, "They should be home soon." __Staff #1 stated, "Usually there are two of us on transport, but she (client #1) had a doctor's appointment today so I had to stay home with her." __Staff #1 had the local news station on the television. The newscaster indicated the outside local temperatures were below zero due to the wind chill factor.</p> <p>At 3:45 PM clients #4 and #6 entered the</p>	W000186	<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 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</p>	02/08/2015

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	<p>home through the front door. The front door was left open. Staff #1 indicated client #3 would be dropped off by an alternate transportation service.</p> <p>At 3:50 PM: ___ Staff #2 slowly walked with client #2 up the ramp in the front of the home to the front door. ___ 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. ___ When asked where client #5 was staff #2 stated, "It's ok, she's still on the van and it's heated." ___ Client #5 was sitting in a wheelchair on the van and was alone and unsupervised while staff #2 assisted client #2 into the home. Client #5 required staff assistance getting on and off the van and in and out of the home. ___ Staff #1 remained inside the home while staff #2 assisted each of the clients into the home.</p> <p>During interview with staff #2 on 1/7/15 at 4:15 PM, staff #2 stated two staff "normally transport them (clients #1, #2, #4, #5 and #6) but [client #1] had a doctor's appointment today."</p> <p>During interview with the RM</p>		<p>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><i>Addendum:</i> <i>All Direct Care staff, Home Manager and Program Director will receive additional training on ensuring that there are adequate staff available on the van run when more than 4 consumers are present on the van. Training will also include instructing staff that they must notify Home Manager and/or Program Director if adequate staff is not present to fulfill transportation protocol. A monitoring sheet has been put in place to document how many staff are on the van on daily van runs to ensure adequate staffing is present. Home Manager is monitoring daily.</i> <i>Ongoing Home Manager and/or Program Director will ensure that adequate staffing is available and maintained when more than 4 consumers are present on the van run. Home Manager and/or Program Director will completed observations a minimum of 3 times weekly during transportation times to ensure adequate staffing is provided and maintained.</i></p> <p>Responsible Party: Home Manager, Program Director</p>	

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	<p>(Residential Manager) on 1/7/15 at 4:05 PM, the RM stated two staff "should have been on transport today."</p> <p>During interview with the PD (Program Director) on 1/7/15 at 5:30 PM, the PD: __ Stated two staff "should have" been on the PM transport with clients #2, #4, #5 and #6 on 1/7/15. __ Indicated clients #2 and #5 had a history of having seizures and it was facility practice to ensure two staff in the van with a client and/or clients that have seizures. __ When asked what the staff should have done, the PD stated, "They should have let me know and I would have gotten someone else (another staff) to go on the van with him (staff #2)."</p> <p>During interview with the AD (Area Director) on 1/8/15 at 3 PM, the AD: __ Stated two staff "should be" on transport to pick up the clients (#2, #4, #5 and #6) from day services on 1/7/15. __ Indicated it was facility practice to ensure two staff on transport with a client and/or clients that have seizures. __ Stated the staff in the home "should have" called to let the RM and/or PD know that one of the staff would be with client #1 at a doctor's appointment so they (the RM/PD) could get another staff for transport.</p>			

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W000220	<p>This deficiency was cited on 11/20/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-3(a)</p> <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 1/7/15 between 3:30 PM and 6:30 PM. During this observation 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/or this surveyor. During this observation period client #2 did not use a</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</p>	02/08/2015

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	<p>communication book and/or any assistive communication devices.</p> <p>Client #2's record was reviewed on 1/8/15 at 1 PM. Client #2's revised ISP (Individualized Support Plan) dated 12/9/14 indicated:</p> <p>___ "Does not speak in complete sentences" and was "very difficult to understand."</p> <p>___ "Stammers with words and has articulation errors."</p> <p>___ "Uses repetitive speech patterns."</p> <p>___ "Does not use non-verbal communication skills effectively to make his needs and desires known."</p> <p>___ "Does not always listen when others are speaking."</p> <p>___ "Often needs to be shown what to do because he does not listen."</p> <p>___ Did not use a communication device.</p> <p>___ "Had a mild high frequency hearing loss."</p> <p>___ A communication book had been attempted in the past with no success "As [client #2] clearly did not want to use the book. It is unclear if this is due to his vision or the fact that he did not wish to be encumbered with a book to carry around."</p> <p>Client #2's record indicated an assessment by a speech/language pathologist (SLP) on 7/14/08 with</p>		<p>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>Responsible party: Home Manager, Program Director, Program Nurse</p>				

