

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G036	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/05/2014
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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 820 MENDLESON DR RICHMOND, IN 47374
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W000000	<p>This visit was for an extended annual recertification and state licensure survey.</p> <p>Dates of Survey: August 19, 20, 21, 22, 25 and September 5, 2014.</p> <p>Facility Number: 000596 Provider Number: 15G036 AIMS Number: 100233390</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed September 12, 2014 by Dotty Walton, 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 4 of 4 sampled clients (#1, #2, #3 and #4) and for 4 additional clients (#5, #6, #7 and #8), the governing body failed to exercise general policy and operating direction over the facility: ___ To prevent client to client abuse in regards to client #5's recurring aggressive</p>	W000104	<p>In addition to below, please see W110, W140, W149, W153, W154, W157, W186, and W189.</p> <p>Corrective action for resident(s) found to have been affected Purchase orders were requested on 9/18/14 to reimburse the affected consumers for the purchase of medical equipment, specifically for</p>	10/03/2014

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>behaviors toward clients #1, #2, #3, #4, #6, #7, and #8 and to ensure the IDT (Interdisciplinary Team) assessed and/or reassessed client #5 in regard to her aggressive behaviors.</p> <p>__ To prevent client neglect in regard to staff sleeping while on duty and to ensure the investigation of the neglect included a specific plan of corrective oversight to include how the facility staff would be monitored to prevent reoccurrence in regard to neglect and staff sleeping while on duty for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>__ To ensure sufficient direct care staff to supervise and care for the clients throughout the day to meet the clients' needs and to prevent recurring client to client abuse in regards to client #5's behaviors for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>__ To ensure the staff were trained/retrained in regard to client #5's BSP (Behavior Support Plan) and aggressive behaviors to be able to prevent repeated client to client abuse of clients #1, #2, #3, #4, #6, #7 and #8.</p> <p>__ To ensure all allegations of neglect/abuse/mistreatment and injuries of unknown origin were immediately reported to the administrator and/or to BDDS (Bureau of Developmental Disabilities Services) and APS (Adult Protective Services) per state law for</p>		<p>thepurchase of compression socks. Client #1 will be reimbursed \$72.65, Client #3 will be reimbursed \$77.65, and Client #5 will be reimbursed \$77.65.</p> <p>The decorative glass light hanging above the dining room table was cleaned on 9/5/14. Work orders were submitted on 9/5/14 to the AWS maintenance department to remove and clean the light fixture in the living room, to clean carpets, and to replace the light in the small bathroom. These will be fixed by the maintenance department or outside vendors will be secured.</p> <p>How facility will identify other residents potentially affected and what measures taken</p> <p>All residents could be affected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence</p> <p>The Group Home Manager and Team Leader will be retrained on client finances and facility maintenance by the Regional Director on 10-1-14. The GHM and the Q will be retrained on conducting and following up on monthly Quality Environmental Checks by the RD on 10-1-14.</p> <p>How corrective actions will be monitored to ensure no recurrence</p> <p>Monthly finance packets are completed by the GHM and sent to the RD for review. The RD will ensure no client finances are used for</p>				

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	<p>clients #1, #3, #4, #5 and #8.</p> <p>__ To ensure all allegations of neglect/abuse/mistreatment and injuries of unknown origin were thoroughly investigated and/or an investigation was conducted for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>__ To ensure clients #1, #3 and #5 did not use their personal money to purchase medically needed compression stockings and to ensure a full and complete accounting of client #3's and #4's funds and expenditures.</p> <p>__ To ensure the facility was maintained and in good repair for clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>__ To ensure the facility maintained the clients' records in regard to clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>Findings include:</p> <p>1. Review of client #1's, #3's and #5's financial records on 8/21/14 at 10 AM with the RM (Residential Manager) indicated:</p> <p>__ On 7/17/14 client #1 purchased two pairs of compression stockings for \$72.65 from a local health supply store.</p> <p>__ On 7/17/14 client #3 purchased two pairs of compression stockings for \$77.65 from a local health supply store.</p> <p>__ On 7/17/14 client #5 purchased two pairs of compression stockings for \$77.65</p>		<p>necessary medical equipment before signing the packet and forwarding to the AWS/Benchmark client financial compliance specialist.</p> <p>The GHM will submit all maintenance requests to the AWS/Benchmark maintenance department and will copy the RD. The maintenance department will document on each request the date they fulfilled the maintenance request and will turn a copy back in to the GHM.</p> <p>Monthly a member of the management team conduct an environmental quality check (CQA) and turn it into the RD for tracking and compliance</p>				

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	<p>from a local health supply store.</p> <p>Review of the revised 7/15/13 facility policy Financial Accountability on 8/21/14 at 1 PM indicated the clients' cash on hand was to be used for, not all inclusive, therapeutic equipment recommended by a doctor or appropriate therapist and not covered by any other source, such as hearing aids, electric wheelchairs, orthopedic shoes, shower and bathroom chairs, walkers, crawlers, book holders, feeding aids, toilet aid, etc...."</p> <p>Interview with the RM on 8/21/14 at 10 AM indicated the facility LPN had instructed her to purchase clients #1, #3 and #5 two new pairs of compression stockings each because their old ones needed to be replaced. The RM indicated the compression stockings were ordered by the clients' physicians' and Medicaid would not pay for the stockings so the money was taken out of each clients' personal account to buy the medical compression stockings.</p> <p>2. Observations were conducted at the group home of clients #1, #2, #3, #4, #5, #6 and #7 on 8/19/14 between 3:30 PM and 6:15 PM and on 8/20/14 between 6 AM and 8:15 AM.</p> <p>__The decorative glass light hanging</p>			

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	<p>three feet above the dining room table was covered in dust.</p> <p>__ The fluorescent tube lighting in the living room had multiple dead bugs inside the cover of the fixture.</p> <p>__ The front living room carpet was matted with several large dark round stains.</p> <p>__ The light above the sink in the small bathroom in the back of the house did not work and the fluorescent bulbs above the toilet flickered.</p> <p>Interview with staff #3 on 8/19/14 at 5:15 PM indicated the light above the dining room needed to be cleaned. Staff #3 indicated he worked the night shift and the night shift staff was to clean the home but he had not noticed the bugs in the fluorescent light in the living room until this surveyor pointed it out. Staff #3 indicated he did not know when the carpets had last been cleaned.</p> <p>Interview with the RM (Residential Manager) and QIDP (Qualified Intellectual Disabilities Professional) #1 on 8/22/14 at 2 PM indicated the facility was to be maintained and in good repair at all times.</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility to ensure the clients'</p>						

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	<p>records were maintained for clients #1, #2, #3, #4, #5, #6 and #7. Please see W110.</p> <p>4. The governing body failed to exercise general policy and operating direction over the facility to ensure a full and complete accounting of client #3's and #4's funds and expenditures. Please see W140.</p> <p>5. The governing body failed to exercise general policy and operating direction over the facility: ___ To prevent client to client abuse in regards to client #5's recurring aggressive behaviors toward clients #1, #2, #3, #4, #6, #7, and #8 and to ensure the IDT (Interdisciplinary Team) assessed and/or reassessed client #5 in regard to her aggressive behaviors. ___ To prevent client neglect in regard to staff sleeping while on duty and to ensure the investigation of the neglect included a specific plan of corrective oversight to include how the facility staff would be monitored to prevent reoccurrence in regard to neglect and staff sleeping while on duty for clients #1, #2, #3, #4, #6, #7 and #8. ___ To ensure sufficient direct care staff to supervise and care for the clients throughout the day to meet the clients' needs and to prevent recurring client to</p>						

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	<p>client abuse in regards to client #5's behaviors for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>__ To ensure all allegations of neglect/abuse/mistreatment and injuries of unknown origin were immediately reported to the administrator and/or to BDDS (Bureau of Developmental Disabilities Services) and APS (Adult Protective Services) per state law for clients #1, #3, #4, #5 and #8.</p> <p>__ To ensure all allegations of neglect/abuse/mistreatment and injuries of unknown origin were thoroughly investigated and/or an investigation was conducted for clients #1, #2, #3, #4, #5, #6, #7 and #8. Please see W149.</p> <p>6. The governing body failed to exercise general policy and operating direction over the facility to ensure all allegations of abuse and/or all injuries of unknown origin were reported immediately to the administrator and/or BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law for clients #1, #3, #4, #5 and #8. Please see W153.</p> <p>7. The governing body failed to exercise general policy and operating direction over the facility to ensure all allegations of abuse/neglect, client to client abuse</p>			

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	<p>and injuries of unknown origin were thoroughly investigated for clients #1, #2, #3, #4, #5, #6, #7 and #8. Please see W154.</p> <p>8. The governing body failed to exercise general policy and operating direction over the facility to ensure the investigation of the neglect included a specific plan of corrective oversight to include how the facility staff would be monitored to prevent reoccurrence in regard to neglect and staff sleeping while on duty for all clients living at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8). Please see W157.</p> <p>9. The governing body failed to exercise general policy and operating direction over the facility to ensure sufficient direct care staff to supervise and care for the clients throughout the day to meet the clients' needs and to prevent reoccurrence of client abuse for clients #1, #2, #3, #4, #5, #6, #7 and #8. Please see W186.</p> <p>10. The governing body failed to exercise general policy and operating direction over the facility to ensure the staff were trained/retrained in regard to client #5's BSP and aggressive behaviors to be able to prevent repeated client to client abuse of clients #1, #2, #3, #4, #6, #7 and #8. Please see W189.</p>						

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W000110	<p>9-3-1(a)</p> <p>483.410(c)(1) CLIENT RECORDS The facility must develop and maintain a recordkeeping system that includes a separate record for each client. Based on record review and interview for 4 of 4 sample clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the facility failed to maintain each clients' record.</p> <p>Findings include:</p> <p>Client #1's, #2's, #3's, #4's, #5's #6's and #7's records were reviewed on 8/20/14 between 2 PM and 5 PM, on 8/21/14 between 10 AM and 5 PM, 8/22/14 between 11 AM and 4 PM and 8/25/14 between 11 AM and 1 PM, 2014. The clients' current records in their charts dated back 6 to 12 months previous with little current medical and/or program information in the clients' records/binders that were provided for review.</p> <p>On 8/21/14 at 4 PM the RM (Residential Manager), QIDPs (Qualified Intellectual Disabilities Professionals) #1 and #2 and</p>	W000110	<p>Correctiveactionforresident(s)fou dthavebeenaffected Filing days have been organized for 10-2-14 and10-3-14. On these dates all main filesand medical files will be filled with all required documentation for thecurrent 12 months. These charts will bemaintained by the QIDP and the LPN with assistance from the Medical Floater, the GHM and the GH Team Leaders.</p> <p>Howfacilitywillidentifyotherreside ntspotentiallyaffectedandwhatmea surestaken All residentscould be affected andcorrective action willaddress the needsof all clients.</p> <p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence The QIDP and LPNwill be retrained on filing and purging all client documentation. Documentation is to</p>	10/03/2014

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	<p>the facility LPN were given a list of client documentation required for review. The RM and QIDPs were asked to have the information requested available to the surveyor the following day by 9 AM.</p> <p>Interview with the RM on 8/22/14 at 1 PM indicated she, the QIDPs and the LPN were unable to find all of the items requested and stated, "But we're still looking." The RM indicated the facility had recently had a large turnover of administrative staff and stated, "We are not sure where everything is just yet."</p> <p>Interview with facility LPN #1 on 8/22/14 at 2 PM indicated the clients' records for the facility had not been filed in each client's individual binders for 6 to 12 months and she was unable to locate much of the requested survey items. The LPN stated, "I'm doing my best." LPN #1 indicated LPN #3 terminated employment with the facility on 12/31/13 and LPN #1 filled in for the facility from January through April 2013 when the facility hired LPN #2 in April 2013. LPN #2 worked four months and then LPN #2 terminated her employment with the facility on August 15, 2014. LPN #1 indicated in the interim the clients' documentation had not been filed.</p> <p>During interview with the RM</p>		<p>be filed at least monthly and previous year information purged according to AWS/Benchmark purging policy. Annually the QIDP will conduct main file reviews for each consumer, 2 charts to be reviewed each month. These file reviews will be turned into the RD for tracking and monitoring.</p> <p>How corrective actions will be monitored to ensure no recurrence The RD will conduct a random file audit to ensure compliance with purging and filing at least quarterly.</p>		

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	<p>(Residential Manager) and QIDPs (Qualified Intellectual Disabilities Professionals) #1 and #2 on 8/22/14 at 4 PM in the RM's office:</p> <p>__The RM stated, "I had no idea the records were in this bad of shape." __QIDP #1 stated, "Neither did I. We are all new and have been spending our time in the home trying to get to know the clients and staff. We had no idea the filing wasn't being done." __The RM indicated the clients' records were being stored in the RM's office and showed this surveyor several large stacks of papers and several card board boxes full of sheets of papers. The RM stated, "This is what we've been searching through to find what you need." __QIDP #1 stated, "If I were to guess, I would say the filing had not been done for over a year." __The RM and both QIDPs stated they had to search through "stacks and reams" of paper to find each client's requested information.</p> <p>Interview with the facility ADM (Administrator) on 8/25/14 at 1 PM indicated the QIDP was responsible for maintaining the clients' records and stated "But there has been several turnovers of Qs (QIDPs) in the past year." The ADM indicated QIDP #4 left in September 2013 and the facility hired QIDP #3 and</p>						

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W000122	<p>he left in May 2014 and that is when the facility hired QIDPs #1 and #2. The ADM stated the facility also hired a "medication floater" that was "supposed to help with the filing when she could. And that position was put into place in May but she's been too busy to be able to do much filing."</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 4 of 4 sampled clients (#1, #2, #3 and #4) and for 4 additional clients (#5, #6, #7 and #8). The facility failed: ___ To prevent client to client abuse in regards to client #5's recurring aggressive behaviors toward clients #1, #2, #3, #4, #6, #7, and #8 and to ensure the IDT (Interdisciplinary Team) assessed and/or reassessed client #5 in regard to her aggressive behaviors. ___ To prevent client neglect in regard to staff sleeping while on duty and to ensure the investigation of the neglect included a</p>	W000122	Plasesee W149, W153, W154, W157, W186, and W189.	10/03/2014

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	<p>specific plan of corrective oversight to include how the facility staff would be monitored to prevent reoccurrence in regard to neglect and staff sleeping while on duty for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>__ To ensure all allegations of neglect/abuse/mistreatment and injuries of unknown origin were immediately reported to the administrator and/or to BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law for clients #1, #3, #4, #5 and #8.</p> <p>__ To ensure all allegations of neglect/abuse/mistreatment and injuries of unknown origin were thoroughly investigated and/or an investigation was conducted for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>__ To ensure sufficient direct care staff to supervise and care for the clients throughout the day to meet the clients' needs and to prevent recurring client to client abuse in regards to client #5's behaviors for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>__ To ensure the staff were trained/retrained in regard to client #5's BSP (Behavior Support Plan) to be able to prevent repeated client to client abuse of clients #1, #2, #3, #4, #6, #7 and #8.</p>						

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	<p>Findings include:</p> <p>1. The facility neglected to implement its policy and procedures: ___ To prevent client to client abuse in regards to client #5's recurring aggressive behaviors toward clients #1, #2, #3, #4, #6, #7, and #8 and to ensure the IDT (Interdisciplinary Team) assessed and/or reassessed client #5 in regard to her aggressive behaviors. ___ To prevent client neglect in regard to staff sleeping while on duty and to ensure the investigation of the neglect included a specific plan of corrective oversight to include how the facility staff would be monitored to prevent reoccurrence in regard to neglect and staff sleeping while on duty for clients #1, #2, #3, #4, #5, #6, #7 and #8. ___ To ensure sufficient direct care staff to supervise and care for the clients throughout the day to meet the clients' needs and to prevent recurring client to client abuse in regards to client #5's behaviors for clients #1, #2, #3, #4, #5, #6, #7 and #8. ___ To ensure all allegations of neglect/abuse/mistreatment and injuries of unknown origin were immediately reported to the administrator and/or to BDDS (Bureau of Developmental Disabilities Services) and APS (Adult Protective Services) per state law for</p>				

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	<p>clients #1, #3, #4, #5 and #8. __To ensure all allegations of neglect/abuse/mistreatment and injuries of unknown origin were thoroughly investigated and/or an investigation was conducted for clients #1, #2, #3, #4, #5, #6, #7 and #8. Please see W149.</p> <p>2. The facility failed to immediately report all allegations of abuse and/or all injuries of unknown origin to the administrator and/or BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law for clients #1, #3, #4, #5 and #8. Please see W153.</p> <p>3. The facility failed to ensure all allegations of abuse/neglect, client to client abuse and injuries of unknown origin were thoroughly investigated for clients #1, #2, #3, #4, #5, #6, #7 and #8. Please see W154.</p> <p>4. The facility failed to ensure the investigation of neglect included a specific plan of corrective oversight to include how the facility staff would be monitored to prevent reoccurrence in regard to neglect and staff sleeping while on duty for all clients living at the group home (clients #1, #2, #3, #4, #5, #6, #7</p>						

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W000140	<p>and #8). Please see W157.</p> <p>5. The facility failed to provide sufficient direct care staff to supervise and care for the clients throughout the day to meet the clients' needs and to prevent reoccurrence of client to client abuse for clients #1, #2, #3, #4, #5, #6, #7 and #8. Please see W186.</p> <p>6. The facility failed to ensure the staff were trained/retrained in regard to trained/retrained in regard to client #5's BSP and aggressive behaviors to be able to prevent repeated client to client abuse of clients #1, #2, #3, #4, #6, #7 and #8. Please see W189.</p> <p>9-3-2(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES 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 2 of 4 sampled clients (#3 and #4), the facility failed to ensure a full and complete accounting of the clients' funds and expenditures.</p>	W000140	<p>Corrective action for resident(s) found to have beenaffected The AWS/Benchmarkclient finance policy is already in place. All consumer finances, deposits and expenditures, are to be tracked onthe cash on hand ledger. When a clientrequests money from the COH</p>	10/03/2014			

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	<p>Findings include:</p> <p>Review of client #3's and #4's "Client Finance Transaction Receipts" (CFTRs) and COH (Cash On Hand) records for 2/14 through 8/14 at the DP (Day Program) on 8/21/14 at 10:30 AM indicated the following for client #3:</p> <p>On CFTR on 2/21/14 for a deposit of \$15.00. The deposit was not documented on the COH record.</p> <p>On 2/24/14 the COH record indicated a deposit of \$15.00. The CFTRs indicated no receipt for this transaction.</p> <p>On 5/7/14 a deposit of \$14.25. The CFTR indicated client #3's signature was signed by staff.</p> <p>On 6/2/14 check #584 for \$20.00 was taken to the DP for deposit. The CFTR was not signed by client #3.</p> <p>On 6/26/14 a deposit of \$16.00. The CFTR was not signed by client #3.</p> <p>On 7/17/14 a deposit of \$10.00. The CFTR was not signed by client #3.</p> <p>On 8/4/14 the COH record indicated a deposit of \$40.00. The CFTR was not signed by client #3. The CFTR indicated one staff signature.</p>		<p>bag, the client and a staff must sign that the consumer has been given money. When a new deposit is made into the COH bag, the client and the staff must sign that money has been deposited.</p> <p>The day services PC will audit the COH bag at the day program at least weekly to ensure the correct money is present and will initial the ledger. The GHM or GHS will audit the COH bag at the home at least weekly to ensure the correct money is present and will initial the ledger.</p> <p>How facility will identify other residents potentially affected and what measures taken</p> <p>All consumers could potentially be affected and corrective action plans will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence</p> <p>The Day Services PC and GHM will be retrained on client finances by the RD on 10-1-14.</p> <p>The PC and GHM or GHS will audit the COH bags at least weekly to ensure the money is correct and will initial the ledger.</p> <p>How corrective actions will be monitored to ensure no recurrence</p> <p>Monthly the DPC will give a copy of each client's COH ledger to the GHM for tracking and to keep in the monthly finance packet. The original finance packet will be turned into the RD for review and signature before</p>				

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	<p>The CFTRs and COH indicated the following for client #4:</p> <p>On 2/14/14 a deposit of \$10.00. The CFTR was not signed by client #4.</p> <p>On 2/4/14 the COH record indicated a deposit of \$10.00. The CFTRs indicated no receipt for this transaction.</p> <p>On 3/6/14 a deposit of \$20.00.</p> <p>On 4/1/14 a deposit of \$7.00. The CFTR was not signed by client #4 and indicated only one staff signature.</p> <p>On 4/2/14 a deposit of \$20.00. The CFTR was not signed by client #4 and indicated only one staff signature.</p> <p>On 4/30/14 a deposit of \$25.00. The CFTR was not signed by client #4.</p> <p>On 6/2/14 a deposit of \$20.00. The CFTR was not signed by client #4 and indicated only one staff signature.</p> <p>On 6/26/14 a deposit of \$20. The CFTR was not signed by client #4 and indicated only one staff signature.</p> <p>On 7/17/14 a deposit of \$20.00. The CFTR was not signed by client #4.</p> <p>On 8/14/14 a deposit of \$20.00. The CFTR was not signed by client #4 and indicated only one staff signature.</p> <p>During interview with the DPC (Day</p>		forwarding to the corporate AWS/Benchmark client finance compliance specialist.				

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W000149	<p>Program Coordinator) and the RM (Residential Manager) on 8/21/14 at 10:30 AM, the RM indicated the staff from the facility took money from COH in the home and brought it to the facility owned DP for clients #3 and #4 to be used for vending machines and/or outings while the clients were at the day program. The DPC indicated money was kept at the DP for clients #3 and #4. The RM indicated all CFTRs were to be signed by two staff and the client. The DPC indicated all money was to be accounted for on the COH ledgers as well as all deposits were to be recorded on the COH ledger with a full accounting of the clients' money.</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 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 4 additional clients (clients #5, #6, #7 and #8), the facility neglected to implement its policy and procedures: __ To prevent client to client abuse in regards to client #5's recurring aggressive</p>	W000149	<p>In addition to below, please see W153, W154, AND W186.</p> <p>Corrective action for resident(s) found to have been affected An IDT for Client #5 has been held and IDT notes are in the client file. The BC has revised client #5's BSP to include 1:1 staffing and the specifics of that as well as a bullying</p>	10/03/2014			

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	<p>behaviors toward clients #1, #2, #3, #4, #6, #7, and #8 and to ensure the IDT (Interdisciplinary Team) assessed and/or reassessed client #5 in regard to her aggressive behaviors.</p> <p>__ To prevent client neglect in regard to staff sleeping while on duty and to ensure the investigation of the neglect included a specific plan of corrective oversight to include how the facility staff would be monitored to prevent reoccurrence in regard to neglect and staff sleeping while on duty for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>__ To ensure sufficient direct care staff to supervise and care for the clients throughout the day to meet the clients' needs and to prevent recurring client to client abuse in regards to client #5's behaviors for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>__ To ensure all allegations of neglect/abuse/mistreatment and injuries of unknown origin were immediately reported to the administrator and/or to BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law for clients #1, #3, #4, #5 and #8.</p> <p>__ To ensure all allegations of neglect/abuse/mistreatment and injuries of unknown origin were thoroughly investigated and/or an investigation was</p>		<p>plan to protect client #5's housemates. 1:1 staffing has been in place for client #5 since 6-1-14 and the number of peer to peer incidents have been reduced. Since 10-3-14 the GHM manager has focused on ensuring the proper staffing and active treatment is implemented and the schedules are saved for audit purposes.</p> <p>All staff were retrained on 10-1-14 on proper active treatment as well as client #5's BSP and 1:1.</p> <p>AWS will continue to mandate that all AWS employees who work overnight shifts log in via computer or call in their time every hour. Management staff, including the QIDP and GHM will conduct random visits, no less than weekly, on different days and shifts to ensure staff are awake and appropriately supervising clients.</p> <p>How facility will identify other residents potentially affected and what measures taken</p> <p>All consumers could potentially be affected and corrective action plans will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence</p> <p>The short term BChas revised client #5's BSP to include the specifications of the 1:1 as well as add an anti bullying plan and the RD ensured all staff were re trained by 10-3-14.</p>				

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	<p>conducted for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>___To ensure and/or provide evidence all staff were trained or retrained in regard to client #5's BSP (Behavior Support Plan) and aggressive behaviors.</p> <p>Findings include:</p> <p>1. Observations were conducted at the facility on 8/19/14 between 3:30 PM and 6:15 PM and on 8/20/14 between 6 AM and 8:15 AM. During both observation periods staff were observed at various times within arm's reach of client #5, across the room from client #5 and not watching client #5's every move. At one point during the observation, client #5 was in the garage with her housemates and all staff were in the house.</p> <p>Observations were conducted at the DP (Day Program) on 8/25/14 between 10 AM and 11:30 AM. During this observation period, client #5 was provided 1:1 (one staff to one client supervision) while eating her meal. While not eating, client #5 was observed in a large room with 26 other clients and 6 staff that were in and out of the room caring for other clients and taking clients to the bathroom while client #5 walked around and/or sat at one of the tables with other clients.</p>		<p>The QIDP will beretrained on holding IDT meetings, taking notes, and filing notes in theclients main file on 10-3-14.</p> <p>The QIDP and GHMwill be retrained on ensuring all staff fill out record of trainings and clientspecific trainings each time a training is held.</p> <p>AWS will continue torequire that all AWS employees who work overnight shifts log in via computer orcall in their time every hour. Management staff, including the QIDP and the GHM, will conduct random popin visits on varying shifts and days, no less than weekly, to ensure staff areawake and appropriately supervising clients. Management staff will record their visits and observations on theManager Observations Log as well as recording Manager In-Home time on theProvide time entry program. The RD willmonitor the MOL no less than weekly to ensure the GHM. LPN, QIDP, orSupervisors are conducting the random weekly pop in visits.</p> <p>How corrective actions will be monitored to ensure norecurrence</p> <p>The RD will ensureall staff are trained on client #5's BSP and there is a record of training intheir staff file by 10-1-14.</p> <p>The RD will monitorthe Provide time entry system as well as the Manager Observation Log monthly toensure random home visits are being conducted at least monthly. The RD will meet with the Group</p>		

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	<p>The facility's reportable and investigative records were reviewed on 8/19/14 at 12 PM.</p> <p>The 8/21/13 BDDS (Bureau of Developmental Disabilities Services) report indicated on, 8/20/13 at 2 PM while at the DP, client #5 was in the bathroom stall pulling her pants up when client #4 entered the stall. Client #5 became angry and hit client #4 on her upper arm.</p> <p>The 9/5/13 BDDS report indicated on 9/5/13 at 2 PM while at the DP client #5 walked up to a peer who was sitting down in a chair and struck the peer in the right side of the face, knocking the eye glasses off of the peer.</p> <p>The 9/18/13 BDDS report indicated on 9/18/13 at 6 AM client #5 was upset because she had to wait for her hose to dry so when she walked by client #6 she slapped client #6 on the shoulder and client #6 retaliated and hit client #5 "3-4 times in the arm and stomach." __The 9/18/13 Investigative Report - Summary indicated "Recommendations/Corrective Actions... Staff will continue to follow each client's BSP as written. Staff have been counseled on the importance of being</p>		HomeManagement team which includes the GHM, the QIDPs and the RN at least twice permonth to discuss concerns and appropriate home visits and on the spot trainingopportunities.				

