

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G620	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/29/2014
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NAME OF PROVIDER OR SUPPLIER PEAK COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1625 HIGH ST LOGANSPORT, IN 46947
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 20, 21, 22, 23, 24, 27, 28 and 29, 2014.</p> <p>Facility number: 001168 Provider number: 15G620 AIM number: 100235360</p> <p>Surveyor: Susan Reichert, QIDP-TC Paula Eastmond, QIDP Kathy Wanner, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/12/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement</p>			

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>written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on observation, record review and interview, the facility neglected to implement policy and procedures to develop effective corrective action to protect 2 of 3 sampled clients (clients #1 and #3) and 2 additional clients (clients #5 and #6) from physically aggressive behavior by clients #1 and #3, failed to timely report 1 of 1 incident of physical assault involving clients #1 and #3, failed to report to the Bureau of Developmental Disabilities Services and to the administrator 3 of 3 allegations of abuse/neglect involving client #2, failed to document thorough investigations into 3 of 3 allegations of abuse/neglect involving client #2 and 1 of 1 allegation of abuse involving client #1.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 10/20/14 from 6:20 PM until 7:32 PM. The living room of the group home was down a hallway and around a corner away from the bathrooms, bedrooms and kitchen areas of the home.</p> <p>The Residential Manager was interviewed on 10/20/14 at 6:30 PM.</p>	W000149	<p>Tag 149 - Peak Community Services facility will ensure the development and implementation of written policies and procedures that prohibit mistreatment, neglect or abuse of clients. The staff person responsible for submission of late reporting regarding physical aggression between clients #1 and #3 has been counseled for this neglect and retrained on BDDS Incident Reporting 2/2/14 and 2/4/14. Peak will obtain the services of a Behavior Specialist with MA, BC qualifications for Client #1, Client #2, and Client #3. On 10/22/14, Client #1 noted her plan included CPI an no evidence of revision to her plan. Client #1 obtained other counseling services after being refused due to her belligerence. She is now receiving services from a different counselor. Client # 2 has many false accusations and has psychiatric visits at Four County on a regular basis every 4-6 weeks. She recently obtained a new diagnosis and her accusations were viewed as being due to her Schizoaffective and depressive disorder diagnosis. Client #2 will also have the services of a Behavior Specialist. A tracking sheet will be implemented for Client #2 and tracked regularly as well as given to her Behavior Specialist/Psychiatrist for review</p>	11/28/2014

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	<p>When asked about behavioral incidents involving clients living in the group home, she stated "There were a few incidents while I was gone last week. I think it's a security issue. I didn't think I would have as much influence as I have been here only 3 months."</p> <p>Staff #2 was interviewed on 10/20/14 at 6:45 PM. She stated, "There was an issue last week between [client #3] and [client #1]. It happened in the van while staff at Peak (day services). The 'Q' (Qualified Intellectual Disabilities Professional) was there and they were able to see and intervene...The ladies bicker back and forth and have a love/hate relationship." She indicated there were no injuries and stated the clients' aggression was "Mostly verbal."</p> <p>Client #1 was interviewed on 10/20/14 at 6:50 PM. She indicated her bedroom had been moved and stated, "we (client #3) got into a fight." Client #1 demonstrated to the surveyor how she placed her hands around client #3's neck, and stated, "but staff heard" and intervened between the clients.</p> <p>Client #4 was interviewed on 10/20/14 at 7:00 PM. She indicated she felt safe living in the group home, but stated, "The ladies argue and it stresses me out. I have</p>		<p>and recommendations. On 10/5/14, Client #2 made accusations regarding her petty cash. On 10/6/14, the petty cash log was reviewed by Client #2 and staff. Client #2 reviewed and signed as verification for her money transaction. If client #2 makes continued accusations, it will be taken to her Behavior Specialist/Psychiatrist for further review and recommendations will be followed. A tracking sheet will be created to track psychiatric symptoms and present to the Behavior Specialist due to her Schizoaffective/Depressive Disorder. On 1/26/14, the surveyor was not provided with an Investigation Report for this incident. A Human Resource investigation report for Client #1 was completed at the time and a summary will be attached. The investigation of verbal abuse by the SGL coordinator and at that time the SGL DSP was completed. A complete investigation was done in a timely manner. The abuse was substantiated with retraining and suspension with no pay and to monitor interactions. During monthly house meetings; the House Coordinator/QDDP will review the Medication Administration checklist on a quarterly basis as well as trainings on BDDS Incident Reporting and maintenance of Behavior Tracking sheets and procedures of petty cash with</p>		

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	<p>Bells Palsy." She indicated stress increased her Bells Palsy symptoms.</p> <p>Client #5 was interviewed on 10/20/14 at 7:01 PM. She stated she didn't like "all the fighting" with client #1. She stated client #1 did not injure her, "but screams at staff and clients." Client #5 indicated client #1 scratched client #3's face on the van, but did not indicate when the incident occurred.</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 10/21/14 at 2:41 PM and included the following:</p> <p>1. A BDDS report dated 2/2/14 and reported 2/4/14 indicated client #1 "grabbed" client #5's arm. The report was marked "late report." There were no injuries to client #5 noted. Corrective action indicated client behavior plans were followed and staff would continue to follow safety protocol.</p> <p>A BDDS report dated 2/3/14 indicated discharged client #6 was washing her dishes and client #1 went to place her dishes in the dishwasher. Client #6 reached over and slapped client #1 on the chin "for no apparent reason." Client #6 indicated she didn't want to be near client</p>		<p>clients from 12/2014 through 11/2015. This will be documented in the House Meeting Minutes by the Residential Manager/Director. Systemically, the agency nurse will complete a review of the psychotropic medication plan of reductions on all Peak QDDP authored Behavior Support Plans during her quarterly assessments and indicate any recommendations for change or need to contact the prescribing professional. This will be noted on her quarterly Nurse's Assessment Review. Responsible person: Pat Rozzi, Coordinator Shana Swartzell, QDDP Heather Warnick-DeWitt, SGL Manager Jan Adair, Director of Residential Services Behavior Specialist Stephanie Hoffman, Director of Residential and Day Services, Winamac</p>				

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	<p>#1, so she slapped her. Staff applied ice to client #1's chin and no injury was noted or observed. Staff counseled client #6 and directed to client #6 to her room. Client #6 apologized. Corrective action indicated "Staff were there to intervene and provide a safe environment. Behavior plans were followed and [client #6] receives counseling."</p> <p>A BDDS report dated 3/14/14 indicated client #3 "had a disagreement" with client #1. "She punched her in the lip and pushed her. [Client #1] had swollen (sic) lip and red marks on her chest. Staff applied ice. Nurse and SGL (supported group living) manager notified. [Client #3] later apologized...." Corrective action indicated "Staff were there to intervene and provide a safe environment. Behavior plans followed and clients redirected to separate rooms in order to calm down. [Client #1] attends counseling regularly. No other injuries reported."</p> <p>A BDDS report dated 5/6/14 indicated client #3 and client #1 were "screaming and hitting each other in the hallway." Staff intervened and sent clients to separate rooms to calm down. No injuries were noted or reported. Corrective action indicated "Staff intervened in order to provide a safe environment. Behavior plans followed and [client #1] was</p>						

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	<p>moved to a different bedroom on the other side of the house away from [client #3]. Clients attend counseling regularly. No other injuries noted or reported."</p> <p>A BDDS report dated 5/13/14 indicated clients #1 and #3 were "screaming at each other and [client #3] grabbed [client #1] by the arm threw (sic) her down leaving a mark on her arm. Staff intervened sent (sic) clients to their rooms in order to calm down. No other injuries noted (sic) or reported." Corrective action indicated "Staff intervened in order to provide a safe environment. Behavior plans followed clients (sic) sent to their rooms to calm down. Clients attend counseling regularly. No other problems the rest of the evening."</p> <p>A BDDS report dated 8/24/14 indicated client #3 "began to yell at" and "attack" client #1 before staff could intervene. "[Client #3] struck [client #1] in the arm scratching her right arm with her nails while swinging a key ring at her. [Client #1] continued to provoke [client #3] even though staff tried to intervene." Corrective action indicated client #1 was checked for scratch marks on her right arm and antibiotic cream was applied. "[Client #3] was checked for injury to her left hand and antibiotic cream applied</p>			

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	<p>(sic). Staff will continue to monitor both consumers and intervene as necessary."</p> <p>Investigations into each of the BDDS reports listed above incidents of physically aggressive behavior were reviewed on 10/21/14 at 3:00 PM and indicated recommendations to encourage clients to follow BSPs (behavior support plans) and for clients to "keep hands" to themselves.</p> <p>The Director of Residential Services (DRS) was interviewed on 10/21/14 at 12:55 PM. She stated the group home was being renovated "hopefully by Christmas" to provide more open spaces for staff to monitor clients' interactions to prevent physically aggressive behavior. She indicated clients #1 and #3 get back in the living room area, become physically aggressive and stated "I don't know what else to do." She indicated client #1 and #3's bedrooms had been moved so they would not be in close proximity to one another, and the renovation to the group home was expected to be completed in December, 2014. The DRS indicated the incident involving clients #1 and #3 and indicated by clients #1, #4 and #5 and staff #2 had been reported to the BDDS and would be provided. She indicated the report dated 2/2/14 had been reported late.</p>						

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	<p>Client #1's records were reviewed on 10/22/14 at 10:45 AM. A Behavior Support Plan (BSP) dated 3/14 indicated target behaviors of verbal aggression and physical aggression. Client #1's plan included the use of CPI (Crisis Prevention Institute) techniques including one and two hand wrist grab releases, one and two hand hair pull releases, front and back choke hold releases, a bite release, team control position, and transport position. The plan included the use of Yvanse 70 mg (milligrams) daily to address ADHD (Attention Deficit Hyperactivity Disorder), Risperdal (bi-polar disorder) 2 mg, and Lexapro 20 mg for depression/anxiety. There was no evidence of a revision to client #1's BSP since 3/14/14.</p> <p>A psychotropic medication review in the record dated 6/12/14 indicated in addition to the medications listed in her 3/14 BSP, client #1 also was prescribed Nuedexta 20-10 mg twice daily to address "involuntary outbursts of crying, etc.," and Melatonin, 5 mg for sleep.</p> <p>A counseling report in the record dated 7/17/14 indicated "Angry outbursts" for client #1's area of focus and the report indicated client #1 would continue to be seen.</p>			

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	<p>The DRS was interviewed on 10/22/14 at 1:55 PM and when asked about client #1's counseling sessions after 7/17/14, stated, "They won't see her anymore because she is belligerent."</p> <p>Client #3's records were reviewed on 10/22/14 at 9:24 AM. Client #3's BSP dated 5/14 indicated target behaviors of provoking, verbal aggression, physical aggression, hallucinations, talking to self, asking others for food, snacks or money. The plan included the use of Seroquel XR (extended release) 600 mg in the PM for acute and maintenance treatment of schizophrenia/bi-polar and Lamictal XR 100 mg in the AM and 200 mg in the PM for bi-polar. The plan included the use of CPI interventions of kick block, one and two hand wrist grab release, one and two hand hair pull release, front and back choke release, bite release, team control position and transport position. There was no evidence client #3's plan had been revised since 5/14.</p> <p>A psychotropic medication review in the record dated 8/19/14 indicated client #3 was at "lowest effective dose at this time."</p> <p>An investigation dated 10/13/14 was reviewed on 10/23/14 at 6:00 PM. The</p>			

