

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G465	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  05/26/2015
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W 0000  Bldg. 00	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 5/19/15, 5/20/15, 5/21/15 and 5/26/15.</p> <p>Facility Number: 000979 Provider Number: 15G465 AIMS Number: 100244860</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#4), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure client #4 received funding for his personal wants and needs.</p> <p>Findings include:</p>	W 0104	<p><b>CORRECTION:</b></p> <p><i>The Governing body must exercise general policy, budget and operating direction over the facility. Specifically, the operation's business department will coordinate with the Social Security Administration and Client</i></p>	06/25/2015

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

TITLE

(X6) DATE

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

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	<p>Client #4's record was reviewed on 5/20/15 at 11:00 AM. Client #4's ISP (Individual Support Plan) dated 11/12/14 indicated client #4's date of admission to the facility was 10/12/14.</p> <p>Client #4's financial record was reviewed on 5/20/15 at 11:52 AM. Client #4's RFMS (Resident Fund Management System) dated from 2/1/15 through 5/20/15 indicated zero transactions for the given date range. Client #4's financial ledger forms dated from 11/12/14 through 5/20/15 indicated zero transactions for the given date range. Client #4's record did not indicate documentation of client #4 receiving Medicaid, Medicare or SSI (Supplemental Security Income) or other funding from his 10/12/14 date of admission through the 5/20/15 date of review.</p> <p>QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 5/20/15 at 12:14 PM. QIDP #1 indicated client #4 was admitted to the facility on 10/12/14. QIDP #1 stated, "[Client #4] doesn't receive any funds. I'm not really sure why? I know when he first came they sent in his application for funding but there were some issues. I don't think they ever got it resolved." When asked if</p>		<p>#4's previous caregivers to assure that Client #4 begins receiving monthly income to accommodate personal wants and needs</p> <p><b>PREVENTION:</b></p> <p>To the maximum extent possible, the Governing Body will work to establish representative payee status when new clients are admitted to the facility, to assure smooth transition of monthly income into the new residential environment. When representative payee status is not obtained for new clients immediately upon admission, the Clinical Supervisor, Program Manager and the QIDP will work closely with the business department to assist clients with obtaining all available income to assist clients with receipt of funding for personal wants and needs.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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W 0130 Bldg. 00	<p>client #4's guardians were receiving client #4's funds, QIDP #1 stated, "I don't really know. I'd have to follow up on that."</p> <p>9-3-1(a)</p> <p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. Based on observation and interview for 1 additional client (#6), the facility failed to ensure client #6's incontinence care was done in a discrete and private manner.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/19/15 from 4:20 PM through 5:40 PM. At 5:15 PM, the group home was preparing to take client #6 with her peers on a community outing. Client #6 was seated in the home's living room area with clients #1, #2, #3 and #4. Clients #1, #2, #3 and #4 were seated in the living room area where client #6 was also seated. Staff #1 had a package of depends (adult diapers) in her hands and approached client #6. Staff #1 stated, "Do you need to go to the restroom before we leave? Did you already go?" Client #6</p>	W 0130	<p><b>CORRECTION:</b></p> <p><i>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. Specifically, direct support staff will be retrained regarding the need to assure all clients are treated with dignity and respect including but not limited to refraining from discussing personal matters in public areas. Through observation, the team has determined that this deficient practice may have affected all clients.</i></p> <p><b>PERVENTION:</b></p> <p>The Residential Manager will be expected to observe no less than</p>	06/25/2015

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	<p>indicated that she had already utilized the restroom. Staff #1 then stated while opening the package and handing client #6 a depends, "Did you change your depends? Let's go to the restroom and check."</p> <p>QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 5/20/15 at 12:14 PM. QIDP #1 indicated staff should not assist client #6 with toileting needs in front of her peers. QIDP #1 indicated staff should ask client #6 about her depends in a private manner.</p> <p>9-3-2(a)</p>		<p>one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited assuring staff administer medication as prescribed and that all prescribed medications are available. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assessing direct support staff interaction with clients and to provide hands on coaching and training including but not limited to staff treat clients with dignity and respect.</p> <p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than weekly for the next 30 days, and no less than twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the</p>	

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			<p>Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks</p>	

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W 0159	483.430(a) QUALIFIED MENTAL RETARDATION		<p>at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, and treat individuals with respect and care at all times.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>		

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Bldg. 00	<p><b>PROFESSIONAL</b></p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) plus one additional client (#6), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor clients #1, #2, #3 and #4's active treatment programs.</p> <p>The QIDP failed to review/monitor clients #1, #2 and #4's formal training objectives for progression/regression of skills, to ensure clients #1, #2 or #3's guardians participated in the development of their ISPs (Individual Support Plans), to ensure client #4's CFA (Comprehensive Functional Assessment) was completed within 30 days of admission of the facility, to ensure staff documented client #3's training objective data, to ensure clients #1, #2, #3 and #4's restrictive programs were implemented with the written informed consent of the client or their guardian, to promote the dignity of client #6, to ensure client #1 was not disciplined by client #7, to ensure clients #1 and #4's ISPs or BSPs (Behavior Development Plans) included an active treatment program/desensitization plan to reduce or eliminate the need for the sedation of</p>	W 0159	<p><b>CORRECTION:</b></p> <p><i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically:</i></p> <p>The QIDP will monitor, review and revise prioritized learning objectives for Clients #1, #2 and #4's prioritized learning objectives based on progression, regression of skills. A documentation review indicated this deficient practice did not affect additional clients.</p> <p>The QIDP has completed Client #4's Comprehensive Functional Assessment. A review of facility support documents and assessment data indicated this deficient practice did not affect any additional clients.</p> <p>The QIDP will retrain direct support staff toward proper implementation of Client #3's objectives as well proper documentation of document</p>	06/25/2015			

