

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G044		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/07/2014	
NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 6381 LUTE RD PORTAGE, IN 46368			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: March 4, 5, 6 and 7, 2014.</p> <p>Facility number: 000600 Provider number: 15G044 AIM number: 100233500</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/25/14 by Ruth Shackelford, QIDP.</p>	W000000					

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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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility failed for 3 of 4 sampled clients and 4 additional clients (clients #1, #2, #3, #5, #6, #7 and #8), to implement written policy and procedures in regards to preventing client to client aggression and conducting thorough investigations of injuries of unknown origin.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted on 3/5/14 at 3:00 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports indicated:</p> <p>-BDDS report dated 7/9/13 indicated: "[Client #3] had a previous behavior and was calm. Staff completed med pass with him without any incidents or agitation. [Client #3] then asked to go to bed and staff walked him into [client #6]'s room to say goodnight as usual. However when [client #3] approached [client #6]'s bed and reached to shake his hand he instead grabbed [client #6]'s left wrist and twisted it hard. Staff immediately stepped in between them and tried to</p>	W000149	W149-Incident Reports regarding injuries of unknown origin will be thoroughly investigated to rule out any type of abuse and neglect. This will be conducted through investigations by the QDDP (D) and/or Director of Supervised Group Living. Staff will be retrained on Opportunity Enterprises abuse and neglect policy no later than 4/6/2014. To ensure further compliance, The Director of Supervised Group Living will review all incident reports to confirm a thorough investigation is properly completed for injuries of unknown origin to ensure each participant is free of abuse and neglect. The QDDP (D) will conduct monthly home visits to observe participant to participant interaction. The QDDP (D) will also conduct routine and random observations in the Day Services program. In addition, all staff are trained on the agency's policy regarding abuse, neglect, identifying and reporting in orientation and at least annually. The human resources department monitors staffs trainings to ensure trainings are in compliance.	04/06/2014			

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	<p>block [client #3] from [client #6] and [client #3] started physically aggressing towards GHAM (Group Home Assistant Manager). She tried to block [client #3] and called for staff to come into the room. She then helped her assist [client #3], while he was still trying to physically aggress, out of [client #6]'s room and into the kitchen."</p> <p>-BDDS report dated 8/4/13 indicated: "On 8/4/13 at 11:00 P.M. [client #2] fell out of his bed onto the floor. Staff stated that it looked like he was trying to get out of bed and fell sideways onto his right hip. Staff noted at that time a small red mark that is 1 inch to the right side of the back of his head. Staff completed a head to toe inspection of [client #2]'s body. She moved his limbs and asked if he felt any pain. He did not answer. She asked him again but he just stared at her. She helped him get up slowly putting her arms underneath his underarms. He assisted himself up that way with her support. Staff helped him sit on his bed for about 15 minutes. He was acting normally and did not show signs of being injured. Staff documented fall in the communication book and his health notes and informed staff to watch for bruising or injury. At 4:00 A.M. on 8/5/13 staff did another body check and noted bruising to the back of his left shoulder it</p>						

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	<p>is 1 inch by 1/2 inch and a bruise to the left knee which is 1 inch by 1 inch. Staff asked him again and he did not respond. When another staff came in she asked him if he hurt anywhere he said 'yes.' When asked to show where it hurt he pointed to his coupons of [Restaurant name] and said burgers. He repeated this when asked where it hurt." Further review of the report failed to indicate a thorough investigation was conducted. No written documentation was submitted to indicate all staff and clients at the group home were interviewed in regards to this incident.</p> <p>-BDDS report dated 8/7/13 indicated: While staff was bathing [client #7] he has a scrape/bruise right below his left knee cap that is 1 inch by 1 inch and another bruise across his knee cap that is 1 1/2 inch by 1/2 inch. Staff completed a full body check for any other bruising and no additional bruising noted. I (QIDPD) was notified of the bruise/injury on [client #7]'s (sic). Staff asked if I was aware of anything occurring that may have caused the bruise. I informed her that I was not but an internal investigation would be initiated. When I arrived to work I checked on [client #7] and looked at his knee. I noted a light surface scrape and bruising noted above in report that is very light in color. No swelling or pain noted.</p>			
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	<p>I asked [client #7] if he was okay and he stated '[Client #7] going out to eat tonight.' I asked him if he fell and he repeated his statement. [Client #7] did not appear to be in any pain when I felt the area. I then initiated an internal investigation. I asked his line supervisor at work if [client #7] had fallen recently. She stated that he did. She said he fell asleep at his line and woke up, he jumped up quickly and fell to the floor and got right up. She stated that she asked him if he was okay and he did not answer but he walked without issue and he did not fall hard. I explained to her that it is important to relay this information and document. She did apologize and stated that she simply forgot....I also informed her that if a client falls even if it is a slight fall a body check must be performed."</p> <p>-BDDS report dated 8/15/13 indicated: "When I was assisting [client #2] with his shower this morning I noticed he has a 1 inch by 1 inch bruise to left hip. No c/o (complaints of) pain when asked." Further review of the report indicated the QIDPD determined this injury was from a prior fall. No written documentation was submitted for review to indicate a thorough investigation was conducted. No documentation was submitted to indicate all clients and staff at the group</p>						