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	<p>incident indicated client #1 "left work upset. Got (sic) in the van and began scratching [client #3]." The report indicated client #1 was interviewed and "stated she was upset after work. She admitted to yelling and scratching [client #3]." Recommendations indicated clients #1 and #3 "will not go into each other's space. Each have a goal to 'respect other's space'." The report indicated the incident was filed with the BDDS.</p> <p>A BDDS report dated 10/13/14 was reviewed on 10/27/14 at 2:14 PM. It indicated client #1 "attacked" client #3 on the group home van causing scratches (size not indicated) to client #3's face and neck. Client #1 indicated later she was "upset" because she missed her brother. Corrective action indicated client #1's plan would be reviewed. There was no evidence of an IDT meeting to review client #1's plan.</p> <p>The DRS was interviewed on 10/29/14 at 10:39 AM and indicated there had been no revisions to the clients' plans and she would check for an IDT meeting as indicated in the corrective action in the BDDS report dated 10/13/14 of physical aggression between clients #1 and #3. The DRS indicated the facility was planning to utilize a behavior specialist to address client #1, #2 and #3's behaviors.</p>						

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	<p>No additional evidence was provided of an IDT meeting regarding the incident or of corrective action for client #1 and #3's physically aggressive behavior.</p> <p>2. Client #2 was interviewed on 10/20/14 at 7:02 PM. Client #2 stated she was "stressed. There's a lot of stuff that goes on that shouldn't." She indicated she was given pills that were dropped on the floor and was not always given all of her pills. She was unable to provide details as to which pills or when the incident(s) occurred. When asked if she reported the incidents, she stated, "[DRS] is on overload and I quit telling her." She stated "No staff likes me," and indicated staff did not want to take her to the dentist and doctor the week before. She indicated the DRS and the residential manager accused her of things she did not do or say and stated, "It's like being falsely accused." She indicated she had expressed concerns to the HR (human resource) Director "a couple of weeks ago," but was uncertain of the outcome. Client #2 indicated she had attempted to talk to staff #2 and staff #3 regarding her concerns. She stated staff #2 "doesn't know what to say about it. It's her boss." She stated, "I wish I knew what really is going on. The truth. It's awful. It's horrible. It's not good."</p>			

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	<p>Staff #2 was interviewed on 10/20/14 at 7:25 PM. She stated client #2 "is very paranoid. It stems from a discussion regarding money, a very appropriate use of their money, but she thinks everyone is out to get her." She indicated she reported client #2's concerns to the QIDP and client #2 sees a counselor. She stated, "I just try to reassure her."</p> <p>The facility's investigations from 10/13 to 10/14 were reviewed on 10/21/14 at 3:00 PM and failed to indicate an investigation involving client #2.</p> <p>Client #2's record was reviewed on 10/22/14 at 11:50 AM. Client #2 did not have a BSP to address behavior. A psychotropic medication review dated 9/10/14 indicated client #2 was prescribed a new order of Wellbutrin XL 150 mg in the AM. A prescription order attached to the visit dated 9/10/14 indicated client #2 was also prescribed Melatonin 1 mg at bedtime, Cymbalta (depression) 60 mg; take two capsules daily, and Latuda 40 mg (bi-polar) each evening.</p> <p>Behavior incident reports included in the record indicated:</p> <p>A report completed by staff #6 dated 9/10/14 indicated client #2 "started</p>						

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	<p>complaining the minute she got on the bus at 3:00 PM. She was complaining about the coat she bought with staff on Saturday. She had chosen the coat and was happy with it at the time. She continued complaining through out the night. When I would try and discuss it with her she would begin yelling and accusing staff of making her get the coat and making false accusations regarding staff and herself." There was no evidence the incident was reported to an administrator or of an investigation into the incident.</p> <p>A report completed by the house manager dated 10/8/14 indicated client #2 "began yelling and making false accusations against this staff screaming and yelling that she wanted to go shopping. She physically came across the desk at staff shoving her finger in staff's face. Staff was backed up against the wall and ask (sic) [client #2] to back up. She continued screaming and staff called manager. Manager talked (sic) to [client #2] and told staff if it happens again that she is threatening to call police. Other consumers were present when [client #2] became violent." There was no evidence the incident was reported to an administrator or of an investigation into the incident.</p>						

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	<p>A report completed by staff #5 dated 10/5/14 indicated client #2 was told how much money she had (\$4.00) and she thought she had over \$100.00. "She told me I was conspiring with the house manager to get rid of her and she didn't know why I was here." Staff intervention indicated "canceling Date night." There was no evidence the incident was reported to an administrator or of an investigation into the incident of client's concerns over missing money or of staff "conspiring with the house manager to get rid of her."</p> <p>The DRS was interviewed on 10/21/14 at 3:51 PM. When asked about client #2's allegations she indicated client #2 had been admitted to the group home with hallucinations and stated, "If you say anything, no matter what the subject she will think you are talking about her." She indicated client #2 had "come across the desk" at the Residential Manager and indicated if staff tell her she has no money, and if asked to let staff know when she goes out to smoke, she will become agitated. The DRS stated, "We are at a loss as to what to do," and "She thinks we are all out to get her." She indicated client #2 does not have behavioral issues with clients, and only with staff. She indicated client #2 had been taken to another town by staff #2 to</p>			

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	<p>purchase a leather coat client #2 wanted, then stated staff #2 had "made her" buy the coat. She indicated the incidents were documented on behavior reports and client #2 had spoken to the HR Director. She stated ""We document allegations through behavior reports."</p> <p>The DRS was interviewed again on 10/22/14 at 1:36 PM and when asked if they investigated client #2's allegations she stated "No. We don't look at that as an allegation due to her issues (psychiatric) lately."</p> <p>The DRS was interviewed on 10/29/14 at 10:39 AM and indicated the behavior reports for the group home were reviewed by the administrator, but the review was not documented. When asked about the threats to call police indicated in the behavior report dated 10/8/14, she indicated staff and clients were instructed the police would be called if clients' physically aggressive behavior was not able to be redirected.</p> <p>3. A BDDS report dated 1/25/14 and reported 1/28/14 indicated "Late report." The report indicated staff #7 reported that she witnessed staff #8, "Yell" at client #1. The report indicated staff #8 was suspended pending investigation of the alleged verbal abuse. There was no</p>				

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	<p>evidence of the investigation results in the report.</p> <p>The DRS was interviewed on 10/22/14 at 4:55 PM and indicated she would look for the investigation regarding the allegation of abuse involving client #1 on 1/25/14. No investigation into the incident was provided.</p> <p>The facility's undated Abuse/Neglect/Exploitation/Mistreatment of an Individual's Rights Investigation Procedure was reviewed on 10/20/14 at 4:18 PM and indicated "All Peak Community Services' staff and contracted agents are required to report immediately any situations of abuse, neglect, sexual exploitation, financial exploitation, mistreatment of a consumer, or violation of a consumer's rights..." The procedure indicated "any allegation of abuse/neglect that is formally reported will be promptly investigated...In pursuing the investigation, the investigator must thoroughly investigate the matter..." The procedure indicated corrective action would be taken to resolve the incident.</p> <p>9-3-2(a)</p>				

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W000153	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			

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	<p>immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview, the facility failed to timely report 1 of 1 incident of physical assault involving clients #1 and #3, failed to report to the Bureau of Developmental Disabilities in accordance with state law and to the administrator 3 of 3 allegations of abuse/neglect involving client #2, and failed to report 1 of 1 allegation of staff to client abuse involving client #1 in accordance with state law.</p> <p>Findings include:</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 10/21/14 at 2:41 PM and included the following:</p> <p>1. A BDDS report dated 2/2/14 and reported 2/4/14 indicated client #1 "grabbed" client #5's arm. The report was marked "late report." There were no injuries to client #5 noted. Corrective action indicated client behavior plans were followed and staff would continue to follow safety protocol.</p> <p>The Director of Residential Services</p>	W000153	<p>Tag 153 - Peak Community Services will 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: The staff person responsible for reporting a 2/2/14 incident on 2/4/14 received counseling on 2/17/14 for late reporting. The staff person responsible for submission of late reporting regarding staff #8 yelling at client #1 has been counseled for this neglect and retrained on BDDS Incident Reporting on 1/30/14. On 1/31/14, verbal counseling was received for the 1/25/14 incident of late reporting. Due to another late report, BDDS Incident Reporting Training and a verbal reprimand were received 11/14/14. The facility cannot locate a late report involving an altercation for Client #1 and Client #3 referenced in the survey. All reports were filed timely with these two clients. On a quarterly basis at the SGL house meetings, the QDDP will present a training on BDDS IR's and the 24 hour timeline with tests that show staff maintaining a passing score of 90% or greater on the post test. The QDDP in Winamac will submit test to Stephanie</p>	11/28/2014

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	<p>(DRS) was interviewed on 10/21/14 at 12:55 PM. She indicated the report dated 2/2/14 had been reported late.</p> <p>2. Client #2 was interviewed on 10/20/14 at 7:02 PM. She stated she was "stressed. There's a lot of stuff that goes on that shouldn't. She indicated she was given pills that were dropped on the floor and was not always given all of her pills. She was unable to provide details as to which pills or when the incident(s) occurred. When asked if she reported the incidents, she stated, "[DRS] is on overload and I quit telling her." She stated "No staff likes me," and indicated staff did not want to take her to the dentist and doctor the week before. She indicated the DRS and the residential manager accused her of things she did not do or say and stated, "It's like being falsely accused." She indicated she had expressed concerns to the HR (human resource) Director "a couple of weeks ago," but was uncertain of the outcome. Client #2 indicated she had attempted to talk to staff #2 and staff #3 regarding her concerns. She stated staff #2 "doesn't know what to say about it. It's her boss." She stated, "I wish I knew what really is going on. The truth. It's awful. It's horrible. It's not good."</p> <p>Staff #2 was interviewed on 10/20/14 at 7:25 PM. She stated client #2 "is very</p>		<p>Hoffman, Director of Residential and Day Services in Winamac and the QDDP's in Logansport will submit tests to Heather Warnick-DeWitt, SGL Manager in Logansport. Services of a Behavior Specialist will be added for Client #2. Peak Community Services will make a notation, if Client #2 makes continued accusations and take it to her Behavior Specialist/Psychiatrist for further review and recommendations. A tracking sheet will be created to track psychiatric symptoms and present to the Behavior Specialist due to her Schizo-Affective disorder. Peak Community Services will make a notation, if Client #2 makes continued accusations and take it to her Behavior Specialist/Psychiatrist for further review and recommendations. A tracking sheet will be created to track psychiatric symptoms and present it to the Behavior Specialist. Systemically, Peak will ensure a Human Rights Committee approved Behavior Support Plan is in place for group home clients on any psychotropic medications. The QDDP will assure these plans are in the master file, are shared with the entire IDT, and staff members are trained on the plans prior to implementation. The med reduction plans will be reviewed on at least a quarterly basis and noted on the QDDP's Monthly</p>	