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	<p>clients #1 and #4 prior to dental procedures and to ensure clients #1 and #2 were taught to utilize their prescription eyeglasses.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 5/20/15 at 8:51 AM. Client #1's ISP (Individual Support Plan) dated 10/6/14 indicated client #1 had training objectives to identify pictures from a communication book, take his laundry basket to the laundry room, bathe, use mouthwash after each meal, rest his silverware on his plate between bites of food, assist preparing a meal, participate in a physical activity, identify coins and identify his medication. Client #1's record did not indicate documentation of QIDP review of client #1's formal training objectives for progression/regression of skills.</p> <p>2. Client #2's record was reviewed on 5/20/15 at 9:44 AM. Client #2's ISP dated 9/6/14 indicated client #2 had training objectives to identify his medications, close the restroom door for privacy, identify time, verbally express his wants/needs and identify a five dollar bill. Client #2's record did not indicate documentation of QIDP review of client</p>		<p>program data. An audit of facility documentation indicated that this deficient practice did not affect any additional clients.</p> <p>The QIDP has obtained written informed consent for restrictive programs from Client #1, #2, #3 and #4's guardians and healthcare representatives. A review of facility support documents and Human Rights Committee records indicated that this deficient practice did not affect any additional clients.</p> <p>The QIDP will retrain direct support staff regarding the need to assure all clients are treated with dignity and respect including but not limited to refraining from discussing personal matters in public areas. Through observation, the team has determined that this deficient practice may have affected all clients.</p> <p>The QIDP will facilitate the development of specific behavior supports to discourage Client #7 from disciplining his housemates. Staff will be trained on appropriate implementation of</p>	

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	<p>#2's formal training objectives for progression/regression of skills.</p> <p>3. Client #4's record was reviewed on 5/20/15 at 11:00 AM. Client #4's ISP dated 11/12/14 indicated client #4 had formal training objectives to wash his body, respecting the boundaries of other people, brush his teeth, make a purchase in the community, participate in a leisure activity, assist with meal preparation, make his bed, gather dirty clothes for laundry and identify his medications. Client #4's record did not indicate documentation of QIDP review of client #4's formal training objectives for progression/regression of skills.</p> <p>QIDP #1 was interviewed on 5/20/15 at 12:14 PM. QIDP #1 indicated clients #1, #2 and #4's formal training objectives should be reviewed on a monthly basis by the QIDP for progression/regression of skills. QIDP #1 indicated there was not additional documentation available for review regarding the monitoring of clients #1, #2 or #4's formal training objectives.</p> <p>4. The QIDP failed to integrate, coordinate and monitor clients #1, #2 and #3's active treatment program by failing to ensure clients #1, #2 and #3's guardians participated in the development</p>		<p>the revised Behavior Support Plan.</p> <p>For Clients #1 and #4, the QIDP will facilitate the development of desensitization plans to reduce the need for the sedation prior to medical procedures. A review of facility support documents indicated this deficient practice did not affect additional clients.</p> <p>The QIDP will facilitate the development of prioritized learning objectives to train Clients #1 and for Clients #1 towards making informed choices about the use of their eyeglasses. Observation and document review indicated this deficient practice did not affect additional clients.</p> <p><b>PREVENTION:</b></p> <p>The QIDP will be retrained on the need to monitor and review progress on learning objectives no less than monthly and revise them as needed but no less than quarterly.</p> <p>The QIDP has been retrained</p>	

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	<p>of their ISPs. Please see W209.</p> <p>5. The QIDP failed to integrate, coordinate and monitor client #4's active treatment program by failing to ensure client #4's CFA was completed within 30 days of admission of the facility. Please see W210.</p> <p>6. The QIDP failed to integrate, coordinate and monitor client #3's active treatment program by failing to ensure staff documented client #3's training objective data. Please see W252.</p> <p>7. The QIDP failed to integrate, coordinate and monitor clients #1, #2, #3 and #4's active treatment programs by failing to ensure clients #1, #2, #3 and #4's restrictive programs were implemented with the written informed consent of the client or their guardian. Please see W263.</p> <p>8. The QIDP failed to integrate, coordinate and monitor client #6's active treatment program by failing to promote the dignity of client #6. Please see W268.</p> <p>9. The QIDP failed to integrate, coordinate and monitor client #1's active treatment programs by failing to ensure client #1 was not disciplined by client #7. Please see W273.</p>		<p>regarding the need to assure that all relevant assessments are completed for clients within 30 days of admission and as needed but no less than annually thereafter. Members of the Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) will follow up with the QIDP no less twice weekly when new clients are admitted to the facility to assure appropriate assessment occurs as required. Prior to admitting new clients, the Clinical Supervisor will assist the QIDP with developing a schedule to assure that all necessary assessments occur.</p> <p>The QIDP has been trained regarding the need to assure data collection grids are in place at the facility to give direct support staff the opportunity to collect data on prioritized learning objectives as required, as well as the need to track and monitor progress on all client learning objectives.</p> <p>When guardians and healthcare representatives are unable to attend team meetings face to face, consent forms will be sent via postal mail for review and signature, along with a stamped envelope addressed to the</p>	