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	<p>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 1/7/15 at 6 PM indicated client #2 was difficult to understand but the staff had gotten to know some of client #2's words and expressions. Staff #1 indicated client #2 did not have a communication book.</p> <p>During interview with the facility's RN on 1/8/15 at 12 PM, the RN indicated client #2's most current communication assessment by a SLP was completed in 2008. The RN stated, "I will contact his (client #2's) doctor today to have him (client #2) reassessed by a speech therapist."</p> <p>During interview with the AD (Area Director) on 1/8/15 at 3 PM, the AD indicated as part of the plan of correction</p>			

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W000227	<p>for the previous survey the AD had instructed the PD (Program Director) to ensure client #2 was provided a communication assessment and stated, "And apparently that didn't get done."</p> <p>This deficiency was cited on 11/20/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</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 1 of 3 sample clients (#2), the facility failed to ensure client #2's ISP (Individualized Support Plan) addressed client #2's identified training need in regard communication.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 1/7/15 between 3:30 PM and 6:30 PM. During this observation period client #2 communicated with a</p>	W000227	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	02/08/2015	

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	<p>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/or 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 1/8/15 at 1 PM. Client #2's record indicated an assessment by a speech/language pathologist (SLP) dated 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>Client #2's revised ISP dated 12/9/14 indicated: ___ "Does not speak in complete sentences" and was "very difficult 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>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</p>	

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	<p>understand." ___ "Stammers with words and has articulation errors." ___ "Uses repetitive speech patterns." ___ "Does not use non-verbal communication skills effectively to make his needs and desires known." ___ "Does not always listen when others are speaking." ___ "Often needs to be shown what to do because he does not listen." ___ Did not use a communication device. ___ "Had a mild high frequency hearing loss." ___ A communication book had been attempted in the past with no success "As [client #2] clearly did not want to use the book. It is unclear if this is due to his vision or the fact that he did not wish to be encumbered with a book to carry around." ___ Client #2's ISP indicated no objectives and/or goals to assist client #2 with his communication needs.</p> <p>During interview with staff #1 on 1/7/15 at 6 PM, staff #1: ___ Indicated client #2 was difficult to understand. ___ Indicated the staff working in the home had gotten to know some of client #2's words and expressions. ___ Indicated client #2 did not have a communication book and/or an objective</p>		<p>individual needs. <i>Addendum:</i> <i>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. A communication goal has been developed for Client #2 to assist with communication needs. Once the Speech evaluation is completed the current goals/objectives for client #2 will be modified based on the evaluation recommendations.</i></p> <p><i>Program Director has received additional training on ensuring that all consumers have goals and objectives to address their identified wants and needs. Ongoing, the Program Director will provide the Area Director will copies of consumers goals and objectives for review when ISP are completed to ensure that goals and objectives are developed to address consumers identified wants and needs.</i></p> <p>Responsible Party: Home Manager, Program Director</p>				

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W000242	<p>to assist client #2 with his communication.</p> <p>During interview with the RM (Residential Manager) on 1/8/15 at 12 PM, the RM indicated client #2 did not have any training objectives in regard to client #2's communication needs. The RM stated, "I have never seen him (client #2) use a communication book."</p> <p>Interview with the PD (Program Director) on 1/8/15 at 2 PM indicated client #2 did not have any training objectives in regard to client #2's communication needs.</p> <p>This deficiency was cited on 11/20/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <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</p>			

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	<p>needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on record review and interview for 2 of 3 sample clients (#1 and #2), the facility failed to ensure the clients' ISPs (Individual Support Plans) addressed the clients' identified training needs in regard to bathing/showering, personal hygiene and oral health.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 1/8/15 at 12 PM. ___ Client #1's revised ISP dated 12/1/14 indicated client #1 was incontinent of urine, needed assistance with personal hygiene and required prompts to bathe/shower. ___ Client #1's Camelot Behavioral Checklist (CBC) dated 4/7/14 indicated client #1 could not bathe/shower or keep herself clean independently. ___ Client #1's ISP and goal tracking sheets for December 2014 and January 2015 indicated no training in regard to client #1's identified need for training in regard to her personal hygiene and bathing/showering.</p> <p>2. Client #2's record was reviewed on</p>	W000242	<p>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 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>Addendum:</i> <i>Program Director has provided Area Director will copies of goals</i></p>	02/08/2015