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	<p>paranoid. It stems from a discussion regarding money, a very appropriate use of their money, but she thinks everyone is out to get her." She indicated she reported client #2's concerns to the QIDP and client #2 sees a counselor. She stated, "I just try to reassure her."</p> <p>The facility's investigations from 10/13 to 10/14 were reviewed on 10/21/14 at 3:00 PM and failed to indicate an investigation involving client #2.</p> <p>Client #2's record was reviewed on 10/22/14 at 11:50 AM. Behavior incident reports included in the record included:</p> <p>A report completed by staff #6 dated 9/10/14 indicated client #2 "started complaining the minute she got on the bus at 3:00 PM. She was complaining about the coat she bought with staff on Saturday. She had chosen the coat and was happy with it at the time. She continued complaining through out the night. When I would try and discuss it with her she would begin yelling and accusing staff of making her get the coat and making false accusations regarding staff and herself." There was no evidence the incident was reported to the administrator or to BDDS.</p>		<p>Review Report. Person Responsible: Pat Rozzi, Coordinator Shana Swartzell, QDDP Heather DeWitt, SGL Manager Jan Adair, Director of Residential Services Stephanie Hoffman, Director of Residential and Day Services, Winamac</p>				

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	<p>A report completed by the house manager dated 10/8/14 indicated client #2 "began yelling and making false accusations against this staff screaming and yelling that she wanted to go shopping. She physically came across the desk at staff showing her finger in staff's face. Staff was backed up against the wall and ask (sic) [client #2] to back up. She continued screaming and staff called manager. Manager talked (sic) to [client #2] and told staff if it happens again that she is threatening to call police. Other consumers were present when [client #2] became violent." There was no evidence the incident was reported to the administrator or to BDDS.</p> <p>A report completed by staff #5 dated 10/5/14 indicated client #2 was told how much money she had (\$4.00) and she thought she had over \$100.00. "She told me I was conspiring with the house manager to get rid of her and she didn't know why I was here." Staff intervention indicated "canceling Date night." There was no evidence the incident regarding client #2's concerns about missing money or staff "conspiring with the house manager to get rid of her" were reported to the administrator or to BDDS.</p> <p>The DRS was interviewed on 10/21/14 at 3:51 PM. When asked about client #2's</p>						

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	<p>allegations she indicated client #2 had been admitted to the group home with hallucinations and stated, "If you say anything, no matter what the subject she will think you are talking about her. She stated client #2 had "come across the desk" at the Residential Manager and indicated if staff tell her she has no money, and if asked to let staff know when she goes out to smoke, she will become agitated. The DRS stated, "We are at a loss as to what to do," and "She thinks we are all out to get her." She indicated client #2 does not have behavioral issues with clients, and only with staff. She indicated client #2 had been taken to another town by staff #2 to purchase a leather coat client #2 wanted, then stated staff #2 had "made her" buy the coat. She indicated the incidents were documented on behavior reports and client #2 had spoken to the HR Director. She stated ""We document her allegations through behavior reports."</p> <p>The DRS was interviewed again on 10/22/14 at 1:36 PM and when asked about client #2's allegations, she stated "...We don't look at that as an allegation due to her issues (psychiatric) lately."</p> <p>The DRS was interviewed on 10/29/14 at 10:39 AM and indicated the behavior reports for the group home were</p>			

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	<p>reviewed by the administrator, but the review was not documented.</p> <p>3. A BDDS report dated 1/25/14 and reported 1/28/14 indicated "Late report." The report indicated staff #7 reported that she witnessed staff #8, "Yell" at client #1. The report indicated staff #8 was suspended pending investigation of the alleged verbal abuse.</p> <p>The DRS was interviewed on 10/22/14 at 4:55 PM and indicated the incident was reported late.</p> <p>9-3-2(a)</p>						
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, the facility failed to document thorough investigations into 3 of 3 allegations of abuse/neglect involving client #2 and 1 of</p>	W000154	Tag 154 - Peak Community Services will provide evidence that all alleged violations are thoroughly investigated and must prevent further potential abuse while the investigation is in	11/28/2014			

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	<p>1 allegation of abuse involving client #1.</p> <p>Findings include:</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 10/21/14 at 2:41 PM and included the following:</p> <p>1. Client #2 was interviewed on 10/20/14 at 7:02 PM. She stated she was "stressed. There's a lot of stuff that goes on that shouldn't. She indicated she was given pills that were dropped on the floor and was not always given all of her pills. She was unable to provide details as to which pills or when the incident(s) occurred. When asked if she reported the incidents, she stated, "[DRS] is on overload and I quit telling her." She stated "No staff likes me," and indicated staff did not want to take her to the dentist and doctor the week before. She indicated the DRS and the residential manager accused her of things she did not do or say and stated, "It's like being falsely accused." She stated she had expressed concerns to the HR (human resource) Director "a couple of weeks ago," but was uncertain of the outcome. Client #2 indicated she had attempted to talk to staff #2 and staff #3 regarding her concerns. She stated staff #2 "doesn't know what to say about it. It's</p>		<p>progress. Services of a Behavior Specialist will be added for Client #2. Peak Community Services will make a notation, if Client #2 makes continued accusations and take it to her Behavior Specialist/Psychiatrist for further review and recommendations. A tracking sheet will be created to track psychiatric symptoms and present to the Behavior Specialist due to her Schizo-Affective disorder. Peak Community Services will make a notation, if Client #2 makes continued accusations and take it to her Behavior Specialist/Psychiatrist for further review and recommendations. A tracking sheet will be created to track psychiatric symptoms and present it to the Behavior Specialist. Systemically, Peak will ensure a Human Rights Committee approved Behavior Support Plan is in place for group home clients on any psychotropic medications. The QDDP will assure these Plans are in the master file, are shared with the entire IDT, and staff members are trained on the plans prior to implementation. The med reduction plans will be reviewed on at least a quarterly basis and noted on the QDDP's Monthly Review Report. The surveyor was not provided with an Investigation Report for the 1/26/14 incident. At the time of the incident, a Human Resource investigation report for Client #1</p>		

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	<p>her boss." She stated, "I wish I knew what really is going on. The truth. It's awful. It's horrible. It's not good."</p> <p>Staff #2 was interviewed on 10/20/14 at 7:25 PM. She stated client #2 "is very paranoid. It stems from a discussion regarding money, a very appropriate use of their money, but she thinks everyone is out to get her." She indicated she reported client #2's concerns to the QIDP and client #2 sees a counselor. She stated, "I just try to reassure her."</p> <p>The facility's investigations from 10/13 to 10/14 were reviewed on 10/21/14 at 3:00 PM and failed to indicate an investigation involving client #2.</p> <p>Client #2's record was reviewed on 10/22/14 at 11:50 AM. Behavior incident reports included in the record indicated the following:</p> <p>A report completed by staff #6 dated 9/10/14 indicated client #2 "started complaining the minute she got on the bus at 3:00 PM. she was complaining about the coat she bought with staff on Saturday. She had chosen the coat and was happy with it at the time. She continued complaining through out the night. When I would try and discuss it with her she would begin yelling and</p>		<p>was completed. A summary is attached regarding the allegation of verbal abuse by SGL Coordinator, and SGL DSP. A complete investigation was done in a timely manner. The abuse was substantiated and she was terminated with no paper suspension. The DSP allegation was substantiated with retraining and suspension with no pay and to monitor interactions. Person Responsible: Pat Rozzi, Coordinator Shana Swartzell, QDDP Heather Warnick-DeWitt, SGL Manager Jan Adair, Director of Residential Services Stephanie Hoffman, Director of Residential and Day Services, Winamac Liz Carson, Director of Human Resources</p>	

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	<p>accusing staff of making her get the coat and making false accusations regarding staff and herself." There was no evidence of an investigation into the incident.</p> <p>A report completed by the house manager dated 10/8/14 indicated client #2 "began yelling and making false accusations against this staff screaming and yelling that she wanted to go shopping. She physically came across the desk at staff showing her finger in staff's face. Staff was backed up against the wall and ask (sic) [client #2] to back up. She continued screaming and staff called manager. Manager talked (sic) to [client #2] and told staff if it happens again that she is threatening to call police. Other consumers were present when [client #2] became violent." There was no evidence of an investigation into the incident.</p> <p>A report completed by staff #5 dated 10/5/14 indicated client #2 was told how much money she had (\$4.00) and she thought she had over \$100.00. "She told me I was conspiring with the house manager to get rid of her and she didn't know why I was here." Staff intervention indicated "canceling Date night." There was no evidence of an investigation regarding client #2's concerns about missing money or of staff "conspiring with the house manager to get rid of her."</p>			

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	<p>The DRS was interviewed on 10/21/14 at 3:51 PM. When asked about client #2's allegations she indicated client #2 had been admitted to the group home with hallucinations and stated, "If you say anything, no matter what the subject she will think you are talking about her. She stated client #2 had "come across the desk" at the Residential Manager and indicated if staff tell her she has no money, and if asked to let staff know when she goes out to smoke, she will become agitated. The DRS stated, "We are at a loss as to what to do," and "She thinks we are all out to get her." She indicated client #2 had been taken to another town by staff #2 to purchase a leather coat client #2 wanted, then stated staff #2 had "made her" buy the coat. She indicated the incidents were documented on behavior reports and client #2 had spoken to the HR Director. She stated ""We document allegations through behavior reports."</p> <p>The DRS was interviewed again on 10/22/14 at 1:36 PM and when asked if they investigated client #2's allegations, she stated "No. We don't look at that as an allegation due to her issues (psychiatric) lately."</p> <p>2. A BDDS report dated 1/25/14 and</p>						

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NAME OF PROVIDER OR SUPPLIER PEAK COMMUNITY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1625 HIGH ST LOGANSPORT, IN 46947
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W000157	<p>reported 1/28/14 indicated "Late report." The report indicated staff #7 reported that she witnessed staff #8, "Yell" at client #1. The report indicated staff #8 was suspended pending investigation of the alleged verbal abuse. There was no evidence of the investigation results in the report.</p> <p>The DRS was interviewed on 10/22/14 at 4:55 PM and indicated she would look for the investigation regarding the allegation of abuse involving client #1 on 1/25/14. No investigation into the incident was provided.</p> <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 record review and interview, the facility failed to develop and implement effective corrective action to protect 2 of 3 sampled clients (clients #1 and #3) and 2 additional clients (clients #5 and #6) from physically aggressive behavior by clients #1 and #3.</p>	W000157	Tag 157 - Peak Community Services will ensure that if an alleged violation is verified, appropriate corrective action will be taken. A 10/13/14 Incident Report regarding client #1 and client #3 was unavailable to the surveyors but was completed at the time of the incident. This	11/28/2014