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	<p>home were interviewed.</p> <p>-BDDS report dated 9/10/13 indicated: "[Day program client] was walking towards bathroom for p/c (personal care) and was going past [client #5] that was eating his 2nd lunch, [day program client] punch (sic) [client #5] in the left upper arm for what appeared to be no reason."</p> <p>-BDDS report dated 11/7/13 indicated: "While staff was in the kitchen, staff heard a noise in the living room and went to check. [Client #2] was on the floor, staff asked what happened and another participant said [client #8] pushed [client #2] down. When staff asked [client #2] what happened he pointed to [client #8] and gestured with his hands a push. [Client #8] was asked and had no response."</p> <p>-BDDS report dated 12/12/13 indicated: "All participants and myself got on the van for A.M. transport. While I was assisting with seatbelts, I heard [client #8] yell. I immediately turned around to see what was wrong. I seen (sic) [client #8] with a closed fist hit [client #1] in the cheek with slight force three times quickly. I immediately went to block and directed [client #8] to put his hands down. He did put his hands down. At this time I moved [client #8] to different</p>			
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	<p>seat."</p> <p>-BDDS report dated 1/29/14 indicated: "During dinner [client #6] was sitting next to [client #8]. [Client #6] was done eating and stood up to put his dishes in the sink. [Client #8] took his fork and put it in his hand and made a fist. [Client #8] then jabbed the fork into the other participants (sic) [client #6] right fore arm 3 times with force. I redirected [client #8] to put his hands down which he complied. I removed both participants to another area separately. No other behaviors occurred."</p> <p>A review of the facility's policy titled, "Universal Policies and Procedures, Adult Services, Policy #: 6012 - Abuse and Neglect" dated 4/14/10, was conducted on 3/6/14 at 8:30 P.M. and indicated, "...does not condone and will not tolerate physical, verbal or sexual abuse, neglect or exploitation of individuals served." Physical abuse was defined as "Includes willful infliction of injury, unnecessary physical or chemical restraints or isolation, and punishment with resulting physical harm or pain. Physical abuse may include battery: to knowingly or intentionally touch another person in a rude, insolent or angry manner." Neglect was defined as "Includes the refusal or failure to provide</p>						

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	<p>appropriate care, food, medical care, or supervision. Knowingly placing a client in a situation that may endanger his/her life or health; abandoning or cruelly confining a client; depriving a client of necessary support including food, clothing, shelter or medical care...Investigations, may include, but is not limited to, a statement from the complainant, a statement from the alleged violator and a statement from witnesses to the alleged incident. Statements may be written or verbal depending on the circumstances of the investigation, All verbal statements will be recorded and maintained as part of the confidential file. Employees will be asked to sign a confidentiality statement after being interviewed about the alleged incident. All material collected during the course of the investigation shall remain confidential. Any breach in confidentiality will result in disciplinary action...A report of the information collected during the investigation will be sent to the Day Services Senior Director or the Vice President of Consumer Services within 5 working days following the report of the incident."</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 3/7/14 at 2:30 P.M.. The QIDP indicated</p>			
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	<p>staff should follow the facility's abuse/neglect policy. The QIDPD indicated the clients did aggress upon each other and indicated no injuries resulted from the mentioned incidents. The QIDP indicated there was no written documentation to indicate thorough investigations were conducted in regards to the mentioned injuries of unknown origin.</p> <p>9-3-2(a)</p>			
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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 4 sampled clients (client #2), the facility failed to provide evidence a thorough investigation was conducted in regard to 2 injuries of unknown injury.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted on 3/5/14 at 3:00 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports indicated:</p> <p>-BDDS report dated 8/4/13 indicated: "On 8/4/13 at 11:00 P.M. [client #2] fell out of his bed onto the floor. Staff stated that it looked like he was trying to get out of bed and fell sideways onto his right hip. Staff noted at that time a small red mark that is 1 inch to the right side of the back of his head. Staff completed a head to toe inspection of [client #2]'s body. She moved his limbs and asked if he felt any pain. He did not answer. She asked him again but he just stared at her. She helped him get up slowly putting her arms underneath his underarms. He assisted himself up that way with her support. Staff helped him sit on his bed</p>	W000154	W154-See 149	04/06/2014
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	<p>for about 15 minutes. He was acting normally and did not show signs of being injured. Staff documented fall in the communication book and his health notes and informed staff to watch for bruising or injury. At 4:00 A.M. on 8/5/13 staff did another body check and noted bruising to the back of his left shoulder it is 1 inch by 1/2 inch and a bruise to the left knee which is 1 inch by 1 inch. Staff asked him again and he did not respond. When another staff came in she asked him if he hurt anywhere he said 'yes.' When asked to show where it hurt he pointed to his coupons of [Restaurant name] and said burgers. He repeated this when asked where it hurt." No written documentation was submitted for review to indicate a thorough investigation was conducted.</p> <p>-BDDS report dated 8/15/13 indicated: "When I was assisting [client #2] with his shower this morning I noticed he has a 1 inch by 1 inch bruise to left hip. No c/o (complaints of) pain when asked." Further review of the report indicated the QIDPD determined this injury was from a prior fall. No written documentation was submitted for review to indicate a thorough investigation was conducted. No documentation was submitted to indicate all clients and staff at the group home were interviewed.</p>						