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	<p>10. The QIDP failed to integrate, coordinate and monitor clients #1 and #4's active treatment program by failing to ensure clients #1 and #4's ISPs or BSPs included an active treatment program/desensitization plan to reduce or eliminate the need for the sedation of clients #1 and #4 prior to dental procedures. Please see W312.</p> <p>11. The QIDP failed to integrate, coordinate and monitor clients #1 and #2's active treatment programs by failing to ensure clients #1 and #2 were taught to utilize their prescription eyeglasses. Please see W436.</p> <p>9-3-3(a)</p>		<p>facility. If consents are not returned to the facility in a timely manner via standard postal mail, the QIDP will send the forms to the appropriate legal representative via registered mail to assure the documents have been delivered and received.</p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited assuring that staff implement behavior supports to discourage clients from attempting to discipline each other, treat clients with dignity and respect, implement learning objectives including but not limited to encouraging clients to utilize their adaptive equipment. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring that staff implement behavior supports to discourage clients from attempting to discipline each other, treat clients with</p>	

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			<p>dignity and respect, implement learning objectives including but not limited to encouraging clients to utilize their adaptive equipment.</p> <p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than weekly for the next 30 days, and no less than twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day</p>	

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			<p>and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the</p>	

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			<p>facility.</p> <p>Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring that staff implement behavior supports to discourage clients from attempting to discipline each other, treat clients with dignity and respect, implement learning objectives including but not limited to encouraging clients to utilize their adaptive equipment.</p> <p>Administrative document reviews will focus on but not be limited to assuring that programs are monitored and revised based on progression/regression, desensitization plans are in place for clients who require sedation prior to medical procedures, assessments are completed and updated as required, and prior written informed consent is obtained for all restrictive programs.</p> <p><b>RESPONSIBLE PARTIES:</b></p>	

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W 0209  Bldg. 00	<p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Based on record review and interview for 3 of 4 sampled clients (#1, #2 and #3), the facility failed to ensure clients #1, #2 and #3's guardians participated in the development of their ISPs (Individual Support Plans).</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 5/20/15 at 8:51 AM. Client #1's ISP dated 10/6/14 indicated client #1 had a legal guardian. Client #1's ISP dated 10/6/14 indicated, "I have been involved in the development of my ISP and I agree with this plan.... Client Signature (blank), Guardian Signature (blank)." Client #1's ISP IDT (Interdisciplinary Team) form dated 10/7/14 did not indicate documentation of client #1 or client #1's guardians participation during the annual review on 10/7/14, periodic review on 1/1/15 or periodic review on 4/1/15.</p> <p>2. Client #2's record was reviewed on</p>	W 0209	<p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b></p> <p><i>Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Specifically for Clients #1, #2 and #3, the QIDP and Residential Manager will be retrained regarding the need to bring all elements of the interdisciplinary team including guardian and family members, to assist with the development of individual support plans. A review of facility support documents indicated this deficient practice also affected Client #4.</i></p> <p><b>PERVENTION:</b></p> <p>The QIDP will turn in documentation of family/guardian communication to the Program Manager monthly. The Program Manager will in turn follow-up to</p>	06/25/2015

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	<p>5/20/15 at 9:44 AM. Client #2's ISP dated 9/8/14 indicated client #2 was emancipated. Client #2's ISP dated 9/8/14 indicated, "I have been involved in the development of my ISP and I agree with this plan.... Client Signature (blank)...." Client #2's record did not indicate documentation of client #2's participation in the development of his ISP.</p> <p>3. Client #3's record was reviewed on on 5/20/15 at 10:28 AM. Client #3's ISP dated 4/30/15 indicated client #3 had a legal guardian. Client #3's ISP dated 4/30/15 indicated, "I have been involved in the development of my ISP and I agree with this plan.... Client Signature (blank), Guardian Signature (blank)." Client #3's ISP IDT form dated 4/30/15 did not indicate documentation of client #3 or client #3's guardians participation/attendance for the 4/30/15 annual/initial review.</p> <p>QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 5/20/15 at 12:14 PM. QIDP #1 indicated the facility should have documentation of clients #1 and #3's guardians participation in the development of their ISP's. QIDP #1 indicated the facility should have documentation of client #2's participation in the development of his ISP.</p>		<p>assure that family members and guardians are invited and encouraged to participate in the ISP development process.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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W 0210  Bldg. 00	<p>9-3-4(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. Based on record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure client #4's CFA (Comprehensive Functional Assessment) was completed within 30 days of admission of the facility.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 5/20/15 at 11:00 AM. Client #4's ISP (Individual Support Plan) IDT (Interdisciplinary Team) form dated 11/12/14 indicated client #4's date of admission to the group home was 10/12/14. Client #4's record did not indicate documentation of a CFA.</p> <p>QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 5/20/15 at 12:14 PM. QIDP #1 indicated client #4 had been admitted to the group home on 10/12/14. QIDP #1 indicated documentation of client #4's CFA could</p>			W 0210	<p><b>CORRECTION:</b></p> <p><i>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. Specifically, Client #4's Comprehensive Functional Assessment has been completed. A review of facility support documents and assessment data indicated this deficient practice did not affect any additional clients.</i></p> <p><b>PERVENTION:</b></p> <p>The QIDP has been retrained regarding the need to assure that all relevant assessments are completed for clients within 30 days of admission and as needed but no less than annually thereafter. Members of the</p>		06/25/2015