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	<p>Findings include:</p> <p>The Residential Manager was interviewed on 10/20/14 at 6:30 PM. When asked about behavioral incidents involving clients living in the group home, she stated "There were a few incidents while I was gone last week. I think it's a security issue. I didn't think I would have as much influence as I have been here only 3 months."</p> <p>Staff #2 was interviewed on 10/20/14 at 6:45 PM. She stated, "There was an issue last week between [client #3] and [client #1]. It happened in the van while staff at Peak (day services). The 'Q' (Qualified Intellectual Disabilities Professional) was there and they were able to see and intervene, " and "The ladies bicker back and forth and have a love/hate relationship." She indicated there were no injuries and stated the clients' aggression was "Mostly verbal."</p> <p>Client #1 was interviewed on 10/20/14 at 6:50 PM. She indicated her bedroom had been moved and stated, "we (client #3) got into a fight." Client demonstrated to the surveyor how she placed her hands around client #3's neck, and stated, "but staff heard" and intervened between the clients.</p>		<p>report will be attached to the survey. Peak will obtain the services of a Behavior Specialist with MA, BC qualifications for Client #1, 2 and 3. Behavior Support Plans will be developed for all three to include functional assessments on behavior. The Director of Residential Services will draw up a contract with the Specialists with the start date at the specialists earliest possible convenience. Systemically, Peak will ensure a Human Rights Committee approved Behavior Support Plan is in place for group home clients on any psychotropic medications. The QDDP will assure these Plans are in the master file, are shared with the entire IDT, and staff members are trained on the plans prior to implementation. The medication reduction plans will be reviewed on at least a quarterly basis and noted on the QDDP's Monthly review Report. To assist with behaviors between Client #1 and Client #3: Consumers agreed and with guardian approval were moved to different locations in the house to be separated from each other. After the Holiday's the house is to be renovated to assist with monitoring behaviors of the consumers. Responsible Person: Pat Rozzi, Coordinator Shana Swartzell, QDDP Heather Warnick-DeWitt, SGL Manager Jan Adair, Director of Residential Services Stephanie Hoffman, Director of Residential and Day</p>	

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	<p>Client #4 was interviewed on 10/20/14 at 7:00 PM. She indicated she felt safe living in the group home, but stated, "The ladies argue and it stresses me out. I have Bells Palsy." She indicated stress increased her Bells Palsy symptoms.</p> <p>Client #5 was interviewed on 10/20/14 at 7:01 PM. She stated she didn't like "all the fighting" with client #1. She stated client #1 did not injure her, "but screams at staff and clients." Client #5 indicated client #1 scratched client #3's face on the van, but did not indicate when the incident occurred.</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 10/21/14 at 2:41 PM and included the following:</p> <p>1. A BDDS report dated 2/2/14 and reported 2/4/14 indicated client #1 "grabbed" client #5's arm. There were no injuries to client #5 noted. Corrective action indicated client behavior plans were followed and staff would continue to follow safety protocol.</p> <p>A BDDS report dated 2/3/14 indicated discharged client #6 was washing her dishes and client #1 went to place her</p>		Services, Winamac Behavior Specialist				

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	<p>dishes in the dishwasher. Client #6 reached over and slapped client #1 on the chin "for no apparent reason." Client #6 indicated she didn't want to be near client #1, so she slapped her. Staff applied ice to client #1's chin and no injury was noted or observed. Staff counseled client #6 and directed to client #6 to her room. Client #6 apologized. Corrective action indicated "Staff were there to intervene and provide a safe environment. Behavior plans were followed and [client #6] receives counseling."</p> <p>A BDDS report dated 3/14/14 indicated client #3 "had a disagreement" with client #1. "She punched her in the lip and pushed her. [Client #1] had swollen (sic) lip and red marks on her chest. Staff applied ice. Nurse and SGL (supported group living) manager notified. [Client #3] later apologized...." Corrective action indicated "Staff were there to intervene and provide a safe environment. Behavior plans followed and clients redirected to separate rooms in order to calm down. [Client #1] attends counseling regularly. No other injuries reported."</p> <p>A BDDS report dated 5/6/14 indicated client #3 and client #1 were "screaming and hitting each other in the hallway." Staff intervened and sent clients to separate rooms to calm down. No injuries</p>			

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	<p>were noted or reported. Corrective action indicated "staff intervened in order to provide a safe environment. Behavior plans followed and [client #1] was moved to a different bedroom on the other side of the house away from [client #3]. Clients attend counseling regularly. No other injuries noted or reported."</p> <p>A BDDS report dated 5/13/14 indicated clients #1 and #3 were "screaming at each other and [client #3] grabbed [client #1] by the arm threw (sic) her down leaving a mark on her arm. Staff intervened sent (sic) clients to their rooms in order to calm down. No other injuries noted (sic) or reported." Corrective action indicated "Staff intervened in order to provide a safe environment. Behavior plans followed clients (sic) sent to their rooms to calm down. Clients attend counseling regularly. No other problems the rest of the evening."</p> <p>A BDDS report dated 8/24/14 indicated client #3 "began to yell at" and "attack" client #1 before staff could intervene. "[Client #3] struck [client #1] in the arm scratching her right arm with her nails while swinging a key ring at her. [Client #1] continued to provoke [client #3] even though staff tried to intervene." Corrective action indicated client #1 was</p>			

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	<p>checked for scratch marks on her right arm and antibiotic cream was applied. "[Client #3] was checked for injury to her left hand and antibiotic cream applied (sic). Staff will continue to monitor both consumers and intervene as necessary."</p> <p>Investigations into the incidents of physically aggressive behavior were reviewed on 10/21/14 at 3:00 PM and indicated recommendations to encourage clients to follow BSPs (behavior support plans) and for clients to "keep hands to themselves."</p> <p>The Director of Residential Services (DRS) was interviewed on 10/21/14 at 12:55 PM. She stated the group home was being renovated "hopefully by Christmas" to provide more open spaces for staff to monitor clients' interactions to prevent physically aggressive behavior. She indicated clients #1 and #3 get back in the living room area become physically aggressive and stated "I don't know what else to do." She indicated client #1 and #3's bedrooms had been moved so they would not be in close proximity to one another, and the renovation to the group home was expected to be completed in December, 2014. The DRS indicated the incident involving client #1 and #3 and indicated by clients #1, #4 and #5 and staff #2 had been reported to the BDDS</p>			

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	<p>and would be provided.</p> <p>Client #1's records were reviewed on 10/22/14 at 10:45 AM. A Behavior Support Plan (BSP) dated 3/14 indicated target behaviors of verbal aggression and physical aggression. Client #1's "baseline rates" for the year prior to 3/14 indicated 29 episodes of verbal aggression and 3 episodes of physical aggression. The plan included the use of CPI (Crisis Prevention Institute) techniques including one and two hand wrist grab releases, one and two hand hair pull releases, front and back choke hold releases, a bite release, team control position, and transport position. The plan included the use of Yvanse 70 mg (milligrams) daily to address ADHD (Attention Deficit Hyperactivity Disorder), Risperdal (bi-polar disorder) 2 mg, and Lexapro 20 mg for depression/anxiety. There was no evidence of a revision to client #1's BSP since 3/14/14.</p> <p>A psychotropic medication review included in the record dated 6/12/14 indicated in addition to the medications listed in her 3/14 BSP, client #1 also was prescribed Nuedexta 20-10 mg twice daily to address "involuntary outbursts of crying, etc. and Melatonin 5 mg for sleep.</p> <p>A counseling report dated 7/17/14</p>			

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	<p>included in the record indicated "Angry outbursts" for client #1's area of focus and the report indicated client #1 would continue to be seen.</p> <p>The DRS was interviewed on 10/22/14 at 1:55 PM and when asked about client #1's counseling sessions after 7/17/14, stated, "They won't see her anymore because she is belligerent."</p> <p>Client #3's records were reviewed on 10/22/14 at 9:24 AM. Client #3's BSP dated 5/14 indicated target behaviors of provoking, verbal aggression, physical aggression, hallucinations, talking to self, asking others for food, snacks or money. The plan included the use of Seroquel XR (extended release) 600 mg in the PM for acute and maintenance treatment of schizophrenia/bi-polar and Lamictal XR 100 mg in the AM and 200 mg in the PM for bi-polar. The plan included the use of CPI interventions of kick block, one and two hand wrist grab release, one and two hand hair pull release, front and back choke release, bite release, team control position and transport position. There was no evidence client #3's plan had been revised since 5/14.</p> <p>A psychotropic medication review dated 8/19/14 included in the record indicated client #3 was at "lowest effective dose at</p>			

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	<p>this time."</p> <p>An investigation report dated 10/13/14 was reviewed on 10/23/14 at 6:00 PM. The incident indicated client #1 "left work upset. Got (sic) in the van and began scratching [client #3]." The report indicated client #1 was interviewed and "stated she was upset after work. She admitted to yelling and scratching [client #3]. Recommendations indicated clients #1 and #3 "will not go into each other's space. Each have a goal to 'respect other's space'." The report indicated the incident was filed with the BDDS.</p> <p>A BDDS report dated 10/13/14 was reviewed on 10/27/14 at 2:14 PM. It indicated client #1 "attacked" client #3 on the group home van causing scratches (size not indicated) to client #3's face and neck. Client #1 indicated later she was "upset" because she missed her brother. Corrective action indicated client #1's plan would be reviewed. There was no evidence of an IDT meeting to review client #1's plan.</p> <p>The DRS was interviewed on 10/29/14 at 10:39 AM and indicated there had been no revisions to the clients' plans and she would check for an IDT meeting as indicated in the corrective action in the BDDS report dated 10/13/14 of physical</p>						

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W000159	<p>aggression between clients #1 and #3. The DRS indicated the facility was planning to utilize a behavior specialist to address client #1, #2 and #3's behaviors. No additional evidence was provided of an IDT meeting regarding the incident or of corrective action for client #1 and #3's physically aggressive behavior.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based upon record review and interview for 1 of 4 sampled clients (client #2), the Qualified Intellectual Disabilities Professional failed to ensure client #2's needs in oral hygiene and behavioral interventions were addressed.</p> <p>Findings include: Client #2's record was reviewed on</p>	W000159	Tag 159 - Peak Community Services will ensure each client's active treatment program must be integrated, coordinated, and monitored by a Qualified Mental Retardation Professional. Peak will obtain the services of a behavior Specialist with MA, BC qualifications for clients, #1, 2, and 3. Behavior Support Plans will be developed for all three to include functional assessments	11/28/2014

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	<p>10/22/14 at 11:50 AM and included the following:</p> <p>A letter to the Director of Residential Services dated 8/12/14 indicated "This letter is to reaffirm and stress the importance of home care in maintaining the oral health of [client #2]....After having seen [client #2] for the past two-and-a half years it is apparent that the need for brushing her teeth multiple times per day as well as flossing a minimum of once per day is mandatory. While her decay rate has remained relatively low the health of her periodontal structure relies on this vigorous pursuit of optimum oral health care. We as her dental professionals can evaluate and monitor her condition on an annual or semi-annual basis but the ultimate success or failure rests on [client #2] and her maintenance of an appropriate daily routine as outlines above...." Client #2's Individual Support Plan dated 11/22/13 did not include an objective to address client #2's needs in oral health care.</p> <p>A psychotropic medication review dated 9/10/14 indicated client #2 had a new order for Wellbutrin (anti-depressive) XL (extended release) 150 mg (milligrams) in the morning and indicated reorders for Melatonin (insomnia) 1 mg at bedtime</p>		<p>on behavior. The Director of residential Services will draw up a contract with the Specialists with the start date at the Specialists earliest possible convenience. Systemically, Peak will ensure a Human Rights Committee approved Behavior Support Plan is in place for group home clients on any psychotropic medications. The QDDP will assure these Plans are in the master file, are shared with the entire IDT, and staff members are trained on the plans prior to implementation. The medication reduction plans will be reviewed on at least a quarterly basis and noted on the QDDP's Monthly review Report. Client #2 had many oral care issues. An oral health care objective will be completed and implemented and Consumer Specific Training implemented by 11/28/14 on Client #2. Systemically, during monthly house meetings, the House coordinator and QDDP will review any medical recommendations for the month. Any recommendations that require goals will be developed by the QDDP. Person Responsible: Pat Rozzi, Coordinator Shana Swartzell, QDDP Heather Warnick-DeWitt, SGL Manager Jan Adair, Director of Residential Services Stephanie Hoffman, Director of Residential and Day Services, Winamac Behavior Specialist</p>				