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	<p>proactive when precursors are present in order to prevent incidents of physical aggression."</p> <p>The 9/19/13 BDDS report indicated on 9/19/13 at 5 PM client #5 grabbed client #1 by the shoulder and squeezed his shoulder. "As a result, [client #1] suffered scratch approximately 2 inches long." ___The 9/20/13 Investigative Report - Summary indicated "Recommendations/Corrective Actions:... Staff will continue to follow [client #5's] BSP as written. Staff have been counseled on the importance of being proactive when precursors are present in order to prevent incidents of physical aggression."</p> <p>The 10/3/13 BDDS report indicated on 10/2/13 at 6 PM client #5 scratched client #7 on the arm. ___The 10/8/13 Investigative Report - Summary indicated "Recommendations/Corrective Actions... No corrective actions necessary.... BC (Behavior Consultant) is looking at [client #5's] BSP to revise. BC is meeting with all staff in person on 10/29/13 to conduct BSP training and positive behavioral supports training."</p> <p>The 10/5/13 BDDS report indicated on</p>			

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	<p>10/5/13 at 11:15 AM client #5 became upset and hit client #7 on the right upper thigh.</p> <p>__The 10/11/13 Investigative Report - Summary indicated "Recommendations/Corrective Actions... No corrective actions necessary.... BC is looking at [client #5's] BSP to revise. BC is meeting with all staff in person on 10/29/13 to conduct BSP training and positive behavioral supports training."</p> <p>The 10/23/13 BDDS report indicated on 10/23/13 at 2:30 PM while at the DP client #5 got up from the table and hit client #4 in the head with a book. "[Client #5] had started to become agitated 15 minutes earlier and staff was attempting to keep her from sitting directly next to her peers." __The 10/28/13 Investigative Report - Summary indicated "Recommendations/Corrective Actions... No corrective action needed.... Staff will continue to follow [client #5's] BSP.</p> <p>The 11/8/13 BDDS report indicated on 11/7/13 at 4:25 PM client #5 pinched and scratched client #8 on the forearm as she was walking by her. __The 11/7/13 Investigative Report - Summary indicated "Recommendations/Corrective Actions... Staff will continue to monitor</p>			

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	<p>interactions between residents and follow preventative measures outlined in BSPs."</p> <p>The 11/10/13 BDDS report indicated on 11/9/13 at 7:30 PM client #5 hit a client from the neighboring group home while on the facility van. ___The 11/14/13 Investigative Report - Summary indicated "Recommendations/Corrective Actions... No corrective action necessary. Staff followed the behavior plan appropriately. A new QDDP (Qualified Developmental Disability Professional) who will focus on behavior management will start on 12/2/13."</p> <p>The 11/11/13 BDDS report indicated on 11/10/13 at 7:45 PM client #5 hit client #8 on the top of her head. ___The 11/17/13 Investigative Report - Summary indicated "Recommendations/Corrective Actions... No corrective action necessary, staff redirected appropriately.... AWS has hired a QDDP to focus on behavior management. This new QDDP will start on 12/2/13."</p> <p>The 11/12/13 BDDS report indicated on 11/11/13 at 5:40 PM client #5 had finished eating and as she got up from the table she picked up a bowl and hit client #8 in the head on the corner of her right</p>			

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	<p>eye with the bowl. Client #8's eye was red, swollen and cut with a 1/4 inch laceration to her eye.</p> <p>__The report indicated "Plan to resolve.... The nurse applied a steri-strip (adhesive strips of tape used to close small wounds) to the area. Staff were directed by the QDDP to maintain a 1:1 staffing with [client #5]. [Client #5] has a team meeting scheduled for 11/18/13 and recent peer to peer aggression will be discussed."</p> <p>__The 11/17/13 Investigative Report - Summary indicated "Recommendations/Corrective Actions... No corrective action necessary, staff redirected appropriately.... AWS has hired a QDDP to focus on behavior management. This new QDDP will start on 12/2/13."</p> <p>The 12/5/13 BDDS report indicated on 12/4/13 at 5:40 PM client #5 threw her dinner plate hitting client #8's arm.</p> <p>__The 12/10/13 Investigative Report - Summary indicated "Recommendations/Corrective Actions... Staff will continue to monitor interactions between residents and follow preventative measures outlined in the BSPs."</p> <p>The 12/6/13 BDDS report indicated on 12/5/13 at 3:40 PM while on the facility</p>			

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	<p>van client #5 threw her communication book at client #8 hitting client #8 in the back.</p> <p>__The 12/11/13 Investigative Report - Summary indicated "Recommendations/Corrective Actions... Staff will continue to monitor interactions between residents and follow preventative measures outlined in the BSPs."</p> <p>The 12/18/13 BDDS report indicated on 12/17/13 at 11:30 AM while at the DP client #5 was standing outside of the medication room and hit client #4 in the arm.</p> <p>__The 12/11/13 Investigative Report - Summary indicated "Recommendations/Corrective Actions... No corrective actions needed.... Staff will continue to follow BSP for [client #5] and document."</p> <p>The 1/3/14 BDDS report indicated on 1/2/14 at 6:59 PM client #5 was standing in the kitchen with client #7 when client #5 reached out and scratched client #7's arm.</p> <p>__The 1/8/14 Investigative Report - Summary indicated "Recommendations/Corrective Actions... Staff will continue to monitor interactions between residents and follow preventative measures outlined in the</p>			

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	<p>BSPs."</p> <p>The 1/8/14 BDDS report indicated on 1/7/14 at 4:25 PM while client #5 was going to her bedroom, she encountered client #2 in the hallway. Client #5 "began hitting [client #2]. [Client #2] asked her to stop and she did not. [Client #2] pushed her away from him and [client #5] fell to her knees. Support staff were twenty feet away, got to them and diffused the situation.... Plan to Resolve.... [Client #5] will have designated 1:1 staffing with [client #5]."</p> <p>The 1/13/14 investigative summary indicated "The IDT has met and 1:1 staffing has been implemented with [client #5]."</p> <p>The 1/17/14 BDDS report indicated on 1/16/14 at 6:30 PM client #5 became angry with client #8 and reached out and pushed client #8 on the back. The report indicated "Plan to Resolve.... Staff will continue to take proactive measures in hopes of preventing future occurrences by recognizing present precursors." The 1/22/14 investigative summary indicated "The IDT has met and 1:1 staffing has been implemented with [client #5]."</p> <p>The 1/23/14 BDDS report indicated on 1/22/14 at 7:30 PM client #5 was walking in the hallway to her bedroom when she</p>						

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	<p>reached out and scratched client #7 on the lower left forearm as he was passing her on the opposite side of the hallway. The report indicated "Plan to Resolve.... Staff will continue to take proactive measures in hopes of preventing future occurrences by recognizing present precursors, as well as providing 1:1 staffing with [client #5]." The 1/22/14 investigative summary indicated "The IDT met and 1:1 staffing has been implemented with [client #5]."</p> <p>The 2/4/14 BDDS report indicated on 2/3/14 at 3:15 PM while at the DP client #5 was swinging her gait belt and hit client #4 with her belt. __The 2/10/14 Investigative Report - Summary indicated "Recommendations/Corrective Actions... No corrective actions needed.... Staff will continue to follow BSP for [client #5] and document."</p> <p>The 2/4/14 BDDS report indicated on 2/4/14 at 11:35 AM while at the DP "[Client #5] was returning to her table after restrooming, [client #5's] peer was sitting in the chair that she (client #5) normally sits.... [Client #5] became upset, walked over to her peer and struck them (sic) open handed in the left shoulder.... Plan to resolve.... Staff followed behavior support plan."</p>			

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	<p>__The 2/10/14 Investigative Report - Summary indicated "Recommendations/Corrective Actions... No corrective actions needed.... Staff will continue to follow BSP for [client #5] and document."</p> <p>The 2/26/14 BDDS report indicated on 2/25/14 at 3:40 PM while on the facility van client #5 "became agitated" when the staff were trying to assist her. Client #5 hit client #6 three times with a closed fist on client #6's upper right arm. The report indicated "Plan to Resolve.... Staff will continue to take proactive measures in hopes of preventing future occurrences by recognizing present precursors."</p> <p>__The 3/4/14 Investigative Report - Summary indicated "Recommendations/Corrective Actions... 1:1 staffing has been implemented with [client #5]." The investigative report indicated the IDT met. The investigative records included no documentation of an IDT meeting.</p> <p>The 5/10/14 BDDS report indicated on 5/9/14 at 7:10 PM client #7 walked up to client #5 and slapped her in the face. The report indicated "A little while later [client #5] walked up to that same housemate (client #7) and hit him in the stomach.... Plan to Resolve.... [Client #5] has 1:1 staff to help reduce behavior</p>			

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	<p>incidents. A new behavior specialist will be starting to work with [client #5] and her staff in May."</p> <p>The 5/12/14 BDDS report indicated on 5/12/14 at 11:15 AM while at the DP client #5 hit another client on the head with an open hand. __The 5/13/14 Investigative Report - Summary indicated "Recommendations/Corrective Actions... Staff will continue to monitor interactions between peers and follow preventative measures outlined in the Behavior Support Plans." The report indicated "The IDT has met and will continue to take proactive measures in hopes of preventing future occurrences by recognizing present precursors." The facility records indicated no documentation of an IDT meeting.</p> <p>The 6/1/14 BDDS report indicated on 5/31/14 at 4:30 PM "[Client #5] was in the living room with her housemate (client #6) when she walked up to her housemate and hit him on the left arm with her fist... Plan to Resolve... AWS has a new behavior specialist that began working with [client #5] and her staff on 5/21/14. This BS (Behavior Specialist) will review [client #5's] BSP for the need for additions, revision, or additional staff training."</p>			

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	<p>__ The 6/6/14 investigative summary indicated "The IDT has met and will continue to take proactive measures in hopes of preventing future occurrences by recognizing present precursors." The facility records indicated no documentation of an IDT meeting.</p> <p>The 6/2/14 BDDS report indicated on 6/1/14 at: __ 7 PM "[Client #5] was in the kitchen with her housemate (client #7) when her housemate walked up to her and bit his wrist in her face. [Client #5] hit her housemate (client #7) on their (sic) lower left arm." __ 7:01 PM "[Client #5] was in the doorway between the kitchen and the garage with her housemate (client #4). [Client #5] pushed her housemate to the ground." __ 7:05 PM "[Client #5] was in kitchen standing next to her housemate (client #3). [Client #5] turned towards her housemate (client #3) and hit him in his left upper arm." __ The 6/2/14 BDDS reports indicated "Plan to Resolve... AWS has a new behavior specialist that began working the [client #5] and her staff on 5/21/14. This BS (Behavior Specialist) will review [client #5's] BSP for the need for additions, revision, or additional staff training. In addition to this three Direct</p>				

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	<p>Support Professionals will be scheduled within [client #5] in hopes of preventing future occurrences by recognizing present precursors."</p> <p>__The 6/7/14 Investigative Report - Summary indicated "The IDT met and will continue to take proactive measures in hopes of preventing future occurrences by recognizing present precursors." The facility records indicated no documentation of an IDT meeting.</p> <p>The 6/14/14 BDDS report indicated on 6/13/14 at 7:15 PM client #5 walked into the garage and hit her housemate (client #6) with an open hand on his right upper arm. "Plan to Resolve.... AWS has a behavior specialist that has began working with [client #5] and her staff."</p> <p>__The facility records indicated no investigation was conducted.</p> <p>The 6/26/14 BDDS report indicated on 6/26/14 at 2:30 PM while at the day program client #5 reached out and hit client #4 on the back with a closed hand. The report indicated client #5 had her gait-belt in the hand that she hit client #4 with. The report indicated "Plan to Resolve.... Staff will continue to take proactive measures in hopes of preventing future occurrences by recognizing present precursors."</p> <p>__The facility records indicated no</p>			

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	<p>investigation was conducted.</p> <p>The 7/5/14 BDDS report indicated on 7/5/14 at 7:20 PM client #7 was sitting in the facility garage when client #5 came up to client #7 and scratched him on both wrists and forearms. "His (client #7's) arms were bleeding but no major injuries. The staff separated the two and no further incidents occurred.... Plan to Resolve.... Staff will continue to take proactive measures in hopes of preventing future occurrences by recognizing present precursors." The Report of Injury dated 7/5/14 indicated "Another consumer was throwing a fit and they (client #5) scratched [client #7's] wrists while he was at the sink putting his breakfast dishes away. The report of injury was dated 7/18/14. The investigative statement forms from clients #1, #2, #3, #4, #5, #6 and #7 were dated 7/18/14. Client #1 indicated "They (clients #5 and #7) both hit each other. They smacked each other on the head." Client #6 indicated "Don't know. It's alright now. Stay away from [client #5] and won't get hit." ___The 7/9/14 Investigative Report - Summary indicated "The IDT has met and will continue to take proactive measures in hopes of preventing future occurrences by recognizing present precursors." The facility records indicated</p>				

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	<p>no documentation of an IDT meeting.</p> <p>The 7/12/14 BDDS report indicated on 7/11/14 at 7 PM client #5 came up beside client #6 while sitting on the couch at the facility and "smacked him (client #6) on the top of the head.... Plan to Resolve.... On top of continuing with her (client #5's) BSP, an all staff training has been scheduled for July 23rd to retrain on how to prevent incidents and deescalate situations such as this one. The Behavior Specialist has also scheduled a meeting with the team to discuss any further interventions that may need to be added on July 22."</p> <p>__The 7/14/14 Investigative Report - Summary indicated "The IDT has met and will continue to take proactive measures in hopes of preventing future occurrences by recognizing present precursors." The facility records indicated no documentation of an IDT meeting.</p> <p>The 7/15/14 BDDS report indicated on 7/14/14 at 3:40 PM while on the facility van client #5 hit another client from another facility on top of the head. The report indicated " Plan to Resolve.... On top of continuing with her (client #5's) BSP (Behavior Support Plan), an all staff training has been scheduled for July 23rd to retrain on how to prevent incidents and deescalate situations such as this one.</p>			

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	<p>The Behavior Specialist has also scheduled a meeting with the team to discuss any further interventions that may need to be added on July 22."</p> <p>__The 7/18/14 Investigative Report - Summary indicated "The IDT has met and will continue to take proactive measures in hopes of preventing future occurrences by recognizing present precursors." The facility records indicated no documentation of an IDT meeting.</p> <p>The 7/28/14 BDDS report indicated on 7/28/14 at 10:55 AM while at the DP client #5 was walking by a peer and reached out and struck the peer on the back of the head once with an open hand. The facility records indicated no investigation was conducted.</p> <p>Client #5's record was reviewed on 8/22/14 at 3 PM.</p> <p>Client #5's Behavior Data Sheets indicated: 7/9/14 at 7:15 PM one of client #5's housemates was sitting in a recliner in the front room when client #5 walked by and hit housemate on the head. The facility records indicated no investigation was conducted in regard to the client to client abuse.</p> <p>7/28/14 at 6:30 PM "[Client #5] was</p>						

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	<p>getting her food warmed up with staff when she (client #5) walked over to (initials of peer at DP) and hit her (client #5's peer) in the back of the head with an open palm." The facility records indicated no investigation was conducted in regard to the client to client abuse.</p> <p>__ Client #5's revised 10/27/13 BSP indicated a targeted behavior of physical aggression. The BSP indicated "[Client #5] really needs to be monitored at all times when she around others to prevent aggression (sic). She has been observed hitting or pushing peers when she does not think staff is around. In order to keep others safe [client #5] really needs to be monitored by staff when she is in community areas in the home such as the living room, kitchen, garage, etc."</p> <p>__ Client #5's record indicated no IDT meetings in regard to client #5's behaviors and/or continued client to client assault. Client #5's BSP indicated no revisions of her BSP since 10/27/13 when her medications were updated to be included within her BSP and a plan of reduction for her behavior medications was added to her BSP. Client #5's BSP did not include 1:1 staff supervision and/or how the staff was to monitor client #5 throughout the day in and out of her home to prevent client #5 from assaulting those around her.</p>						

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	<p>All documentation of staff training in regard to client #5 for 2013/2014 was requested from the HRC (Human Resource Coordinator) on 8/22/14 at 3 PM. Review of the email from the HRC on 8/26/14 at 10:23 AM on 8/26/14 at 1 PM indicated no staff training in regard to client #5 for 10/29/13 or for 7/22/14. The records indicated no training in regard to client #5 for staff #3 and #5.</p> <p>During interview with client #1 on 8/25/14 at 11:45 AM, client #1 indicated he had been hit by client #5 and stated, "Yeah, I don't like that much."</p> <p>During interview with client #2 on 8/25/14 at 12 PM, client #2 indicated client #5 had hit him and his housemates on several occasions. Client #2 stated, "We have to stay out of her (client #5's) way a lot. She (client #5) will hit you." Client #2 indicated no fear of client #5 and stated, "I just get tired of it."</p> <p>During interview with the DSPC (Day Services Program Coordinator) on 8/25/14 at 11:30 AM, the DSPC indicated client #5 was not provided 1:1 staff supervision while at the DP "except when eating her lunch and then a staff sits with her at the table while she eats." When asked why she was provided 1:1</p>			

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	<p>staff supervision at meal time, the DSPC indicated because client #5 was at risk for choking.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #2 was interviewed on 8/20/14 at 1 PM. When asked had the IDT reassessed client #5's needs in regards to her continued behaviors of aggression toward others and/or how the facility was going to ensure the clients' safety and well being in the group home, QIDP #2 stated, "We have met recently and have been discussing what we can do about her (client #5's) behaviors but I don't have anything officially documented." QIDP #2 stated, "I can't find where there were any IDTs and I have gone through all the information I was given for [QIDP #3 and #4 (the previous two QIDPs for the facility prior to QIDP #2's employment)]." QIDP #2 indicated her employment with the facility began on 5/21/14 as the QIDP/Behavior Specialist and she was just getting to know the clients. QIDP #2 indicated client #5 was on 1:1 staff supervision and the facility had recently retrained the staff in regard to implementing client #5's BSP. QIDP #2 indicated client #5's BSP was last revised on 10/27/13.</p> <p>During interview with the facility ADM</p>			

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NAME OF PROVIDER OR SUPPLIER AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 820 MENDLESON DR RICHMOND, IN 47374
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	<p>(Administrator) and QIDP #2 on 8/25/14 at 1 PM, the ADM indicated she was unable to provide evidence of any IDT meetings in regard to client #5's behaviors for the previous 12 months. The ADM indicated the facility hired QIDPs #1 and #2 in May and QIDP #2 was also a Behavior Specialist and would be working more closely with the facility staff. When asked how the facility was ensuring clients would not continue to be abused by client #5, the ADM and QIDP #2 indicated the facility was retraining all staff to implement client #5's BSP and 1:1 staff supervision was being provided to client #5.</p> <p>Email interview with the HRC on 9/2/14 at 9:50 AM indicated no further staff training in regard to client #5.</p> <p>2. The 8/19/13 BDDS report indicated on 8/19/13 at 4:15 AM the 6 AM staff arrived at the group home to find no staff on duty. The report indicated "All but two consumers remained asleep in bed those that were up were in the bathroom getting ready for the day (sic). The staff that last worked in the home attempted to call the staff/supervisor that was supposed to be coming in to relieve her at 4 AM. When she (the staff at the home) did not get an answer she left a message and informed them (the staff that was to</p>			

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	<p>relieve her and the supervisor) that it was 4:15 (AM) and no staff were present to relieve her and she was walking out of the door. She made no further attempt to contact anyone else about this issue including this writer (QIDP #4). The staff that was scheduled to relieve that person had overslept."</p> <p>__The facility records indicated the facility failed to provide clients #1, #2, #3, #4, #5, #6, #7 and #8 with staff supervision for a period of 1.75 hours during the sleep shift on 8/19/13.</p> <p>The 3/6/14 BDDS report indicated an allegation of neglect of staff sleeping while working.</p> <p>__The 3/7/14 investigative interview with the staff that walked in and found the staff sleeping indicated on the morning of 3/6/14 at 4:30 AM the staff had arrived at work to find his co-worker asleep in a chair with a coat over her head.</p> <p>__The 3/7/14 investigative interview with client #2 indicated "When I got up about 4 AM I saw [name of staff] sleeping in the chair in front of the TV (television). She (the staff that was asleep) was snoring. [Name of staff] saw it too. He (the reporting staff) came in about 4:30 AM and I went back to bed." The client was asked what would happen if staff was sleeping and the client stated,</p>			

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	<p>"Something bad happened. Am I gonna get into trouble for telling on [name of staff].... She shouldn't be sleeping because we (clients #1, #2, #3, #4, #5, #6, #7 and #8) might need her." The investigative record did not indicate interview with all clients that live in the home.</p> <p>__The 3/10/14 Investigative Report - Summary indicated</p> <p>"Recommendations/Corrective Actions:... Allegation of neglect due to sleeping substantiated. [Name of staff] employment with AWS will be terminated."</p> <p>__The investigative record indicated no specific plan of corrective oversight and/or how the facility would be monitored to prevent the neglect from reoccurrence.</p> <p>Interview with the RM (Residential Manager) on 8/19/14 at 2 PM indicated clients #1, #2, #3, #4, #5, #6, #7 and #8 required staff supervision and assistance 24/7 and were never be left alone in the home unsupervised.</p> <p>Email interview with the facility ADM (administrator) on 8/28/14 at 3:30 PM indicated when asked if there was a specific plan of corrective oversight in regard to how the facility would monitor</p>			

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	<p>the staff in regard to sleeping while on duty, the ADM stated "A member of the management team conducts at least one random and unannounced visit during 3rd shift monthly. This is documented on the Manager Observation Log (MOL). Staff are also required to enter their time hourly during 3rd shift to document that they are awake and providing proper services." The ADM indicated this was not an agency policy but something she had put into place in June of 2014. The ADM indicated no specific plan of correction in regard to staff sleeping while on duty.</p> <p>Review of the 2014 MOL emailed from the administrator on 8/28/14 at 4 PM indicated a computer generated list of dates and times on an spread sheet of times when administrative staff went into the home. The MOL indicated random checks on the overnight shift on: 6/30/14 at 4 AM by the ADM, 7/26/14 at 1:15 AM - 1:30 AM by the RM (Residential Manager), 8/15/14 at 1:45 AM by QIDP #1. The MOL indicated no signatures by administrative staff and no documentation of administrative oversight in March, April and May 2014 after the incident of staff sleeping while on duty on 3/16/14.</p>						

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	<p>3. The facility neglected to implement its policy and procedures to ensure all allegations of abuse, neglect and/or injuries of unknown origin were immediately reported to the administrator and all allegations of abuse/neglect were reported to BDDS per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law for clients #1, #3, #4, #5 and #8. Please see W153.</p> <p>4. The facility neglected to implement its policy and procedures to ensure all allegations of abuse/neglect and injuries of unknown origin were thoroughly investigated and/or an investigation was conducted for clients #1, #2, #3, #4, #5, #6, #7 and #8. Please see W154.</p> <p>6. The facility neglected to implement its policy and procedures to ensure sufficient direct care staff to supervise and care for the clients throughout the day to meet the clients' needs for clients #1, #2, #3, #4, #5, #6, #7 and #8. Please see W186.</p> <p>The facility policies were reviewed on 8/22/14 at 2 PM. ___The 3/2011 revised "Indiana Abuse and Neglect" policy indicated "AWS does not tolerate abuse, neglect or exploitation in any form by any person.... Alleged, suspected or actual abuse,</p>						