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W 0252 Bldg. 00	<p>not be located at the time of review.</p> <p>9-3-4(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Based on record review and interview for 1 of 4 sampled clients (#3), the facility failed to ensure staff documented client #3's training objective data.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 5/20/15 at 10:28 AM. Client #3's ISP (Individual Support Plan) dated 4/30/15 indicated the following formal training objectives:</p>	W 0252	<p>Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) will follow up with the QIDP no less twice weekly when new clients are admitted to the facility to assure appropriate assessment occurs as required. Prior to admitting new clients, the Clinical Supervisor will assist the QIDP with developing a schedule to assure that all necessary assessments occur.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b> <i>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Specifically, Facility direct support staff will be trained toward proper implementation of Client #3's objectives as well proper documentation of document program data. An audit of facility</i></p>	06/25/2015

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	<p>-"Given skills training, 3 VPs (Verbal Prompts) and 3 PMs (Physical Models)/hand over hand assistance when needed, [client #3], will assist staff in preparing a meal twice a week 50% of the time for three consecutive months."</p> <p>-"Given skills training and 3 VPs, [client #3], will state the side effects of her Zyprexa (bipolar) medication every morning 50% of the time for three consecutive months."</p> <p>-"Given skills training, 3 VPs and gestural prompts, [client #3], will keep her side of the room clean (sweep and make her bed) 50% of the time for three consecutive months."</p> <p>-"Given skills training, 3 VPs and gertural (sic) prompting, [client #3], will select an outfit for the day given two outfits to choose from, 50% of the time for three consecutive months."</p> <p>-"Given skills training and 3 VPs, [client #3], will put her clothes into the laundry basket after her shower each night 50% of the time for three consecutive months."</p> <p>-"Given skills training and 3 VPs, [client #3], will identify the four basic coins by</p>		<p>documentation indicated that this deficient practice did not affect any additional clients.</p> <p><b>PREVENTION:</b></p> <p>The QIDP has been trained regarding the need to assure data collection grids are in place at the facility to give direct support staff the opportunity to collect data on prioritized learning objectives as required, as well as the need to track and monitor progress on all client learning objectives. Along with the QIDP, members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, will conduct documentation reviews to assure data is collected as required at the facility no less than weekly for the next 30 days, and no less than twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager,</p>	

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W 0263  Bldg. 00	<p>saying their name as she points to them 50% of the time for three consecutive months."</p> <p>-"Given skills training, 4 VPs, [client #3], will communicate what is upsetting her before she does any inappropriate behavior, 50% of the time three consecutive months."</p> <p>-"Given skills training and 3 VPs, [client #3], will greet others appropriately and call them by their name 50% of the time for three consecutive months."</p> <p>Client #3's record did not indicate documentation of data collection regarding client #3's ISP training objectives.</p> <p>QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 5/20/15 at 12:14 PM. QIDP #1 indicated client #3's training objective data should be documented and tracked.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; 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</p>				Team Leader, Direct Support Staff, Operations Team		

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	<p>guardian. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) with restrictive programs, the facility's HRC (Human Rights Committee) failed to ensure clients #1, #2, #3 and #4's restrictive programs were implemented with the written informed consent of the client or their guardian.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 5/20/15 at 8:51 AM. Client #1 ISP (Individual Support Plan) dated 10/7/14 indicated client #1 had a legal guardian. Client #1's Prescription forms indicated the following: (1.) 3/13/14, Xanax (sedative) before dental appointment and (2.) 11/14/14, Halcion (sedative) before dental appointment. Client #1's Physician's Orders form dated 4/22/15 indicated, "Alprazolam 1 milligram (sedative). Give one tablet by mouth 30 minutes prior to appointment 4/29/15." Client #1's HRC form dated 4/27/15 indicated, "Requesting HRC (approval) for Alprazolam 1 milligram for a pre-medication for (a) dentist appointment." Client #1's record did not indicate documentation of a BSP (Behavior Support Plan). Client #1's record did not indicate documentation of client #1's</p>	W 0263	<p><b>CORRECTION:</b></p> <p><i>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. Specifically, written informed consent for restrictive programs has been obtained from Client #1, #2, #3 and #4's guardians and healthcare representatives. A review of facility support documents and Human Rights Committee records indicated that this deficient practice did not affect any additional clients.</i></p> <p><b>PREVENTION:</b></p> <p>When guardians and healthcare representatives are unable to attend team meetings face to face, consent forms will be sent via postal mail for review and signature, along with a stamped envelope addressed to the facility. If consents are not returned to the facility in a timely manner via standard postal mail, the QIDP will send the forms to the appropriate legal representative via registered mail to assure the documents have been delivered and received.</p>	06/25/2015			