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W000164	<p>and Latuda (bi-polar) 40 mg each evening at supper. The progress notes for the visit indicated client #2 "has been dealing with Dysthymic Disorder (depression) and Anxiety for years. A noted dated 12/1/13 written by the QIDP (Qualified Intellectual Disabilities Professional) indicated client #2's "mood is stabilized and does not need a BSP at this time. [Client #2] continues to comply with med (medication) management and med reviews every 12 weeks at [mental health facility]. Staff will continue to monitor and observe as needed."</p> <p>The Director of Residential Services (DRS) was interviewed on 10/22/14 at 5:15 PM and indicated client #2 did not have a dental hygiene goal, but it would be addressed at her new ISP. She indicated a BSP had been requested, but due to turnover in QIDP staff, the plan had not been written.</p> <p>9-3-3(a)</p> <p>483.430(b)(1) PROFESSIONAL PROGRAM SERVICES Each client must receive the professional program services needed to implement the active treatment program defined by each</p>				

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	<p>client's individual program plan.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (clients #1, #2 and #3), the facility failed to assure the professional program services clinician (behavioral consultant) was available in the group home to assess client behaviors, develop and ensure implementation of behavior plans.</p> <p>Findings include:</p> <p>The Residential Manager was interviewed on 10/20/14 at 6:30 PM. When asked about behavioral incidents involving clients living in the group home, she stated "There were a few incidents while I was gone last week. I think it's a security issue. I didn't think I would have as much influence as I have been here only 3 months."</p> <p>Staff #2 was interviewed on 10/20/14 at 6:45 PM. She stated, "There was an issue last week between [client #3] and [client #1]. It happened in the van while staff at Peak (day services). The 'Q' (Qualified Intellectual Disabilities Professional) was there and they were able to see and intervene...The ladies bicker back and forth and have a love/hate relationship." She indicated there were no injuries and stated the clients' aggression was "Mostly</p>	W000164	<p>Tag - 164 -Peak Community Services will ensure each client receive the professional program services needed to implement the active treatment program defined by each client's individual program plan. Peak will obtain the services of a behavior Specialist with MA, BC qualifications for clients, #1, 2, and 3. Behavior Support Plans will be developed for all three to include functional assessments on behavior. The Director of residential Services will draw up a contract with the Specialists with the start date at the Specialists earliest possible convenience. Systemically, Peak will ensure a Human Rights Committee approved Behavior Support Plan is in place for group home clients on any psychotropic medications. The QDDP will assure these Plans are in the master file, are shared with the entire IDT, and staff members are trained on the plans prior to implementation. The medication reduction plans will be reviewed on at least a quarterly basis and noted on the QDDP's Monthly review Report. Peak Community services will make a notation, if Client #2 makes continued accusations it will be taken to her Behavior Specialist/Psychiatrist, for further review and recommendations. A tracking sheet will be created to track psychiatric symptoms for Client #2 and present to the Behavior</p>	11/28/2014			

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	<p>verbal."</p> <p>Client #1 was interviewed on 10/20/14 at 6:50 PM. She indicated her bedroom had been moved and stated, "we (client #3) got into a fight." Client #1 demonstrated to the surveyor how she placed her hands around client #3's neck, and stated, "but staff heard" and intervened between the clients.</p> <p>Client #4 was interviewed on 10/20/14 at 7:00 PM. She indicated she felt safe living in the group home, but stated, "The ladies argue and it stresses me out. I have Bells Palsy." She indicated stress increased her Bells Palsy symptoms.</p> <p>Client #5 was interviewed on 10/20/14 at 7:01 PM. She stated she didn't like "all the fighting" with client #1. She stated client #1 did not injure her, "but screams at staff and clients." Client #5 indicated client #1 scratched client #3's face on the van, but did not indicate when the incident occurred.</p> <p>The facility's incidents reported to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 10/21/14 at 2:41 PM and included the following:</p> <p>1. A BDDS report dated 2/2/14 and</p>		<p>Specialist. Tracking sheets will be in place prior to 11/28/14 to track target behaviors for Client #1, Client #2, and Client #3. Client #1 has resumed counseling services at Four County. Client #1 has been accepted following Client #1's termination of counseling services due to Client #1's belligerence. Person Responsible: Pat Rozzi, Coordinator Shana Swartzell, QDDP Heather Warnick-DeWitt, SGL Manager Jan Adair, Director of Residential Services Stephanie Hoffman, Director of Residential and Day Services, Winamac Behavior Specialist</p>				

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	<p>reported 2/4/14 indicated client #1 "grabbed" client #5's arm. The report was marked "late report." There were no injuries to client #5 noted. Corrective action indicated client behavior plans were followed and staff would continue to follow safety protocol.</p> <p>A BDDS report dated 2/3/14 indicated discharged client #6 was washing her dishes and client #1 went to place her dishes in the dishwasher. Client #6 reached over and slapped client #1 on the chin "for no apparent reason." Client #6 indicated she didn't want to be near client #1, so she slapped her. Staff applied ice to client #1's chin and no injury was noted or observed. Staff counseled client #6 and directed to client #6 to her room. Client #6 apologized. Corrective action indicated "Staff were there to intervene and provide a safe environment. Behavior plans were followed and [client #6] receives counseling."</p> <p>A BDDS report dated 3/14/14 indicated client #3 "had a disagreement" with client #1. "She punched her in the lip and pushed her. [Client #1] had swollen (sic) lip and red marks on her chest. Staff applied ice. Nurse and SGL (supported group living) manager notified. [Client #3] later apologized...." Corrective action indicated "Staff were there to intervene</p>						

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	<p>and provide a safe environment. Behavior plans followed and clients redirected to separate rooms in order to calm down. [Client #1] attends counseling regularly. No other injuries reported."</p> <p>A BDDS report dated 5/6/14 indicated client #3 and client #1 were "screaming and hitting each other in the hallway." Staff intervened and sent clients to separate rooms to calm down. No injuries were noted or reported. Corrective action indicated "staff intervened in order to provide a safe environment. Behavior plans followed and [client #1] was moved to a different bedroom on the other side of the house away from [client #3]. Clients attend counseling regularly. No other injuries noted or reported."</p> <p>A BDDS report dated 5/13/14 indicated clients #1 and #3 were "screaming at each other and [client #3] grabbed [client #1] by the arm threw (sic) her down leaving a mark on her arm. Staff intervened sent (sic) clients to their rooms in order to calm down. No other injuries noted (sic) or reported." Corrective action indicated "Staff intervened in order to provide a safe environment. Behavior plans followed clients (sic) sent to their rooms to calm down. Clients attend counseling regularly. No other problems the rest of</p>				

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	<p>the evening."</p> <p>A BDDS report dated 8/24/14 indicated client #3 "began to yell at" and "attack" client #1 before staff could intervene." [Client #3] struck [client #1] in the arm scratching her right arm with her nails while swinging a key ring at her. [Client #1] continued to provoke [client #3] even though staff tried to intervene." Corrective action indicated client #1 was checked for scratch marks on her right arm and antibiotic cream was applied. "[Client #3] was checked for injury to her left hand and antibiotic cream applied (sic). Staff will continue to monitor both consumers and intervene as necessary."</p> <p>Investigations into the incidents of physically aggressive behavior were reviewed on 10/21/14 at 3:00 PM and indicated recommendations to encourage clients to follow BSPs (behavior support plans) and for clients to "keep hands" to themselves."</p> <p>Client #1's records were reviewed on 10/22/14 at 10:45 AM. A Behavior Support Plan (BSP) dated 3/14 indicated target behaviors of verbal aggression and physical aggression. Client #1's "baseline rates" for the year prior to 3/14 indicated 29 episodes of verbal aggression and 3 episodes of physical aggression. The plan</p>						

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	<p>included the use of CPI (Crisis Prevention Institute) techniques including one and two hand wrist grab releases, one and two hand hair pull releases, front and back choke hold releases, a bite release, team control position, and transport position. The plan included the use of Yvanse 70 mg (milligrams) daily to address ADHD (Attention Deficit Hyperactivity Disorder), Risperdal (bi-polar disorder) 2 mg, and Lexapro 20 mg for depression/anxiety. There was no evidence of a revision to client #1's BSP since 3/14/14 and no evidence of a behavioral clinician's involvement in the assessment of client #1's behaviors or the development, implementation and monitoring of a plan to address client #1's behaviors.</p> <p>A psychotropic medication review dated 6/12/14 indicated in addition to the medications listed in her 3/14 BSP, client #1 also was prescribed Nuedexta 20-10 mg twice daily to address "involuntary outbursts of crying, etc. and Melatonin 5 mg for sleep.</p> <p>A counseling report dated 7/17/14 indicated "Angry outbursts" for client #1's area of focus and the report indicated client #1 would continue to be seen.</p> <p>The DRS was interviewed on 10/22/14 at</p>			

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	<p>1:55 PM and when asked about client #1's counseling sessions after 7/17/14, stated, "They won't see her anymore because she is belligerent."</p> <p>Client #3's records were reviewed on 10/22/14 at 9:24 AM. Client #3's BSP dated 5/14 indicated target behaviors of provoking, verbal aggression, physical aggression, hallucinations, talking to self, asking others for food, snacks or money. The plan included the use of Seroquel XR (extended release) 600 mg in the PM for acute and maintenance treatment of schizophrenia/bi-polar and Lamictal XR 100 mg in the AM and 200 mg in the PM for bi-polar. The plan included the use of CPI interventions of kick block, one and two hand wrist grab release, one and two hand hair pull release, front and back choke release, bite release, team control position and transport position. There was no evidence client #3's plan had been revised since 5/14. There was no evidence of a revision to client #3's BSP since 3/14/14 and no evidence of a behavioral clinician's involvement in the assessment of client #3's behavior or the development, implementation and monitoring of a plan to address client #3's behaviors.</p> <p>A psychotropic medication review dated 8/19/14 indicated client #3 was at "lowest</p>			

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	<p>effective dose at this time."</p> <p>An investigation report dated 10/13/14 was reviewed on 10/23/14 at 6:00 PM. The incident indicated client #1 "left work upset. Got (sic) in the van and began scratching [client #3]." The report indicated client #1 was interviewed and "stated she was upset after work. She admitted to yelling and scratching [client #3]." Recommendations indicated clients #1 and #3 "will not go into each other's space. Each have a goal to 'respect other's space'." The report indicated the incident was filed with the BDDS.</p> <p>A BDDS report dated 10/13/14 was reviewed on 10/27/14 at 2:14 PM. It indicated client #1 "attacked" client #3 on the group home van causing scratches (size not indicated) to client #3's face and neck. Client #1 indicated later she was "upset" because she missed her brother. Corrective action indicated client #1's plan would be reviewed.</p> <p>2. Client #2 was interviewed on 10/20/14 at 7:02 PM. Client #2 stated she was "stressed. There's a lot of stuff that goes on that shouldn't." Client #2 indicated she was given pills that were dropped on the floor and was not always given all of her pills. She was unable to provide details as to which pills or when the incident(s)</p>						