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	<p>1/8/15 at 1 PM.</p> <p>__ Client #2's revised ISP dated 12/9/14 indicated client #2 was edentulous (no teeth) and in need of oral hygiene skills, was unable to mix hot water safely and was in need of assistance with all aspects of bathing and hygiene.</p> <p>__ Client #2's ISP and goal tracking sheets for December 2014 and January 2015 indicated no training in regard to client #2's identified training needs in regard to bathing/showering and oral hygiene.</p> <p>Interview with staff #1 on 1/7/15 at 6:30 PM indicated:</p> <p>__ Client #1 required assistance with bathing, personal hygiene, dressing and 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 PD (Program Director) on 1/8/15 at 2 PM, the PD:</p> <p>__ Stated the staff were to "shave her (client #1) every couple of days" and</p>		<p><i>written for all consumers to address their identified wants and needs. Program Director has received additional retraining on writing ISPs and goals/objectives to assist with understanding in developing client specific goals. Area Director will review all consumers ISPs and goals/objectives to ensure that training opportunities have been developed based on each consumers wants and needs.</i></p> <p>Responsible Party: Home Manager, Program Director</p>		

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W000268	<p>client #1 was to go to the bathroom every two hours which would be for personal hygiene.</p> <p>__ Indicated no ISP goals/objectives to assist client #1 with bathing/showering and personal hygiene.</p> <p>__ Indicated client #2 did not have teeth and had a physician's order for an oral rinse.</p> <p>__ Indicated no ISP goals/objectives to assist client #2 with bathing/showering and/or oral hygiene.</p> <p>This deficiency was cited on 11/20/14. 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. Based on observation and interview for 1 of 3 sampled clients (#2) and 1 additional client (#5), the facility failed to promote growth and dignity in regard to the clients' clothing and personal appearance.</p>	W000268	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	02/08/2015			

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	<p>Findings include:</p> <p>Observations were conducted at the group home on 1/7/15 between 3:30 PM and 6:30 PM.</p> <p>At 3:30 PM:</p> <p>__ Client #2 was a small short male that ambulated taking small shuffling steps while looking at the floor.</p> <p>__ Client #2 wore an oversized sweat shirt and sweat pants.</p> <p>__ Client #2's sweat shirt and pants were large on client #2. The crotch of client #2's sweat pants hung low and the bottoms of the pants were bunched up around client #2's ankles.</p> <p>__ Client #5's right sock was inside out.</p> <p>At 4:25 PM:</p> <p>__ Staff #1 checked the size of client #2's sweatshirt and sweat pants and indicated client #2 was wearing a size medium adult sweat pants and shirt.</p> <p>__ Staff #1 indicated client #2's sweat shirt was on backwards and stated, "The morning staff should have made sure he had his shirt on right before they left this morning."</p> <p>During interview with client #5 on 1/7/15 at 4 PM, client #5 indicated she was aware she had put one of her socks on inside out and stated, "We were running late and they (the staff) didn't have time</p>		<p>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 adaptive equipment fits properly.</p> <p>Home manager and Program Director will complete observations in the home a minimum of 3 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><i>Addendum:</i> All Direct Care staff, Home manager and Program Director have received additional 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>for me to switch them."</p> <p>During interview with staff #1 on 1/7/15 at 4:30 PM, staff #1 stated client #2 was short and all of his sweat pants were too long on him. Staff #1 indicated client #2 could wear boy sized clothing.</p> <p>During interview with the RM (Residential Manager) on 1/7/15 at 6 PM, the RM: ___ Indicated client #2 did not have any funds to buy his clothing. ___ Indicated the facility purchased client #2's clothing for him. ___ Indicated the staff had taken client #2 out recently and purchased five pairs of adult medium sweat pants and matching shirts for client #2. ___ Indicated client #2 was short in stature and did have some boy sized sweats that were not as long as the adult medium sweats. ___ Stated the new sweat pants and shirts shrank after washing and the outfit he had on "Must not have been washed yet because the others didn't seem to fit him like that." ___ Indicated the staff were to ensure the clients were dressed in clean fitted clothing and clothes were right side out and not backwards.</p> <p>This deficiency was cited on 11/20/14.</p>		<p><i>adaptive equipment fits properly.</i></p> <p><i>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.</i></p>	