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	<p>guardians written informed consent for the routine use of pre-sedation medication prior to dental appointments.</p> <p>2. Client #2's record was reviewed on 5/20/15 at 9:44 AM. Client #2's ISP dated 9/8/14 indicated client #2 was emancipated with a HCR (Health Care Representative) to advocate and assist client #2 with medical decisions. Client #2's BSP dated 9/8/14 indicated client #2 received Prozac 80 milligrams (anxiety) and Geodon 40 milligrams (obsessive compulsive disorder). Client #2's BSP dated 9/8/14 did not indicate documentation of client #2 or client #2's HCR written informed consent for the use of Prozac or Geodon for behavior management. Client #2's BSP dated 9/8/14 indicated the facility's HRC had approved the use of psychotropic medication to manage client #2's behavior on 9/13/14. Client #2's Consent for Medication form dated 11/12/14 indicated client #2 received Geodon and Prozac daily for behavior management. Client #2's Consent for Medication form dated 11/12/14 indicated, "Individual's Signature and date of approval: (blank). Guardian/Responsible Person date of approval: (blank)." Client #2's record did not indicate documentation of client #2 or client #2's HCRs written informed consent regarding the use of Geodon or</p>		<p>Members of the Operations Team will review restrictive programs on an ongoing basis to assure prior written informed consent has been obtained. Initially administrative monitoring will occur with increased frequency as follows: Members of the Operations Team and the QIDP will conduct active treatment observations and documentation reviews no less than five times weekly for the next 21 days, no less than 3 times weekly for an additional 14 Days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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	<p>Prozac for behavior management.</p> <p>3. Client #3's record was reviewed on 5/20/15 at 10:28 AM. Client #3's ISP dated 4/30/15 indicated client #3 had a legal guardian. Client #3's BSP dated 4/15/15 indicated client #3 received Benztropine 2 milligrams (aggression) and Zyprexa 15 milligrams (aggression) daily for behavior management. Client #3's BSP dated 4/15/15 indicated, "Individual (signature blank). Guardian (signature blank)." Client #3's Consent for Medications form dated 4/15/15 indicated client #3 received Benztropine 2 milligrams and Zyprexa 15 milligrams daily for behavior management. Client #3's Consent for Medications form dated 4/15/15 indicated, "Individual (signature blank). Guardian (signature blank)." Client #3's record did not indicate documentation of client #3 or client #3's guardian's written informed consent for the use of Benztropine or Zyprexa for behavior management.</p> <p>4. Client #4's record was reviewed on 5/20/15 at 11:00 AM. Client #4's ISP dated 11/12/14 indicated client #4 had a legal guardian. Client #4's BSP dated 11/25/14 indicated client #4 received Benztropine 1 milligrams (aggression), Lorazepam 2 milligrams (sedation), Depakote 750 milligrams (aggression)</p>			

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W 0268	<p>and Zyprexa 40 milligrams (aggression) for behavior management. Client #4's BSP dated 11/25/14 indicated, "Individual: (signature blank). Guardian: (signature blank)." Client #4's Consent for Medications form dated 11/25/14 indicated client #4 received Depakote, Zyprexa, Benztropine and Lorazepam for behavior management. Client #4's Consent for Medications form dated 11/25/14 indicated, "Individual's signature, date of approval (blank). Guardian/responsible person, date of approval: (blank)." Client #4's record did not indicate documentation of client #4's guardian's written informed consent for the use of Depakote, Zyprexa, Benztropine or Lorazepam for behavior management.</p> <p>QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 5/20/15 at 12:14 PM. QIDP #1 indicated the facility's HRC should approve the use of psychotropic medications for behavior management with the written informed consent of the client's guardian.</p> <p>9-3-4(a)</p>			
	483.450(a)(1)(i)			

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Bldg. 00	<p><b>CONDUCT TOWARD CLIENT</b></p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview for 1 additional client (#6), the facility failed to promote the dignity of client #6.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/19/15 from 4:20 PM through 5:40 PM. At 5:15 PM, the group home was preparing to take client #6 with her peers on a community outing. Client #6 was seated in the home's living room area with clients #1, #2, #3 and #4. Clients #1, #2, #3 and #4 were seated in the living room area where client #6 was also seated. Staff #1 had a package of depends (adult diapers) in her hands and approached client #6. Staff #1 stated, "Do you need to go to the restroom before we leave? Did you already go?" Client #6 indicated that she had already utilized the restroom. Staff #1 then stated while opening the package and handing client #6 a depends, "Did you change your depends? Let's go to the restroom and check."</p> <p>QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 5/20/15 at 12:14 PM. QIDP #1 indicated staff should not assist client #6 with</p>	W 0268	<p><b>W 268</b></p> <p><b>CORRECTION:</b></p> <p><i>These policies and procedures must promote the growth, development and independence of the client. Specifically, direct support staff will be retrained regarding the need to assure all clients are treated with dignity and respect including but not limited to refraining from discussing personal matters in public areas. Through observation, the team has determined that this deficient practice may have affected all clients.</i></p> <p><b>PERVENTION:</b></p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited assuring staff treat clients with dignity and respect. The Team</p>	06/25/2015			