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	<p>occurred. When asked if she reported the incidents, she stated, "[DRS] is on overload and I quit telling her." She stated "No staff likes me," and indicated staff did not want to take her to the dentist and doctor the week before. She indicated the DRS and the residential manager accused her of things she did not do or say and stated, "It's like being falsely accused." She indicated she had expressed concerns to the HR (human resource) Director "a couple of weeks ago," but was uncertain of the outcome. Client #2 indicated she had attempted to talk to staff #2 and staff #3 regarding her concerns. She stated staff #2 "doesn't know what to say about it. It's her boss." She stated, "I wish I knew what really is going on. The truth. It's awful. It's horrible. It's not good."</p> <p>Staff #2 was interviewed on 10/20/14 at 7:25 PM. She stated client #2 "is very paranoid. It stems from a discussion regarding money, a very appropriate use of their money, but she thinks everyone is out to get her." She indicated she reported client #2's concerns to the QIDP and client #2 sees a counselor. She stated, "I just try to reassure her."</p> <p>Client #2's record was reviewed on 10/22/14 at 11:50 AM. Client #2 did not have a BSP to address behavior. A</p>			

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	<p>psychotropic medication review dated 9/10/14 indicated client #2 was prescribed a new order of Wellbutrin XL 150 mg in the AM. A prescription order attached to the visit dated 9/10/14 indicated client #2 was also prescribed Melatonin 1 mg at bedtime, Cymbalta (depression) 60 mg; take two capsules daily, and Latuda 40 mg (bi-polar) each evening. A noted dated 12/1/13 written by the QIDP (Qualified Intellectual Disabilities Professional) indicated client #2's "mood is stabilized and does not need a BSP at this time. [Client #2] continues to comply with med (medication) management and med reviews every 12 weeks at [mental health facility]. Staff will continue to monitor and observe as needed." There was no evidence of a behavioral clinician's involvement in the assessment of client #2's behaviors or the development, implementation and monitoring of a plan to address client #2's behaviors.</p> <p>A psychotropic medication review included in the record dated 9/10/14 indicated client #1 had a new order for Wellbutrin (anti-depressive) XL (extended release) 150 mg (milligrams) in the morning and indicated reorders for Melatonin (insomnia) 1 mg at bedtime and Latuda (bi-polar) 40 mg each evening at supper. The progress notes for the visit</p>						

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	<p>indicated client #2 "has been dealing with Dysthymic Disorder (depression) and Anxiety for years.</p> <p>Behavior incident reports included in the record indicated the following:</p> <p>A report completed by staff #6 dated 9/10/14 indicated client #2 "started complaining the minute she got on the bus at 3:00 PM. She was complaining about the coat she bought with staff on Saturday. She had chosen the coat and was happy with it at the time. She continued complaining through out the night. When I would try and discuss it with her she would begin yelling and accusing staff of making her get the coat and making false accusations regarding staff and herself."</p> <p>A report completed by the house manager dated 10/8/14 indicated client #2 "began yelling and making false accusations against this staff screaming and yelling that she wanted to go shopping. She physically came across the desk at staff shoving her finger in staff's face. Staff was backed up against the wall and ask (sic) [client #2] to back up. She continued screaming and staff called manager. Manager talked (sic) to [client #2] and told staff if it happens again that she is threatening to call police. Other</p>						

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	<p>consumers were present when [client #2] became violent."</p> <p>A report completed by staff #5 dated 10/5/14 indicated client #2 was told how much money she had (\$4.00) and she thought she had over \$100.00. "She told me I was conspiring with the house manager to get rid of her and she didn't know why I was here." She indicated she didn't want her boyfriend's parents to know what went on between her and the house manager. Staff intervention indicated "canceling Date night."</p> <p>The DRS was interviewed on 10/21/14 at 3:51 PM. When asked about client #2's allegations she indicated client #2 had been admitted to the group home with hallucinations and stated, "If you say anything, no matter what the subject she will think you are talking about her. She indicated client #2 had "come across the desk" at the Residential Manager and indicated if staff tell her she has no money, and if asked to let staff know when she goes out to smoke, she will become agitated. The DRS stated, "We are at a loss as to what to do," and "She thinks we are all out to get her." She indicated client #2 does not have behavioral issues with clients, and only with staff. She indicated client #2 had been taken to another town by staff #2 to</p>			

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W000214	<p>purchase a leather coat client #2 wanted, then stated staff #2 had "made her" buy the coat. She indicated the incidents were documented on behavior reports and client #2 had spoken to the HR Director.</p> <p>The DRS was interviewed again on 10/22/14 at 10:35 AM and when asked if a behavioral clinician had been involved with the assessment of the clients' behaviors, development and implementation of their plans, she indicated the facility had planned to use a behavioral specialist to address their behaviors, but had not done so yet.</p> <p>9-3-3(a)</p> <p>483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management</p>			

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	<p>needs.</p> <p>Based upon record review and interview, the facility failed to ensure comprehensive functional behavioral assessments were completed for 3 of 3 sampled clients (clients #1, #2 and #3).</p> <p>Findings include:</p> <p>1. Client #1's records were reviewed on 10/22/14 at 10:45 AM. A Behavior Support Plan (BSP) dated 3/14 indicated target behaviors of verbal aggression and physical aggression. Client #1's "baseline rates" for the year prior to 3/14 indicated 29 episodes of verbal aggression and 3 episodes of physical aggression. The plan included the use of CPI (Crisis Prevention Institute) techniques including one and two hand wrist grab releases, one and two hand hair pull releases, front and back choke hold releases, a bite release, team control position, and transport position. The plan included the use of Yvanse 70 mg (milligrams) daily to address ADHD (Attention Deficit Hyperactivity Disorder), Risperdal (bi-polar disorder) 2 mg, and Lexapro 20 mg for depression/anxiety. Client #1's comprehensive functional assessment (CFA) dated 3/1/14 did not include a functional assessment of her behavior.</p> <p>A psychotropic medication review dated</p>	W000214	<p>Tag 214 - Peak Community Services will ensure the client's specific developmental and behavioral management needs. Peak will obtain the services of a Behavior Specialist with MA, BC qualifications for Client #1, 2 and 3. Behavior Support Plans will be developed for all three to include functional assessments on behavior. The Director of Residential Services will draw up a contract with the Specialists with the start date at the specialists earliest possible convenience. A more thorough Functional Assessment on behavior than Peak's current Comprehensive Functional Analysis form will be completed by the Behavior Specialist for clients #1, 2 and 3. Peak Community Services will make a notation, if Client #2 makes continued accusations and take it to her behavior specialist/Psychiatrist for further review and recommendations. A tracking sheet will be created to track psychiatric symptoms and present to the Behavior Specialist. Systemically, Peak will provide an inservice for QDDP's for training toward higher quality Behavior Support Plans and Functional Assessments on behavior. A Presenter with behavioral expertise will be obtained by Director of Support and Quality Assurance. A presentation will</p>	11/28/2014

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	<p>6/12/14 indicated in addition to the medications listed in her 3/14 BSP, client #1 also was prescribed Nuedexta 20-10 mg twice daily to address "involuntary outbursts of crying, etc.," and Melatonin, 5 mg for sleep.</p> <p>A counseling report dated 7/17/14 indicated "Angry outbursts" for client #1's area of focus and the report indicated client #1 would continue to be seen.</p> <p>The DRS was interviewed on 10/22/14 at 1:55 PM and when asked about client #1's counseling sessions after 7/17/14, stated, "They won't see her anymore because she is belligerent."</p> <p>2. Client #2's record was reviewed on 10/22/14 at 11:50 AM. Client #2 did not have a BSP to address behavior. A psychotropic medication review dated 9/10/14 indicated client #2 was prescribed a new order of Wellbutrin XL 150 mg in the AM. A prescription order attached to the visit dated 9/10/14 indicated client #2 was also prescribed Melatonin 1 mg at bedtime, Cymbalta (depression) 60 mg; take two capsules daily, and Latuda 40 mg (bi-polar) each evening. Client #2's 5/28/14 CFA did not include a functional assessment of her behavior.</p>		<p>be complete by 3/31/15. Person Responsible: Pat Rozzi, Coordinator Shana Swartzell, QDDP Heather Warnick-DeWitt/SGL Manager Jan Adair, Director of Residential Services Stephanie Hoffman, Director of Residential and Day Services, WinamacConnie English, Director of Support and Quality AssuranceBehavior Specialist</p>	

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	<p>3. Client #3's records were reviewed on 10/22/14 at 9:24 AM. Client #3's BSP dated 5/14 indicated target behaviors of provoking, verbal aggression, physical aggression, hallucinations, talking to self, asking others for food, snacks or money. The plan included the use of Seroquel XR (extended release) 600 mg in the PM for acute and maintenance treatment of schizophrenia/bi-polar and Lamictal XR 100 mg in the AM and 200 mg in the PM for bi-polar. The plan included the use of CPI interventions of kick block, one and two hand wrist grab release, one and two hand hair pull release, front and back choke release, bite release, team control position and transport position. Client #3's CFA dated 5/28/14 did not include a functional assessment for behavior.</p> <p>The DRS was interviewed on 10/22/14 at 1:58 PM. She indicated there was not a functional assessment completed of client #1, #2 and #3's behavior.</p> <p>9-3-4(a)</p>						

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W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based upon record review and interview for 1 of 4 sampled clients (client #2), the facility failed to address her needs in oral hygiene and behavioral interventions.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 10/22/14 at 11:50 AM and included the following:</p> <p>A letter to the Director of Residential Services dated 8/12/14 indicated "This letter is to reaffirm and stress the importance of home care in maintaining the oral health of [client #2]....After having seen [client #2] for the past two-and-a half years it is apparent that the need for brushing her teeth multiple times per day as well as flossing a minimum of once per day is mandatory. While her decay rate has remained relatively low the health of her periodontal structure relies on this vigorous pursuit of optimum oral health care. We as her dental professionals can evaluate and monitor her condition on an annual or semi-annual basis but the</p>	W000227	<p>Tag 227 - Peak Community Services will ensure that specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment requirements. Peak Community Services will implement an objective for Client #2 regarding oral health care. Staff will be trained and the objective implemented by 11/28/14. Peak will obtain the services of a behavior Specialist with MA, BC qualifications for clients, #1, 2, and 3. Behavior Support Plans will be developed for all three to include functional assessments on behavior. The Director of residential Services will draw up a contract with the Specialists with the start date at the Specialists earliest possible convenience. Systemically, Peak will ensure a Human Rights Committee approved Behavior Support Plan is in place for group home clients on any psychotropic medications. The QDDP will assure these Plans are in the master file, are shared with the entire IDT, and staff members are trained on the plans prior to implementation. The medication reduction plans will be reviewed on at least a quarterly basis and noted on the</p>	11/28/2014