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	<p>(which must be reported to Adult Protective Services or Child Protective Services as indicated) which includes but is not limited to: physical abuse, including but not limited to: intentionally touching another person in a rude, insolent or angry manner, willful infliction of injury.... Alleged, suspected or actual neglect... which includes but is not limited to: failure to provide appropriate supervision, care or training, failure to provide a safe, clean and sanitary environment, failure to provide food and medical services as needed...."</p> <p>__The 6/13/13 revised "Incident Reporting and Investigation Policy - Indiana" indicated "Peer to peer aggression that results in significant injury. For Group Homes: All peer to peer aggression is reportable; including allegations of peer-to-peer aggression. Each of these types of incidents requires completion of an investigation.... Any injury to an individual when the cause is unknown and/or the injury could be indicative of abuse, neglect or exploitation. Any injury to an individual when the cause of the injury is unknown and the injury requires a medical evaluation or treatment.... Investigating and Incident: The investigator conducts interviews and collects written statement from all relevant individuals. Upon review of all evidence the investigator</p>			

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W000153	<p>will complete the Investigative Report and will determine if the allegation(s) are substantiated or unsubstantiated and will make recommendations as needed. The Investigator has five days to conclude the investigation and the Vice President, Human Resources (as applicable) and Director Health Services (as applicable) review and sign the Investigative Report."</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview for 30 of 67 allegations of abuse, neglect and/or injuries of unknown origin reviewed, the facility failed to immediately report all allegations of abuse and/or all injuries of unknown origin to the administrator and/or to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law for clients #1, #3, #4, #5 and #8.</p>	W000153	<p>Corrective action for resident(s) found to have been affected RD will retrain all group home staff at staff meetings on 10-1-14 on the AWS Abuse/Neglect Policy as well as the Incident Reporting Policy. This will include what is abuse/neglect, what incidents are reportable, and the mandate for immediate reporting to the QIDP. The RD will pass out Incident Report cards that provide a reminder of what incidents are reportable. Also the RD will place a reminder of what incidents are reportable on the Staff Communication Board in the</p>	10/03/2014	

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	<p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 8/19/14 at 12 PM.</p> <p>The 1/17/14 BDDS (Bureau of Developmental Disabilities Services) report indicated "On 1/15/14 one of [client #8's] support staff reported this incident to the Team Leader. She (the staff) said that on 1/10/14 [client #8] told her that another staff had pushed her (client #8) while helping her walk with her gait belt. The reporting staff said she (the staff) asked the other staff, [name of staff] about the alleged incident as soon as [client #8] told her about it. Staff [name of staff] allegedly called [client #8] a liar. Staff [name of staff] is currently suspended due to another allegation against her.... The reporting staff received a disciplinary action on 1/16/14 for not calling anyone until 1/15/14." ___ The facility records indicated the facility staff failed to immediately report allegations of abuse to the administrator in regard to client #8.</p> <p>Review of the facility Health Care/Mental Status Concern Forms on 8/21/14 at 11 AM indicated: ___ 7/7/14 client #5 was noted to have a 1</p>		<p>medicationroom. RD will retrain the QIDP, LPN and the GHM on necessary components of investigations. This will include conducting thorough interviews of all relevant individuals, and immediate reporting.</p> <p>How facility will identify other residents potentially affected and what measures taken All residents are affected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure recurrence RD will retrain all group home staff at staff meetings on 10-1-14 on the AWS Abuse/Neglect Policy as well as the Incident Reporting Policy. This will include what is abuse/neglect, what incidents are reportable and the mandate for immediate reporting to the QIDP. The RD will pass out Incident Report cards that provide a reminder of what incidents are reportable. Also the RD will place a reminder of what incidents are reportable on the Staff Communication Board in the medication room. Any current group home staff not attending one of these meetings will be removed from the schedule until they receive this training from the RD or a designated representative. The RD will sign off on these trainings and will give copies to HR to be placed in each employee's HR file. The RD will retrain the QIDP, the</p>		

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	<p>inch abrasion on her left ankle. The form did not indicate the origin of the injury. ___6/26/14 while getting client #4 ready for a shower the staff "discovered a large bruise" on client #4's left shin. The form did not indicate the origin of the injury. ___5/27/14 client #3 "has 3 small bruises on his left forearm. It is unknown to staff how they were caused. They are about the size of a dime. They are not very dark.... Client does take Coumadin (a blood thinner) daily." The form did not indicate the origin of the injury.</p> <p>___The facility records did not indicate the administrator was notified of the injuries of unknown origin of 7/7/14, 6/26/14 and 5/27/14.</p> <p>Client #5's record was reviewed on 8/22/14 at 3 PM. Client #5's Behavior Data Sheets indicated:</p> <p>___7/9/14 at 7:15 PM one of client #5's housemates was sitting in a recliner in the front room when client #5 walked by and hit housemate on the head.</p> <p>___7/28/14 at 6:30 PM "[Client #5] was getting her food warmed up with staff when she (client #5) walked over to (initials of peer at DP) and hit her (client #5's peer) in the back of the head with an open palm."</p> <p>___The facility record did not indicate the client to client abuse was immediately reported to the facility administrator.</p>		<p>LPN, and the GHM on necessary components of investigations. This included conducting thorough interviews of all relevant individuals, and immediate reporting. The RD will sign off on these trainings and will give copies to HR to be placed in each employee's HR file. Each client will also be asked about their home and living environment in their quarterly meetings. This will be documented on the meeting notes and saved in their main chart in the office.</p> <p>How corrective actions will be monitored to ensure no recurrence</p> <p>Incidents are to be reported to the RD immediately. The RD will write an email to document the date and time notified to be included with the investigation packet. The investigation packet is then sent to the RD for original signature. The RD sends the original investigation packet to the Vice President for original signature. The Vice President sends the original investigation packet to the Director of Compliance for original signature. Once all signatures are obtained, the Director of Compliance scans the investigation packet to the RD to file.</p> <p>The RD will review 100% of incident reports for each QIDP until the QIDP is proficient in writing and submitting incident reports. After a QIDP is proficient in writing and submitting incident reports, the RD will place documentation in the QIDPs</p>				

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	<p>Review of client #1's, #3's, #4's and #5's Skin Integrity Check Sheets (SICS) for 2013/2014 on 8/22/14 at 5 PM indicated:</p> <p>Client #1: __12/18/13 bruise on toe</p> <p>Client #3: __5/14/14 greenish yellow bruise on right arm __6/4/14 bruise on arm</p> <p>Client #4 __12/1/13 skinned chin __12/2/13 long scratches right leg __1/5/14 scratches "all over back" __2/8/14 scratch on middle of back __2/28/14 scratches on left side __3/10/14 yellowish bruise on left breast the size of a dime __5/3/14 yellowish dime size bruise on left arm __5/5/14 scratch on nose __5/26/14 nickel sized bruise on left triceps __7/8/14 through 7/19/14 scratch on wrist __7/30/14 scratch on right side of back __8/1/14 two bruises on left knee __8/6/14 bruises "still on knee/red mark on right shoulder" __8/7/14 bruise on right knee plus red mark</p>		<p>employee file. All incident reports are submitted to the RDs soon as they are submitted and the RD reviews all incident reports. If an incident report is not correct or needs additional information the RD will notify the QIDP to submit a follow up report.</p>				

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	<p>Client #5: ___3/22/14 scratch and a bruise of left foot ___5/14/14 bruise on stomach healing ___6/4/14 bruise "still on right shin" ___6/5/14 "bruise still there" and "cut on arm" ___6/26/14 through 7/5/14 bruise on left leg ___7/9/14 through 7/12/14 red spot on ankle ___8/12/14 bruise on top of right hand.</p> <p>The SICs indicated no origin for injuries noted. The facility records did not indicate the administrator was notified of the injuries of unknown origin noted on client #1's, #3's, #4's and #5's SICs.</p> <p>Interview with QIDPs (Qualified Intellectual Disabilities Professionals) #1 and #2 on 8/19/14 at 11 AM indicated all allegations of abuse, neglect and injuries of unknown origin were to be reported immediately to the administrator. QIDPs #1 and #2 indicated all allegations of abuse/neglect/mistreatment were to be reported to BDDS and APS within 24 hours of knowledge of the abuse/neglect/mistreatment.</p> <p>9-3-2(a)</p>			
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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 5 allegations of abuse/neglect for client #8 and 29 of 30 injuries of unknown origin for clients #1, #3, #4, #5 and #7 and for 31 of 32 allegations of client to client abuse for clients #1, #2, #3, #4, #5, #6, #7 and #8, the facility failed to ensure a thorough investigation and/or an investigation was conducted.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 8/19/14 at 12 PM.</p> <p>The 8/19/13 BDDS (Bureau of Developmental Disabilities Services) report for 8/19/13 at 4:15 AM indicated the 6 AM staff arrived at the group home to find no staff on duty. The report indicated "All but two consumers remained asleep in bed those that were up were in the bathroom getting ready for the day. The staff that was last worked in the home attempted to call the</p>	W000154	<p>Correctiveactionforresident(s)fou dtohavebeenaffected RD will retrain allgroup home staff at staff meetings on 10-1-14 on the AWS Abuse/Neglect Policyas well as the Incident Reporting Policy. This will include what is abuse, neglect, exploitation, and injuries ofunknown origin, what incidents are reportable, and the mandate for immediatereporting to the QIDP. The RD will passout Incident Report cards that provide a reminder of what incidents arereportable. Also the RD will place areminder of what incidents are reportable on the Staff Communication Board inthe medication room.</p> <p>RD will retrain theQIDP, LPN and the GHM on necessary components of investigations. This will include conducting thoroughinterviews of all relevant individuals, and immediate reporting.</p> <p>Howfacilitywillidentifyotherreside ntspotentiallyaffectedandwhatmea surestaken All residentsare affected and correctiveaction will address</p>	10/03/2014

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	<p>staff/supervisor that was supposed to be coming into relieve her at 4 AM when she did not get an answer she left a message and informed them that it was 4:15 (AM) and no staff were present to relieve her and she was walking out of the door. She made no further attempt to contact anyone else about this issue including this writer. The staff that was scheduled to relieve that person had overslept." The investigative records indicated statements from three staff and no client interviews. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 8/21/13 BDDS report indicated on 8/20/13 at 2 PM while at the DP/Day Program client #5 was in the bathroom stall pulling her pants up when client #4 entered the stall. Client #5 became angry and hit client #4 on her upper arm. The investigative records indicated one staff statement and no client interviews. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 9/18/13 BDDS report indicated on 9/18/13 at 6 AM client #5 was upset because she had to wait for her hose to dry so when she walked by client #6 she slapped client #6 on the shoulder and client #6 retaliated and hit client #5 three to four times on the arm and in the</p>		<p>theneeds of all clients.</p> <p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence RD will retrain allgroup home staff at staff meetings on 10-1-14 on the AWS Abuse/Neglect Policyas well as the Incident Reporting Policy. This will include what is abuse/neglect, what incidents are reportableand the mandate for immediate reporting to the QIDP. The AWS Reportable Incident Policy states that any unknown injuries over 3 inches in size in any way or indicative ofabuse are to be reported. This is thepolicy that the staff will be trained on. The RD will pass out Incident Report cards that provide a reminder ofwhat incidents are reportable. Also theRD will place a reminder of what incidents are reportable on the StaffCommunication Board in the medication room. Any current group home staff not attending one of these meetings will beremoved from the schedule until they receive this training from the RD or a designated representative. The RD willsign off on these trainings and will give copies to HR to be placed in eachemployee's HR file. The RD will retrainthe QIDP, the LPN, and the GHM on necessary components of investigations. This included conducting thorough interviewsof all relevant individuals, and immediate reporting. The RD will sign off on these trainings andwill give copies to HR to be</p>				

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	<p>stomach. The investigative records indicated statements from clients #5 and #6. The investigative record did not indicate which clients were in the home at the time of the incident and/or additional client interviews. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 9/19/13 BDDS report indicated on 9/19/13 at 5 PM client #5 grabbed client #1 by the shoulder and squeezed his shoulder. "As a result, [client #1] suffered a scratch approximately 2 inches long." The investigative records indicated statements from clients #1 and #5. The investigative record did not indicate which clients were in the home at the time of the incident and/or additional client interviews. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 10/3/13 BDDS report indicated on 10/2/13 at 6 PM client #5 scratched client #7 on the arm. The investigative records indicated statements from two staff, neither staff witnessed the incident and statements from clients #5 and #7. The investigative record did not indicate which clients were in the home at the time of the incident and/or additional client interviews. The facility records did not indicate a thorough investigation was</p>		<p>placed in each employee's HR file. Each client will also be asked about their home and living environment in their quarterly meetings. This will be documented on the meeting notes and saved in their main chart in the office.</p> <p>How corrective actions will be monitored to ensure no recurrence Incidents are to be reported to the RD immediately. The RD will write an email to document the date and time notified to be included with the investigation packet. The investigation packet is then sent to the RD for original signature. The RD sends the original investigation packet to the Vice President for original signature. The Vice President sends the original investigation packet to the Director of Compliance for original signature. Once all signatures are obtained, the Director of Compliance scans the investigation packet to the RD to file. The RD will review 100% of incident reports for each QIDP until the QIDP is proficient in writing and submitting incident reports. After a QIDP is proficient in writing and submitting incident reports, the RD will place documentation in the QIDPs employee file and continue to review every incident reports once it is submitted. The AWS Policy on Reportable Incidents states that any injury of unknown origin must be reported and investigated if it is 3 inches in size in</p>				

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	<p>conducted.</p> <p>The 10/5/13 BDDS report indicated on 10/5/13 at 11:15 AM client #5 became upset and hit client #7 on the right upper thigh. The investigative records indicated statements from clients #5 and #7. The investigative record did not indicate which clients were home at the time of the incident and/or additional client interviews. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 10/23/13 BDDS report indicated on 10/23/13 at 2:30 PM while at the DP (Day Program) client #5 got up from the table and hit client #4 in the head with a book. "[Client #5] had started to become agitated 15 minutes earlier and staff was attempting to keep her from sitting directly next to her peers." The investigative records indicated one staff statement and no client statements/interviews. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 11/8/13 BDDS report indicated on 11/7/13 at 4:25 PM client #5 pinched and scratched client #8 on the forearm as she was walking by her. The investigative records indicated one staff statement and no client interviews. The facility records</p>		<p>any direction or indicative of abuse. This is the policy that staff will be trained on.</p> <p>All allegations of abuse or neglect or exploitation will bereported and investigated per AWS policy. If an allegation is found to not be substantiated that will bedocumented on the incident report follow up.</p>	

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	<p>did not indicate a thorough investigation was conducted.</p> <p>The 11/11/13 BDDS report indicated on 11/10/13 at 7:45 PM client #5 hit client #8 on the top of her head. The investigative records indicated statements from one staff and clients #5 and #8. The investigative record did not indicate which clients were in the home at the time of the incident and/or additional client interviews. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 11/12/13 BDDS report indicated on 11/11/13 at 5:40 PM client #5 had finished eating and as she got up from the table she picked up a bowl and hit client #8 in the head on the corner of her right eye with the bowl. Client #8's eye was red, swollen and cut with a 1/4 inch laceration to her eye. The investigative records indicated statements from clients #5 and #8. The investigative record did not indicate which clients were in the home at the time of the incident and/or additional client interviews. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 11/15/13 BDDS report indicated on 11/14/13 at 2:14 PM client #7 was sleeping while at the day program, "He</p>			

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	<p>[client #7] woke up, stood up quickly and fell over. There were no initial signs of injury, but his vitals were taken as a part of the post-fall assessment. His pulse and blood pressure were both very low." Client #7 was taken to the Emergency Room (ER) and x-rays were taken of his pelvis, hip and lower leg and all x-rays and labs were normal. The facility records did not indicate an investigation was conducted.</p> <p>__The 11/25/13 BDDS report indicated on 11/24/13 at 10:35 AM "[Client #7's] support staff have been monitoring his (client #7's) right leg/foot since incident #566409 11/14/13. The ER physicians did not diagnose him with any injury at that time as all x-rays had come back normal. [Client #7] had stated several times that he was feeling 'better' and did not appear to be having any difficulty walking. However, [client #7's] Team Leader realized that his foot was swollen and seemed to be getting worse. He was taken back to the ER on 11/14/13 where he was diagnosed with a fracture of his fifth metatarsal (toe) of his right foot." The facility records did not indicate an investigation was conducted.</p> <p>The 12/5/13 BDDS report indicated on 12/4/13 at 5:40 PM client #5 threw her dinner plate hitting client #8's arm. The investigative records indicated statements</p>						

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	<p>from clients #5 and #8. The investigative record did not indicate which clients were in the home at the time of the incident and/or additional client interviews. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 12/6/13 BDDS report indicated on 12/5/13 at 3:40 PM while on the facility van client #5 threw her communication book at client #8 hitting client #8 in the back. The investigative record indicated one staff statement and statements from clients #5 and #8. The investigative records did not indicate how many clients and/or staff were on the facility van. The investigative record indicated no additional interviews. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 12/18/13 BDDS report indicated on 12/17/13 at 11:30 AM while at the DP client #5 was standing outside of the medication room and hit client #4 in the arm. The investigative records indicated one staff statement and no client interviews. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 1/3/14 BDDS report indicated on 1/2/14 at 6:59 PM client #5 was standing in the kitchen with client #7 when client</p>				

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	<p>#5 reached out and scratched client #7's arm. The investigative records indicated statements from clients #5 and #7. The investigative record did not indicate which clients were in the home at the time of the incident and/or additional client interviews. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 1/8/14 BDDS report indicated on 1/7/14 at 4:25 PM while client #5 was going to her bedroom, she encountered client #2 in the hallway. Client #5 "began hitting [client #2]. [Client #2] asked her to stop and she did not. [Client #2] pushed her away from him and [client #5] fell to her knees." The investigative records indicated statements from clients #5 and #2. The investigative record did not indicate which clients were in the home at the time of the incident and/or additional client interviews. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 1/17/14 BDDS report indicated "On 1/15/14 one of [client #8's] support staff reported this incident to the Team Leader. She said that on 1/10/14 [client #8] told her that another staff had pushed her while helping her walk with her gait belt. The reporting staff said she asked the other staff, [name of staff] about the</p>						

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	<p>alleged incident as soon as [client #8] told her about it. Staff [name of staff] allegedly called [client #8] a liar." The investigative records indicated interviews with two staff and an interview with client #8. The investigative records did not indicate all clients that lived in the group home and all staff that worked in the group home were interviewed. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 1/17/14 BDDS report indicated on 1/16/14 at 6:30 PM client #5 became angry with client #8 and reached out and pushed client #8 on the back. The investigative records indicated statements from clients #5 and #8. The investigative record did not indicate which clients were in the home at the time of the incident and/or additional client interviews. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 1/23/14 BDDS report indicated on 1/22/14 at 7:30 PM client #5 was walking in the hallway to her bedroom when she reached out and scratched client #7 on the lower left forearm as client #7 was passing her on the opposite side of the hallway. The investigative records indicated statements from clients #5 and #7. The investigative record did not indicate which clients were in the home</p>			

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	<p>at the time of the incident and/or additional client interviews. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 1/29/14 BDDS report indicated on 1/29/14 at 8:25 AM while on the facility van client #7 sat down next to client #8. Client #8 pushed client #7 with both hands and hit him twice with a closed fist on his upper left forearm. The investigative records indicated statements from clients #7 and #8. The investigative record did not indicate how many clients were on the facility van and/or additional client interviews. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 2/4/14 BDDS report indicated on 2/3/14 at 3:15 PM while at the DP client #5 was swinging her gait belt and hit client #4 with the belt. The investigative records indicated a statement from one staff, no client interviews and no additional staff interviews. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 2/26/14 BDDS report indicated on 2/25/14 at 3:40 PM while on the facility van client #5 "became agitated" when the staff were trying to assist her. Client #5 hit client #6 three times with a closed fist</p>			

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	<p>on client #6's upper right arm. The records did not indicate all the clients and/or staff that were on the van at the time of the incident. The investigative records indicated statements from clients #5 and #6. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 2/16/14 BDDS report indicated on 2/25/14 at 5:15 PM "[Client #8] was sitting in her chair in the GH (group home) living room. One of her housemates (client #7) stood next to her to feed the fish when [client #8] reached-out and struck the housemate four times in the stomach with a closed fist." The records did not indicate all the staff and clients that were in the home at the time of the incident. The investigative records indicated statements from two staff and clients #7 and #8. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 5/10/14 BDDS report indicated on 5/9/14 at 7:10 PM client #7 walked up to client #5 and slapped her in the face. The report indicated "A little while later [client #5] walked up to that same housemate (client #7) and hit him in the stomach...." The investigative records indicated statements from one staff and clients #5 and #7. The facility records did</p>						

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	<p>not indicate a thorough investigation was conducted.</p> <p>The 6/1/14 BDDS report indicated on 5/31/14 at 4:30 PM "[Client #5] was in the living room with her housemate (client #6) when she walked up to her housemate and hit him on the left arm with her fist..." The records did not indicate all the clients and staff in the home at the time of the incident. The investigative records indicated statements from two staff and clients #5 and #6. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 6/2/14 BDDS report indicated on 6/1/14 at: __ 7 PM "[Client #5] was in the kitchen with her housemate (client #7) when her housemate walked up to her and bit his wrist in her face. [Client #5] hit her housemate (client #7) on their (sic) lower left arm." __ 7:01 PM "[Client #5] was in the doorway between the kitchen and the garage with her housemate (client #4). [Client #5] pushed her housemate to the ground." __ 7:05 PM "[Client #5] was in kitchen standing next to her housemate (client #3). [Client #5] turned towards her housemate (client #3) and hit him in his left upper arm."</p>						

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	<p>The investigative records indicated statements from one staff and clients #5 and #6. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 6/14/14 BDDS report indicated on 6/13/14 at 7:15 PM client #5 walked into the garage and hit her housemate (client #6) with an open hand on his right upper arm. The facility records indicated no investigation was conducted in regard to the client to client abuse.</p> <p>The 6/22/14 Report of Injury indicated on 6/22/14 in the PM while eating supper the clients were passing the food around the table and one of client #2's housemates (record did not indicate name) slapped client #2 on the left forearm. The facility records indicated no investigation was conducted in regard to the client to client abuse.</p> <p>The 6/26/14 BDDS report indicated on 6/26/14 at 2:30 PM while at the day program client #5 reached out and hit client #4 on the back with a closed hand. The facility records indicated no investigation was conducted in regard to the client to client abuse.</p> <p>The 7/5/14 BDDS report indicated on 7/5/14 at 7:20 PM client #7 was sitting in</p>			

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	<p>the facility garage when client #5 came up to client #7 and scratched him on both wrists and forearms. "His (client #7's) arms were bleeding...." The investigative record indicated one staff statement form dated 7/5/14 and one word and/or one sentence statement forms dated 7/18/14 from clients #1, #2, #3, #4 and #6 taken from the same staff that gave a statement on 7/5/14. The investigative records indicated the clients were interviewed 13 days after the incident. The investigative records indicated no further staff interviews. The facility records did not indicate a thorough investigation was conducted.</p> <p>The 7/28/14 BDDS report indicated on 7/28/14 at 10:55 AM while at the DP client #5 was walking by a peer (no name given) and reached out and struck the peer on the back of the head once with an open hand. The facility records indicated no investigation was conducted in regard to the client to client abuse.</p> <p>Client #5's record was reviewed on 8/22/14 at 3 PM. Client #5's Behavior Data Sheets indicated: 7/9/14 at 7:15 PM one of client #5's housemates was sitting in a recliner in the front room when client #5 walked by and hit housemate on the head. The facility records indicated no investigation was</p>			

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	<p>conducted in regard to the client to client abuse.</p> <p>7/28/14 at 6:30 PM "[Client #5] was getting her food warmed up with staff when she (client #5) walked over to (initials of peer at DP) and hit her (client #5's peer) in the back of the head with an open palm." The facility records indicated no investigation was conducted in regard to the client to client abuse.</p> <p>Review of the facility Health Care/Mental Status Concern Forms on 8/21/14 at 11 AM indicated:</p> <p>__7/7/14 client #5 was noted to have a 1 inch abrasion on her left ankle. The form did not indicate the origin of the injury. The facility records indicated no investigation was conducted.</p> <p>__6/26/14 while getting client #4 ready for a shower the staff "discovered a large bruise" on client #4's left shin. The form did not indicate the origin of the injury. The facility records indicated no investigation was conducted.</p> <p>__5/27/14 client #3 "has 3 small bruises on his left forearm. It is unknown to staff how they were caused. They are about the size of a dime. They are not very dark.... Client does take Coumadin (a blood thinner) daily...." The facility records indicated no investigation was conducted.</p>						