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	<p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 3/7/14 at 2:30 P.M.. The QIDP indicated there was no written documentation to indicate thorough investigations were conducted in regards to the mentioned injuries of unknown origin.</p> <p>9-3-2(a)</p>			
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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview, the facility failed to implement written objectives during times of opportunity for 4 of 4 sampled clients and 1 additional client (clients #1, #2, #3, #4 and #6).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 3/4/14 from 6:15 A.M. until 7:50 A.M.. During the entire observation period, client #6 stayed in his room with no activity or interaction. Client #3 sat in a recliner asleep and clients #1, #2 and #4 sat in the living room. Direct Support Professionals (DSPs) #1 and #3 would walk through the facility and visually check on clients #1, #2, #3, #4 and #6 but did not offer meaningful active treatment activities or implement client objectives. DSP #1 stood in the kitchen with clients #5, #7 and #8 and DSP #3 walked back and forth from the bedroom area to the living room area. At 6:54 A.M., DSP #2 began</p>	W000249	W249-The QDDP (D) will retrain staff to ensure implementations of formal and informal active treatment are being completed properly no later than 4/6/2014. The QDDP (D) will train staff that formal and informal goals are to be implemented at all times of opportunity. To ensure further compliance, the QDDP (D) will monitor at least on a monthly basis through completed data and monthly observations at the home. The QDDP (D) will also conduct random monthly and weekly observations in the Day ServicesProgram. GH Management and the Day Service Manager or designee will monitor at least weekly and routinely to ensure choice activities are offered and goals are being implemented consistently.	04/06/2014			

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	<p>administering the clients' medications. Client #6 did not state 3 side effects of his medication. Client #3 wore his headphones during the entire observation period and was not prompted to take them off.</p> <p>An evening observation was conducted at the group home on 3/5/14 from 5:15 P.M. until 6:40 P.M.. During the entire observation period, client #6 stayed in his room with no activity or interaction. Client #3 sat in a recliner asleep and clients #1, #2 and #4 sat in the living room with no activity. DSPs #5, #6 and #7 would walk through the facility and visually check on clients #1, #2, #3, #4 and #6 but did not offer meaningful active treatment activities or implement client objectives. Client #3 wore his headphones during the entire observation period and was not prompted to take them off.</p> <p>A review of client #1's record was conducted on 3/6/14 at 2:15 P.M.. Review of client #1's Individual Support Plan (ISP) dated 8/27/13 indicated the following training objectives which could have been implemented: "Will use his voice to request items and answer questions with something besides yes or no...Will play one game with peers...Will answer one open ended question...Will</p>						

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	<p>work on using the Nook and reading... Will clean and sanitize the kitchen sink... Will learn to properly use the microwave."</p> <p>A review of client #2's record was conducted on 3/7/14 at 12:15 P.M.. Review of client #2's ISP dated 8/27/13 indicated the following training objectives which could have been implemented: "Will plan an activity out on the community... Will use his communication book to indicate wants and needs... Will properly fold at least 3 towels... Will wear his dentures for at least 10 seconds in the A.M. and P.M.."</p> <p>A review of client #3's record was conducted on 3/7/14 at 12:00 P.M.. Review of client #3's ISP dated 12/12/13 indicated the following training objectives which could have been implemented: "Will choose by name 1 of 2 CD's (compact disks) offered... Will speak up so others can hear him... Will send one email to a staff member of his choice... Will remove his headphones 35 minutes/day... Will participate in at least 1 group activity a group."</p> <p>A review of client #4's record was conducted on 3/7/14 at 11:30 A.M.. Review of client #4's ISP dated 10/30/13 indicated the following training</p>			
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	<p>objectives which could have been implemented: "Will write [client #4's name] two times per day...Will continue computer goal and working on attention span...Will work on an activity for 3 consecutive minutes...Will fill the water glasses at dinner time...Will identify a quarter, dime, nickel and penny...Will use flash cards and enunciate at least 2 words."</p> <p>A review of client #6's record was conducted on 3/6/14 at 2:40 P.M.. Review of client #6's ISP dated 5/20/13 indicated the following training objectives which could have been implemented: "Will state the side effects of his medication Haldol at med pass time...Will turn the stove on to the proper level of heat...Will clean his glasses."</p> <p>The Qualified Intellectual Disabilities Professional Designee (QIDPD) was interviewed on 3/7/14 at 12:30 P.M.. The QIDPD indicated client objectives should be implemented at all times. The QIDPD further indicated clients #1, #2, #3, #4 and #6 should have been provided with meaningful active treatment activities during the observation periods.</p> <p>9-3-4(a)</p>						