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	<p>toileting needs in front of her peers. QIDP #1 indicated staff should ask client #6 about her depends in a private manner.</p> <p>9-3-5(a)</p>		<p>Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assessing direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff treat clients with dignity and respect.</p> <p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than weekly for the next 30 days, and no less than twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM</p>	

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			<p>and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and</p>	

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W 0273  Bldg. 00	483.450(a)(3) CONDUCT TOWARD CLIENT Clients must not discipline other clients, except as part of an organized system of self-government, as set forth in facility policy.  Based on observation and interview for 1 of 4 sampled clients (#1), the facility failed to ensure client #1 was not disciplined by client #7.	W 0273	Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.  Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, and treat individuals with respect and care at all times.  <b>RESPONSIBLE PARTIES:</b>  QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team  <b>CORRECTION:</b> <i>Clients must not discipline other clients, except as part of an organized system of self-government, as set forth in facility policy. Specifically, the</i>	06/25/2015	

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	<p>Findings include:</p> <p>Observations were conducted at the group home on 5/20/15 from 6:00 AM through 8:15 AM. At 6:53 AM, client #1 finished eating his morning meal at the home's dining room table. Client #1 did not take his dishes to the kitchen sink before exiting the dining area to sit on a couch in the living room area. Client #1 was seated on the couch with his legs on the couch and was playing with one of his shoes. At 7:00 AM, client #1 was prompted by staff #1 to return to the dining room to put his breakfast dishes in the sink. Client #1 refused and remained on the couch playing with one of his shoes. At 7:05 AM, client #7, who had also been eating breakfast, walked up to client #1 and took the shoe that he was playing with away from client #1. Client #7 held the shoe out of client #1's reach and pointed to the dishes on the dining room table. Client #7 held client #1's shoe out of reach and gestured for client #1 to take his dishes to the sink. Client #1 got up from the couch and took his breakfast dishes to the sink. When client #1 finished taking his dishes to the sink client #7 gave client #1 his shoe back.</p> <p>QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on</p>		<p>interdisciplinary team will develop specific behavior supports to discourage Client #7 from disciplining his housemates. Staff will be trained on appropriate implementation of the revised Behavior Support Plan.</p> <p><b>PREVENTION:</b> The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited assuring staff implement behavior supports to discourage clients from attempting to discipline each other. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring that staff implement behavior supports to discourage clients from attempting to discipline each other. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than weekly for the next 30 days, and no less than twice monthly for an additional 60 Days. At the</p>	

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	5/20/15 at 12:14 PM. QIDP #1 indicated client #7 should not discipline client #1.  9-3-5(a)		conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as: Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts. Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time. In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered. The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility	

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W 0312 Bldg. 00	<p>483.450(e)(2) DRUG USAGE</p> <p>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 2 of 4 sampled clients (#1 and #4), the facility failed to ensure clients #1 and #4's ISPs (Individual Support Plan) or BSPs (Behavior Development Plans) included an active treatment program/desensitization plan to reduce or eliminate the need for the sedation of clients #1 and #4 prior to dental procedures.</p> <p>Findings include:</p>	W 0312	<p>–making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring that staff implement behavior supports to discourage clients from attempting to discipline each other. <b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b></p> <p><i>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. Specifically for Clients #1 and #4, the interdisciplinary team will develop desensitization</i></p>	06/25/2015

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	<p>1. Client #1's record was reviewed on 5/20/15 at 8:51 AM. Client #1's ISP dated 10/6/14 indicated, "In the past, [client #1], had to be sedated during routine dental visits because of physical aggression." Client #1's Prescription forms dated 3/17/14, 4/4/14, 11/14/14 and 4/29/15 indicated client #1 received Alprazolam/Xanax 1 milligram (sedative) by mouth 30 minutes prior to dental appointments. Client #1's ISP dated 10/6/14 did not indicate documentation of a plan of desensitization to support client #1 regarding dental procedure anxiety. Client #1's record did not indicate documentation of a BSP.</p> <p>2. Client #4's record was reviewed on 5/20/15 at 11:00 AM. Client #4's Dental Summary Progress Report (DSPR) dated 12/8/14 indicated, "[Client #4] was knocking stuff over in the waiting room and being very uncooperative with staff's instructions. [Client #4] would not sit still for more than a couple of minutes. Exam was aborted and [client #4] referred out." Client #4's Physician's Order form dated 4/23/15 indicated, "Lorazepam Oral Concentrate (sedative) 2 milligram/milliliter. Give 1 milliliter 2 milligrams by mouth one hour prior to dental or MD (Medical Doctor) appointment. PRN (As Needed)." Client</p>		<p>plans reduce the need for the sedation prior to medical procedures. A review of facility support documents indicated this deficient practice did not affect additional clients.</p> <p><b>PERVENTION:</b></p> <p>The QIDP has been retrained regarding the need to incorporate goals to reduce and eventually eliminate the use of behavior controlling medications into support plans whenever such medications are prescribed. Additionally, members of the Operations Team will review facility Behavior Support Plans no less than monthly and to assure plans for desensitization to medical procedures and the reduction and eventual elimination of behavior controlling medications are included.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>Health Services Team, QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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W 0327 Bldg. 00	<p>#4's BSP dated 11/25/14 indicated, "Lorazepam (Pre-Medication Order), 2 milligrams (sedative)." Client #4's ISP dated 11/12/14 or BSP dated 11/25/14 did not indicate documentation of a desensitization plan to support client #4 regarding dental procedure anxiety.</p> <p>QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 5/20/15 at 12:14 PM. QIDP #1 indicated clients #1 and #4 required pre-sedation to complete or participate in dental procedures.</p> <p>9-3-5(a)</p> <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.</p> <p>Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to ensure clients #1, #2, #3 and #4 received TB (Tuberculosis) testing, x-ray or symptom screenings annually.</p> <p>Findings include:</p>	W 0327	<p><b>CORRECTION:</b></p> <p><i>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</i></p>	06/25/2015