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	<p>Review of client #1's, #2's, #3's, #4's and #5's Skin Integrity Check Sheets (SICS) on 8/22/14 at 5 PM indicated:</p> <p>Client #1: __12/18/13 bruise on toe</p> <p>Client #3: __5/14/14 greenish yellow bruise on right arm __6/4/14 bruise on arm</p> <p>Client #4 __12/1/13 skinned chin __12/2/13 long scratches right leg __1/5/14 "scratches all over back" __2/8/14 scratch on middle of back __2/28/14 scratches on left side __3/10/14 yellowish bruise on left breast the size of a dime __5/3/14 yellowish dime size bruise on left arm __5/5/14 scratch on nose __5/26/14 nickel sized bruise on left triceps __7/8/14 through 7/19/14 scratch on wrist __7/30/14 scratch on right side of back __8/1/14 two bruises on left knee __8/6/14 "bruises still on knee/red mark on right shoulder" __8/7/14 "bruise on right knee plus red mark"</p> <p>Client #5: __3/22/14 scratch and a bruise of left foot</p>			

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	<p>__5/14/14 "bruise on stomach healing" __6/4/14 "bruise still on right shin" __6/5/14 "bruise still there" and "cut on arm" __6/26/14 through 7/5/14 bruise on left leg __7/9/14 through 7/12/14 red spot on ankle __8/12/14 bruise on top of right hand.</p> <p>The SICS indicated no origin for injuries noted. The facility records indicated no investigations for the injuries of unknown origin for the injuries noted on the SICS.</p> <p>Interview with QIDPs (Qualified Intellectual Disabilities Professionals) #1 and #2 on 8/19/14 at 11 AM indicated all allegations of abuse/neglect/mistreatment and injuries of unknown origin were to be thoroughly investigated.</p> <p>Interview with QIDP #2 on 8/25/14 at 1 PM indicated when conducting an investigation all clients and all staff in the home at the time of the client to client abuse should be noted in the investigative paperwork and all staff and clients should then be interviewed for the investigation to be considered thorough. QIDP #2 indicated she had provided all investigations and reportable incidents for review.</p>						

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W000157	<p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on interview and record review for 1 of 5 allegations of abuse/neglect reviewed, the facility failed to ensure the investigation of the neglect included a specific plan of corrective oversight to include how the facility staff would be monitored to prevent reoccurrence in regard to neglect and staff sleeping while on duty for all clients living at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8).</p> <p>Findings include:</p> <p>The 3/6/14 BDDS report indicated an allegation of neglect of staff sleeping while working. __The 3/7/14 investigative interview with the staff that walked in and found the staff sleeping indicated on the morning of 3/6/14 at 4:30 AM the staff had arrived at work to find his co-worker asleep in a chair with a coat over her head. __The 3/7/14 investigative interview with client #2 indicated "When I got up about 4 AM I saw [name of staff] sleeping in the chair in front of the TV</p>	W000157	<p>Corrective action for resident(s) found to have beenaffected RD will retrain allgroup home staff at staff meetings on 10-1-14 on the AWS Abuse/Neglect Policywhich includes sleeping while on duty. AWS will continue tomandate that all AWS employees who work overnight shifts log in via computer orcall in their time every hour. Management staff, including the QIDP and GHM will conduct random pop in visits, no less than weekly, to ensure staff are awake and appropriatelysupervising clients. Random means thevisits will occur on different days and shifts and they will occur at leastweekly.</p> <p>How facility will identify other residents potentiallyaffected and what measures taken All residents areaffected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place toensure no recurrence RD will retrain allgroup home staff at staff meetings on 10-1-14 on the AWS Abuse/Neglect Policyas which includes sleeping while on duty. Any current group home staff not</p>	10/03/2014			

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	<p>(television). She (the staff that was asleep) was snoring. [Name of staff] saw it too. He (the reporting staff) came in about 4:30 AM and I went back to bed." The client was asked what would happen if staff was sleeping and the clients stated, "Something bad happened. Am I gonna get into trouble for telling on [name of staff].... She shouldn't be sleeping because we (clients #1, #2, #3, #4, #5, #6, #7 and #8) might need her." The investigative record did not indicate interview with all clients that live in the home.</p> <p>__The 3/10/14 Investigative Report - Summary indicated "Recommendations/Corrective Actions:... Allegation of neglect due to sleeping substantiated. [Name of staff] employment with AWS will be terminated."</p> <p>__The investigative record indicated no specific plan of corrective oversight and/or how the facility would be monitored to prevent the neglect from reoccurrence.</p> <p>Email interview with the facility ADM (administrator) on 8/28/14 at 3:30 PM indicated when asked was there a specific plan of corrective oversight in regard to how the facility would monitor the staff in regard to sleeping while on duty, the ADM stated "A member of the</p>		<p>attending one of these meetings will be removed from the schedule until they receive this training from the RD or a designated representative. The RD will sign off on these trainings and will give copies to HR to be placed in each employee's HR file. AWS will continue to mandate that all AWS employees who work overnight shifts log in via computer or call in their time every hour. Management staff, including QIDPs and the GHM, will conduct random visits, no less than weekly, to ensure staff are awake and appropriately supervising clients. These visits will occur on different days and shifts each week. Management staff will record their visits and observations on the Manager Observations Log as well as recording Manager In-Home time on the Provide time entry program.</p> <p>How corrective actions will be monitored to ensure nonrecurrence The RD will monitor the Provide time entry system as well as the Manager Observation Log monthly to ensure random home visits are being conducted at least monthly. The RD will meet with the Group Home Management team which includes the GHM, the QIDP and the LPN at least twice per month to discuss concerns and appropriate visits.</p>	

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	<p>management team conducts at least one random and unannounced visit during 3rd shift monthly. This is documented on the Manager Observation Log (MOL). Staff are also required to enter their time hourly during 3rd shift to document that they are awake and providing proper services." The ADM indicated this was not an agency policy but something she had put into place in June of 2014. The ADM indicated no specific plan of correction in regard to staff sleeping while on duty.</p> <p>Review of the 2014 MOL emailed from the administrator on 8/28/14 at 4 PM indicated a computer generated list of dates and times on an spread sheet of times when administrative staff went into the home. The MOL indicated random checks on the overnight shift on:</p> <p>6/30/14 at 4 AM by the ADM, 7/26/14 at 1:15 AM - 1:30 AM by the RM (Residential Manager) 8/15/14 at 1:45 AM by QIDP #1</p> <p>The MOL indicated no signatures by administrative staff and no documentation of administrative oversight in March, April and May 2014 after the incident of staff sleeping while on duty on 3/16/14.</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, interview and record review for 4 of 4 sample clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility QIDP (Qualified Intellectual Disabilities Professional) failed to ensure:</p> <p>__ The clients' records were maintained for clients #1, #2, #3, #4, #5, #6 and #7. __ The clients' objectives were reviewed and revised quarterly. __ A full and complete accounting of client #3's and #4's funds and expenditures. __ All allegations of abuse and/or all injuries of unknown origin were reported immediately to the administrator and/or BDDS (Bureau of Developmental Disabilities Services) and APS (Adult Protective Services) per state law for clients #1, #3, #4, #5 and #8. __ All allegations of neglect/abuse/mistreatment and injuries of unknown origin were thoroughly investigated and/or an investigation was conducted for clients #1, #2, #3, #4, #5, #6, #7 and #8. __ The investigation of the neglect</p>	W000159	<p>In addition to below, please see W110, W140, W149, W153, W154, W157, W186, W189, W210, W240, W249, W259, W263, W312, W440, W460, W488.</p> <p>Corrective action for resident(s) found to have been affected The QIDP will be retrained by the RD on conducting monthly reviews of all client objectives. This includes reviewing, tracking, and reporting on the objectives. The QIDP will write and submit a Monthly Summary report to the RD and Compliance Officer by the 20th of the following month.</p> <p>How facility will identify other residents potentially affected and what measures taken All consumers could potentially be affected and corrective action plans will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence The QIDP will receive the objective tracking from the Team Leader no later than the 1st business day of the month. The QIDP will review the monthly objectives, track them, and</p>	10/03/2014
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	<p>included a specific plan of corrective oversight to include how the facility staff would be monitored to prevent reoccurrence in regard to neglect and staff sleeping while on duty for all clients living at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8).</p> <p>__ Sufficient direct care staff to supervise and care for the clients throughout the day to meet the clients' needs and to prevent reoccurrence of client abuse for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>__ The staff were trained/retrained in regard client #5's BSP (Behavior Support Plan) to ensure clients #1, #2, #3, #4, #6, #7 and #8 were not abused by client #5.</p> <p>__ The Interdisciplinary Team (IDT) assessed/reassessed client #5 in regard to client #5's continued aggressive behaviors.</p> <p>__ Client #1's, #2's, #3's and #4's Comprehensive Functional Assessments (CFAs) included an assessment of the clients' fine and gross motor skills and/or a PT/OT (Physical Therapy/Occupational Therapy) assessment.</p> <p>__ Client #5's BSP (Behavior Support Plan) specifically addressed how the staff were to supervise/monitor client #5 due to aggressive behaviors and to include the 1:1 (one staff to one client) supervision.</p> <p>__ The staff provided clients #1, #2, #3, #4, #5, #6, #7 and #8 formal/informal training during all available</p>		<p>then report on them on themonthly summary report.</p> <p>How corrective actions will be monitored to ensure norecurrence The QIDP will report on the monthly objectives on a monthllysummary report. The QIDP will turn eachmonthly report into the GHM and the Compliance Officer no later than the 20thof each month. The QIDP will review anddiscuss objectives at each quarterly meeting, record meeting notes on themeeeting notes form, and fill out the Meeting Checklist which will be turnedinto the RD within 24 hour of each meeting.</p>				

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	<p>opportunities.</p> <p>__ The IDT (Interdisciplinary Team) reviewed and/or updated the clients' CFAs (Comprehensive Functional Assessments) annually for clients #1, #2 and #4.</p> <p>__ Written informed consent was obtained from the clients and/or the clients' legal representatives for the clients' restrictive programs for clients #1, #2, #3 and #4.</p> <p>__ A specific plan of reduction was in place to reduce and eventually eliminate the behaviors for which each psychoactive medication was to target for client #2.</p> <p>__ Evacuation drills were conducted at least quarterly for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>__ Client #4 and #5 were provided their prescribed modified diets in accordance with their diet orders.</p> <p>__ The staff provided clients #1, #2, #3, #4, #5, #6 and #7 training in meal preparation and family style dining when formal and informal training opportunities existed and to ensure the clients prepared and packed their own lunches for the day program.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 8/21/14 at 2 PM. Client #1's 12/1/13 ISP</p>			

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	<p>indicated objectives:</p> <ul style="list-style-type: none"> To wear his prescription eye glasses. To purchase an item and ensure he has received the correct change. To throw away unneeded items in his bedroom. To assist in preparing a dinner item. To recall the events from his day to improve his memory. To state why he is taking 3 of his medications (Claritin, Prilosec and Plavix). To take a shower to ensure thorough cleaning. To place his dentures in denture cleaner and allow them to soak. <p>Client #1's record indicated the QIDP did not review client #1's objectives from August 2013 through May 2014.</p> <p>Client #2's record was reviewed on 8/20/14 at 1 PM. Client #2's 12/1/13 ISP indicated objectives:</p> <ul style="list-style-type: none"> To state why he takes "a random medication" at administration time. To brush his teeth for a minimum of 30 seconds at a time. To make a purchase and ensure that he has received the correct change by counting his change with staff assist. To slow down his pace of eating at meals. 			

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	<p>To shave his facial hair thoroughly. To clean and organize his closet. To exercise on a bike or treadmill three times a week. To help prepare a breakfast item. To clean his room. Client #2's record indicated the QIDP did not review client #2's objectives from August 2013 through May 2014.</p> <p>Client #3's record was reviewed on 8/22/14 at 1 PM. Client #3's 12/1/13 ISP indicated objectives: To take a shower ensuring thorough cleaning. To state why he takes his Warfarin. To brush his teeth for a min of 30 minutes. To add dollar bills up to \$10. To write his address while using a template and worksheet. To practice wearing his prescription eye glasses for up to five minutes. To set the table. To alternate bites with drinks at a meal. To recall two events that happened during the day prior to going to bed. To place his dirty clothes in his hamper after showering. Client #3's record indicated the QIDP did not review client #3's objectives from August 2013 through May 2014.</p>			

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	<p>Client #4's record was reviewed on 8/22/14 at 11 AM. Client #4's 12/1/13 ISP indicated objectives:</p> <ul style="list-style-type: none"> To state why she takes her Xanax. To brush her teeth for a minute. To place her dirty clothes in a laundry hamper. To take a shower or a bath. To exercise for at least 10 minutes a day for three days a week. To be able to identify the hot and cold water knobs on the faucet. To practice safe eating habits, to alternate between food and drink, take small bites and not talk with food in her mouth. To work on adding dollar bills up to \$10. To work on writing her address and phone number. <p>Client #4's record indicated the QIDP did not review client #4's objectives from August 2013 through May 2014.</p> <p>Interview with the QIDP on 8/22/14 at 2 PM stated, "The only reviews I can find are the ones I did for June and July." The QIDP indicated she was employed with the facility in May 2014 and was unable to find evidence of reviews prior to her hire for the previous QIDPs that worked at the facility.</p> <p>2. The QIDP failed to ensure the clients' records were maintained for clients #1,</p>			

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	<p>#2, #3, #4, #5, #6, and #7. Please see W110.</p> <p>3. The QIDP failed to ensure a full and complete accounting of client #3's and #4's funds and expenditures. Please see W140.</p> <p>4. The QIDP failed: ___ To address client #5's recurring aggressive behaviors toward clients #1, #2, #3, #4, #6, #7, and #8 and to ensure the IDT (Interdisciplinary Team) assessed and/or reassessed client #5 in regard to her aggressive behaviors. ___ To prevent client neglect in regard to staff sleeping while on duty and to ensure the investigation of the neglect included a specific plan of corrective oversight to include how the facility staff would be monitored to prevent reoccurrence in regard to neglect and staff sleeping while on duty for clients #1, #2, #3, #4, #6, #7 and #8. ___ To ensure sufficient direct care staff to supervise and care for the clients throughout the day to meet the clients' needs and to prevent recurring client to client abuse in regards to client #5's behaviors for clients #1, #2, #3, #4, #5, #6, #7 and #8. ___ To ensure all allegations of neglect/abuse/mistreatment and injuries of unknown origin were immediately</p>						

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	<p>reported to the administrator and/or to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law for clients #1, #3, #4, #5 and #8.</p> <p>__ To ensure all allegations of neglect/abuse/mistreatment and injuries of unknown origin were thoroughly investigated and/or an investigation was conducted for clients #1, #2, #3, #4, #5, #6, #7 and #8. Please see W149.</p> <p>5. The QIDP failed to ensure all allegations of abuse and/or all injuries of unknown origin were reported immediately to the administrator and/or BDDS (Bureau of Developmental Disabilities Services) and APS (Adult Protective Services) per state law for clients #1, #3, #4, #5 and #8. Please see W153.</p> <p>6. The QIDP failed to ensure all allegations of neglect/abuse/mistreatment and injuries of unknown origin were thoroughly investigated and/or an investigation was conducted for clients #1, #2, #3, #4, #5, #6, #7 and #8. Please see W154.</p> <p>7. The QIDP failed to ensure the investigation of the neglect included a</p>			

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	<p>specific plan of corrective oversight to include how the facility staff would be monitored to prevent reoccurrence in regard to neglect and staff sleeping while on duty for all clients living at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8). Please see W157.</p> <p>8. The QIDP failed to ensure sufficient direct care staff to supervise and care for the clients throughout the day to meet the clients' needs and to prevent reoccurrence of client abuse for clients #1, #2, #3, #4, #5, #6, #7 and #8. Please see W186.</p> <p>9. The QIDP failed to ensure the staff were trained/retrained in regard to client #5's BSP (Behavior Support Plan) and aggressive behaviors. Please see W189.</p> <p>10. The QIDP failed to ensure the Interdisciplinary Team (IDT) assessed/reassessed client #5 in regard to her continual aggressive behaviors and to ensure client #1's, #2's, #3's and #4's Comprehensive Functional Assessments (CFAs) included an assessment of the clients' fine and gross motor skills and/or a PT/OT (Physical Therapy/Occupational Therapy) assessment. Please see W210.</p> <p>11. The QIDP failed to ensure client #5's BSP (Behavior Support Plan) specifically addressed how the staff were to</p>			

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	<p>supervise/monitor client #5 due to aggressive behaviors and to include the 1:1 (one staff to one client) supervision. Please see W240.</p> <p>12. The QIDP failed to ensure the staff provided clients #1, #2, #3, #4, #5, #6, #7 and #8 formal/informal training during all available opportunities. Please see W249.</p> <p>13. The QIDP failed to ensure the IDT (Interdisciplinary Team) reviewed and/or updated the clients' CFAs (Comprehensive Functional Assessments) annually for clients #1, #2 and #4. Please see W259.</p> <p>14. The QIDP failed to ensure written informed consent was obtained from the clients and/or the clients' legal representatives for the clients' restrictive programs for clients #1, #2, #3 and #4. Please see W263.</p> <p>15. The QIDP failed to ensure a specific plan of reduction was in place to reduce and eventually eliminate the behaviors for which each psychoactive medication was to target for client #2. Please see W312.</p> <p>16. The QIDP failed to ensure evacuation drills were conducted at least quarterly</p>			

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W000186	<p>for clients #1, #2, #3, #4, #5, #6, #7 and #8. Please see W440.</p> <p>17. The QIDP failed to ensure clients #4 and #5 were provided their modified diets in accordance with their diet orders. Please see W460.</p> <p>18. The QIDP failed to ensure the staff provided training in meal preparation and family style dining when formal and informal training opportunities existed and to ensure the clients prepared and packed their own lunches for the day program for clients #1, #2, #3, #4, #5, #6 and #7. Please see W488.</p> <p>9-3-3(a)</p> <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, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients</p>	W000186	<p>Corrective action for resident(s) found to have beenaffected There will besufficient staff present</p>	10/03/2014			

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	<p>(#5, #6, #7 and #8), the facility failed to provide sufficient direct care staff to supervise and care for the clients throughout the day to meet the clients' needs and to prevent reoccurrence of client abuse.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 8/19/14 between 3:30 PM and 6:15 PM.</p> <p>___At 3:30 PM clients #6 and #7 were home with staff #1. Staff #1 indicated she had already prepared the tuna salad for the evening meal and had two pots of food cooking on the stove, one with potatoes and one with green beans. Staff #1 stated it was "just easier" to get the cooking done as much as possible prior to the clients getting home from the day program because "It gets really busy around here once they're all home." Staff #1 indicated she was new and had been with the facility since May. Client #7 was frequently in and out of the kitchen seeking food and reaching for the pans of hot food. Staff #1 stated client #7 was "constantly looking for something to eat and we have to be really careful when he is around the kitchen." Staff #1 indicated client #7 would steal food, take it back to his room and stuff it in his mouth. Staff #1 stated, "Someone has to be in the</p>		<p>to remain in ratio and keep clients safe at all timesto ensure that clients are properly supervised and to facilitate activetreatment.</p> <p>The BSP of client #5will be revised by the short term BC to indicate what 1:1 staffing means forclient #5. The RD will ensure all staffare trained on the BSP revision by 10-1-14 and the record of training will beplaced in each employee file.</p> <p>How facility will identify other residents potentiallyaffected and what measures taken</p> <p>All residents areaffected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place toensure no recurrence</p> <p>There will besufficient staff present at all times to ensure all clients are properlysupervised and to facilitate active treatment. The staffing ratio of this house is 3.5 clients to one staff duringwaking hours. There are currently 7clients living in this home. One staffis assigned 1:1 to client #5 and there are 2 staff with the other 6 clients.</p> <p>The short term BCwill revise the BPS for client #5 to indicate the parameters of the 1:1staffing. Once the revision is approvedby HRC, all staff will be retrained and record of trainings will be placed intheir employee files.</p> <p>The RD will retrainthe GHM and the QIDP that staff must be completely</p>				

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	<p>kitchen at all times when food is being prepared and another one of us have to be with [client #5] because of her behaviors."</p> <p>__At 4 PM staff #3 was in the medication room preparing the evening medications, staff #1 was in the kitchen and staff #2 was in the garage with client #5. Client #7 was in and out of the kitchen eyeing the food being prepared and was directed out of the kitchen.</p> <p>__At 4:05 PM client #4 had gone into the bathroom and began taking a shower. Staff #1 left the kitchen and entered the bathroom with client #4 and could be heard saying, "It's not time for your shower. You just can't come in here and take a shower. We don't have the staff to be with you to take a shower now. You know we don't take showers this early. Look at all the shampoo in your hair." Staff #1 could be heard breathing a heavy sigh and stated to client #4, "Come on, you have to get back in the shower to get the soap out of your hair."</p> <p>__At 4:10 PM the RM and both QIDPs (Qualified Intellectual Disabilities Professionals) #1 and #2 entered the home. All three stayed through the remainder of the observation period and assisted the staff as needed with client care.</p> <p>__At 5:05 PM staff #4 showed up at the home and stated she had received a</p>		<p>trained before they can workwith a client on 10-1-14. This record oftraining will be placed in the employee file.</p> <p>How corrective actions will be monitored to ensure norecurrence The RD will continuoeto monitor staff schedules as well as sign off on all behavior dataobservations. This will ensureappropriate staffing as well as review all negative behavioral incidents andthe situation surrounding each behavior observation.</p>				

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	<p>phone call from staff #3 and she was worried that everything was ok so she had just stopped in to make sure. Staff #4 indicated she was not scheduled to work that evening and had come in because she was concerned. Staff #4 stayed through the remainder of the observation and assisted with client care while she was in the home.</p> <p>__At 5:15 PM staff #3 stated, "I've only had two hours sleep and am exhausted." Staff #3 indicated he had worked the night shift and came in to work the afternoon shift and had to also work the night shift again tonight. Staff #3 stated "Most of the staff in the home are new and they are still trying to hire new staff for us. We all do what we have to do."</p> <p>__Throughout the observation period client #7 was food seeking, in and out of the kitchen and required constant redirection from staff. Client #5 required 1:1 (one staff to one client) supervision due to history of frequent aggressive behaviors toward her housemates. Clients #3, #4, #5 and #7 required redirection and staff assistance to meet all of their needs. Clients #5 and #3 had 1:1 supervision while eating.</p> <p>Observations were conducted at the facility on 8/20/14 between 6 AM and 8:15 AM.</p>			

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	<p>During both observation periods AM and PM staff were observed at various times within arms reach of client #5, across the room from client #5 and at times not watching (eyes on) client #5. For a 5 minute period during the PM observation client #5 was in the garage with her housemates and all staff were in the house assisting other clients.</p> <p>Observations were conducted at the DP (Day Program) on 8/25/14 between 10 AM and 11:30 AM. During this observation period client #5 was provided 1:1 (one staff to one client supervision) while eating her meal. While not eating, client #5 was observed in a large room with 26 other clients and 6 staff that were in and out of the room caring for other clients and taking clients back and forth to the bathroom while client #5 walked around unsupervised and/or sat at one of the tables with other clients.</p> <p>The facility's reportable and investigative records were reviewed on 8/19/14 at 12 PM. The facility BDDS (Bureau of Developmental Disabilities Services) reports for 2013/2014 indicated: __ On 8/20/13 at 2 PM while at the DP client #5 was in the bathroom stall pulling her pants up when client #4 enterer the stall. Client #5 became angry</p>						

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	<p>and hit client #4 on her upper arm.</p> <p>__ On 9/5/13 at 2 PM while at the DP client #5 walked up to a peer who was sitting down in a chair and struck the peer in the right side of the face, knocking the eye glasses off of the peer.</p> <p>__ On 9/18/13 at 6 AM client #5 was upset because she had to wait for her hose to dry so when she walked by client #6 she slapped client #6 on the shoulder and client #6 retaliated and hit client #5 "3-4 times in the arm and stomach."</p> <p>__ On 9/19/13 at 5 PM client #5 grabbed client #1 by the shoulder and squeezed his shoulder. "As a result, [client #1] suffered scratch approximately 2 inches long."</p> <p>__ On 10/2/13 at 6 PM client #5 scratched client #7 on the arm.</p> <p>__ On 10/5/13 at 11:15 AM hit client #5 became upset and hit client #7 on the right upper thigh.</p> <p>__ On 10/23/13 at 2:30 PM while at the DP client #5 got up from the table and hit client #4 in the head with a book. "[Client #5] had started to become agitated 15 minutes earlier and staff was attempting to keep her from sitting directly next to her peers."</p> <p>__ On 11/7/13 at 4:25 PM client #5 pinched and scratched client #8 on the forearm as she was walking by her.</p> <p>__ On 11/9/13 at 7:30 PM client #5 hit a client from the neighboring group home</p>						