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W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility failed for 2 of 4 sampled clients and 4 additional clients (clients #2, #3, #5, #6, #7 and #8), by not ensuring they received nursing services according to their medical needs. The facility's nursing services failed to clarify the pharmacist's recommendations with the physician and Interdisciplinary Team (IDT). The facility's nursing services failed to assess clients after injuries (#2, #5, #7) and develop plans to address clients' pneumonia risk (#5 and #7).</p> <p>Findings include:</p> <p>1. A review of the facility's pharmacy reviews was conducted on 3/6/14 at 12:55 P.M.. The consulting pharmacist indicated:</p> <p>Consultation Report for Recommendation Created between 4/1/13 and 5/2/13:</p> <p>"I have reviewed [client #5]'s med sheets and have found a significant drug interaction between Clozapine (bipolar) and Lorazepam (anxiety). Summary: Delirium (mental confusion), sedation</p>	W000331	<p>W331- 1. The lead nurse and designee have faxed all recommendations by the pharmacist to the physician with a request for review and signature. The lead nurse and/or designee will review the physician's orders and make appropriate changes to the Medication Administration Records. To ensure further compliance, the pharmacist will seek clarification from the lead nurse and/or prescribing doctor prior to printing the Medication Administration Records. Quarterly, the lead nurse and/or designee will complete file audits to ensure this process is continued and the agency remains in compliance. W331-2. The lead nurse has completed the pneumonia risk plans for participants #5 and #7. Staff will be trained on the risk plans no later than 4/6/2014. To ensure further compliance, the IDT will review hospitalizations, appointments and medical issues. The team will ensure all required risk plans will be implemented and staff will be trained on all new and/or updated risk plans. The nurse will monitor at least monthly that high risk protocols are updated and completed. W331-3. The Social Services Senior Director has informed the nursing department</p>	04/06/2014			

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	<p>(reduction of anxiety), sialorrhea (drooling) and ataxia (loss of coordination of muscles) may occur when Lorazepam and Clozapine are co-administered. Severe orthostatic hypotension (low blood pressure) and respiratory depression may occur when clozapine is added to or started with, Benzodiazepines (minor tranquilizers). Management: Clozapine and Lorazepam should not be given simultaneously. Consider dosing medications at separate times or remove one from the regime altogether." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>"I have reviewed [client #6]'s med sheets and have found a significant drug interaction between Haldol (schizophrenia) and Ziprasidone (schizophrenia). Management: Use of Haloperidol with Ziprasidone is not recommended in official package labeling for Ziprasidone. Patient education that includes signs of symptomatic cardiac arrhythmias is advised if the drugs are used together. Consider removal of one of these medications from the patients regimen if possible." Further review failed to indicate the facility's nursing staff reported the pharmacist's</p>		<p>that starting immediately the nurse will be informed of documented injuries by the QDDP (D) and/or Manager. The nurse will assess the injury and determine the medical care plan for the participant and document the findings. To ensure further compliance, The QDDP (D) and/or Manager will notify nursing through review of incident reports and BDDS reportable incidents. The nurse will examine the area of injury and document on the report the completed assessment, findings, any follow up and/or recommendations. The nurse will notify The GH Manager /Assistant Manager with any and all recommendations. The GH Manager/Assistant Manager will inform staff of the nursing recommendations and follow up as needed on the individual</p>		

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	<p>recommendations to the IDT and physician.</p> <p>"I have reviewed [client #3]'s med sheets and have found a significant drug interaction between Depakote (seizures) and Clonazepam (seizures). The risk of Clonazepam toxicity may be increased by coadministration of Valproic Acid. Consider discontinuing this drug combination if seizure frequency increases or excess drowsiness occurs." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>Consultation Report for Recommendation Created between 7/1/13 and 8/14/13:</p> <p>"[Client #7] has been taking Clonazepam for the past 6 months without a dosage reduction. Please evaluate and consider reducing dose if appropriate." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>"[Client #6] is currently on Gemfibrozil (cholesterol), but does not have a current lipid profile in his records. Please consider ordering a lipid profile or update his medical records as appropriate."</p>			

