

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G048	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/25/2014
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NAME OF PROVIDER OR SUPPLIER BETHESDA LUTHERAN COMMUNITIES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 N NICHOLS ST LOWELL, IN 46356
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W000000	<p>This visit was for an extended recertification and state licensure survey.</p> <p>Dates of Survey: July 16, 17, 18 and 25, 2014.</p> <p>Facility number: 000603 Provider number: 15G048 AIM number: 100233510</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/5/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, interview and record review, for 3 of 3 sampled clients and 3 additional clients (clients #1, #2, #3, #4, #5 and #6), the governing body failed to exercise general policy and operating direction over the facility to</p>	W000104	<p>1. (120) The Program Manager, Area Director and Regional Director met with the day program provider on 08.14.2014. Day Program provided copies of the following policies: When to Call the Nurse Policy, When to notify 911 Policy, and Training and</p>	08/24/2014

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

TITLE

(X6) DATE

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

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	<p>ensure it developed and implemented a policy and procedure to give group home staff and the outside day program staff guidance on when to contact the facility's nursing services and contacting emergency services in regards to clients' health concerns. The governing body failed to exercise general policy and operating direction to ensure the facility implemented its written policies and procedures to prevent neglect and/or potential harm in regard to client #1's diabetes. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility specifically addressed/developed a risk plan for the client's diabetes. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility developed a diabetic menu for facility staff to follow/implement, and to ensure facility staff were adequately trained in regard to diabetes and the client's diabetic diet. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility staff reported client #1's low and high blood sugar readings to the physician and nursing staff as outlined by the client's physician's order and/or program plan. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility's</p>		<p>Documentation Policy. Discussion occurred in regards to the Bethesda policies for change in condition. Bethesda management stressed that medical assistance and 911 should be contacted prior to contacting Bethesda. The day program reviewed the incident report regarding client #1 on 07.11.2014. The review yielded that the writer of the incident report used the word unresponsive to mean that the individual did not provide a verbal response. The review indicated that client #1 was breathing and did have a pulse. The day program retrained the writer of the incident report in regards to the importance of using the correct verbiage in incident reports. This training was completed 07.15.2014. The day program provider will retrain DSPs on the when to call the nurse policy which describes change in condition, when to call 911 and what to do when health and safety is at risk. Proof of training will be provided. Bethesda management staff will complete weekly day program observations for three months using the day program observation form. After the three months of weekly observations if there are no concerns, the visits will continue at a frequency of one time monthly. The Area Director will review the completed observation forms. 2. (W149) The Program Manager and Nurse</p>		

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	<p>nursing services monitored the client's diabetes on a more frequent basis. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility conducted investigations in regard to client to client aggression, injuries of unknown origin and allegations of sexual behavior at the outside day program. The governing body failed to exercise operating direction over the facility to ensure the results of an investigation were reported to the administrator in 5 working days (client #4), and the governing body failed to exercise operating direction over the facility to ensure a pattern of inappropriate sexual behavior (client #3) was addressed with sufficient corrective action.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Please refer to W120. The governing body failed to exercise general policy and operating direction over the facility for 1 of 3 sampled clients and 1 additional client (clients #1 and #6), to ensure outside day program services met the needs of each client and sought emergency medical services when a change in health status occurred. 2. Please refer to W149: The governing body failed to exercise general policy and 		<p>will develop a risk plan to address client #1 Diabetes. A blood sugar tracking form was also developed to include documentation of physician and nurse notification. DSPs will be trained in the risk plan and documentation procedures. Copies of the plan and tracking form will be given to the day program and the Health and Safety Tech will be trained on them. The nurse will review this form bi-weekly until Client #1 is stabilized. The nurse will review the form to ensure proper physician intervention occurs. The nurse will be onsite twice weekly during the next quarter. She will observe medication administration and particularly staff taking the glucose reading and following through per doctor's orders. She will also observe staff giving glucose per sliding scale before meals. Any medication administration concerns will result in retraining by the nurse and or corrective action per Medication Error Policy. The Area Director will review all completed observation forms. The nurse will review any completed observation forms with concerns.</p> <p>DSPs will be retrained in the change in condition and when to notify the nurse policy. The Program Manager and Dietitian will develop Diabetic menus. These menus will meet physician and dietary recommendations and guidelines. All DSPs will be trained in the menus. Bethesda</p>		