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	<p>while on the facility van.</p> <p>__ On 11/10/13 at 7:45 PM client #5 hit client #8 on the top of her head.</p> <p>__ On 11/11/13 at 5:40 PM client #5 had finished eating and as she got up from the table she picked up a bowl and hit client #8 in the head on the corner of her right eye with the bowl. Client #8's eye was red, swollen and cut with a 1/4 inch laceration to her eye. The report indicated client #5 was placed on 1:1 (one staff to one client) supervision.</p> <p>__ On 12/4/13 at 5:40 PM client #5 threw her dinner plate hitting client #8's arm.</p> <p>__ On 12/5/13 at 3:40 PM while on the facility van client #5 threw her communication book at client #8 hitting client #8 in the back.</p> <p>__ On 12/17/13 at 11:30 AM while at the DP client #5 was standing outside of the medication room and hit client #4 in the arm.</p> <p>__ On 1/2/14 at 6:59 PM client #5 was standing in the kitchen with client #7 when client #5 reached out and scratched client #7's arm.</p> <p>__ On 1/7/14 at 4:25 PM while client #5 was going to her bedroom, she encountered client #2 in the hallway. Client #5 "began hitting [client #2]. [Client #2] asked her to stop and she did not. [Client #2] pushed her away from him and [client #5] fell to her knees. Support staff were twenty feet away, got</p>			

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	<p>to them and diffused the situation." __ On 1/16/14 at 6:30 PM client #5 became angry with client #8 and reached out and pushed client #8 on the back. __ On 1/22/14 at 7:30 PM client #5 was walking in the hallway to her bedroom when she reached out and scratched client #7 on the lower left forearm as he was passing her on the opposite side of the hallway. __ On 2/3/14 at 3:15 PM while at the DP client #5 was swinging her gait belt and hit client #4 with the belt. __ On 2/4/14 at 11:35 AM while at the DP "[Client #5] was returning to her table after restrooming, [client #5's] peer was sitting in the chair that she (client #5) normally sits.... [Client #5] became upset, walked over to her peer and struck them (sic) open handed in the left shoulder." __ On 2/25/14 at 3:40 PM while on the facility van client #5 "became agitated" when the staff were trying to assist her. Client #5 hit client #6 three times with a closed fist on client #6's upper right arm. __ On 5/9/14 at 7:10 PM client #7 walked up to client #5 and slapped her in the face. The report indicated "A little while later [client #5] walked up to that same housemate (client #7) and hit him in the stomach." __ On 5/12/14 at 11:15 AM while at the DP client #5 hit another client on the head with an open hand.</p>			

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	<p>__ On 5/31/14 at 4:30 PM "[Client #5] was in the living room with her housemate (client #6) when she walked up to her housemate and hit him on the left arm with her fist.</p> <p>On 6/1/14 at: __ 7 PM "[Client #5] was in the kitchen with her housemate (client #7) when her housemate walked up to her and bit his wrist in her face. [Client #5] hit her housemate (client #7) on their (sic) lower left arm."</p> <p>__ 7:01 PM "[Client #5] was in the doorway between the kitchen and the garage with her housemate (client #4). [Client #5] pushed her housemate to the ground."</p> <p>__ 7:05 PM "[Client #5] was in kitchen standing next to her housemate (client #3). [Client #5] turned towards her housemate (client #3) and hit him in his left upper arm."</p> <p>__ On 6/13/14 at 7:15 PM client #5 walked into the garage and hit her housemate (client #6) with an open hand on his right upper arm.</p> <p>__ On 6/26/14 at 2:30 PM while at the day program client #5 reached out and hit client #4 on the back with a closed hand. The report indicated client #5 had her gait-belt in the hand that she hit client #4 with.</p> <p>__ On 7/5/14 at 7:20 PM client #7 was sitting in the facility garage when client</p>			
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	<p>#5 came up to client #7 and scratched him on both wrists and forearms. "His (client #7's) arms were bleeding but no major injuries." ___ On 7/11/14 at 7 PM client #5 came up beside client #6 while sitting on the couch at the facility and "smacked him (client #6) on the top of the head." ___ On 7/14/14 at 3:40 PM while on the facility van client #5 hit another client from another facility on top of the head. ___ On 7/28/14 at 10:55 AM while at the DP client #5 was walking by a peer and reached out and struck the peer on the back of the head once with an open hand.</p> <p>Client #5's record was reviewed on 8/22/14 at 3 PM. Client #5's Behavior Data Sheets indicated: ___ On 7/9/14 at 7:15 PM one of client #5's housemates was sitting in a recliner in the front room when client #5 walked by and hit housemate on the head. ___ On 7/28/14 at 6:30 PM "[Client #5] was getting her food warmed up with staff when she (client #5) walked over to (initials of peer at DP) and hit her (client #5's peer) in the back of the head with an open palm."</p> <p>Review of employee records on 8/19/14 at 11:30 AM indicated seven full time employees in the home and five of those employees were new within the past six</p>						

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	<p>months.</p> <p>Interview with staff #3 on 8/19/14 at 6:15 AM indicated client #5 was on eyesight precautions. Staff #3 stated, "We just have to be able to see her." When asked how staff protect other clients from client #5 hitting them if the staff were across the room, staff #3 stated, "Yeah, that's a problem. We just try to get to her as fast as we can." Staff #3 indicated he had been working several overtimes shifts and was tired. Staff #3 stated, "Yeah, we're short on staff and most of the staff that are here are new."</p> <p>During interview with the RM on 8/22/14 at 3 PM, the RM provided a schedule of staffing for the facility for the week of 8/18/14. The RM stated, "I'll be honest with you, I don't have any staffing schedules and I didn't know I was supposed to be keeping the schedules, but I will now since I know you need to see them." The RM stated the staff were working a lot of extra hours trying to fill in and provide sufficient staffing for the home, "But it's tiring for them." The RM indicated she was unable to provide evidence of the staffing in the facility. The RM indicated she had just recently taken over the responsibility of the manager and had not been keeping a record of the facility staffing and/or the</p>						

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	<p>staff that actually worked in the home and the hours worked. The RM indicated the facility was short staffed and stated, "We're trying to get more people hired, but it's hard." The RM indicated she and both QIDPs worked as direct care staff when needed to fill in when short staffed.</p> <p>Email from the RM on 8/27/14 at 2:31 PM indicated staffing ratio for the facility was 3.5 clients to 1 staff.</p> <p>2. The facility's reportable and investigative records were reviewed on 8/19/14 at 12 PM.</p> <p>The 8/19/13 BDDS report for 8/19/13 at 4:15 AM indicated the 6 AM staff arrived at the group home to find no staff on duty. The report indicated "All but two consumers remained asleep in bed those that were up were in the bathroom getting ready for the day. The staff that last worked in the home attempted to call the staff/supervisor that was supposed to be coming in to relieve her at 4 AM. When she (the staff at the home) did not get an answer she left a message and informed them (the staff that was to relieve her and the supervisor) that it was 4:15 (AM) and no staff were present to relieve her and she was walking out of the door. She made no further attempt to contact anyone else about this issue including</p>			

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W000189	<p>this writer (QIDP #4). The staff that was scheduled to relieve that person had overslept." ___The facility records indicated the facility failed to provide clients #1, #2, #3, #4, #5, #6, #7 and #8 with staff supervision for a period of 1.75 hours during the sleep shift on 8/19/13.</p> <p>Interview with the RM (Residential Manager) on 8/19/14 at 2 PM indicated the clients were not to be left home alone at any time of the day and required facility supervision.</p> <p>9-3-3(a)</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Based on record review and interview for 1 of 4 sample clients (#5), the facility failed to ensure and/or provide evidence of staff training in regard to client #5's BSP (Behavior Support Plan) and aggressive behaviors.</p> <p>Findings include:</p>	W000189	<p>Corrective action for resident(s) found to have beenaffected The BSP of client #5will be revised by the short term BC to indicate what 1:1 staffing means forclient #5. The RD will ensure all staffare trained on the BSP revision by 10-1-14 and the record of training will be placedin each employee file.</p>	10/03/2014			

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	<p>The facility's reportable and investigative records were reviewed on 8/19/14 at 12 PM. The BDDS (Bureau of Developmental Disabilities Services) reports indicated:</p> <p>__ On 8/20/13 at 2 PM while at the DP (Day Program) client #5 was in the bathroom stall pulling her pants up when client #4 entered the stall. Client #5 became angry and hit client #4 on her upper arm.</p> <p>__ On 9/5/13 at 2 PM while at the DP client #5 walked up to a peer who was sitting down in a chair and struck the peer in the right side of the face, knocking the eye glasses off of the peer.</p> <p>__ On 9/18/13 at 6 AM client #5 was upset because she had to wait for her hose to dry so when she walked by client #6 she slapped client #6 on the shoulder and client #6 retaliated and hit client #5 "3-4 times in the arm and stomach."</p> <p>__ On 9/19/13 at 5 PM client #5 grabbed client #1 by the shoulder and squeezed his shoulder. "As a result, [client #1] suffered scratch approximately 2 inches long."</p> <p>__ On 10/2/13 at 6 PM client #5 scratched client #7 on the arm.</p> <p>__ The 10/8/13 Investigative Report - Summary indicated "BC (Behavior Consultant) is meeting with all staff in person on 10/29/13 to conduct BSP</p>		<p>How facility will identify other residents potentially affected and what measures taken All residents are affected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence The short term BC will revise the BPS for client #5 to indicate the parameters of the 1:1 staffing. Once the revision is approved by HRC, all staff will be retrained and record of trainings will be placed in their employee files. The QIDP and GHM will be retrained by the RD on 10-1-14 to ensure all staff are completely trained and the documented record of trainings are placed in the employee file before the staff can work with the any client.</p> <p>How corrective actions will be monitored to ensure no recurrence The RD will continue to sign off on all behavior data observations. This will ensure a review of all negative behavioral incidents and the situation surrounding each behavior observation. The RD will ensure all staff are trained on 10-1-14 on client #5's revised BSP.</p>				

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	<p>training and positive behavioral supports training."</p> <p>__ On 10/5/13 at 11:15 AM hit client #5 became upset and hit client #7 on the right upper thigh.</p> <p>__ The 10/11/13 Investigative Report - Summary indicated "BC is meeting with all staff in person on 10/29/13 to conduct BSP training and positive behavioral supports training."</p> <p>__ On 10/23/13 at 2:30 PM while at the DP client #5 got up from the table and hit client #4 in the head with a book. "[Client #5] had started to become agitated 15 minutes earlier and staff was attempting to keep her from sitting directly next to her peers."</p> <p>__ On 11/7/13 at 4:25 PM client #5 pinched and scratched client #8 on the forearm as she was walking by her.</p> <p>__ On 11/9/13 at 7:30 PM client #5 hit a client from the neighboring group home while on the facility van.</p> <p>__ On 11/10/13 at 7:45 PM client #5 hit client #8 on the top of her head.</p> <p>__ The 11/17/13 Investigative Report - Summary indicated "AWS has hired a QDDP (Qualified Developmental Disabilities Professional) to focus on behavior management. This new QDDP will start on 12/2/13."</p> <p>__ On 11/11/13 at 5:40 PM client #5 had finished eating and as she got up from the table she picked up a bowl and hit client</p>						

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	<p>#8 in the head on the corner of her right eye with the bowl. Client #8's eye was red, swollen and cut with a 1/4 inch lacerations to her eye. The report indicated "Plan to resolve.... Staff were directed by the QDDP to maintain a 1:1 staffing with [client #5]. [Client #5] has a team meeting scheduled for 11/18/13 and recent peer to peer aggression will be discussed."</p> <p>__The 11/17/13 Investigative Report - Summary indicated "Recommendations/Corrective Actions... No corrective action necessary, staff redirected appropriately.... AWS has hired a QDDP to focus on behavior management. This new QDDP will start on 12/2/13."</p> <p>__On 12/4/13 at 5:40 PM client #5 threw her dinner plate hitting client #8's arm.</p> <p>__On 12/5/13 at 3:40 PM while on the facility van client #5 threw her communication book at client #8 hitting client #8 in the back.</p> <p>__On 12/17/13 at 11:30 AM while at the DP client #5 was standing outside of the medication room and hit client #4 in the arm.</p> <p>__On 1/2/14 at 6:59 PM client #5 was standing in the kitchen with client #7 when client #5 reached out and scratched client #7's arm.</p> <p>__On 1/7/14 at 4:25 PM while client #5 was going to her bedroom, she</p>			

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	<p>encountered client #2 in the hallway. Client #5 "began hitting [client #2]. [Client #2] asked her to stop and she did not. [Client #2] pushed her away from him and [client #5] fell to her knees. Support staff were twenty feet away, got to them and diffused the situation.... Plan to Resolve.... 1:1 staffing has been implemented with [client #5]."</p> <p>__ On 1/16/14 at 6:30 PM client #5 became angry with client #8 and reached out and pushed client #8 on the back.</p> <p>__ On 1/22/14 at 7:30 PM client #5 was walking in the hallway to her bedroom when she reached out and scratched client #7 on the lower left forearm as he was passing her on the opposite side of the hallway.</p> <p>__ On 2/3/14 at 3:15 PM while at the DP client #5 was swinging her gait belt and hit client #4 with her belt.</p> <p>__ On 2/4/14 at 11:35 AM while at the DP "[Client #5] was returning to her table after restrooming, [client #5's] peer was sitting in the chair that she (client #5) normally sits.... [Client #5] became upset, walked over to her peer and struck them (sic) open handed in the left shoulder.</p> <p>__ On 2/25/14 at 3:40 PM while on the facility van client #5 "became agitated" when the staff were trying to assist her. Client #5 hit client #6 three times with a closed fist on client #6's upper right arm.</p> <p>__ On 5/9/14 at 7:10 PM client #7 walked</p>			

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	<p>up to client #5 and slapped her in the face. The report indicated "A little while later [client #5] walked up to that same housemate (client #7) and hit him in the stomach.... Plan to Resolve.... A new behavior specialist will be starting to work with [client #5] and her staff in May."</p> <p>__ On 5/12/14 at 11:15 AM while at the DP client #5 hit another client on the head with an open hand.</p> <p>__ On 5/31/14 at 4:30 PM "[Client #5] was in the living room with her housemate (client #6) when she walked up to her housemate and hit him on the left arm with her fist.... Plan to Resolve... AWS has a new behavior specialist that began working with [client #5] and her staff on 5/21/14. This BS (Behavior Specialist) will review [client #5's] BSP for the need for additions, revision, or additional staff training."</p> <p>__ On 6/1/14 at 7 PM "[Client #5] was in the kitchen with her housemate (client #7) when her housemate walked up to her and bit his wrist in her face. [Client #5] hit her housemate (client #7) on their (sic) lower left arm."</p> <p>__ On 6/1/14 at 7:01 PM "[Client #5] was in the doorway between the kitchen and the garage with her housemate (client #4). [Client #5] pushed her housemate to the ground."</p> <p>__ On 6/1/14 at 7:05 PM "[Client #5] was</p>			

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	<p>in kitchen standing next to her housemate (client #3). [Client #5] turned towards her housemate (client #3) and hit him in his left upper arm."</p> <p>__On 6/13/14 at 7:15 PM client #5 walked into the garage and hit her housemate (client #6) with an open hand on his right upper arm. "Plan to Resolve.... AWS has a behavior specialist that has began working with [client #5] and her staff."</p> <p>On 6/26/14 at 2:30 PM while at the day program client #5 reached out and hit client #4 on the back with a closed hand. The report indicated client #5 had her gait-belt in the hand that she hit client #4 with.</p> <p>__On 7/5/14 at 7:20 PM client #7 was sitting in the facility garage when client #5 came up to client #7 and scratched him on both wrists and forearms. "His (client #7's) arms were bleeding but no major injuries."</p> <p>__On 7/11/14 at 7 PM client #5 came up beside client #6 while sitting on the couch at the facility and "smacked him (client #6) on the top of the head.</p> <p>__On 7/14/14 at 3:40 PM while on the facility van client #5 hit another client from another facility on top of the head. The report indicated "Plan to Resolve.... On top of continuing with her (client #5's) BSP, an all staff training has been scheduled for July 23rd to retrain on how</p>			

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	<p>to prevent incidents and deescalate situations such as this one. The Behavior Specialist has also scheduled a meeting with the team to discuss any further interventions that may need to be added on July 22." __ On 7/28/14 at 10:55 AM while at the DP client #5 was walking by a peer and reached out and struck the peer on the back of the head once with an open hand.</p> <p>Client #5's record was reviewed on 8/22/14 at 3 PM. Client #5's Behavior Data Sheets indicated: __ On 7/9/14 at 7:15 PM one of client #5's housemates was sitting in a recliner in the front room when client #5 walked by and hit housemate on the head. __ On 7/28/14 at 6:30 PM "[Client #5] was getting her food warmed up with staff when she (client #5) walked over to (initials of peer at DP) and hit her (client #5's peer) in the back of the head with an open palm."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #2 was interviewed on 8/20/14 at 1 PM. QIDP #2 indicated her employment with the facility began on 5/21/14 as the QIDP/Behavior Specialist and she was just getting to know the clients. QIDP #2 indicated client #5 was on 1:1 staff supervision and the facility had recently retrained the staff in regard</p>			

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W000210	<p>to implementing client #5's BSP. QIDP #2 indicated client #5's BSP was last revised on 10/27/13.</p> <p>All documentation of staff training in regard to client #5 for 2013/2014 was requested from the HRC (Human Resource Coordinator) on 8/22/14 at 3 PM. Review of the email from the HRC on 8/26/14 at 10:23 AM on 8/26/14 at 1 PM indicated no staff training in regard to client #5 for 10/29/13 or for 7/22/14. The records indicated no training in regard to client #5 for staff #3 and #5.</p> <p>9-3-3(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), and one additional clients (#5), the Interdisciplinary Team (IDT) failed to ensure:</p> <p>__ Client #5 was assessed/reassessed in regard to client #5's aggressive behaviors.</p> <p>__ Client #1's, #2's, #3's and #4's Comprehensive Functional Assessments (CFAs) included an assessment of the</p>	W000210	<p>Corrective action for resident(s) found to have beenaffected</p> <p>All clients will have an annual Comprehensive Functional Assessment as well as other necessary assessments such as OT and PT. The QIDP will ensure the CFAs are completed by 10-1-14. The LPN will ensure the clients receive OT/PT evaluations or that appointments are scheduled.</p> <p>How facility will identify other</p>	10/03/2014

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	<p>clients' fine and gross motor skills and/or a PT/OT (Physical Therapy/Occupational Therapy) assessment.</p> <p>Findings include:</p> <p>1. The facility's reportable and investigative records were reviewed on 8/19/14 at 12 PM. The facility BDDS (Bureau of Developmental Disabilities Services) reports indicated:</p> <p>__ On 8/20/13 at 2 PM while at the DP/Day Program client #5 was in the bathroom stall pulling her pants up when client #4 entered the stall. Client #5 became angry and hit client #4 on her upper arm.</p> <p>__ On 9/5/13 at 2 PM while at the DP client #5 walked up to a peer who was sitting down in a chair and struck the peer in the right side of the face, knocking the eye glasses off of the peer.</p> <p>__ On 9/18/13 at 6 AM client #5 was upset because she had to wait for her hose to dry so when she walked by client #6 she slapped client #6 on the shoulder and client #6 retaliated and hit client #5 "3-4 times in the arm and stomach."</p> <p>__ On 9/19/13 at 5 PM client #5 grabbed client #1 by the shoulder and squeezed his shoulder. "As a result, [client #1] suffered scratch approximately 2 inches long."</p>		<p>residents potentially affected and what measures taken All residents are affected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence The QIDP and LPN will be retrained on the need for annual assessments including but not limited to the CFA and OT/PT by the RD on 10-1-14. The QIDP and the LPN will secure the assessments are completed or appointments scheduled by 10-10-14.</p> <p>How corrective actions will be monitored to ensure no recurrence The RD will sign off on the record of training for the QIDP and LPN. The RD will conduct quarterly random file reviews to ensure current assessments are present for each client.</p>				

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	<p>__ On 10/2/13 at 6 PM client #5 scratched client #7 on the arm.</p> <p>__ On 10/5/13 at 11:15 AM hit client #5 became upset and hit client #7 on the right upper thigh.</p> <p>__ On 10/23/13 at 2:30 PM while at the DP client #5 got up from the table and hit client #4 in the head with a book. "[Client #5] had started to become agitated 15 minutes earlier and staff was attempting to keep her from sitting directly next to her peers."</p> <p>__ On 11/7/13 at 4:25 PM client #5 pinched and scratched client #8 on the forearm as she was walking by her.</p> <p>__ On 11/9/13 at 7:30 PM client #5 hit a client from the neighboring group home while on the facility van.</p> <p>__ On 11/10/13 at 7:45 PM client #5 hit client #8 on the top of her head.</p> <p>__ On 11/11/13 at 5:40 PM client #5 had finished eating and as she got up from the table she picked up a bowl and hit client #8 in the head on the corner of her right eye with the bowl. Client #8's eye was red, swollen and cut with a 1/4 inch laceration to her eye. The report indicated client #5 was placed on 1:1 (one staff to one client supervision).</p> <p>__ On 12/4/13 at 5:40 PM client #5 threw her dinner plate hitting client #8's arm.</p> <p>__ On 12/5/13 at 3:40 PM while on the facility van client #5 threw her communication book at client</p>			

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	<p>#8 hitting client #8 in the back.</p> <p>__ On 12/17/13 at 11:30 AM while at the DP client #5 was standing outside of the medication room and hit client #4 in the arm.</p> <p>__ On 1/2/14 at 6:59 PM client #5 was standing in the kitchen with client #7 when client #5 reached out and scratched client #7's arm.</p> <p>__ On 1/7/14 at 4:25 PM while client #5 was going to her bedroom, she encountered client #2 in the hallway. Client #5 "began hitting [client #2]. [Client #2] asked her to stop and she did not. [Client #2] pushed her away from him and [client #5] fell to her knees. Support staff were twenty feet away, got to them and diffused the situation.... Plan to Resolve.... [Client #5] will have designated 1:1 staffing (one staff per client) with [client #5]." The 1/13/14 investigative summary indicated "The IDT has met and 1:1 staffing has been implemented with [client #5]."</p> <p>__ On 1/16/14 at 6:30 PM client #5 became angry with client #8 and reached out and pushed client #8 on the back.</p> <p>__ On 1/22/14 at 7:30 PM client #5 was walking in the hallway to her bedroom when she reached out and scratched client #7 on the lower left forearm as he was passing her on the opposite side of the hallway.</p> <p>__ The 1/22/14 investigative summary</p>			

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	<p>indicated "The IDT met and 1:1 staffing has been implemented with [client #5]."</p> <p>__ On 2/3/14 at 3:15 PM while at the DP client #5 was swinging her gait belt and hit client #4 with her belt.</p> <p>__ On 2/4/14 at 11:35 AM while at the DP "[Client #5] was returning to her table after restrooming, [client #5's] peer was sitting in the chair that she (client #5) normally sits.... [Client #5] became upset, walked over to her peer and struck them (sic) open handed in the left shoulder.</p> <p>__ On 2/25/14 at 3:40 PM while on the facility van client #5 "became agitated" when the staff were trying to assist her. Client #5 hit client #6 three times with a closed fist on client #6's upper right arm.</p> <p>__ The 3/4/14 the investigative report indicated the IDT met. The investigative records included no documentation of an IDT meeting.</p> <p>__ On 5/9/14 at 7:10 PM client #7 walked up to client #5 and slapped her in the face. The report indicated "A little while later [client #5] walked up to that same housemate (client #7) and hit him in the stomach.</p> <p>__ On 5/12/14 at 11:15 AM while at the DP client #5 hit another client on the head with an open hand.</p> <p>__ The 5/13/14 Investigative Report - Summary indicated "The IDT has met and will continue to take proactive measures in hopes of preventing future</p>			

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	<p>occurrences by recognizing present precursors." The facility records indicated no documentation of an IDT meeting.</p> <p>__ On 5/31/14 at 4:30 PM "[Client #5] was in the living room with her housemate (client #6) when she walked up to her housemate and hit him on the left arm with her fist."</p> <p>__ The 6/6/14 investigative summary indicated "The IDT has met and will continue to take proactive measures in hopes of preventing future occurrences by recognizing present precursors." The facility records indicated no documentation of an IDT meeting.</p> <p>__ On 6/1/14 at 7 PM "[Client #5] was in the kitchen with her housemate (client #7) when her housemate walked up to her and bit his wrist in her face. [Client #5] hit her housemate (client #7) on their (sic) lower left arm."</p> <p>__ On 6/1/14 at 7:01 PM "[Client #5] was in the doorway between the kitchen and the garage with her housemate (client #4). [Client #5] pushed her housemate to the ground."</p> <p>__ On 6/1/14 at 7:05 PM "[Client #5] was in kitchen standing next to her housemate (client #3). [Client #5] turned towards her housemate (client #3) and hit him in his left upper arm."</p> <p>__ The 6/2/14 BDDS reports indicated "Plan to Resolve... AWS has a new behavior specialist that began working</p>			

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	<p>the [client #5] and her staff on 5/21/14. This BS (Behavior Specialist) will review [client #5's] BSP for the need for additions, revision, or additional staff training. In addition to this three Direct Support Professionals will be scheduled with [client #5] in hopes of preventing future occurrences by recognizing present precursors."</p> <p>__The 6/7/14 Investigative Report - Summary indicated "The IDT met and will continue to take proactive measures in hopes of preventing future occurrences by recognizing present precursors." The facility records indicated no documentation of an IDT meeting.</p> <p>__On 6/13/14 at 7:15 PM client #5 walked into the garage and hit her housemate (client #6) with an open hand on his right upper arm. "Plan to Resolve.... AWS has a behavior specialist that has began working with [client #5] and her staff."</p> <p>__On 6/26/14 at 2:30 PM while at the day program client #5 reached out and hit client #4 on the back with a closed hand. The report indicated client #5 had her gait-belt in the hand that she hit client #4 with.</p> <p>__On 7/5/14 at 7:20 PM client #7 was sitting in the facility garage when client #5 came up to client #7 and scratched him on both wrists and forearms. "His (client #7's) arms were bleeding but no</p>			