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	<p>ultimate success or failure rests on [client #2] and her maintenance of an appropriate daily routine as outlines above...." Client #2's Individual Support Plan dated 11/22/13 did not include an objective to address client #2's needs in oral health care.</p> <p>A psychotropic medication review dated 9/10/14 indicated client #2 had a new order for Wellbutrin (anti-depressive) XL (extended release) 150 mg (milligrams) in the morning and indicated reorders for Melatonin (insomnia) 1 mg at bedtime and Latuda (bi-polar) 40 mg each evening at supper. The progress notes for the visit indicated client #2 "has been dealing with Dysthymic Disorder (depression) and Anxiety for years. A noted dated 12/1/13 written by the QIDP (Qualified Intellectual Disabilities Professional) indicated client #2's "mood is stabilized and does not need a BSP at this time. [Client #2] continues to comply with med (medication) management and med reviews every 12 weeks at [mental health facility]. Staff will continue to monitor and observe as needed."</p> <p>The Director of Residential Services (DRS) was interviewed on 10/22/14 at 1:40 PM and indicated client #2 did not have a dental hygiene goal, but it would be addressed at her new ISP. She</p>		<p>QDDP's Monthly review Report. Peak Community services will make a notation, if Client #2 makes continued accusations it will be taken to her Behavior Specialist/Psychiatrist, for further review and recommendations. A tracking sheet will be created to track psychiatric symptoms and present to the Behavior Specialist. During quarterly house meetings, the Consumer Specific Training on all clients will be reviewed on a quarterly basis. Staff will be trained yearly on the Consumer Specific Trainings and pass a post test with a score of 90% or greater. This will be documented in the House Meeting Minutes by the QDDP and monitored by the Residential Manager/Director. Responsible Person: Pat Rozzi, Coordinator Shana Swartzell, QDDP Heather DeWitt, SGL Manager Jan Adair, Director of Residential Services Stephanie Hoffman, Director of Residential and Day Services, Winamac</p>	

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W000249	<p>indicated a BSP had been requested, but due to turnover in QIDP staff, the plan had not been written.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based upon record review and interview for 1 of 3 sampled clients (client #2), the facility failed to ensure staff implemented her Individual Support Plan (ISP) objective to increase independence in self administration of medication.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 10/21/14 from 6:27 AM to 7:30 AM. Client #2 administered Deep Sea nasal spray (2 sprays each nostril) and Fluticasone Nasal spray (2 sprays each nostril) for allergies. Client #2 was</p>	W000249	Tag 249 - As soon as Peak Community Services interdisciplinary team has formulated a client's individual program plan, we will ensure each client must receives 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. Client #2 will ensure staff implementation of her Individual Support Plan (ISP) objective to increase independence in self administration of medication. Consumer specific retraining will take place on or before 11/28/14,	11/28/2014

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	<p>given Carbidopa 10/100 tab (Parkinson's), Lisinopril 12.5 (blood pressure), Fexofenadine (allergies) 180 mg (milligrams), 2 capsules of Duloxetine (antidepressant) 60 mg, Enablex 7.5 mg (bladder control), One a Day vitamin supplement, Ranitidine (anti-acid) 150 mg, Oyster shell calcium (supplement), fish oil 1000 mg (supplement), and Bupropion (aid to stop smoking) 150 mg. Client #2 was not prompted to name the dosage of medications she was taking during medication of administration.</p> <p>Client #2's record was reviewed on 10/22/14 at 11:50 AM. An ISP objective dated 12/1/13 indicated client #2 "stated she wanted to learn the dosage of each medication she is taking." The objective indicated client #2 "will name the dosage of medications she is taking."</p> <p>The Director of Residential Services was interviewed on 10/22/14 at 1:40 PM. She indicated client #2 should have been prompted to name the dosage of her medication during administration of her medications.</p> <p>9-3-4(a)</p>		<p>provided by the QDDP. During quarterly house meetings, the Consumer Specific Training on all clients will be reviewed as well as BDDS Incident Reporting. Staff will be trained yearly on the Consumer Specific and BDDS Incident Report trainings and pass a post test with a score of 90% or greater. Responsible Person: Pat Rozzi, Coordinator Shana Swartzell, QDDP Heather DeWitt, SGL Manager Jan Adair/Director of Residential Services Stephanie Hoffman/Director of Residential and Day Services, Winamac</p>				

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W000262	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview, for 1 of 2 sampled clients (client #2), the facility failed to ensure the facility's Human Rights Committee (HRC) reviewed and approved a plan that included the use of medication to address her behavior.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 10/22/14 at 11:50 AM. Client #2 did not have a BSP (Behavior Support Plan) to address behavior. A psychotropic medication review dated 9/10/14 indicated client #2 was prescribed a new order of Wellbutrin XL 150 mg in the AM. A prescription order attached to the visit dated 9/10/14 indicated client #2 was also prescribed Melatonin 1 mg at bedtime, Cymbalta (depression) 60 mg;</p>	W000262	<p>Tag 262 - Peak Community Services will ensure that we will review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Peak will obtain the services of a behavior Specialist with MA, BC qualifications for clients, #1, 2, and 3. Behavior Support Plans will be developed for all three to include functional assessments on behavior. The Director of residential Services will draw up a contract with the Specialists with the start date at the Specialists earliest possible convenience. Systemically, Peak will ensure a Human Rights Committee approved Behavior Support Plan is in place for group home clients on any psychotropic medications. The QDDP will assure these Plans are in the master file, are shared with the</p>	11/28/2014

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	<p>take two capsules daily, and Latuda 40 mg (bi-polar) each evening. A note dated 12/1/13 written by the QIDP (Qualified Intellectual Disabilities Professional) indicated client #2's "mood is stabilized and does not need a BSP at this time. [Client #2] continues to comply with med (medication) management and med reviews every 12 weeks at [mental health facility]. Staff will continue to monitor and observe as needed."</p> <p>A psychotropic medication review dated 9/10/14 indicated client #2 had a new order for Wellbutrin (anti-depressive) XL (extended release) 150 mg (milligrams) in the morning and indicated reorders for Melatonin (insomnia) 1 mg at bedtime and Latuda (bi-polar) 40 mg each evening at supper. The progress notes for the visit indicated client #2 "has been dealing with Dysthymic Disorder (depression) and Anxiety for years."</p> <p>A psychotropic medication review dated 7/15/14 indicated client #2's Wellbutrin was being discontinued and "add Latuda (bi-polar) 40 mg with supper and continue with the Melatonin and Cymbalta (depression) as ordered."</p> <p>The facility's Human Rights Committee (HRC) minutes were reviewed on 10/21/14 at 3:35 PM and indicated on</p>		<p>entire IDT, and staff members are trained on the plans prior to implementation. The medication reduction plans will be reviewed on at least a quarterly basis and noted on the QDDP's Monthly review Report. Peak Community services will make a notation, if Client #2 makes continued accusations it will be taken to her Behavior Specialist/Psychiatrist, for further review and recommendations. A tracking sheet will be created to track psychiatric symptoms and present to the Behavior Specialist. Staff will be trained yearly on the Behavioral Support Plans and pass a post test with a score of 90% or greater. Responsible Person: Pat Rozzi, Coordinator Shana Swartzell, QDDP Heather DeWitt, SGL Manager Jan Adair, Director of Residential Services Stephanie Hoffman, Director of Residential and Day Services, Winamac Behavior Specialist</p>				

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W000289	<p>7/30/14 for client #2 "Medication approval-added new psychotropic (not specified) med (medication)."</p> <p>The Director of Residential Services (DRS) was interviewed on 10/22/14 at 5:15 PM and indicated the facility's HRC had approved the use of the medication for client #2 without a plan as it was thought anti-depressive medications did not need a plan.</p> <p>9-3-4(a)</p> <p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p> <p>Based on interview and record review for 2 of 3 sampled clients (clients #1 and #2), the facility failed to ensure specific intervention strategies were written in their plans.</p>	W000289	Tag 289 - Peak Community Services will assure the use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with this subpart. Peak will obtain the	11/28/2014

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	<p>Findings included:</p> <p>Client #1's records were reviewed on 10/22/14 at 10:45 AM. A Behavior Support Plan (BSP) dated 3/14 indicated target behaviors of verbal aggression and physical aggression. The plan included the use of CPI (Crisis Prevention Institute) techniques including one and two hand wrist grab releases, one and two hand hair pull releases, front and back choke hold releases, a bite release, team control position, and transport position. The plan indicated an outing could be withheld from client #1 if she exhibited maladaptive behavior. The plan did not specify the criteria for withholding the outing or for which target behavior.</p> <p>Behavior incident reports included in the record indicated client #1's outings were withheld on the following dates:</p> <p>6/2/14; clients #1 and #3 were "threatening each other verbally. Staff tried many attempts to redirect the situation. Both consumers lot their outing per plan."</p> <p>7/24/14; client #1 lost her outing "per behavior plan" after she was "screaming at staff and roommate how she didn't want to clean the sink and shouldn't have</p>		<p>services of a behavior Specialist with MA, BC qualifications for clients, #1, 2, and 3. Behavior Support Plans will be developed for all three to include functional assessments on behavior. The Director of residential Services will draw up a contract with the Specialists with the start date at the Specialists earliest possible convenience. Systemically, Peak will ensure a Human Rights Committee approved Behavior Support Plan is in place for group home clients on any psychotropic medications. The QDDP will assure these Plans are in the master file, are shared with the entire IDT, and staff members are trained on the plans prior to implementation. The medication reduction plans will be reviewed on at least a quarterly basis and noted on the QDDP's Monthly review Report. Peak Community services will make a notation, if Client #2 makes continued accusations it will be taken to her Behavior Specialist/Psychiatrist, for further review and recommendations. A tracking sheet will be created to track psychiatric symptoms and present to the Behavior Specialist. Each plan will include a plan of reduction for psychotropic medications. Systemically, the agency Nurse will complete a review of the psychotropic medication plan of reductions on all Peak QDDP authored Behavior Support Plans</p>		

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	<p>to do it..." Client #1 was asked to "please settle down so we could enjoy our supper. [Client #1] continued screaming...."</p> <p>8/19/14; client #1 "yelled" at staff #5 and "yanked the mop away from [staff #5] and swung it trying to hit me with it," after client #1 was asked to mop up urination she had left on the hallway floor. "Since she had cussed at me (staff #5) and tried to hit me with the mop that I was going to keep her from going on her next outing per her behavior plan."</p> <p>8/20/14; client #1 lost her bowling outing after complaining loudly and throwing her bowling bag in the kitchen.</p> <p>8/22/14; client #1 was "told that her next outing would be held because she laid in bed and peed after I (staff #5) woke her up, per her behavior plan." Client #1 had urinated on the floor and in her bed after being awakened at 5:00 AM.</p> <p>8/28/14; client #1 got up and "continued to pee on the floor and all down the hallway rug." When asked to mop the urination so other clients wouldn't walk through it, she "yelled at me (staff #5) that she didn't have to mop." Client #1 "continued to yell quite loudly so I went to her door and told her that I am going to</p>		<p>during quarterly assessments and indicate any recommendations for change or need to contact the prescribing professional. This will be noted on her quarterly Nurse's Assessment Review.</p> <p>Responsible Person: Pat Rozzi, Coordinator Shana DeWitt, QDDP Heather DeWitt, SGL Manager Jan Adair, Director of Residential Services Stephanie Hoffman, Director of Residential and Day Services, Winamac Alison Harris, Nurse .</p>				