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	<p>operating direction over the facility for 3 of 3 sampled clients and 3 additional clients (clients #1, #2, #3, #4, #5 and #6), to ensure the facility implemented its written policies and procedures to prevent neglect and/or potential harm in regard to client #1's diabetes. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility specifically addressed/developed a risk plan for the client's diabetes. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility developed a diabetic menu for facility staff to follow/implement, and to ensure facility staff were adequately trained in regard to diabetes and the client's diabetic diet. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility staff reported client #1's low and high blood sugar readings to the physician and the nursing staff as outlined by the client's physician's order. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility's nursing services monitored the client's diabetes on a more frequent basis. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its</p>		<p>management staff will complete mealtime observations four times weekly for six weeks. If staff is at 100% competency, observations will occur three times weekly for six weeks. If at that time, staff is at 100% competency, mealtime observations will be completed weekly. The Area Director will review the completed mealtime observation forms. The Area Director will retrain the nurse on expectations for documentation to include documenting all observations and communications with staff. Nursing notes for Client #1 will be reviewed by the Area Director monthly. If there are no issues for three months, reviews will drop to quarterly. A review of client #3's behavior support plan was completed. The behavior support specialist revised the behavior support plan on 3-3-14 and it was approved by HRC on 3-25-14. Day Program and Residential staff have been trained on it. Documentation will be obtained for the day program training. It should be noted that there has not been an incident since 3-18-14. The referenced incident dated 5-28-14 involved client #3 being worried about having gotten an infection during the 2-19-14 incident. At this time she gave additional and different information about the February incident. The Program Manager, Area Director and Regional Director met with the day program</p>	

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	<p>written policy and procedures to conduct investigations in regard to client to client aggression, injuries of unknown origin and preventing sexual behavior.</p> <p>3. Please refer to W154: The governing body failed to exercise general policy and operating direction over the facility to investigate injuries of unknown origin involving clients #1, #2, #4, #5 and #6.</p> <p>4. Please refer to W156: The governing body failed to exercise general policy and operating direction over the facility to ensure the facility reported the results of 1 of 7 reviewed investigations, involving 1 additional client (client #4), to the administrator within five business days.</p> <p>5. Please refer to W157: The governing body failed to exercise general policy and operating direction over the facility to ensure the facility took sufficient/effective corrective measures in regard to preventing client #3's inappropriate sexual behavior.</p> <p>6. Please refer to W331: The governing body failed to exercise general policy and operating direction over the facility to ensure the facility's nursing services specifically addressed/developed a protocol for client #1's diabetes. The governing body failed to exercise general</p>		<p>provider on 08.14.2014. Discussion occurred to detail the level of supervision for client #3. The day program provider will retrain all DSPs in the behavior support plan section dealing with inappropriate sexual behavior and level of supervision. Bethesda DSPs will also be retrained in the behavior support plan section dealing with inappropriate sexual behavior for client #3 and the level of supervision. As a note, there are no men living in the Bethesda home where client #3 resides. Bethesda management staff will complete weekly day program observations for three months using the day program observation form. The Area Director will review the day program observation reports for concerns. After the three months of weekly observations if there are no concerns, the visits will continue at a frequency of one time monthly. Client #3 had intake meeting for counseling on 7-14-14 and counseling sessions on 7-28-14 and 8-11-14. The Area Director will retrain the Program Manager in completing thorough investigations for all injuries of unknown origin to include who to interview (all staff working in the home and all individuals living in the home), time frames for investigations (must be completed within five business days of the incident) outcomes and recommendations. DSPs will be retrained by the</p>		