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	<p>major injuries." ___The 7/9/14 Investigative Report - Summary indicated "The IDT has met and will continue to take proactive measures in hopes of preventing future occurrences by recognizing present precursors." The facility records indicated no documentation of an IDT meeting. ___On 7/11/14 at 7 PM client #5 came up beside client #6 while sitting on the couch at the facility and "smacked him (client #6) on the top of the head...." ___The 7/14/14 Investigative Report - Summary indicated "The IDT has met and will continue to take proactive measures in hopes of preventing future occurrences by recognizing present precursors." The facility records indicated no documentation of an IDT meeting. ___On 7/14/14 at 3:40 PM while on the facility van client #5 hit another client from another facility on top of the head." ___The 7/18/14 Investigative Report - Summary indicated "The IDT has met and will continue to take proactive measures in hopes of preventing future occurrences by recognizing present precursors." The facility records indicated no documentation of an IDT meeting. ___On 7/28/14 at 10:55 AM while at the DP client #5 was walking by a peer and reached out and struck the peer on the back of the head once with an open hand.</p>				

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	<p>Client #5's record was reviewed on 8/22/14 at 3 PM.</p> <p>Client #5's Behavior Data Sheets indicated: ___ On 7/9/14 at 7:15 PM one of client #5's housemates was sitting in a recliner in the front room when client #5 walked by and hit housemate on the head. ___ On 7/28/14 at 6:30 PM "[Client #5] was getting her food warmed up with staff when she (client #5) walked over to (initials of peer at DP) and hit her (client #5's peer) in the back of the head with an open palm."</p> <p>Client #5's revised 10/27/13 BSP indicated a targeted behavior of physical aggression. The BSP/Behavior Support Plan indicated "[Client #5] really needs to be monitored at all times when she around others to prevent aggression (sic). She has been observed hitting or pushing peers when she does not think staff is around. In order to keep others safe [client #5] really needs to be monitored by staff when she is in community areas in the home such as the living room, kitchen, garage, etc."</p> <p>Client #5's record indicated no IDT meetings to assess and/or reassess client #5 in regard to client #5's behaviors and/or continued client to</p>						

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	<p>client assaults.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #2 was interviewed on 8/20/14 at 1 PM. When asked had the IDT reassessed client #5's needs in regards to her continued behaviors of aggression toward others and/or how the facility was going to ensure the clients' safety and well being in the group home, QIDP #2 stated, "We have met recently and have been discussing what we can do about her (client #5's) behaviors but I don't have anything officially documented." QIDP #2 stated, "I can't find where there were any IDTs and I have gone through all the information I was given for [QIDP #3 and #4 (the previous two QIDPs for the facility prior to QIDP #2's employment)]." QIDP #2 indicated her employment with the facility began on 5/21/14 as the QIDP/Behavior Specialist and she was just getting to know the clients. QIDP #2 indicated client #5's BSP was last revised on 10/27/13.</p> <p>During interview with the facility ADM (Administrator) and QIDP #2 on 8/25/14 at 1 PM, the ADM indicated she was unable to provide evidence of any IDT meetings in regard to client #5's behaviors for the previous 12 months.</p>			
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	<p>2. Observations were conducted at the group home on 8/19/14 between 3:30 PM and 6:15 PM and on 8/20/14 between 6 AM and 8:15 AM. Client #1 was an elderly gentleman that walked with a slow gait. Client #3 was short in stature, heavy set with edematous lower extremities. Client #4 walked independently with an occasional staggering unsteady gait</p> <p>Client #1's record was reviewed on 8/21/14 at 2 PM. Client #1's record indicated diagnoses of, but not limited to, Dementia (deterioration of brain function), a history of Bells Palsy (facial paralysis), Restless leg Syndrome, Emphysema (a chronic respiratory disease), and COPD (Congestive Obstructive Pulmonary (lung) Disease). Client #1's CFA dated 10/5/12 indicated no assessment of client #1's fine and gross motor skills. Client #1's record indicated no assessment from PT/OT.</p> <p>Client #2's record was reviewed on 8/20/14 at 1 PM. Client #2's record indicated diagnoses of, but not limited to, Bilateral hearing loss, Allergies, Gout (recurrent acute arthritis of the joints), and Thrombocytopenia (a condition causing increased bleeding and possible bruising). Client #2's CFA dated 9/4/12 indicated no assessment of client #2's</p>						

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	<p>fine and gross motor skills. Client #2's record indicated no assessment from PT/OT.</p> <p>Client #3's record was reviewed on 8/22/14 at 1 PM. Client #3's record indicated diagnoses of, but not limited to, Downs Syndrome, Scoliosis (curvature of the spine), Lower Extremity Varicosities (varicose veins), Dementia and Deep Vein Thrombosis. Client #3's CFA dated 10/4/13 indicated no assessment of client #3's fine and gross motor skills. Client #3's record indicated no assessment from PT/OT.</p> <p>Client #4's record was reviewed on 8/22/14 at 11 AM. Client #4's Risk Summary dated 11/19/13 indicated client #4 was at risk for falling and had three falls in May 2014. Client #4's CFA dated 10/5/12 indicated no assessment of client #4's fine and gross motor skills. Client #4's record indicated no assessment from PT/OT.</p> <p>Interview with the facility LPN on 8/22/14 at 2 PM indicated the clients' records for the facility had not been filed in each individual client's binder for 6 to 12 months and she was unable to locate much of the requested survey items. The</p>			

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W000240	<p>LPN indicated she did not know if clients #1, #2, #3 and #4 had been assessed by PT/OT and was not able to find any assessments to indicate the clients' fine and gross motor skills had been assessed.</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 on 8/22/14 at 4 PM indicated client #1's, #2's, #3's and #4's CFAs needed to be updated. QIDP #1 indicated she was new to the facility and had not had time to address the clients' annual assessments.</p> <p>9-3-4(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview for 1 additional client (#5), the client's BSP (Behavior Support Plan) failed to specifically address how the staff were to supervise/monitor client #5 due to aggressive behaviors to ensure the safety of those around her and to include the 1:1 (one staff to one client) supervision.</p> <p>Findings include:</p>	W000240	<p>Corrective action for resident(s) found to have beenaffected The BSP of client #5will be revised by the short term BC to indicate what 1:1 staffing means forclient #5. The RD will ensure all staffare trained on the BSP revision by 10-1-14 and the record of training will beplaced in each employee file.</p> <p>How facility will identify other residents potentiallyaffected and what measures taken All residents areaffected and corrective action will address the</p>	10/03/2014	

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	<p>Observations were conducted at the facility on 8/19/14 between 3:30 PM and 6:15 PM and on 8/20/14 between 6 AM and 8:15 AM. During both observation periods staff were observed at various times within arm's reach of client #5, across the room from client #5 and at times not watching client #5. At one point during the observation client #5 was in the garage with her housemates and all staff were in the house.</p> <p>Observations were conducted at the DP (Day Program) 8/25/14 between 10 AM and 11:30 AM. During this observation period client #5 was provided 1:1 supervision while eating her meal. While not eating, client #5 was observed in a large room with 26 other clients and 6 staff that were in and out of the room caring for other clients and taking clients back and forth to the bathroom while client #5 walked around unsupervised and/or sat at one of the tables with other clients.</p> <p>The facility's reportable and investigative records were reviewed on 8/19/14 at 12 PM. The facility's BDDS (Bureau of Developmental Disabilities Services) reports for 2013/2014 indicated: __ On 8/20/13 at 2 PM while at the DP client #5 was in the bathroom stall pulling her pants up when client #4</p>		<p>needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence The short term BC will revise the BPS for client #5 to indicate the parameters of the 1:1 staffing. Once the revision is approved by HRC, all staff will be retrained and record of trainings will be placed in their employee files. The QIDP and GHM will be retrained by the RD on 10-1-14 to ensure all staff are completely trained and the documented record of trainings are placed in the employee file before the staff can work with the any client.</p> <p>How corrective actions will be monitored to ensure no recurrence The RD will continue to sign off on all behavior data observations. This will ensure a review of all negative behavioral incidents and the situation surrounding each behavior observation. The RD will ensure all staff are trained on 10-1-14 on client #5's revised BSP.</p>				

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	<p>entered the stall. Client #5 became angry and hit client #4 on her upper arm.</p> <p>__ On 9/5/13 at 2 PM while at the DP client #5 walked up to a peer who was sitting down in a chair and struck the peer in the right side of the face, knocking the eye glasses off of the peer.</p> <p>__ On 9/18/13 at 6 AM client #5 was upset because she had to wait for her hose to dry so when she walked by client #6 she slapped client #6 on the shoulder and client #6 retaliated and hit client #5 "3-4 times in the arm and stomach."</p> <p>__ On 9/19/13 at 5 PM client #5 grabbed client #1 by the shoulder and squeezed his shoulder. "As a result, [client #1] suffered scratch approximately 2 inches long."</p> <p>__ On 10/2/13 at 6 PM client #5 scratched client #7 on the arm.</p> <p>__ On 10/5/13 at 11:15 AM hit client #5 became upset and hit client #7 on the right upper thigh.</p> <p>__ On 10/23/13 at 2:30 PM while at the DP client #5 got up from the table and hit client #4 in the head with a book. "[Client #5] had started to become agitated 15 minutes earlier and staff was attempting to keep her from sitting directly next to her peers."</p> <p>__ On 11/7/13 at 4:25 PM client #5 pinched and scratched client #8 on the forearm as she was walking by her.</p> <p>__ On 11/9/13 at 7:30 PM client #5 hit a</p>			

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	<p>client from the neighboring group home while on the facility van.</p> <p>__ On 11/10/13 at 7:45 PM client #5 hit client #8 on the top of her head.</p> <p>__ On 11/11/13 at 5:40 PM client #5 had finished eating and as she got up from the table she picked up a bowl and hit client #8 in the head on the corner of her right eye with the bowl. Client #8's eye was red, swollen and cut with a 1/4 inch lacerations to her eye. The report indicated "Staff were directed by the QDDP to maintain a 1:1 staffing with [client #5]."</p> <p>__ On 12/4/13 at 5:40 PM client #5 threw her dinner plate hitting client #8's arm.</p> <p>__ On 12/5/13 at 3:40 PM while on the facility van client #5 threw her communication book at client #8 hitting client #8 in the back.</p> <p>__ On 12/17/13 at 11:30 AM while at the DP client #5 was standing outside of the medication room and hit client #4 in the arm.</p> <p>__ On 1/2/14 at 6:59 PM client #5 was standing in the kitchen with client #7 when client #5 reached out and scratched client #7's arm.</p> <p>__ On 1/7/14 at 4:25 PM while client #5 was going to her bedroom, she encountered client #2 in the hallway. Client #5 "began hitting [client #2]. [Client #2] asked her to stop and she did not. [Client #2] pushed her away from</p>						

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	<p>him and [client #5] fell to her knees. Support staff were twenty feet away, got to them and diffused the situation.... Plan to Resolve.... [Client #5] will have designated 1:1 staffing with [client #5]."</p> <p>The 1/13/14 investigative summary indicated "The IDT has met and 1:1 staffing has been implemented with [client #5]."</p> <p>__ On 1/16/14 at 6:30 PM client #5 became angry with client #8 and reached out and pushed client #8 on the back. The report indicated client #5 was on 1:1 staff supervision.</p> <p>__ On 1/22/14 at 7:30 PM client #5 was walking in the hallway to her bedroom when she reached out and scratched client #7 on the lower left forearm as he was passing her on the opposite side of the hallway.</p> <p>__ On 2/3/14 at 3:15 PM while at the DP client #5 was swinging her gait belt and hit client #4 with her belt.</p> <p>__ On 2/4/14 at 11:35 AM while at the DP "[Client #5] was returning to her table after restrooming, [client #5's] peer was sitting in the chair that she (client #5) normally sits.... [Client #5] became upset, walked over to her peer and struck them (sic) open handed in the left shoulder."</p> <p>__ On 2/25/14 at 3:40 PM while on the facility van client #5 "became agitated" when the staff were trying to assist her. Client #5 hit client #6 three times with a</p>						

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	<p>closed fist on client #6's upper right arm. ___ On 5/9/14 at 7:10 PM client #7 walked up to client #5 and slapped her in the face. The report indicated "A little while later [client #5] walked up to that same housemate (client #7) and hit him in the stomach." ___ On 5/12/14 at 11:15 AM while at the DP client #5 hit another client on the head with an open hand. ___ On 5/31/14 at 4:30 PM "[Client #5] was in the living room with her housemate (client #6) when she walked up to her housemate and hit him on the left arm with her fist." On 6/1/14 at: ___ 7 PM "[Client #5] was in the kitchen with her housemate (client #7) when her housemate walked up to her and bit his wrist in her face. [Client #5] hit her housemate (client #7) on their (sic) lower left arm." ___ 7:01 PM "[Client #5] was in the doorway between the kitchen and the garage with her housemate (client #4). [Client #5] pushed her housemate to the ground." ___ 7:05 PM "[Client #5] was in kitchen standing next to her housemate (client #3). [Client #5] turned towards her housemate (client #3) and hit him in his left upper arm."</p>			

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	<p>__ On 6/13/14 at 7:15 PM client #5 walked into the garage and hit her housemate (client #6) with an open hand on his right upper arm. "Plan to Resolve.... AWS has a behavior specialist that has began working with [client #5] and her staff."</p> <p>__ On 6/26/14 at 2:30 PM while at the day program client #5 reached out and hit client #4 on the back with a closed hand. The report indicated client #5 had her gait-belt in the hand that she hit client #4 with.</p> <p>__ On 7/5/14 at 7:20 PM client #7 was sitting in the facility garage when client #5 came up to client #7 and scratched him on both wrists and forearms. "His (client #7's) arms were bleeding but no major injuries. The staff separated the two and no further incidents occurred."</p> <p>__ On 7/11/14 at 7 PM client #5 came up beside client #6 while sitting on the couch at the facility and "smacked him (client #6) on the top of the head."</p> <p>__ On 7/14/14 at 3:40 PM while on the facility van client #5 hit another client from another facility on top of the head.</p> <p>__ On 7/28/14 at 10:55 AM while at the DP client #5 was walking by a peer and reached out and struck the peer on the back of the head once with an open hand.</p> <p>Client #5's record was reviewed on 8/22/14 at 3 PM. Client #5's Behavior</p>				

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	<p>Data Sheets indicated: ___ On 7/9/14 at 7:15 PM one of client #5's housemates was sitting in a recliner in the front room when client #5 walked by and hit the housemate on the head. ___ On 7/28/14 at 6:30 PM "[Client #5] was getting her food warmed up with staff when she (client #5) walked over to (initials of peer at DP) and hit her (client #5's peer) in the back of the head with an open palm."</p> <p>Client #5's revised 10/27/13 BSP/Behavior Support Plan indicated a targeted behavior of physical aggression. The BSP indicated "[Client #5] really needs to be monitored at all times when she around others to prevent aggression (sic). She has been observed hitting or pushing peers when she does not think staff is around. In order to keep others safe [client #5] really needs to be monitored by staff when she is in community areas in the home such as the living room, kitchen, garage, etc." Client #5's BSP indicated proactive strategies of choices, boundaries, down time, family, stimulus, personal space, redirection, consistent and bathing. Client #5's BSP indicated reactive strategies of triggers, monitor, clear directive, block, redirect, space, limit stimulus, room, return to training and document. Client #5's BSP did not include 1:1 staff supervision</p>						

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	<p>and/or how the staff was to monitor client #5 throughout the day in/outside of her home and while at the day program to prevent client #5 from assaulting others around her.</p> <p>Interview with staff #1 on 8/19/14 at 4 PM indicated client #5 had staff with her at all times to prevent her from hurting other clients.</p> <p>Interview with staff #3 on 8/19/14 at 6:15 AM indicated client #5 was on eyesight precautions. Staff #3 stated, "We just have to be able to see her." When asked how will staff protect someone from her hitting them if they are across the room, staff #3 stated, "Yeah, that's a problem. We just try to get to her as fast as we can."</p> <p>During interview with the DSPC (Day Services Program Coordinator) on 8/25/14 at 11:30 AM, the DSPC indicated client #5 was not provided 1:1 staff supervision while at the DP "except when eating her lunch and then a staff sits with her at the table while she eats." When asked why she was provided 1:1 staff supervision at meal time, the DSPC indicated because client #5 was at risk for choking.</p> <p>QIDP (Qualified Intellectual Disabilities</p>				

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	<p>Professional) #2 was interviewed on 8/20/14 at 1 PM. QIDP #2 stated, "We have met recently and have been discussing what we can do about her (client #5's) behaviors." QIDP #2 indicated client #5 was on 1:1 staff supervision. QIDP #2 indicated client #5's BSP was last revised on 10/27/13. QIDP #2 indicated she had been employed with the facility since May 2014 and she was in the process of reviewing and updating all of the clients' program plans.</p> <p>Email interview with QIDP #2 on 8/28/14 at 2:30 PM indicated "1:1 as the DSP (Direct Support Professional) has to be within the same room" with client #5. When asked if 1:1 means the staff have to be in the same room, how are the staff to ensure other clients' safety if they are across the room from client #5, the QIDP stated,"Although [client #5's] 1:1 supervision is being defined as being in the same room, they (the staff) are closer than being across the room from [client #5]. They (the staff) are not arm's length away because she does not like when others are in her space, which in turn, causes more of her targeted behaviors.... If [client #5] gets up to go somewhere they are to follow behind her."</p> <p>9-3-4(a)</p>			

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W000249	<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 achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the facility failed to implement formal/informal training during available opportunities.</p> <p>Findings include:</p> <p>Observation of the medication pass was conducted on 8/20/14 between 6 AM and 8:15 AM. During this time staff #4 was observed giving clients #1, #2, #3, #4, #5, #6 and #7 their AM medications.</p> <p>At 6:15 AM client #2 received Allopurinol (for gout and kidney stones), Loratadine (an antihistamine) and Ferrous Sulfate (iron supplement).</p> <p>At 6:30 AM client #6 received Advair (for breathing problems), ProAir HFA (a bronchodilator), Alprazolam (anxiety</p>	W000249	<p>Corrective action for resident(s) found to have beenaffected Staff are to provideactive treatment, both formal and informal at all times. Staff will be retrained by the RD at an allstaff meeting on 10-1-14 and the record of training will be placed in theemployee HR file.</p> <p>How facility will identify other residents potentiallyaffected and what measures taken All residents areaffected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place toensure no recurrence One member ofmanagement stays in the home at least weekly until 7pm to provide on the spottraining. This will include thenecessity for teaching staff how to provide active treatment and how to followformal training programs. The member ofmanagement will record their observations and any teachable</p>	10/03/2014
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	<p>disorder), Amlodipine and Benazepril (for high blood pressure), Crestor (to lower cholesterol), Fish Oil (a dietary supplement), Glimepiride, Metformin and Januvia (for diabetes), Lamotrigine (for seizures), Prilosec (an antacid) and Paxil (for depression).</p> <p>At 7:05 AM client #1 received Astepro Nasal Spray (an antihistamine), Loratadine, Olanzapine (an antipsychotic), Omeprazole (an antacid), Oyster Shell and Therapeutic-M (dietary supplements), Plavix (to prevent blood clots), Rivastigmine and Namenda (for symptoms of dementia) and Zonisamide (an anti-convulsant).</p> <p>At 7:35 AM client #7 received Clonazepam (for anxiety), Polyethylene glycol (a laxative), Amlodipine, Calcium (a dietary supplement), Depakote (for seizures), Docusate (a stool softener), Fenofibrate (for cholesterol), Loratadine, Omeprazole, Risperidone (an antipsychotic), Sertraline (an antidepressant), Hydrocortisone cream (a topical steroid) to his abdomen and McKesson lotion on both wrists for skin protection.</p> <p>At 7:40 AM client #5 received Abilify and Mellaril (antipsychotics), Depakote, Docusate, Omeprazole, Oyster Shell and</p>		<p>moments on the Manager Observation Log.</p> <p>A member of management will conduct random pop in visits no less than weekly on varying days and shifts to ensure staff are awake and providing active treatment. These random pop in visits will be documented on the MOL.</p> <p>Also a member of management (GHM, LPN, Q, Q-d, GHS, or RD) will observe in the home daily to ensure active treatment is being conducted at all times. These observations will be documented on the MOL.</p> <p>How corrective actions will be monitored to ensure norecurrence The RD will ensure all staff are retrained on active treatment and formal training programs. The RD will monitor Provide, the time entry program, and the Manager Observation Log, to ensure a member of management is observing in the home until 7pm at least weekly and to ensure management staff are providing random pop in visits no less than weekly at varying shifts and days.</p> <p>A member of management (GHM, LPN, Q, Q-d, GHS, or RD) will observe in the home daily to ensure active treatment is being conducted at all times. These observations will be documented on the MOL.</p>				

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	<p>Estradiol (a hormone replacement).</p> <p>At 8:05 AM client #3 received Ammonium Lactate cream (a moisturizer) to both lower legs, Flonase (a steroid nasal spray), Vaseline Lip Therapy (for dry lips), Lexapro (an antidepressant), Ferrous Sulfate, Lasix (a diuretic), Galantamine and Namenda (for dementia), Therapeutic-M, Vitamin D and Warfarin (an anticoagulant/blood thinner).</p> <p>At 8:15 AM client #4 received Aspirin (to prevent cardiovascular conditions), Calcium, Xanax (for anxiety), Enalapril and Toprol (for high blood pressure), Oxybutynin (for an overactive bladder), Paxil, Simvastatin (for cholesterol), Vitamin C and Chlorhexidine Gluconate (an oral rinse).</p> <p>During this observation period staff #4 prepared each client's medications and then asked the client to come to the medication room for their medications. While giving clients #1, #2, #3, #4, #5, #6 and #7 their morning medications, staff #4 did not provide the clients with any medication training. Staff #4 handed each client their medications, the clients took their medications and then left the medication room.</p>			

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	<p>Client #1's record was reviewed on 8/21/14 at 2 PM. Client #1's 12/1/13 ISP (Individual Support Plan) indicated client #1 was not independent with administering his own medications and required staff assistance and training. Client #1's ISP indicated client #1 had a medication objective to state why he was taking 3 of his medications, Loratadine, Prilosec and Plavix.</p> <p>Client #2's record was reviewed on 8/20/14 at 1 PM. Client #2's 12/1/13 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 had a medication goal to state why he took one his medications. The ISP indicated the staff would just pick a random medication for training.</p> <p>Client #3's record was reviewed on 8/22/14 at 1 PM. Client #3's 12/1/13 ISP indicated client #3 was not independent with administering his own medications and required staff assistance and training. Client #3's ISP indicated client #3 had a medication objective to state why he took his Warfarin.</p> <p>Client #4's record was reviewed on 8/22/14 at 11 AM. Client #4's 12/1/13 ISP indicated client #4 was not</p>			

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	<p>independent with administering her own medications and required staff assistance and training. Client #4's ISP indicated client #4 had a medication objective to state why she took her Xanax.</p> <p>Client #5's record was reviewed on 8/22/14 at 3 PM. Client #5's 12/1/13 ISP indicated client #5 was not independent with administering her own medications and required staff assistance and training. Client #5's ISP indicated client #5 was on a medication goal to remember what medications she was taking.</p> <p>Client #6's record was reviewed on 8/22/14 at 3:30 PM. Client #6's 12/1/13 ISP indicated client #6 was not independent with administering his own medications and required staff assistance and training. Client #6's ISP indicated client #6 had a medication goal to help client #6 remember what medications he was taking and why.</p> <p>Client #7's record was reviewed on 8/22/14 at 3:45 PM. Client #7's 12/1/13 ISP indicated client #7 was not independent with administering his own medications and required staff assistance and training. Client #7's ISP indicated client #7 had a medication objective to indicate why he takes his laxative.</p>			

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W000259	<p>During interview with QIDP (Qualified Intellectual Disabilities Professional) #1, the facility LPN and the ADM (Administrator) on 8/25/14 at 1 PM, the LPN indicated the staff are taught that it is ok to pre-set one client's medication at a time then ask that client to come to the medication room and take their medication. QIDP #1 stated, "Even though the client was not in the medication room at the time the client's medication was prepared, the staff are still to provide the client's medication training with every medication pass."</p> <p>9-3-4(a)</p> <p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 3 of 4 sampled clients (#1, #2 and #4), the facility failed to ensure the IDT (Interdisciplinary Team) reviewed and/or updated the clients' CFAs (Comprehensive Functional Assessments) annually.</p> <p>Findings include: Client #1's record was reviewed on</p>	W000259	<p>Corrective action for resident(s) found to have beenaffected All clients willhave an annual Comprehensive Functional Assessment. The QIDP will ensure the CFAs are completedby 10-1-14 and these are placed in the main file.</p> <p>How facility will identify other residents potentiallyaffected and what measures taken All residentsare affected and correctiveaction will address theneeds of all clients.</p>	10/03/2014