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	<p>Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>"[Client #8] is taking Potassium (supplement) while taking a Potassium sparing medication. Recommend lab work to support the continued usage of Potassium." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>Consultation Report for Recommendation Created between 10/22/13 and 11/25/13:</p> <p>"[Client #7] has been taking Clonazepam for the past 6 months without a dosage reduction. Please evaluate and consider reducing dose if appropriate. Currently [client #7] has several PRN (as needed) medications listed in his medical record (Rulox, Tums, Ibuprofen) prescribed by a 'Dr. unknown.' Please consult with his current primary physician to determine the need/necessity of these medications." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>"[Client #5] has been taking Lorazepam</p>			
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	<p>(anxiety) for the past 6 months without a dosage reduction. Please evaluate and consider reducing dose if appropriate." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>"[Client #3] has been taking Clonazepam for the past 6 months without a dosage reduction. Please evaluate and consider reducing dose if appropriate. Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>"[Client #8] is taking Potassium while taking a Potassium sparing medication. Recommend lab work to support the continued usage of Potassium." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 3/7/14 at 12:30 P.M.. The QIDPD indicated the facility's nursing staff were responsible for reviewing the pharmacist's recommendations and reporting the recommendations to the</p>			

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	<p>IDT. The QIDPD indicated the pharmacist's recommendations were not reported to the prescribing physician or the IDT by the former nurse. No further documentation was available for review to indicate the facility reported the pharmacist's recommendations.</p> <p>2. A review of the facility's records was conducted on 3/5/14 at 3:00 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports indicated:</p> <p>-BDDS report dated 9/12/13 indicated: "[Client #5] stayed home for the last two days (9/11/13 and 9/12/13) due to having a fever. Group Home manager notified Nurse and they agreed that it would be in [client #5]'s best interest to take him to urgent care because his primary physician is out of the country. When staff took him to urgent care at 7:00 P.M. his B/P (Blood Pressure) was 123/70, pulse 118, temp 102.5 he weighed 137.4. Urgent care administered 500 mg extra strength Tylenol. His ears and throat looked good....Labs came back that white blood cells are elevated , anemia count was worse than it was when he had it checked 2 weeks ago....[Client #5] was moved to the ER (Emergency Room) Department at 8:45 A.M....X-rays showed [client #5] has pneumonia of right lower lung."</p>				