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	<p>1. Client #1's record was reviewed on 5/20/15 at 8:51 AM. Client #1's TB testing form dated 7/9/13 indicated client #1 had been tested for TB on 7/9/13. Client #1's record did not indicate additional documentation of annual TB testing, x-ray or symptom screening since 7/9/13.</p> <p>2. Client #2's record was reviewed on 5/20/15 at 9:44 AM. Client #2's TB testing form dated 7/9/13 indicated client #2 had been tested for TB on 7/9/13. Client #2's record did not indicate additional documentation of annual TB testing, x-ray or symptom screening since 7/9/13.</p> <p>3. Client #3's record was reviewed on 5/20/15 at 10:28 AM. Client #3's record did not indicate documentation of TB testing, x-ray or symptom screening.</p> <p>4. Client #4's record was reviewed on 5/20/15 at 11:00 AM. Client #4's record did not indicate documentation of TB testing, x-ray or symptom screening.</p> <p>Nurse #1 was interviewed on 5/20/15 at 12:00 PM. Nurse #1 indicated clients #1, #2, #3 and #4 should have TB testing or symptom screenings annually. Nurse #1 indicated there was not additional</p>		<p><i>recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both.</i> Specifically, the team will assist Clients #1, #2, #3 and #4 with obtaining tuberculosis screens. A review of facility medical records indicated this deficient practice affected three additional clients -#5, #6 and #7 and tuberculosis screens will be obtained for these individuals as well.</p> <p><b>PREVENTION:</b></p> <p>The Nurse Manager will assist the facility nurse and direct support medical coach with tracking routine appointments and lab tests to assure they occur as recommended. Additionally, Operations Team members including the Nurse Manager will review medical documentation while auditing active treatment sessions, twice monthly for the next 90 days to assure labs and appointments occur as recommended and make recommendations to the Health Services Team as appropriate. After three months the administrative team will evaluate the ongoing support needs of the facility with the goal of reducing</p>	

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W 0436 Bldg. 00	<p>documentation available for review regarding clients #1, #2, #3 or #4's TB testing, x-ray or symptom screening.</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review and interview for 2 of 6 clients with adaptive equipment (#1 and #2), the facility failed to ensure clients #1 and #2 were taught to utilize their prescription eyeglasses.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/19/15 from 4:20 PM through 5:40 PM. Clients #1 and #2 were observed throughout the observation</p>	W 0436	<p>gradually the administrative presence in the home to no less than monthly. Additionally the facility nurse will complete a screen for tuberculosis symptoms as part of routine quarterly nursing physical examinations.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Health Services Team, Operations Team</p> <p><b>CORRECTION:</b></p> <p><i>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Specifically, prioritized learning</i></p>	06/25/2015

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	<p>period. Clients #1 and #2 did not wear eyeglasses and were not encouraged to wear eyeglasses.</p> <p>Observations were conducted at the group home on 5/20/15 from 6:00 AM through 8:15 AM. Clients #1 and #2 were observed throughout the observation period. Clients #1 and #2 did not wear eyeglasses and were not encouraged to wear eyeglasses.</p> <p>1. Client #1's record was reviewed on 5/20/15 at 8:51 AM. Client #1's Visual Care Progress form dated 11/3/14 indicated client #1 had prescription eyeglasses. Client #1's ISP (Individual Support Plan) dated 10/6/14 did not indicate documentation of a formal training objective to teach client #1 to utilize his eyeglasses.</p> <p>2. Client #2's record was reviewed on 5/20/15 at 9:44 AM. Client #2's Visual Care Progress form dated 2/2014 indicated client #2 had prescription eyeglasses. Client #2's ISP dated 9/8/14 did not indicate of a formal training objective to teach client #2 to utilize his eyeglasses.</p> <p>QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 5/20/15 at 12:14 PM. QIDP #1 indicated</p>		<p>objectives will be developed to train Clients #1 and for Clients #1 towards making informed choices about the use of their eyeglasses. Observation and document review indicated this deficient practice did not affect additional clients.</p> <p><b>PREVENTION:</b></p> <p>Facility Professional staff have been retrained regarding the need to furnish all necessary adaptive equipment to all clients and to train clients toward its use and care. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will review assessment data and compare it to adaptive equipment available at the facility, making recommendations and expediting the acquisition of new and additional adaptive equipment as appropriate. These reviews will occur as needed but no less than quarterly.</p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support</p>	