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W000331	<p>The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-5(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 3 sampled clients (#1), the facility nursing services failed to develop and implement a plan of care/risk plan in regard to client #1's falls to include the use of a mat around client #1's bed and how the staff were to monitor and assist client #1 throughout the day to prevent further injuries from falls.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 1/8/15 at 11 AM.</p> <p>The 11/25/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 11/24/14 at 9 AM client #1 had gone to the bathroom while the staff were gathering items needed for client #1 to take a shower. The staff</p>	W000331	<p>Client #1 Risk management plan has been updated to address her increase in falls. Program Nurse has developed a fall protocol for Client #1. Staff will receive retraining on fall protocol and how to supervise Client #1 to reduce her risk of falls with injury. Program Director will receive retraining on ensuring that consumers Risk Management plans are updated once there is a change in consumers medical needs. Program Nurse will receive retraining on ensuring that consumers are assessed and protocols are developed when a consumer has a change in medical status, including a pattern of falls. Ongoing Home Manager, Program Director and Program Nurse will ensure that Risk Management plans are updated and protocols are developed whenever a change in client medical status is present.</p>	02/08/2015

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	<p>heard client #1 fall and went back to the bathroom and saw client #1 lying on the floor. Client #1 obtained a half inch scratch on her nose and client #1's nose was bleeding. The staff gave first aid and called the nurse and was instructed to take client #1 to the ER (Emergency Room) for further evaluation. Client #1 was treated and released with no indication of fractures.</p> <p>The 12/10/14 BDDS report indicated on 12/9/14 at 6 AM while waking the clients the staff heard client #1 "drop to the floor." The report indicated client #1 bumped the right side of her face on the ground and client #1 had bruising and swelling around her eye (did not indicate left or right). Client #1's nose began to bleed. The staff called the HM (House Manager) and the PD (Program Director) and was instructed to take client #1 to the ER for further evaluation. Client #1 was treated and released. The report indicated the IDT (Interdisciplinary Team) and HRC (Human Rights Committee) decided and approved to put a protective padding around client #1's bed to "reduce the impact when [client #1] has behaviors and falls to the ground."</p> <p>Client #1's record was reviewed on 1/8/15 at 12 PM. Client #1's record indicated no falls plan of care and/or risk</p>		Responsible Party: Home Manager, Program Director, Program Nurse				

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	<p>plan.</p> <p>Interview with the facility's RN on 1/8/15 at 1:30 PM indicated no risk plan and/or plan of care had been developed to include the use of a mat around client #1's bed and/or how the staff were to supervise and assist client #1 throughout the day in regard to client #1's risk of falls and history of falls with injury. The RN indicated she was notified of client #1's falls in November and December 2014 and had assessed client #1.</p> <p>The PD (Program Director) and the AD (Area Director) were interviewed on 1/8/15 at 3 PM.</p> <p>__The PD indicated the IDT had met and a mat was placed around client #1's bed and the staff were told that a staff was to be in the bathroom with client #1 while showering.</p> <p>__The PD indicated no risk plan and/or plan of care had been developed to include the use of a mat around client #1's bed and/or how the staff were to supervise and assist client #1 throughout the day in regard to client #1's risk of falls and history of falls with injury.</p> <p>__The AD stated nursing "should have" developed a plan of care and/or risk plan in regard to client #1's falls, "Probably no one told her to so it wasn't done."</p>						

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W000369	<p>This deficiency was cited on 11/20/14. 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. Based on observation, record review and interview for 1 of 9 medications observed being administered, the facility failed to ensure all medications were administered without error to client #2.</p> <p>Findings include:</p> <p>Observations were conducted of the medication pass at the group home on 1/7/15 between 4:12 PM and 4:45 PM. At 4:30 PM: __Staff #1 punched a pill from a medication card, gave the pill to client #2 and handed this surveyor the medication card to review. __Review of the pharmacy label on the medication card indicated the medication was Valium (used to treat anxiety</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 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</p>	02/08/2015			