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	<p>-BDDS report dated 11/13/13 indicated: "I took [client #7] to the ER for many different reasons. His left foot, to the left side of his big toe is blue in color, swollen and was limping, when the QIDPD arrived she attempted range of motion [client #7] yelled. The color of his face is pale slightly yellow. He was lethargic, shivering, not eating or drinking, slight cough and unsteady on his feet. [Client #7] had diarrhea and urinated on his bed due to not wanting to get up. [Client #7] has a rash on his left hand and arm. He also has a rash on right triceps' area. [Client #7] was taken to the ER at 12:30 P.M....[Client #7]'s chest x-ray came back that he has pneumonia in left lung....The doctor thought it would be best to keep him over night to monitor."</p> <p>A review of client #5's record was conducted on 3/6/14 at 1:00 P.M.. Client #5's record did not indicate the facility's nursing services developed a pneumonia risk plan for client #5's diagnosis of pneumonia.</p> <p>A review of client #7's record was conducted on 3/6/14 at 1:15 P.M.. Client #7's record did not indicate the facility's nursing services developed a pneumonia risk plan for client #7's diagnosis of pneumonia.</p>			
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	<p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 3/7/14 at 12:30 P.M.. The QIDPD indicated the former nurse did not develop pneumonia risk plans for clients #5 and #7 after their diagnosis of pneumonia.</p> <p>3. A review of the facility's records was conducted on 3/5/14 at 3:00 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports indicated:</p> <p>-BDDS report dated 8/4/13 indicated: "On 8/4/13 at 11:00 P.M. [client #2] fell out of his bed onto the floor. Staff stated that it looked like he was trying to get out of bed and fell sideways onto his right hip. Staff noted at that time a small red mark that is 1 inch to the right side of the back of his head. Staff completed a head to toe inspection of [client #2]'s body. She moved his limbs and asked if he felt any pain. He did not answer. She asked him again but he just stared at her. She helped him get up slowly putting her arms underneath his underarms. He assisted himself up that way with her support. Staff helped him sit on his bed for about 15 minutes. He was acting normally and did not show signs of being</p>			
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	<p>injured. Staff documented fall in the communication book and his health notes and informed staff to watch for bruising or injury. At 4:00 A.M. on 8/5/13 staff did another body check and noted bruising to the back of his left shoulder it is 1 inch by 1/2 inch and a bruise to the left knee which is 1 inch by 1 inch. Staff asked him again and he did not respond. When another staff came in she asked him if he hurt anywhere he said 'yes.' When asked to show where it hurt he pointed to his coupons of [Restaurant name] and said burgers. He repeated this when asked where it hurt."</p> <p>-BDDS report dated 8/7/13 indicated: While staff was bathing [client #7] he has a scrape/bruise right below his left knee cap that is 1 inch by 1 inch and another bruise across his knee cap that is 1 1/2 inch by 1/2 inch. Staff completed a full body check for any other bruising and no additional bruising noted. I (QIDPD) was notified of the bruise/injury on [client #7]'s (sic). Staff asked if I was aware of anything occurring that may have caused the bruise. I informed her that I was not but an internal investigation would be initiated. When I arrived to work I checked on [client #7] and looked at his knee. I noted a light surface scrape and bruising noted above in report that is very light in color. No swelling or pain noted.</p>			
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	<p>I asked [client #7] if he was okay and he stated '[Client #7] going out to eat tonight.' I asked him if he fell and he repeated his statement. [Client #7] did not appear to be in any pain when I felt the area. I then initiated an internal investigation. I asked his line supervisor at work if [client #7] had fallen recently. She stated that he did. She said he fell asleep at his line and woke up, he jumped up quickly and fell to the floor and got right up. She stated that she asked him if he was okay and he did not answer but he walked without issue and he did not fall hard. I explained to her that it is important to relay this information and document. She did apologize and stated that she simply forgot....I also informed her that if a client falls even if it is a slight fall a body check must be performed." Further review of the report failed to indicate the facility's nursing staff assessed client #7 after the fall with injury.</p> <p>-BDDS report dated 12/7/13: "Staff called me and said that while cutting [client #5]'s nail she nicked him in the process. She said she cleaned him up, put triple antibiotic on and a band aid. I asked her if it was still bleeding and if it was a nick or was it worse. She said it wasn't too bad and that it wasn't bleeding anymore. I called QIDPD and she said</p>			
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	<p>that as long as it was just a nick then we could write in the health notes but to watch closely to ensure it does not get infected because then an incident report needed to be written. I came in 12/8/13 at 7:00 A.M.. While I was passing 7:00 A.M. medication I did look at his finger and it is 1/4 inch long by 1/8th of an inch wide. When I pushed on the affected area some clear liquid with blood came out. I cleaned the area and applied triple antibiotic to the area. I put band aids over the affected site. I asked [client #5] if it hurt and he said 'It itches and so do my feet.' I called the QIDPD and I am documenting in all books." Further review of the report failed to indicate the facility's nursing staff assessed client #5's documented injury.</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 3/7/14 at 12:30 P.M.. The QIDPD indicated the facility's nursing staff did not assess the documented injuries.</p> <p>9-3-6(a)</p>			
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W000336	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the facility's nursing services failed to conduct quarterly nursing assessments of the clients' health status and medical needs.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 3/6/14 at 2:15 P.M.. Client #1's record did not indicate nursing quarterlies were completed. Client #1's most current annual physical was dated 8/5/13. Client #1's 3/14 physician orders indicated client #1 received routine medications. There was no documentation to indicate nursing quarterlies were completed.</p> <p>A review of client #2's record was conducted on 3/7/14 at 12:15 P.M.. Client #2's record did not indicate nursing quarterlies were completed. Client #2's most current annual physical was dated 6/17/13. Client #2's 3/14 physician orders indicated client #2 received</p>	W000336	W336-The nursing department has completed quarterly nursing reviews on each participant. To ensure further compliance, the quarterlies will be checked by the Social Services Senior Director upon completion at the end of each quarter. File audits will be completed on a random sample of files to ensure nursing forms are completed and in the participant file by the lead nurse or designee at least twice a year.	04/06/2014	

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	<p>routine medications. There was no documentation to indicate nursing quarterlies were completed.</p> <p>A review of client #3's record was conducted on 3/7/14 at 12:00 P.M.. Client #3's record did not indicate nursing quarterlies were completed. Client #3's most current annual physical was dated 6/10/13. Client #3's 3/14 physician orders indicated client #3 received routine medications. There was no documentation to indicate nursing quarterlies were completed.</p> <p>A review of client #4's record was conducted on 3/7/14 at 11:30 A.M.. Client #4's record did not indicate nursing quarterlies were completed. Client #4's most current annual physical was dated 7/24/13. Client #4's 3/14 physician orders indicated client #4 received routine medications. There was no documentation to indicate nursing quarterlies were completed.</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 3/7/14 at 12:30 P.M.. The QIDPD indicated nursing quarterlies are to be completed every three months. The QIDPD further indicated the former nurse failed to conduct nursing quarterlies.</p>			