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	<p>clients #1 and #2 had prescriptions to utilize eyeglasses. QIDP #1 indicated clients #1 and #2 should be encouraged to use and taught to use their prescription eyeglasses.</p> <p>9-3-7(a)</p>		<p>staff interaction with clients and to provide hands on coaching and training including but not limited assuring that staff train clients toward making informed choices regarding the use of adaptive equipment. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring that staff train clients toward making informed choices regarding the use of adaptive equipment.</p> <p>Members of the Operations Team and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than weekly for the next 30 days, and no less than twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p>	

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			<p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p>	

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W 0440 Bldg. 00	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 for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 3 additional clients (#5, #6 and #7),	W 0440	The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.  Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring that staff train clients toward making informed choices regarding the use of adaptive equipment.  <b>RESPONSIBLE PARTIES:</b>  QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team  <b>CORRECTION:</b>  The facility must hold evacuation	06/25/2015	

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W 0460  Bldg. 00	<p>the facility failed to conduct evacuation drills quarterly for each shift of personnel.</p> <p>Findings include:</p> <p>The facility's evacuation drill record was reviewed on 5/20/15 at 11:45 AM. The review indicated the facility failed to conduct an evacuation drill for clients #1, #2, #3, #4, #5, #6 and #7 for the evening shift of the first quarter, January, February, March of 2015.</p> <p>QIDP (Qualified Intellectual Disability Professional) #1 was interviewed on 5/20/15 at 12:14 PM. QIDP #1 indicated the group home should conduct evacuation drills one time per quarter per shift of personnel.</p> <p>9-3-7(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review and interview for 4 of 4 sampled clients (#1,</p>	W 0460	<p>drills at least quarterly for each shift of personnel. Specifically, the facility has conducted additional evacuation drills on each shift during the current quarter.</p> <p><b>PREVENTION:</b></p> <p>Professional staff will be retrained regarding the need to conduct evacuation drills on each shift for all staff each quarter. The Operations Team will review all facility evacuation drill reports and follow up with professional staff as needed to assure drills occur as scheduled. Program Manager will track evacuation drill compliance and follow up with facility professional staff and the agency Safety Committee accordingly.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b></p>	06/25/2015	

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	<p>#2, #3 and #4) plus 3 additional clients (#5, #6 and #7), the facility failed to ensure clients #1, #2, #3, #4, #5, #6 and #7 received menued items and failed to ensure menus were available for staff to review/implement.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/20/15 from 6:00 AM through 8:15 AM. At 6:45 AM, QIDP (Qualified Intellectual Disabilities Professional) #1 directed clients #1, #2, #3, #4, #5, #6 and #7 to come to the dining room table to eat the morning meal. Clients #1, #2, #3, #4, #5, #6 and #7 were offered a choice of cold cereal with milk and no beverage to drink with the morning meal. At 7:45 AM, QIDP #1 was asked to provide the current menu for the day, QIDP #1 stated, "I'm not sure. The one on the refrigerator is not for today. I'll have to look to find one." When asked if clients #1, #2, #3, #4, #5, #6 and #7 should be offered a choice of beverage with their morning meal, QIDP #1 stated, "They should but we don't have any juice. I don't think any of them drink coffee." QIDP #1 located a binder in the bottom of a kitchen cabinet and indicated the menu should be posted.</p> <p>The group home's refrigerator did not contain orange juice or alternative flavors</p>		<p><i>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Specifically, the governing body will provide the facility with a copy of the menu developed by the facility's contracted dietician. All staff will be retrained regarding the need to follow the facility's menu or to provide documentation to the dietician that appropriate, nourishing substitution occurs. Additionally, the Residential Manager and Team Lead will assure that menued food items are available in the home to prepare as scheduled.</i></p> <p><b>PREVENTION:</b></p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited assuring staff assists clients with preparing meals according to the established menu. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on</p>	

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	<p>of juice.</p> <p>Staff #2 was interviewed on 5/19/15 at 7:37 AM. Staff #2 stated, "We wasn't sure which menu to use. The former home manger used to make up a menu and post it on the refrigerator every week. We'd follow that."</p> <p>The facility's menu binder was reviewed on 5/21/15 at 3:12 PM. The menu dated 4/8/12 indicated the following for a Wednesday breakfast meal: Orange juice 4 fluid ounces, hot cereal or cold cereal, skim milk 8 fluid ounces and coffee 8 fluid ounces.</p> <p>QIDP #1 was interviewed on 5/20/15 at 12:14 PM. QIDP #1 indicated the menu should be available for staff and implemented.</p> <p>Nurse #1 was interviewed on 5/20/15 at 12:00 PM. Nurse #1 indicated the menu for the group home should be developed by the dietician and implemented by staff.</p> <p>9-3-8(a)</p>		<p>varied shifts to assist with and monitor skills training including but not limited to assuring that staff assists clients with preparing meals according to the established menu.</p> <p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than weekly for the next 30 days, and no less than twice monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will</p>	

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			<p>include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in</p>	

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			<p>administrative monitoring of the facility.</p> <p>Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities, including but not limited to assuring that staff assists clients with preparing meals according to the established menu.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team, Dietician</p>	