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 01/09/2015
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	<p>disorders) 5 mg (milligrams) and was for client #3.</p> <p>__Staff #1 was asked if client #2 was to receive Valium and staff #1 stated, "No, I gave him Klonopin." __ This surveyor handed staff #1 the medication card and staff #1 stated, "Oh no, I just gave him (client #2) [client #3's] Valium."</p> <p>__Staff #1 verified her initials on the medication card with the Valium and stated, "I sure did. I gave him the wrong medication."</p> <p>Client #2's MAR (Medication Administration Record) for January 2015 was reviewed on 1/7/15 at 4:35 PM. Client #2's MAR indicated client #2 did not receive Valium.</p> <p>Client #2's record was reviewed on 1/8/15 at 1 PM. Client #2's 1/8/15 physician's orders indicated no order for Valium.</p> <p>Interview with the facility's RN on 1/8/15 at 1:30 PM indicated client #2 did not receive Valium and staff #2 had given client #2 client #3's medication in error. The RN indicated all medications were to be given as ordered by each client's physician's orders and as indicated on the facility MARs.</p> <p>This deficiency was cited on 11/20/14.</p>		<p>ensure that direct care staff are preparing and administering medications as directed by the consumers Physician.</p> <p><i>Addendum:</i> All direct care staff will receive additional 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 five 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; Program Nurse, Home Manager, Program Director</p>	

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W000371	<p>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 2 of 3 sampled clients (#1 and #3), the facility failed to develop medication objectives that provided medication training for clients #1 and #3.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 1/8/15 at 12 PM. Client #1's MAR (Medication Administration Record) for 12/2014 indicated client #1 received: __ Aspirin (for cardiac prevention) 81 mg (milligrams) daily. __ One multivitamin daily. __ Glyburide 5 mg for diabetes twice a day. __ Oxybutynin 10 mg for urinary</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> <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</p>	02/08/2015

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	<p>incontinence twice a day.</p> <p>__ Oyster shell calcium 500 mg with Vitamin D for bone strengthening three times a day.</p> <p>__ Abilify (an antipsychotic medication) 30 mg a day.</p> <p>__ Bupropion XL 150 mg a day for mood stability.</p> <p>__ Divalproex ER 750 mg a day for agitation and aggression.</p> <p>__ Chlorhexidine rinse for oral health twice a day.</p> <p>__ Selenium Sulfate shampoo to her scalp twice a week for dry scalp.</p> <p>Client #1's revised ISP (Individualized Support Plan) dated 12/1/14 indicated: __ Client #1 did not independently take medications and required staff assistance. __ Self-medication skills as one of client #1's prioritized formal goals that were to be written.</p> <p>Client #3's record was reviewed on 1/8/15 at 2 PM. Client #3's MAR for 12/2014 indicated client #3 received: __ Miralax Powder Laxative for constipation. __ Diazepam 15 mg a day for Torticollis (a twisted neck in which the head is tipped to one side, while the chin is turned to the other) and Cervical Dystonia (contracted neck muscles).</p>		<p>next 3 ISPs to Area Director for review to ensure goals/objectives are being met based on client individual needs.</p> <p><i>Addendum:</i> <i>Medication goals/objectives have been developed for all clients, including Clients #1 and 3.</i></p> <p><i>Program Director will receive additional retraining on writing ISPs and goals/objectives to include ensuring that goals and objectives are completed for consumers as needed based on their identified wants and needs.</i></p> <p><i>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.</i></p> <p>Responsible Party: Home Manager, Program Director</p>	

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W009999	<p>__ Olanzapine 20 mg twice a day for behavior control.</p> <p>__ Benzotropine 1 mg twice a day for the side effects of the behavior control medications.</p> <p>__ Calcium with vitamin D twice a day for Osteopenia (reduced bone density).</p> <p>Client #3's ISP dated 5/14/14 indicated: __ Client #3 did not independently take medications and required staff assistance. __ Self-medication skills as one of client #3's prioritized formal goals that were to be written.</p> <p>During interview with the PD (Program Director) and the AD (Area Director) on 1/8/15 at 3 PM, the PD indicated no medication objectives were found for clients #1 and #3. The AD stated, "Yes, they (clients #1 and #3) should have a medication objective."</p> <p>This deficiency was cited on 11/20/14. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-6(a)</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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		W009999	no information was provided on the 2567 for this citation.	02/08/2015	