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	9-3-6(a)			

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W000368	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on observation, record review, and interview, the facility failed to assure drugs administered to 3 of 4 sampled clients and 2 additional clients (clients #1, #2, #3, #5 and #6) were administered in compliance with the physician's orders.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted on 3/5/14 at 3:00 P.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports indicated:</p> <p>-BDDS report dated 5/7/13: "Discovered med was not passed on 5/8/13 for [client #2]." Further review of the report indicated client #2 did not received his Namenda (Alzheimer) medication on 5/7/13 at 2:00 P.M..</p> <p>-BDDS report dated 8/20/13: "Staff was passing 7:00 A.M. meds on 8/21/13 and noticed that [client #5] did not receive his 7:00 A.M. Digoxin (congestive heart failure) .025 on 8/20/13."</p> <p>-BDDS report dated 9/10/13: "Upon returning from A.M. transport it was</p>	W000368	<p>W368-Staff will be retrained on the Universal Policy and Procedures of our agency's Medication Administration policy by 4/6/2014. The training will include but not limited to the 6 rights of medication administration, medications are to be checked 3x's and verified against the Medication Administration Record, and the Universal Policy and Procedure for Medication Administration is being properly followed. To ensure further compliance, staff is trained in orientation on Medcore A & B and trained at least annually on Medication Administration. The QDDP (D) will conduct random monthly home visits and monitor staff during med administration, nursing will monitor when completing monthly random home visits. The Group Home Manager and/or Assistant Manager will monitor med passes by the certified med passers while on shift. Med passes will be monitored and documented for a minimum of 30 days for each staff scheduled. Each med passer will need to pass a minimum of 5 med passes and competency must be demonstrated. Once all staff has been monitored for at least 30 days, the staff has been observed for a minimum of 5</p>	04/18/2014
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	<p>brought to the GHA (Group Home Assistant) Manager's attention that [client #1] did not receive his Clonazepam 1 mg tablet at 7:00 A.M. was not administered on 9/10/13...Due to this staff having previous medication errors the Human Resources Manager was contacted. In reviewing the staff's history it was determined that she is to be terminated of her employment as a direct care professional with Opportunity Enterprises per our agency policy."</p> <p>-BDDS report dated 10/3/13: "[Client #1] did not receive Clonazepam 1 mg (milligram) (anxiety) tablet at 8:00 P.M. med pass."</p> <p>-BDDS report dated 10/17/13: "Upon returning from AM transport it was brought to the GHA (Group Home Assistant) Manager's attention that [client #5] did not receive his Lorazepam (anxiety) .5 mg 1 tab and APAP/Codeine (pain) 300-30 mg 1 tablet at 7:00 A.M. and was not administered on 9/10/13.."</p> <p>-BDDS report dated 11/23/13: "As staff was passing 8:00 P.M. meds on 11/24/13, she noticed that on 11/23/13 at 8:00 P.M., [client #2] was given two Azithromycin (bacterial infections) tabs, instead of one, as ordered.."</p>		<p>medication passes, and competency is demonstrated, the GH Manager and Assistant Manager will begin fading the monitored med passes. If it is determined at anytime the staff fails to follow the policy and procedure for Medication Administration and/or competency they will be required to retake Med Core A & B within 30 days by a certified nurse instructor. A monitoring system has been put into place for the management to utilize to track and document the med passes. The lead nurse and QDDP will review the paperwork to ensure this is being completed and tracked properly.</p>		

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	<p>-BDDS report dated 12/10/13: "Staff was passing 7:00 A.M. meds on 12/11/13, while passing the medications she noticed that neither of [client #5]'s controlled medications was administered yesterday, 12/10/13, at 7:00 A.M.. These are his APP/Codeine 300-30 mg and his Lorazepam .5 mg."</p> <p>-BDDS report dated 12/14/13: "I was passing the 8:00 P.M. meds and noticed [client #3]'s 8:00 P.M. med Clonazepam tab 1 mg was not passed on 12/13/13."</p> <p>-BDDS report dated 1/20/14: "Med passer did not pass [client #1]'s 5:00 P.M. Doxycycline (antibiotic) pill on 1/20/14."</p> <p>-BDDS report dated 1/21/14: "Med passer passed all of [client #6]'s 7:00 A.M. meds at 7:00 P.M. instead of his 7:00 P.M. meds at 7:00 P.M.. The meds that were not supposed to be passed were as follows: Tamsulosin Cap (enlarged prostate) 4 mg, Allopurinol Tab (gout) 100 mg, Escitalopram Tab (anxiety) 20 mg, Gemfibrozil Tab (cholesterol) 600 mg, Aspirin Low Tab (heart) 81 mg."</p> <p>A review of the facility's "Universal Policies and Procedures-Medication Administration" dated 8/8/13 was conducted on 3/5/14 at 8:15 P.M.. Review of the policy indicated:</p>			