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W000263	<p>8/21/14 at 2 PM. Client #1's record indicated a CFA last completed on 10/5/12. The record indicated the IDT had not reviewed and/or updated client #1's CFA within 365 days from the date of the previous CFA dated 10/5/12.</p> <p>Client #2's record was reviewed on 8/20/14 at 1 PM. Client #2's record indicated a CFA last completed on 9/4/12. The record indicated the IDT had not reviewed and/or updated client #2's CFA within 365 days from the date of the previous CFA dated 9/4/12.</p> <p>Client #4's record was reviewed on 8/22/14 at 11 AM. Client #4's record indicated a CFA last completed on 10/5/12. The record indicated the IDT had not reviewed and/or updated client #4's CFA within 365 days from the date of the previous CFA dated 10/5/12.</p> <p>Interview with the RM (Residential Manager) and QIDPs (Qualified Intellectual Disabilities Professionals) #1 and #2 on 8/22/14 at 4 PM indicated the CFAs were to be updated annually (every 365 days).</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii)</p>		<p>Measures or systemic changes facility put in place to ensure no recurrence</p> <p>The QIDP will be retrained on the need for annual assessments including but not limited to the CFA by the RD on 10-1-14. The QIDP will ensure the assessments are completed and filed in the main charts by 10-10-14.</p> <p>How corrective actions will be monitored to ensure no recurrence</p> <p>The RD will sign off on the record of training for the QIDP. The RD will conduct a file audit on 10-2-14 and quarterly random file reviews to ensure current assessments are present for each client.</p>		

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	<p>PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) with restrictive programs, the facility failed to obtain written informed consent from the clients and/or the clients' legal representatives for the clients' restrictive programs.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 8/21/14 at 2 PM. Client #1's revised 10/27/13 BSP (Behavior Support Plan) indicated client #1 received Olanzapine 25 mg (milligrams) every day for symptoms of Schizophrenia and behavior management. Client #1's record indicated client #1 was emancipated with a legal representative of a HCR (Health Care Representative). Client #1's record indicated the facility had not obtained written informed consent from client #1 and/or client #1's HCR for client #1's restrictive program including the use of Olanzapine.</p> <p>Client #2's record was reviewed on 8/20/14 at 1 PM. Client #2's updated 4/16/13 BSP indicated client #2 received</p>	W000263	<p>Correctiveactionforresident(s)fou dtohavebeenaffected The LPN is responsiblefor seeking HRC approval for a new or changed psychotropic medicationorder. Once guardian or client approvalis received, the LPN will seek HRC approval and will updatethe BC who will update the BSP. The QIDPwill ensure the BSPis complete and accurate. Staff will betrained on allnew or updated BSPsby the BC ora Q or supervisor trainedby the BC.</p> <p>Howfacilitywillidentifyotherreside ntspotentiallyaffectedandwhatmea surestaken All residentsreceiving psychotropicmedications are affectedand corrective action willaddress the needsof all clients.</p> <p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence Monitoring the BSPand physician orders willbe added to themeting checklist. The team includingthe BC, QIDP, andLPN will compare thephysician orders tothe BSP at eachquarterly to ensurecompliance, HRC approval, and guardian approval. The QIDPis responsible forthe meeting agenda.</p>	10/03/2014

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	<p>Zyprexa 20 mg every a day for behavior management. Client #2's record indicated client #2 was emancipated with his parents serving as his HCRs. Client #2's record indicated the facility had not obtained written informed consent from client #2 and/or client #2's HCRs for client #2's restrictive program including the use of Zyprexa.</p> <p>Client #3's record was reviewed on 8/22/14 at 1 PM. Client #3's updated 10/27/13 BSP indicated client #3 received Lexapro 20 mg a day for depression and Seroquel 400 mg every a day for behavior management. Client #3's record indicated client #3 was represented by a legal HCR. Client #3's record indicated the facility had not obtained written informed consent from client #3 and/or client #3's HCR for client #3's restrictive program including the use of Lexapro and Seroquel.</p> <p>Client #4's record was reviewed on 8/22/14 at 11 AM. Client #4's updated 10/27/13 BSP indicated client #4 received Xanax 1 mg a day for anxiety, Seroquel 200 mg a day for agitation and Paxil 40 mg a day for depression. Client #4's record indicated client #4 was represented by a legal guardian. Client #4's record indicated the facility had not obtained written informed consent from</p>		<p>Howcorrectiveactionswillbemonitortoensurenorecurrence The QIDP willfollow up to ensurethe BC updates allBSPs and all staffare trained on newor updated plans. The Regional Directorwill be sent the meetingchecklist following each consumermeeting by theQIDP to ensure compliance.</p>				

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W000312	<p>client #4's legal representative for client #4's restrictive program including the use of Xanax, Seroquel and Paxil.</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #2 on 8/22/14 at 4 PM indicated she was unable to locate client #1's, #2's, #3's and #4's written informed consents for their restrictive BSPs including the use of behavior modification medications.</p> <p>9-3-4(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 4 sampled clients receiving medications to control behaviors (#2), the facility failed to ensure a specific plan of reduction was in place to reduce and eventually eliminate the behaviors for which each psychoactive medication was to target.</p> <p>Findings include: Client #2's record was reviewed on</p>	W000312	<p>Corrective action for resident(s) found to have been affected The BC will update the BSP to include a titration plan or plan of reduction for any consumer prescribed a psychotropic medication. The BC or supervisor trained by the BC will train all staff on the updated BSP.</p> <p>How facility will identify other residents potentially affected and what measures taken All residents could be affected</p>	10/03/2014

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	<p>8/20/14 at 1 PM. Client #2's 7/2014 physician's orders indicated client #2 took Zyprexa 20 mg (milligrams) a day for behavior modification. Client #2's updated 4/16/13 BSP (Behavior Support Plan) indicated client #2 had targeted behaviors of physical aggression, Agitation, socially intrusive behaviors, noncompliance and property destruction. The BSP indicated a medication reduction plan for the Zyprexa to be "If [client #2] continues to show progress in his replacement behavior objective and if there is a reduction in psychiatric symptoms, the team will consider a reduction in psychotropic medication at least annually. The overall plan would be to have [client #2] on the least amount of psychotropic medication while allowing him the greatest level of participation in his life. This should always be balanced with a risk versus benefit assessment of his overall med regimen. The pros and cons of a medication reduction should be discussed at [client #2's] semiannual and annual meeting with thorough review of behavioral data and observation/input from the team. This information will then be presented to the prescribing physician at each follow-up appointment for a decision to be made on whether a reduction is appropriate...."</p> <p>Interview with QIDP (Qualified</p>		<p>andcorrective action planwill be put inplace to protect allconsumers.</p> <p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence A pharmacist comes to the group homesquarterly to check medications and discuss titration plans. These titration plans will be included in theBSP by the BC. The QIDP is responsiblefor ensuring the BSPs are updated and complete. The QIDP will seek guardian approval for any new or updated BSP.</p> <p>Howcorrectiveactionswillbemonitordtoensurenorecurrence Monitoring the BSPand physician orders willbe added to thequarterly meeting checklist. The team includingthe BC, QIDP, andLPN will compare thephysician orders tothe BSP at eachquarterly meeting toensure compliance, HRC approval, and guardian/client approval. The QIDPis responsible forthe meeting agenda. The Regional Directorwill be sent the meetingchecklist following each consumermeeting by theQIDP to ensure compliance.</p>				

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W000322	<p>Intellectual Disabilities Professional) #2 on 8/22/14 at 4 PM indicated her employment began with the facility in May 2014 as the behavior specialist and she was still getting to know the clients and had not had time to revise the clients' BSPs and/or ensure a plan of reduction in place for the medications the clients were currently taking.</p> <p>9-3-5(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview for 3 of 4 sampled clients (#1, #2 and #4), the facility failed to ensure client #2 was provided an annual physical examination and clients #1 and #4 were provided routine annual screening for early detection of cancer.</p> <p>Findings Include:</p> <p>Client #1's record was reviewed on 8/21/14 at 2 PM. Client #1's record indicated client #1 was over 50 years of age. Client #1's record indicated no preventative annual Prostate-Specific Antigen (PSA) screening for early</p>	W000322	<p>Correctiveactionforresident(s)fou dthavebeenaffected The LPN will be retrained by the RD on 10-1-14 that allconsumers must have annual physicals including pre cancer screenings able to belocated in their medical file. Allconsumers must have a physical annually. All consumers will have annual physicals in their medical chart by10-3-14.</p> <p>Howfacilitywillidentifyotherreside ntspotentiallyaffectedandwhatmea surestaken All residentscould be affected andcorrective action planwill be put inplace to protect allconsumers.</p> <p>Measuresorsystemicchangesfacility</p>	10/03/2014			

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	<p>detection of cancer.</p> <p>Client #2's record was reviewed on 8/20/14 at 1 PM. Client #2's record indicated no annual physical examination by the client's physician.</p> <p>Client #4's record was reviewed on 8/22/14 at 11 AM. Client #4's record indicated client #4 was over 40 years of age. Client #4's record indicated no preventative annual Mammogram and Pap screening for early detection of cancer.</p> <p>Interview with the facility LPN on 8/22/14 at 2 PM indicated the clients' records for the facility had not been filed for 6 to 12 months and she was unable to locate client #1's most current PSA screening, client #2's most current annual physical and client #4's and most current Mammogram and Pap screening.</p> <p>Interview with the RM (Residential Manager) and QIDPs (Qualified Intellectual Disabilities Professionals) #1 and #2 on 8/22/14 at 4 PM indicated they were unable to find evidence of a PSA screening for client #1, an annual physical for client #2 and a Mammogram and Pap screening for client #4.</p> <p>9-3-6(a)</p>		<p>put in place to ensure no recurrence</p> <p>The LPN has included on the monthly nursing summary the dates of each client's last physical. This will ensure the dates are reviewed monthly to ensure compliance. Also these dates will be included on the quarterly meeting checklist that will be reviewed at each quarterly meeting and signed off on by the RD.</p> <p>How corrective actions will be monitored to ensure no recurrence</p> <p>The LPN's monthly nursing summary is sent to the QIDP monthly to include in the QIDP's monthly programming summary. These dates will be viewed monthly by the QIDP to ensure compliance. The monthly programming summary is sent to the AWS compliance department. The dates will also be included and reviewed on the quarterly meeting checklist. This checklist will be sent to the RD after each meeting to be reviewed and signed off on.</p>		

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W000323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to ensure the clients' hearing and vision were evaluated annually.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 8/21/14 at 2 PM. Client #1's annual physical evaluation of 11/19/13 indicated no evaluation of client #1's hearing. Client #1's record indicated no hearing evaluation.</p> <p>Client #2's record was reviewed on 8/20/14 at 1 PM.</p> <p>__ Client #2's record indicated no annual physical evaluation and no hearing evaluation.</p> <p>__ Client #2's Monthly Health Review for June 2014 indicated client #2 had a slight hearing loss.</p> <p>__ Client #2's record indicated a vision evaluation of 10/26/12. Client #2's record indicated no vision evaluation since the evaluation of 10/26/12.</p>	W000323	<p>Correctiveactionforresident(s)fou dthavebeenaffected</p> <p>The LPN will be retrained by the RD on 10-1-14 that allconsumers must have annual vision and hearing appointments able to be locatedin their medical file. All consumersmust have a physical annually. Allconsumers will have annual physicals in their medical chart by 10-3-14.</p> <p>Howfacilitywillidentifyotherreside ntspotentiallyaffectedandwhatmea surestaken</p> <p>All residentscould be affected andcorrective action planwill be put inplace to protect allconsumers.</p> <p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence</p> <p>The LPN has included on the monthlynursing summary the dates of each client's last physical. This will ensure the dates are reviewedmonthly to ensure compliance. Also thesedates will be included on the quarterly meeting checklist that will be reviewedat each quarterly meeting and signed off on by the RD.</p> <p>Howcorrectiveactionswillbemonito redtoensurenorecurrence</p>	10/03/2014

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	<p>Client #3's record was reviewed on 8/22/14 at 1 PM. _ Client #3's annual physical evaluation of 4/14/14 indicated no hearing evaluation. Client #3's record indicated no hearing evaluation.</p> <p>Client #4's record was reviewed on 8/22/14 at 11 AM. _ Client #4's annual physical evaluation of 10/4/13 indicated no hearing evaluation. Client #4's record indicated no hearing evaluation.</p> <p>Interview with the facility LPN on 8/22/14 at 2 PM indicated the clients' records for the facility had not been filed for 6 to 12 months and she was unable to locate hearing evaluations for clients #1, #2, #3 and #4. The LPN stated client #2's last vision evaluation was 10/26/12 and "to my knowledge he has not had an evaluation since that one."</p> <p>Interview with the RM (Residential Manager) and QIDPs (Qualified Intellectual Disabilities Professionals) #1 and #2 on 8/22/14 at 4 PM indicated they were unable to locate hearing evaluations for clients #1, #2, #3 and #4.</p> <p>9-3-6(a)</p>		<p>The LPN's monthly nursing summary is sent to the QIDP monthly to include in the QIDP's monthly programming summary. These dates will be viewed monthly by the QIDP to ensure compliance. The monthly programming summary is sent to the AWS compliance department.</p> <p>The dates will also be included and reviewed on the quarterly meeting checklist. This checklist will be sent to the RD after each meeting to be reviewed and signed off on.</p>				

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W000327	<p>483.460(a)(3)(iv) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both. Based on record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure annual TB (Tuberculosis) testing was completed for client #4.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 8/22/14 at 11 AM. Client #4's record indicated client #4 received a TB test on 10/18/12 with a result of 0 mm (millimeters). Client #4's Monthly Health Review for June 2014 indicated client #4 was given a TB test on 10/14/13. Client #4's record indicated no results for the testing of 10/14/13.</p> <p>Interview with the facility LPN on 8/22/14 at 2 PM indicated the clients' records for the facility had not been filed for 6 to 12 months and she was unable to locate a more recent TB testing for client #4. The LPN indicated the testing for 2012 was the most current results she</p>	W000327	<p>Correctiveactionforresident(s)foundedtohavebeenaffected All consumers must have a physical annually which includes a TB test. The LPN will be retrained bythe RD on 10-1-14 that all consumers must have an annual TD test and that mustbe located in the medical file. Allconsumers will have a TB test in the main file or an appointment scheduled by10-3-14.</p> <p>Howfacilitywillidentifyotherresidentspotentiallyaffectedandwhatmeasuresstaken All residentscould be affected andcorrective action planwill be put inplace to protect allconsumers.</p> <p>Measuresorsystemicchangesfacilityputinplacetoensurenorecurrence The LPN has included on the monthlynursing summary the dates of each client's last physical and TB test. This will ensure the dates are reviewedmonthly to ensure compliance. These dateswill be included on the meeting checklist that will be reviewed at each quarterlymeeting and signed off on by the Regional Director.</p>	10/03/2014	

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W000331	<p>was able to find at the present time.</p> <p>9-3-6(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the facility nursing services failed to ensure:</p> <p>___ All medications were labeled with the clients' name, medication, dosage, route and time to be given and all pharmacy recommendations on the label were followed and/or clarified for clients #1, #3, #5 and #7</p> <p>___ All medications were administered in compliance with the clients' physicians' orders for clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>___ Client #2 was provided an annual</p>	W000331	<p>How corrective actions will be monitored to ensure no recurrence</p> <p>The LPN's monthly nursing summary is sent to the QIDP monthly to include in the QIDP's monthly programming summary. These dates will be viewed monthly by the QIDP to ensure compliance. The monthly programming summary is sent to the RD and the AWS compliance department. The dates will also be included and reviewed on the meeting checklist. This will be sent to the Regional Director after each quarterly meeting to be reviewed and signed off on.</p> <p>IN addition to below, please see W322, W323, W327, W336, W352, W363, and W368. Corrective action for resident(s) found to have been affected</p> <p>All staff will be retrained on Medication Administration in a refresher course taught by the Group Home LPN on 10-1-14. Staff are also retrained in Medication Administration annually at our Staff Annual Training. This medication administration training will include the appropriate way to pass medication and read and follow physician orders and pharmacy labels.</p> <p>The Team Leaders will observe one medication pass for each</p>	10/03/2014			

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	<p>physical examination and clients #1 and #4 were provided routine annual screening for early detection of cancer. ___ Clients #1, #2, #3 and #4 were provided annual hearing evaluations. ___ Client #4 was provided annual TB (Tuberculosis) testing. ___ Clients #2, #3 and #4 were provided annual dental examinations. ___ Clients #1, #2, #3 and #4 were provided quarterly nursing/health assessments. ___ The facility pharmacist conducted quarterly reviews of client #1's, #2's, #3's and #4's drug regimens.</p> <p>Findings include:</p> <p>1. Observation of the medication pass was conducted on 8/20/14 between 6 AM and 8:15 AM. During this time staff #4 was observed giving clients #1, #3, #5 and #7 their AM medications.</p> <p>At 7:05 AM staff #4 gave client #1 Astepro Nasal Spray (an antihistamine). The spay did not have an expiration date and/or a date of when it was provided from the pharmacy. Staff #4 gave client #1 Omeprazole (an antacid) and Rivastigmine (for symptoms of dementia). The pharmacy labels indicated the Omeprazole was to be taken prior to eating and the Rivastigmine was</p>		<p>staffmonthlyand the LPN will observe onemedication pass for each TL monthly.</p> <p>Howfacilitywillidentifyotherresidentspotentiallyaffectedandwhatmeasuresstaken All residentsare affected and correctiveaction will address theneeds of all clients.</p> <p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence The Team Leaderswill observe one medicationpass for each staffmonthly. This will ensurestaff are continually reading labels, following physician orders, and passing medicationsas trained in CoreA Core B. The LPN will observe one medication pass foreach TL monthly.</p> <p>Howcorrectiveactionswillbemonitoredtoensurenorecurrence The Team Leaderswill sign off ona medication observationsheet for each staff and turnit into the LPNand Group Home Managermonthly to ensurethey are doing allrequired medicationobservations monthly. The LPN will signoff on a medicationobservation sheet for each TL and turn it in to the GHM monthly. The RD will ensure all staff receivethis training on 10-1-14 by the LPN or they will be removed from the scheduleuntil they receive the training and the record of training is placed in theiremployee HR file.</p>				

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	<p>to be given with food. Staff #4 did not provide client #1 with food before giving the Rivastigmine.</p> <p>At 7:35 AM staff #4 applied Ammonium lactate cream on client #7's abdomen. The bottle indicated "Shake well before use." Staff #4 did not shake the bottle prior to applying the lotion to client #7's abdomen. Staff #4 applied lotion to both of client #4's wrists. The bottle of lotion did not have a pharmacy label.</p> <p>At 7:40 AM staff #4 gave client #5 Depakote (for seizures) and Omeprazole. The pharmacy label on the Depakote indicated to take with food and the label on the Omeprazole indicated to be taken before eating any food.</p> <p>At 8:05 AM staff #4 placed Vaseline Lip Therapy on client #3's lips. The tube of Vaseline did not have a pharmacy label.</p> <p>Review of the client #1's, #3's, #5's and #7's MARs (Medication Administration Records) for August 2014 on 8/20/14 at 8:30 AM did not indicate the medications observed were to be taken with or without food.</p> <p>Interview with the facility LPN on 8/25/14 at 1 PM indicated all medications were to be labeled with a pharmacy label</p>		<p>One member of management will be in the home at least until 7pm at least weekly. One member of management will conduct random pop in visits at least weekly on varying shifts and days to ensure staff are providing active treatment. One member of management will be in the home daily to ensure active treatment is being provided. All of these visits, either pop in or scheduled will be documented on the MOL.</p> <p>The RD will monitor the MOL at least weekly to ensure management staff are providing daily, weekly, and random observations.</p>	

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	<p>and staff were to report all discrepancies in labels and the clients' MARs to nursing to be clarified with pharmacy and/or the doctor.</p> <p>2.. Nursing services failed to ensure client #2 was provided an annual physical examination and clients #1 and #4 were provided routine annual screening for early detection of cancer. Please see W322.</p> <p>3. Nursing services failed to ensure annual hearing evaluations for clients #1, #2, #3 and #4. Please see W323.</p> <p>4. Nursing services failed to ensure an annual TB (Tuberculosis) testing was completed for client #4. Please see W327.</p> <p>5. Nursing services failed to provide evidence of a quarterly nursing/health assessment for clients #1, #2, #3 and #4. Please see W336.</p> <p>6. Nursing services failed to ensure annual dental examination for clients #2, #3 and #4. Please see W352.</p> <p>7. Nursing services failed to ensure the facility pharmacist conducted quarterly reviews of client #1's, #2's, #3's and #4's drug regimens. Please see W363.</p>			

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W000336	<p>8. Nursing services failed to ensure all medications were administered in compliance with each clients' physicians' orders for clients #1, #2, #3, #4, #5, #6 and #7. Please see W368.</p> <p>9-3-6(a)</p> <p>483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview for 4 of 4 sample clients (#1, #2, #3 and #4), the facility failed to provide evidence of a quarterly nursing/health assessment for each of the clients.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 8/21/14 at 2 PM. Client #1's record indicated: __ Client #1 did not require a medical care plan. __ Diagnoses of, but not limited to, Dementia (deterioration of brain function), Schizophrenia (a psychotic disorder), a history of Bells Palsy (facial</p>	W000336	<p>Corrective action for resident(s) found to have beenaffected All clients are to have a quarterly nursing summary completed and on file in their medicalchart. The LPN will be retrained on thisrequirement by the RD on 10-1-14.</p> <p>How facility will identify other residents potentiallyaffected and what measures taken All residentsare affected and correctiveaction will address theneeds of all clients.</p> <p>Measures or systemic changes facility put in place toensure no recurrence Quarterly nursingsummaries will be turned into the QIDP quarterly to include in the monthllysummary.</p>	10/03/2014			

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	<p>paralysis), Restless leg Syndrome, Seasonal Allergies, Emphysema (a chronic respiratory disease), and COPD (Congestive Obstructive Pulmonary (lung) Disease)</p> <p>__ Monthly Health Reviews by the facility LPN for January, April, May and July 2014.</p> <p>__ The Health Reviews provided for February and March 2014 were incomplete and not signed by the facility nurse.</p> <p>__ No quarterly nursing assessments for the fourth quarter of 2013.</p> <p>Client #2's record was reviewed on 8/20/14 at 1 PM.</p> <p>Client #2's record indicated:</p> <p>__ Client #2 did not require a medical care plan.</p> <p>__ Diagnoses of, but not limited to, Bilateral hearing loss, Allergies, Gout (recurrent acute arthritis of the joints), High Cholesterol, Organic Delusional Disorder, Iron Deficiency Anemia and Thrombocytopenia (a condition causing increased bleeding and possible bruising).</p> <p>__ Monthly Health Reviews by the facility LPN for October, September 2013, April, May, June and July 2014.</p> <p>__ The Health Reviews provided for February and March 2014 were incomplete and not signed by the facility</p>		<p>Summaries will also be turned into the Manager of Health Services for oversight and to ensure compliance.</p> <p>How corrective actions will be monitored to ensure norecurrence</p> <p>The RD will conduct quarterly random file audits to ensure quarterly nursing summaries and up to date and present in the medical file. The RD will ensure the LPN's retraining on completing quarterly nursing summaries is placed in the LPN's employee file.</p>				

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	<p>nurse.</p> <p><input type="checkbox"/> No quarterly nursing assessment for the first quarter of 2014.</p> <p>Client #3's record was reviewed on 8/22/14 at 1 PM.</p> <p>Client #3's record indicated:</p> <p><input type="checkbox"/> Client #3 did not require a medical care plan.</p> <p><input type="checkbox"/> Diagnoses of, but not limited to, Downs Syndrome, Scoliosis (curvature of the spine), Lower Extremity Varicosities (varicose veins), Seasonal Allergies, Dementia, Hypothyroidism, Depression, GERD (Gastric Esophageal Reflux Disease), Diverticulitis (inflammation in the intestinal tract, causing fecal stagnation and pain) and Deep Vein Thrombosis.</p> <p><input type="checkbox"/> Monthly Health Reviews by the facility LPN for April, May, June and July 2014.</p> <p><input type="checkbox"/> The Health Reviews provided for February and March 2014 were incomplete and not signed by the facility nurse.</p> <p><input type="checkbox"/> No quarterly nursing assessment for the fourth quarter of 2013 and the first quarter of 2014.</p> <p>Client #4's record was reviewed on 8/22/14 at 11 AM.</p>			

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	<p>Client #4's record indicated:</p> <p>__ Client #4 did not require a medical care plan.</p> <p>__ Diagnosis of, but not limited to Gingivitis (gum disease), Vitamin C Deficiency, Hyperlipidemia (high cholesterol levels in the body), Hypertension (high blood pressure) and non insulin dependent Diabetes</p> <p>__ Monthly Health Reviews by the facility LPN for April, May, June and July 2014.</p> <p>__ The Health Reviews provided for January, February and March 2014 were incomplete and not signed by the facility nurse.</p> <p>__ No quarterly nursing assessment for the fourth quarter of 2013 and the first quarter of 2014.</p> <p>Interview with facility LPN #1 on 8/22/14 at 2 PM indicated the clients' records for the facility had not been filed for 6 to 12 months and she was unable to locate all of the quarterly nursing assessments for clients #1, #2, #3 and #4. LPN #1 indicated LPN #3 terminated employment with the facility on 12/31/13 so LPN #1 filled in for the facility from January through April 2013 when the facility hired LPN #2 in April 2013. LPN #2 worked four months and then LPN #2 terminated her employment with the facility on August 15, 2014. LPN #1</p>			