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	<p>hold her outing as per her behavior plan and let the house coordinator know what went on."</p> <p>9/4/14; client #1 "came out of her bedroom and peed all the way to the bathroom all over the hallway rug, when I (staff #5) reminded her that she needed to hang it outside to air out before we left for work, she assured me that she didn't pee on it and that she wasn't hanging it outside...I asked [client #1] 3 different times to stop yelling and please get ready for work or I would have to take her next outing away which would be bowling...I then informed her that I am taking the bowling away because her behavior plan says to...."</p> <p>2. Client #2's record was reviewed on 10/22/14 at 11:50 AM. Client #2 did not have a BSP to address behavior and did not include a strategy to restrict planned outings to reduce her behavior.</p> <p>A behavior incident report dated 10/5/14 and included in client #2's record completed by staff #5 indicated client #2 was told how much money she had (\$4.00) and she thought she had over \$100.00. "She told me I was conspiring with the house manager to get rid of her and she didn't know why I was here." Staff intervention indicated "canceling</p>						

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	<p>Date night."</p> <p>Client #3's records were reviewed on 10/22/14 at 9:24 AM. Client #3's BSP dated 5/14 indicated target behaviors of provoking, verbal aggression, physical aggression, hallucinations, talking to self, asking others for food, snacks or money. The plan included the use of Seroquel XR (extended release) 600 mg in the PM for acute and maintenance treatment of schizophrenia/bi-polar and Lamictal XR 100 mg in the AM and 200 mg in the PM for bi-polar. The plan included the use of CPI interventions of kick block, one and two hand wrist grab release, one and two hand hair pull release, front and back choke release, bite release, team control position and transport position." If [client #3] becomes physically aggressive in the group home, she will be told that such behavior will not be tolerated in the house...She will be given the choice to stop the behavior or missing the next group or one-on-one activity/outing. An outing may be held <u>only</u> due to the severity of the behavior and the desecration (sic) of the House Manager...." Techniques for verbal aggression did not include withholding an outing from client #3.</p> <p>The Director of Residential Services was interviewed on 10/22/14 at 5:15 PM and</p>			

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W000312	<p>indicated the restriction of withholding outings should be clearly outlined in client plans.</p> <p>9-3-5(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.</p> <p>Based on record review and interview, for 3 of 3 sampled clients (client #1, #2 and #3), the facility failed to ensure their plans included an obtainable plan of reduction for the use of medication to address their behavior.</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 10/22/14 at 10:45 AM. A Behavior Support Plan (BSP) dated 3/14 indicated target behaviors of verbal aggression and physical aggression. Client #1's "baseline rates" for the year prior to 3/14 indicated 29 episodes of verbal aggression and 3</p>	W000312	<p>W312 – Drug Usage</p> <p>Peak Community Services will ensure that drugs used for control of inappropriate behavior are 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.</p> <p>Peak will obtain the services of a Behavior Specialist with MA, BC qualifications for clients #1, 2 and 3. Behavior Support Plans will be developed for all three. The Director or Residential Services will draw up a contract with the Specialists with</p>	11/28/2014

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	<p>episodes of physical aggression. The plan included the use of CPI (Crisis Prevention Institute) techniques including one and two hand wrist grab releases, one and two hand hair pull releases, front and back choke hold releases, a bite release, team control position, and transport position. The plan included the use of Yvanse 70 mg (milligrams) daily to address ADHD (Attention Deficit Hyperactivity Disorder), Risperdal (bi-polar disorder) 2 mg, and Lexapro 20 mg for depression/anxiety. The plan indicated client #1's psychotropic medication would be considered for reduction if she maintained 0 rates of physical aggression for one year.</p> <p>A psychotropic medication review dated 6/12/14 included in the record indicated in addition to the medications listed in her 3/14 BSP, client #1 also was prescribed Nuedexta 20-10 mg twice daily to address "involuntary outbursts of crying, etc. and Melatonin 5 mg for sleep. There was no evidence of a plan of reduction for client #1's medications.</p> <p>Physician's orders dated 8/30/14 included in the record indicated client #1 was prescribed Melatonin (sleep) 5 mg orally at bedtime. There was no evidence of a plan to monitor the effectiveness and the use of Melatonin in client #1's record.</p>		<p>the start date at the Specialists earliest possible convenience.</p> <p>Systemically, Peak will ensure a Human Rights Committee approved Behavior Support Plan is in place for group home clients on any psychotropic medications. The QDDP will assure these Plans are in the master file, are shared with the entire IDT, and staff members are trained on the plans prior to implementation. The med reduction plans will be reviewed on at least a quarterly basis and noted on the QDDP's Monthly Review Report.</p> <p>Systemically, the agency nurse will complete a review of the psychotropic medication plan of reductions on all Peak QDDP authored Behavior Support Plans during her quarterly assessments and indicate any recommendations for change or need to contact the prescribing professional. This will be noted on her quarterly Nurse's Assessment Review.</p> <p>Person Responsible:</p> <p>Shana Swartzell, QDDP</p> <p>Alison Harris, Contracted nurse</p> <p>Heather Warnick-DeWitt, Residential Manager</p> <p>Jan Adair, Director of Residential Services</p>	

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	<p>Client #2's record was reviewed on 10/22/14 at 11:50 AM. Client #2 did not have a BSP to address behavior. A psychotropic medication review dated 9/10/14 indicated client #2 was prescribed a new order of Wellbutrin XL 150 mg in the AM. A prescription order attached to the visit dated 9/10/14 indicated client #2 was also prescribed Melatonin 1 mg at bedtime, Cymbalta (depression) 60 mg; take two capsules daily, and Latuda 40 mg (bi-polar) each evening. A note dated 12/1/13 written by the QIDP (Qualified Intellectual Disabilities Professional) indicated client #2's "mood is stabilized and does not need a BSP at this time. [Client #2] continues to comply with med (medication) management and med reviews every 12 weeks at [mental health facility]. Staff will continue to monitor and observe as needed." There was no plan of reduction for the use of psychotropic medication in client #2's record.</p> <p>A psychotropic medication review dated 9/10/14 included in the record indicated client #2 had a new order for Wellbutrin (anti-depressive) XL (extended release) 150 mg (milligrams) in the morning and indicated reorders for Melatonin (insomnia) 1 mg at bedtime and Latuda</p>		Stephanie Hoffman, Director of Residential and Day Services, Winamac	

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	<p>(bi-polar) 40 mg each evening at supper. The progress notes for the visit indicated client #2 "has been dealing with Dysthymic Disorder (depression) and Anxiety for years.</p> <p>A psychotropic medication review dated 7/15/14 indicated client #2's Wellbutrin was being discontinued and add Latuda (bi-polar) 40 mg with supper and continue with the Melatonin and Cymbalta (depression) as ordered.</p> <p>Physician's orders dated 8/30/14 included in the record indicated client #2 was prescribed Melatonin (sleep) 5 mg orally at bedtime. There was no evidence of a plan to monitor the effectiveness and the use of Melatonin in client #2's record.</p> <p>Client #3's records were reviewed on 10/22/14 at 9:24 AM. Client #3's BSP dated 5/14 indicated target behaviors of provoking, verbal aggression, physical aggression, hallucinations, talking to self, asking others for food, snacks or money. The plan included the use of Seroquel XR (extended release) 600 mg in the PM for acute and maintenance treatment of schizophrenia/bi-polar and Lamictal XR 100 mg in the AM and 200 mg in the PM for bi-polar. The plan included the use of CPI interventions of kick block, one and two hand wrist grab release, one and two</p>				

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	<p>hand hair pull release, front and back choke release, bite release, team control position and transport position. The medication reduction plan indicated "Possible reduction of Seroquel with Doctor recommendations after 1 year free from physical outburst."</p> <p>A psychotropic medication review dated 8/19/14 included in the record indicated client #3 was at "lowest effective dose at this time."</p> <p>The DRS was interviewed on 10/22/14 at 1:40 PM and indicated she had requested a BSP for client #2, but due to turnover in QIDPs (Qualified Intellectual Disabilities Professional) a plan had not yet been written, and it was thought that antidepressant medications did not require a plan to address a reduction of their use.</p> <p>The Director of Residential Services (DRS) was interviewed on 10/22/14 at 1:45 PM and indicated the medication reduction plans for clients #1 and #3 were not obtainable. She indicated the use of Melatonin was not monitored in plans for reduction for clients #1 and 2.</p> <p>9-3-5(a)</p>				

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W000368	<p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based upon record review and interview for 2 of 3 sampled clients (clients #1 and #2), and 1 additional client (client #6), the facility failed to ensure medications were administered as indicated in physician's orders.</p> <p>Findings include:</p> <p>The facility's reports to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 10/21/14 at 12:55 PM and included the following:</p> <p>1. A BDDS report dated 2/14/14 indicated client #6 had not received one of two Divalproex (seizures) Sodium ER (extended release) on 2/13/14. One of the pills had been popped out of the bubble pack, but had been missed by staff #7. Corrective action indicated "staff will check bubble packs after giving medication to make sure there is no</p>	W000368	<p>High Street POC 2014 W368 – Drug Administration Peak Community Services will assure that all drugs are administered in compliance with the physician's orders. Staff #7 received a written reprimand on 2/17/14 and retraining for med administration on 2/20/14 for the 02-13-14 Med Error Incident. Staff #8 was terminated 3/17/14. Staff (?BH) received a written reprimand on 5/19/14 and was counseled on 5/19/14 and retrained on both Med Core A and Med Core B for the Med Error Incident. Systemically, Direct Support Professionals are required to take annual retraining in Medication Administration. Additionally, prior to administering medication, a Medication Administration Observation Checklist is required to be completed upon returning to work after making a medication error. During monthly house meetings, the House Coordinator and QDDP will review the Medication Administration</p>	11/28/2014

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	<p>missed meds (medications)."</p> <p>2. A BDDS report dated 3/3/14 indicated staff #8 had marked the medication administration record (MAR) but client #2 did not receive Cymbalta. Corrective action indicated client #8 would be given a "written reprimand and retraining will be required."</p> <p>3. A BDDS report dated 5/19/14 indicated unidentified staff had "assisted [client #1] with her AM meds (medications) and administered the wrong medications (not specified). Staff called [Supervisor] and [nurse] immediately. She advised to monitor [client #1] and monitor blood pressure throughout the day and contact her doctor. Corrective action indicated client #1 "had no negative affects (sic) from the medication. Staff was counseled and received disciplinary action as well as a refresher on med administration."</p> <p>The Director of Residential Services (DRS) was interviewed on 10/22/14 at 1:36 PM and indicated medications should be administered without error and she would look for corrective action to address the medication errors. No corrective action was provided.</p> <p>9-3-6(a)</p>		<p>Checklist on a quarterly basis from 12/2014 through 11/2015. This will be documented in the House Meeting Minutes by the QDDP and monitored by the Residential Manager/ Director. Person Responsible: Pat Rozzi, House Coordinator Shana Swartzell, QDDP Heather Warnick-DeWitt, Residential Manager Stephanie Hoffman, Director of Residential and Day Services, Winamac</p>				

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

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