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	<p>"Opportunity Enterprises clients will receive medications as prescribed by the individuals attending physician's to maintain optimum health....B. Guidelines for dispensing medications for all consumers:</p> <p>1. Prescription medications will be administered as instructed on the pharmacy label and non-prescription medications will be administered using labeled instructions unless changed by the ordering physician.</p> <p>8. Medications will be verified 3 times against the Medication Administration Record. This includes medications that are set in the weekly pill dispenser.</p> <p>C. Dispensing of Medications:</p> <p>4. The medication should be checked three times in accordance with med core training.</p> <p style="padding-left: 20px;">a. When taking out the medication.</p> <p style="padding-left: 20px;">b. After pouring or punching out the medication.</p> <p style="padding-left: 20px;">c. Before administering the medication to the client.</p> <p>6. The 6 rights of medication administration should be followed.</p> <p style="padding-left: 20px;">a. Right medication is given to the;</p> <p style="padding-left: 20px;">b. Right person at the;</p>			
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	<p>c. Right time; d. Right dose/strength; e. Right route."</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDP) was conducted on 3/7/14 at 12:30 P.M.. The QIDPD indicated staff should have administered the clients' medications as ordered. The QIDPD further indicated staff should have followed the facility's medication administration policy.</p> <p>9-3-6(a)</p>			
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W000383	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area. Based on observation and interview, the facility failed for 8 of 8 clients residing at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8), to ensure only authorized persons had access to the keys to the medication room and medication cart.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 3/4/14 from 6:15 A.M. until 7:55 A.M.. From 6:15 A.M. until 6:54 A.M., the laundry room/medication office door was propped open. Direct Support Professionals (DSP) #1 and #2 entered in and out of the room. Clients #1, #4, #5 and #7 walked up and down the hallway past the unsecured medication room. At 6:54 A.M., DSP #2 began administering client #4's prescribed medications. DSP #2 retrieved the medication room/cart keys from the shelf located above the medication cart, unlocked the medication cart and administered client #4's prescribed medications.</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on</p>	W000383	<p>W383-Staff will be retrained by 4/6/2014 on the procedure for proper locking of the medication cart and not leaving the key unattended. To ensure further compliance, the QDDP (D) will conduct random monthly home visits, nursing will monitor when completing random home visits and the GH Manager/Assistant Manager will monitor on an ongoing basis to ensure staff is properly locking the med cart and not leaving the med key unattended.</p>	04/06/2014			

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	<p>3/7/14 at 12:30 P.M.. The QIDPD indicated the keys should only be available to authorized persons and further indicated the person responsible for administering medications should have the keys on them at all times.</p> <p>9-3-6(a)</p>				

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W000488	<p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview, the facility failed to assure 2 of 4 sampled clients and 1 additional client (clients #1, #2 and #6) were involved in meal preparation and served themselves.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 3/4/14 from 6:15 A.M. until 7:50 A.M.. At 6:30 A.M., Direct Support Professional (DSP) #1 prepared toast and placed the prepared toast on the table for clients #1 and #2 to eat. At 6:45 A.M., client #6 entered the dining area and sat at the dining table. Direct Support Professional (DSP) #1 placed a bowl of already prepared unsweetened cereal, a plate with cut up pears and a plate with already prepared toast on the table in front of client #6. Clients #1, #2 and #6 did not assist in meal preparation and did not serve themselves. Clients #1, #2 and #6 ate their meal independently.</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 3/7/14 at 12:30 P.M.. The QIDPD</p>	W000488	W 488-The QDDP (D) will retrain staff to ensure implementations of formal and informal active treatment are being completed properly no later than 4/6/2014. The QDDP (D) will retrain staff on active treatment and participants assisting in meal preparation and serving themselves according to their developmental level and this is to be implemented at all times of opportunity. To ensure further compliance, the QDDP (D) will monitor at least monthly when conducting observations at the home and through completed data on formalized goals. GH Management will monitor on an ongoing basis to ensure the participants are involved with meal prep and serving themselves.	04/06/2014			

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	<p>indicated clients were capable of assisting in meal preparation and serving themselves and further indicated they should be assisting in preparation and serving themselves at all meal times.</p> <p>9-3-8(a)</p>			
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