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W000352	<p>stated the clients' Health Reviews "were being done monthly when [LPN #3] was doing them but [LPN #2] went back to quarterly and I'm (LPN #1) just trying to get everything caught up." LPN #1 indicated most of the information on the Monthly Health Reviews were copied from one month to next and many of the Reviews did not indicate a nursing signature.</p> <p>9-3-6(a)</p> <p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview for 3 of 4 sampled clients (#2, #3 and #4), the facility failed to ensure the clients had an annual dental examination.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 8/20/14 at 1 PM. Client #2's Monthly Health Review dated May 2014 indicated client #2's most current dental exam was 6/6/13. Client #2's record did not indicate an annual dental evaluation since 6/6/13.</p>	W000352	<p>Corrective action for resident(s) found to have been affected All consumers must have a dental exam annually. The LPN will be retrained by the RD on 10-1-14 that all consumers must have an annual dental exam and that must be located in the medical file. All consumers will have an annual dental exam in the main file or an appointment scheduled by 10-3-14.</p> <p>How facility will identify other residents potentially affected and what measures taken All residents could be affected and corrective action plan will be put</p>	10/03/2014			

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	<p>Client #3's record was reviewed on 8/22/14 at 1 PM. Client #3's Monthly Health Review dated June 2014 indicated client #3's most current dental exam was 7/30/13. Client #3's record did not indicate an annual dental evaluation since 7/30/13.</p> <p>Client #4's record was reviewed on 8/22/14 at 11 AM. Client #4's Monthly Health Review dated June 2014 indicated client #4's most current dental exam was 5/29/13. Client #4's record did not indicate an annual dental evaluation since 5/29/13.</p> <p>Interview with the facility LPN on 8/22/14 at 2 PM indicated the clients' records for the facility had not been filed for 6 to 12 months and she was unable to locate any further dental evaluations for clients #2, #3 and #4 other than the ones already indicated.</p> <p>Interview with the RM (Residential Manager) and QIDPs (Qualified Intellectual Disabilities Professionals) #1 and #2 on 8/22/14 at 4 PM indicated they were unable to locate more recent dental evaluations for clients #2, #3 and #4 other than the ones already indicated.</p> <p>9-3-6(a)</p>		<p>inplace to protect allconsumers.</p> <p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence The LPN has included on the monthlynursing summary the dates of each client's last physical and TB test. This will ensure the dates are reviewedmonthly to ensure compliance. Thesedates will be included on the meeting checklist that will be reviewed at eachquarterly meeting and signed off on by the Regional Director.</p> <p>Howcorrectiveactionswillbemonitredtoensurenorecurrence The LPN's monthly nursing summary is sent to the QIDPmonthly to include in the QIDP's monthly programming summary. These dates will be viewed monthly by theQIDP to ensure compliance. The monthlyprogramming summary is sent to the RD and the AWS compliance department. The dates will also be included and reviewed on the meetingchecklist. This will be sent to theRegional Director after each quarterly meeting to be reviewed and signed offon.</p>				

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W000362	<p>483.460(j)(1) DRUG REGIMEN REVIEW A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. Based on record review and interview for 4 of 4 sample clients (#1, #2, #3 and #4), the facility failed to ensure the facility's pharmacist conducted quarterly reviews of the clients' drug regimens.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 8/21/14 at 2 PM. Client #1's record indicated client #1 was ordered multiple medications by his physician. Client #1's record indicated a review by the facility pharmacist of client #1's drug regimen on 3/12/14. Client #1's record did not indicate quarterly reviews of client #1's drug regimen by the pharmacist for 2013/2014.</p> <p>Client #2's record was reviewed on 8/20/14 at 1 PM. Client #2's record indicated client #2 was ordered multiple medications by his physician. Client #2's record did not indicate quarterly reviews of client #2's drug regimen by the pharmacist for 2013/2014.</p> <p>Client #3's record was reviewed on</p>	W000362	<p>Corrective action for resident(s) found to have beenaffected All clients willhave a quarterly pharmacy review. Thepharmacist will work with the LPN to schedule and complete these quarterlyreviews. The LPN will track thesereviews and ensure all recommendations are taken to the client's IDT. The LPN will beretrained by the RD on 10-1-14 about the need for quarterly pharmacy reviews tobe completed and filed.</p> <p>How facility will identify other residents potentiallyaffected and what measures taken All residentsare affected and correctiveaction will address theneeds of all clients.</p> <p>Measures or systemic changes facility put in place toensure no recurrence The LPN will trackthe quarterly pharmacy reviews and bring that information to the quarterlymeeting. The LPN will mark on thequarterly meeting checklist the date the pharmacy review was completed thatquarter.</p> <p>How corrective actions will be</p>	10/03/2014

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W000368	<p>8/22/14 at 1 PM. Client #3's record indicated client #3 was ordered multiple medications by his physician. Client #3's record indicated a review by the facility pharmacist of client #3's drug regimen on 3/12/14 and 6/11/14. Client #3's record did not indicate quarterly reviews of client #3's drug regimen by the pharmacist for 2013/2014.</p> <p>Client #4's record was reviewed on 8/22/14 at 11 AM. Client #4's record indicated client #4 was ordered multiple medications by her physician. Client #4's record indicated a review by the facility pharmacist of client #4's drug regimen on 9/11/13, 3/12/14 and 6/11/14. Client #4's record did not indicate quarterly review of client #4's drug regimen by the pharmacist for 2013/2014.</p> <p>Interview with the facility LPN on 8/22/14 at 2 PM indicated the clients' records for the facility had not been filed for 6 to 12 months and she was unable to locate all of the quarterly pharmacy reviews for each of the clients.</p> <p>9-3-6(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must</p>		<p>monitored to ensure norecurrence The QIDP will fillout the quarterly meeting checklist and ensure all information is complete and accurate and will turn it into the RD after the meeting for tracking and compliance. The RD will ensure the record of training for the LPN will be placed in the LPNs employee file.</p>		

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	<p>assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 3 additional clients (#5, #6 and #7), the facility nurse failed to ensure all drugs were administered in compliance with the each client's physicians' orders.</p> <p>Findings include:</p> <p>The facility's reportable records and staff training records were reviewed on 8/19/14 at 12 PM.</p> <p>The 8/11/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 8/9/14 client #2 was going home with his family for a visit and the facility staff "failed to pack one of his doses of medication, an iron supplement Ferrous Sulfate." The report indicated the error was found by the buddy checker (the staff that checks the MARs - Medication Administration Records) after a med pass to ensure all medications were given as indicated for that med pass) and the buddy checker failed to report the error. The report indicated the staff responsible for the medication error and the buddy checker would be retrained.</p> <p>The 7/25/14 BDDS report indicated "On</p>	W000368	<p>Correctiveactionforresident(s)fou dthavebeenaffected All staff willbe retrained on MedicationAdministration in a refreshercourse taught by theGroup Home LPN on 10-1-14. This medicationadministration training willinclude the appropriateway to pass medicationand the appropriateway to measure liquidmedication. The Team Leaderswill observe one medicationpass for each staffmonthly and the LPN will observe one medication pass for each TLmonthly.</p> <p>Howfacilitywillidentifyotherreside ntspotentiallyaffectedandwhatmea surestaken All residentsare affected and correctiveaction will address theneeds of all clients.</p> <p>Measuresorsystemicchangesfacility putinplacetoensurenorecurrence The Team Leaderswill observe one medicationpass for each staffmonthly. This will ensurestaff are continuallypassing medicationsas trained in CoreA Core B. The LPN will observe one medication pass foreach TL monthly. These medication passobservations will be turned into the GHM for tracking and to ensure compliance.</p> <p>Howcorrectiveactionswillbemonito redtoensurenorecurrence</p>	10/03/2014			

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	<p>7/23/14 [client #6] was administered two doses (4 puffs) of his 4 pm medication, Alprazolam (for anxiety) 0.5 mg (milligrams) and Proair HFA (a bronchodilator) 90 mcg (micrograms) inhaler 2 puffs. [Client #6] typically attends group at [name of outside services] on Wednesday and is administered this medication before he leaves day services. On 7/23/14 [client #6] did not attend group because he was attending a [name of organization] banquet. This was a change in his regular routine and he was administered his inhaler at his group home as well.... Staff will make changes to immediately address this type of situation so that double medications do not occur or medications are not missed."</p> <p>The 7/16/14 BDDS report indicated "On 7/16/14 during Buddy Check, it was discovered that there was a loose pill laying on one of the pages of the MAR, the nurse and buddy checker found that the pill belonged to [client #4] and is Simvastatin. All the documentation stated that [client #4] was given this dose of medication and none had been missed.... Staff will be retrained on medication administration to prevent further errors."</p> <p>The 7/5/14 BDDS report indicated "On 7/5/14 [client #3] was administered two</p>		<p>The Team Leaders will sign off on a medication observationsheet and turn it into the LPN and Group Home Manager monthly to ensure they are doing all required medication observations monthly. The RD will ensure all Group Home staff receive this retraining on 10-1-14 and will sign off on all Record of Trainings. If staff fail to attend, they will be removed from the schedule until they receive the retraining.</p>	

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	<p>Galantamine HBR (for dementia) 12 mg. tablets instead of the prescribed one." The report indicated the staff responsible for the error would be retrained.</p> <p>The 7/5/14 BDDS report indicated on 7/4/14 at 8 PM and on 7/5/14 at 7 AM client #3 was not given his prescribed eye drops because the client was out of the medication and the staff failed to notify the nurse. The report indicated the staff that did not report the need for the medication to be refilled would be retrained on contacting the nurse.</p> <p>The 5/29/14 BDDS report indicated on 5/28/14 client #3 was not given his 2 PM dose of Quetiapine (an antipsychotic) 300 mg. The report indicated all staff would be retrained on medication administration.</p> <p>The 5/11/14 BDDS report indicated on 5/10/14 client #6 was not given his 7 AM dose of Benazepril (for high blood pressure) 20 mg. The medication error was discovered when the staff gave client #6 his 7 AM dose on 5/11/14. The report indicated the staff that missed giving the medication and the buddy checker would be retrained and disciplinary action would be taken.</p> <p>__The 5/16/14 follow up BDDS report indicated "Upon investigation it was</p>			

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	<p>discovered that [client #6] did not miss this medication. It was popped out of the wrong date because this was a new medication and it started on 5/2/14 but the 5/1/14 dose was missing. The reporting staff did not know this, it was discovered by the manager and LPN. Staff will continue to be trained to report all medication errors and manager and nurses will continue to investigate. All staff will be retrained on ensuring to pop medication out of the bubble for the corresponding date."</p> <p>The 3/20/14 BDDS report indicated "[Client #6] is supposed to receive Paroxetine HCL (an antidepressant) at 7 am. On 3/19/14, [client #6's] support staff did not administer the medication. The medication package had been opened. However, the medication got stuck in the package foil and was missed by two buddy checkers as well. The support staff responsible for the med error will receive a disciplinary action."</p> <p>The 3/9/14 BDDS report indicated client #3 was not given his 6 AM dose of Levothyroxine (a thyroid hormone) on 3/8/14. The report indicated the staff responsible for the medication error would be disciplined.</p> <p>The 2/23/14 BDDS report indicated</p>						

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	<p>client #6 was not given his 7 AM dose of Alendronate Sodium (to slow bone degeneration) on 2/22/14. The report indicated the staff responsible for the medication error would be disciplined.</p> <p>The 2/11/14 BDDS report indicated "[Client #6] has a medication order for Alprazolam (for anxiety) 0.5 mg four times daily. On Mondays and Wednesdays he goes to [name of outside services] group directly from workshop, so he needs to take his 4 pm dose of Alprazolam at workshop prior to leaving. On 2/10/14 it was reported to this QIDP (Qualified Intellectual Disabilities Professional) that [client #6] did not receive his 4 pm dose of Alprazolam on 2/3/14 or on any Monday or Wednesday during the month of January." The report indicated an investigation would be conducted.</p> <p>__The 2/17/14 investigative summary indicated "The investigation into this incident showed that a lack of communication, or miscommunications, were the reason these errors occurred. At the end of December, [client #6's] Xanax (for anxiety) order was changed from TID (three times a day) to QID (four times a day), adding the 4p (pm) dose. This was not effectively communicated to the workshop. Also, the Team Leader stated that the nurse at the time told her</p>			

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	<p>that she had delivered all of the workshop meds that were needed for January. That nurse ended her employment with AWS the last day of December. The workshop never received the meds and not realizing [client #6] needed a dose before going to group, never realized there was an error. The pills which were unaccounted for were found with the accompanying count sheets in a bag in the previous nurse's closet with other medications to go back to the pharmacy or be destroyed."</p> <p>The 1/31/14 BDDS report indicated client #1 was not given his AM dose of Vitamin D on 1/31/14. The report indicated the staff responsible for the medication error would be disciplined.</p> <p>The 10/30/13 BDDS report indicated "On 10/29/13 staff administered [client #5's] noon medications, staff did not ensure that [client #5] swallowed her meds and walked away. [Client #5] spit her meds out resulting in a missed dose.... Staff will be re-trained on medication administration policy."</p> <p>The 10/20/13 BDDS report indicated "[Client #6] receives three 2 mg tablets of Glimepiride (for diabetes) every morning. On 10/18/13 he was only given two of the tablets by the staff administering his medications." The report indicated the</p>						

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	<p>staff responsible for the medication error would be disciplined and retrained.</p> <p>The 9/26/13 BDDS report indicated on 9/26/13 "[Client #7] was given his 7 am dose of Klonopin (for seizures) 1 mg despite the group home nurse putting the dose on hold due to [client #7] being over lethargic as a side effect. [Client #7] did not suffer any adverse effects as a result of the error.... The staff responsible for the error will receive a written discipline and be retrained...."</p> <p>During interview with the facility LPN and the ADM (Administrator) on 8/25/14 at 1 PM, the LPN indicated clients were to receive all medications as ordered by their physician. The ADM indicated medication errors were an ongoing problem for the facility.</p> <p>9-3-6(a)</p>						
W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8) who resided in the group home, to ensure evacuation drills were conducted at least</p>	W000440	<p>Corrective action for resident(s) found to have beenaffected An annual emergencydrill calendar has been designed and will be implemented which includes drillson each shift quarterly. Team Leaderswill post this annual calendar</p>	10/03/2014			

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	<p>quarterly for the day shift (6 AM to 3 PM) and evening shift (3 PM to 11 PM) of personnel for the third quarter (July, August and September) 2013/2014.</p> <p>Findings include:</p> <p>The facility's evacuation drills were reviewed on 8/19/14 at 11 AM. The review indicated the facility had failed to conduct an evacuation drill for clients #1, #2, #3, #4, #5, #6, #7 and #8 for the third quarter of 2013/2014 for the day shift and evening shift.</p> <p>Interview with the RM (Residential Manager) and QIDPs (Qualified Intellectual Disabilities Professionals) #1 and #2 on 8/25/14 at 5 PM indicated the facility filing of papers and client documentation had not been done for 6 to 12 months and they were not able to locate any additional evacuation drills for the facility for 2013/2014 at this time.</p> <p>9-3-7(a)</p>		<p>and mark on the monthly calendar the dates and times drills are due to be completed. TLs will check the next day to ensure the drills were completed and will turn the drill into the QIDP for tracking.</p> <p>The GHM and QIDP will be retrained on the need for all drills to be completed and filed. This retraining will be done by the RD on 10-1-14. Staff and TLs will be retrained on 10-1-14 by the RD for the need to follow the drill calendar and always do drill when indicated.</p> <p>How facility will identify other residents potentially affected and what measures taken</p> <p>All residents could potentially be affected and corrective action will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence</p> <p>An annual emergency drill calendar has been designed and implemented. This annual schedule will include drills to be conducted on each shift quarterly. Team Leaders will post this calendar and mark on the monthly calendar the dates and times drills are to be conducted. The TLs will pick up the drill the following day to ensure it was completed and will turn it into the QIDP for tracking.</p> <p>How corrective actions will be monitored to ensure no recurrence</p> <p>Staff will be retrained to follow</p>				

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W000460	<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 1 of 4 sampled clients (#4) and 1 additional client (#5) on a modified diet, the facility failed to ensure the staff provided food in accordance with the clients' diet orders.</p> <p>Findings include:</p> <p>Observations were conducted at the facility owned DP (Day Program) on 8/25/14 between 10 AM and 11:30 AM. Clients #4 and #5 were served, not all inclusive, large chunks of chicken with a small amount of gravy.</p> <p>Client #4's record was reviewed on 8/22/14 at 11 AM. Client #4's 8/14</p>	W000460	<p>emergency drill calendar by the RD on 10-1-14. Team Leaders will check the following day to ensure drills are being completed as scheduled. A member of management will check monthly during the environmental quality assessment to ensure drills are being completed as scheduled. Director will signoff on retraining. RD will review the monthly environmental quality checks to ensure compliance.</p> <p>Corrective action for resident(s) found to have been affected Staff will be retrained on following diet plans on 10-1-14 at an all staff meeting by the LPN. The record of trainings will be signed by the RD and placed in the employee HR file. The new LPN, who started in September will be working with the dietician to review all client diet plans to ensure all plans are appropriate and are able to be implemented by the staff. The dietician visits the group home at least quarterly and communicates with the LPN as needed.</p> <p>How facility will identify other residents potentially affected and what measures taken All consumers could potentially be affected and corrective action plans</p>	10/03/2014			

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	<p>physician's orders indicated client #4 was to have a mechanical soft diet. Client #4's updated 11/19/13 Risk Summary indicated client #4 was at risk for choking and was to receive a mechanical soft diet.</p> <p>Client #5's record was reviewed on 8/22/14 at 3 PM. Client #4's 8/14 physician's orders indicated client #5 was to have a mechanical soft diet. Client #5's updated 11/19/13 Risk Summary indicated client #5 was at risk for choking and was to receive a mechanical soft diet.</p> <p>During interview with the facility LPN on 8/25/14 at 1 PM indicated, when asked if large chunks of baked chicken were considered to be mechanical soft food, the LPN stated, "No." The LPN indicated the staff should have cut it into small bite sized pieces of 1/4 inch and added plenty of gravy to make sure the clients didn't choke on the chicken.</p> <p>9-3-8(a)</p>		<p>will address the needs of all clients.</p> <p>Measures or systemic changes facility put in place to ensure no recurrence Staff will be retrained on following diet plans by the dietician on 10-1-14. A member of management will be in the home at least weekly to observe meal time and offer on the spot training. Management staff record these visits and their observations on the Manager Observation Log. Also a member of management will conduct random pop in visits at varying times on different shifts and days at least weekly. A member of management staff will conduct observations in the home daily to provide on the spot training and ensure the completion of active treatment both formal and informal. The managers will record their observations and visits on the MOL.</p> <p>How corrective actions will be monitored to ensure no recurrence The RD will sign off on the record of training and will ensure the trainings are placed in the employee HR file. The RD will monitor the Manager Observation Log and and Provide time entry to ensure management staff are present in the home until at least 7pm weekly, conducting weekly pop in visits, and daily visits to observe meal time and</p>		

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W000488	<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 7 of 7 clients living in the group home (clients #1, #2, #3, #4, #5, #6 and #7), the facility failed to ensure the staff provided training in meal preparation and family style dining when formal and informal training opportunities existed and to ensure the clients prepared and packed their own lunches for the day program.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/19/14 between 3:30 PM and 6:15 PM.</p> <p>During this observation period the following food was prepared and served to clients #1, #2, #3, #4, #5, #6 and #7 for their evening meal: tuna salad, boiled potatoes, green beans and fruit cocktail. __At 3:30 PM staff #1 was in the home with clients #6 and #7. Staff #1 indicated clients #6 and #7 just arrived from the day program. A pan with water and potatoes and a pan with green beans were cooking on the stove. Staff #1 indicated she prepared the tuna salad and put the</p>	W000488	<p>provide on the spot training.</p> <p>Corrective action for resident(s) found to have beenaffected Staff are to provideactive treatment, both formal and informal at all times. This includes at meal times. Staff will assist consumers to pack theirlunches and not pack their lunches for them. Staff will also assist clients with meal preparation and not prepare themeal for them and facilitate family style dining. Staff will be retrained by the RD at an allstaff meeting on 10-1-14 and the record of training will be placed in theemployee HR file. How facility will identify other residents potentiallyaffected and what measures taken All residents areaaffected and corrective action will address the needs of all clients. Measures or systemic changes facility put in place toensure no recurrence One member ofmanagement stays in the home weekly until 7pm to provide on the spottraining. This will include thenecessity for teaching staff how to provide active treatment and how to followformal training programs as well as providing informal training. The member of management will record</p>	10/03/2014			

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	<p>vegetables on the stove to cook while all the clients were at the day program. Staff #1 indicated the tuna salad was in the refrigerator.</p> <p>__At 3:45 PM clients #1, #2, #3, #4 and #5 arrived home from the day program.</p> <p>__At 3:50 PM staff #1 opened four large cans of sliced peaches and emptied them into a bowl, covered the bowl and placed it in the refrigerator. Client #7 went to the stove and picked up the spoon and put it down into the boiling potatoes. Staff #1 immediately redirected client #7, took the spoon and laid it back on the counter and directed client #7 out of the kitchen.</p> <p>__At 4:25 PM staff #1 and staff #2 were getting out bowls and placing them on the table. Staff #1 removed the potatoes from the stove, drained them, placed them in a bowl and placed the bowl on the table. Staff #2 stated, "I'll put some bread on a plate." At the same time, clients #2, #3, and #5 were sitting in the living room watching. Staff #1 and #2 realized no silverware was on the table and client #2 stated, "I'll get it." Staff #1 put the peaches on the table.</p> <p>__At 4:30 PM all clients were prompted to wash their hands and come to the table to sit down.</p> <p>__At 4:35 PM the staff stood and began the progression of food around the table. Staff #3 went around the table and placed a serving of green beans on client #1's,</p>		<p>their observations and any teachable moments on the Manager Observation Log. Also a member of management will conduct random pop in visits at varying times on different shifts and days at least weekly. A member of management staff will conduct observations in the home daily to provide on the spot training and ensure the completion of active treatment both formal and informal. The managers will record their observations and visits on the MOL. How corrective actions will be monitored to ensure nonrecurrence The RD will ensure all staff are retrained on active treatment and formal training programs including meal preparation, family style dining and packing lunches. The RD will monitor Provide, the time entry program, and the Manager Observation Log, to ensure a member of management is observing in the home until 7pm at least weekly conducting observations and providing on the spot training.</p>				

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	<p>#3's, #6's and #7's plates. After all the clients had been served green beans then staff #3 went around the table and placed a serving of peaches in client #1's, #3's, #4's, #5's and #7's dishes. Client #3 started to get up to get the ketchup and staff #1 stated, "Here [client #3], I'll get it for you, you sit back down." Staff #1 got the ketchup and then placed ketchup on client #3's food for him. Staff #2 cut up client #3's sandwich for him.</p> <p>__At 4:50 M client #5 reached for the milk, staff #1 stated, "Here Hon, let me get it for you."</p> <p>__Client #7 ate some of his sliced peaches with his fingers and was not prompted to use his silverware.</p> <p>__At 5:05 PM staff #1 began placing the leftover food into individual small plastic containers. Staff #1 stated, "This is for their lunches for tomorrow."</p> <p>During this observation period the staff did not provide the clients with formal and informal training in meal preparation and/or family style dining when opportunity existed.</p> <p>Interview with client #5 at 11:05 AM on 8/25/14 indicated she did not know who had prepared her lunch for that day.</p> <p>Interview with client #2 at 11:30 AM on 8/25/14 indicated he did not prepare his</p>				

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	<p>own lunch box. When asked what he was having for lunch, client #2 stated, "I don't know." Client #2 opened his lunch box and pulled out four small plastic containers, one with chunks of baked chicken with gravy, one with creamed corn and two with what looked like a biscuit and butter. Client #2 was asked why he had two biscuits and client #2 stated, "I don't know, they (the staff) probably put two in by mistake." Client #2 indicated the staff had prepared his lunch for today and had packed his lunch box for him. Client #2 indicated he was able to prepare his own lunch and stated, "I just let them (the staff) do it."</p> <p>During interview with the RM (Residential Manager) and QIDPs (Qualified Intellectual Disabilities Professionals) #1 and #2 on 8/25/14 at 1 PM, QIDP #1 indicated the staff were to provide the clients with training in meal preparation and family style dining at every available opportunity. The RM stated the clients "should be" doing as much as possible for themselves and the staff were to act as role models during every meal. QIDP #1 indicated the staff were to prompt the clients verbally and physically with hand over hand assistance as needed during meal time. The RM indicated the clients were to be preparing their own lunches and packing their own</p>						

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	lunchbox for the day program everyday and the staff were not to be doing it for them. 9-3-8(a)				