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	<p>policy and operating direction over the facility to ensure the facility's nursing services obtained a diabetic menu for facility staff to follow/implement, and failed to ensure facility staff were adequately trained in regard to diabetes and the client's diabetic diet. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility's nursing services monitored client #1's diabetes on a more frequent basis and notified the physician as requested by the physician. The facility's governing body failed to exercise general policy and operating direction over the facility to ensure the facility's nursing services ensured facility staff reported client #1's low and high blood sugar readings to the physicians outlined by the client's physician's order and/or program plan.</p> <p>7. Please refer to W342: The governing body failed to exercise general policy and operating direction over the facility to ensure the facility's nursing services trained staff in regard to diabetes required to meet the health needs of client #1.</p> <p>9-3-1(a)</p>		<p>Program Manager on the requirement to report all injuries of unknown origins to management immediately. An investigation checklist will be developed to ensure a thorough investigation is completed. The Area Director will review all investigations completed by the Program Manager for thoroughness. The Quality Enhancement Director will review all investigation checklists and investigations for three months. If no issues are noted, the Quality Enhancement Director will review at least 1 investigation and investigation checklist per quarter. The Program Manager, Area Director and Regional Director met with the day program provider on 08.14.2014. Client to client abuse was discussed. Day program provider agreed to give summaries of the investigations that they complete and follow up plans to the residential provider. Incidents addressed in the citations were handled through modification of the environment. The Program manager will do weekly day program observations to ensure that the clients supported are not put at risk. Three months without any problems and the observations will be done monthly. 3. (W154) The Area Director will retrain the Program Manager in completing thorough investigations for all injuries of unknown origin to include who to interview (all staff</p>				

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			working in the home and all individuals living in the home), time frames for investigations (must be completed within five business days of the incident) outcomes and recommendations. DSPs will be retrained by the Program Manager on the requirement to report all injuries of unknown origins to management immediately. An investigation checklist will be developed to ensure a thorough investigation is completed. The Area Director will review all investigations completed by the Program Manager for thoroughness. The Quality Enhancement Director will review all investigation checklists and investigations for three months. If no issues are noted, the Quality Enhancement Director will review at least 1 investigation and investigation checklist per quarter. 4. (156) The Area Director will retrain the Program Manager in completing thorough investigations that are completed within 5 business days of the incident or knowledge of the incident. The Program Manager will use the Investigation Checklist to ensure that all needed elements of the investigation have been completed. The Area Director will review all investigations and Investigation Checklists completed by the Program Manager to ensure that the investigations are complete. The	

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			<p>Quality Enhancement Director will review all investigation checklists and investigations for three months. If no issues are noted, the Quality Enhancement Director will review at least 1 investigation and investigation checklist per quarter. 5. (W157) A review of client #3's behavior support plan was completed. The behavior support specialist revised the behavior support plan on 3-3-14 and it was approved by HRC on 3-25-14. Day Program and Residential staff have been trained on it. Documentation will be obtained for the day program training. It should be noted that there has not been an incident since 3-18-14. The referenced incident dated 5-28-14 involved client #3 being worried about having gotten an infection during the 2-19-14 incident. At this time she gave additional and different information about the February incident. The Program Manager, Area Director and Regional Director met with the day program provider on 08.14.2014. Discussion occurred to detail the level of supervision for client #3. The day program provider will retrain all DSPs in the behavior support plan section dealing with inappropriate sexual behavior and level of supervision. Bethesda DSPs will also be retrained in the behavior support plan section dealing with inappropriate sexual behavior for client #3 and the level of supervision. As a note,</p>	

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			<p>there are no men living in the Bethesda home where client #3 resides. Bethesda management staff will complete weekly day program observations for three months using the day program observation form. The Area Director will review the day program observation reports for concerns. After the three months of weekly observations if there are no concerns, the visits will continue at a frequency of one time monthly. 6. (W331) The Program Manager and Nurse will develop a risk plan to address client #1 Diabetes. A blood sugar tracking form was also developed to include documentation of physician and nurse notification. DSPs will be trained in the risk plan and documentation procedures. Copies of the plan and tracking form will be given to the day program and the Health and Safety Tech will be trained on them. The nurse will review this form bi-weekly until Client #1 is stabilized. The nurse will review the form to ensure proper physician intervention occurred. DSPs will be retrained in the change in condition and when to notify the nurse policy. The Program Manager and Dietitian will develop Diabetic menus. These menus will meet physician and dietary recommendations and guidelines. All DSPs will be trained in the menus. Bethesda management staff will complete mealtime</p>	

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			<p>observations four times weekly for sixweeks. If staff is at 100% competency, observations will occur three times weekly for six weeks. If at that time, staff is at 100% competency, mealtime observations will be completed weekly. The Area Director will review the completed mealtime observation forms. The Program Manager will contact the physician for clients #1, #3 and #4 to determine if there is a need for a GERD diet or if he feels that they are well controlled at this time. The Program Manager and Nurse will revise the GERD protocols for clients #1, #3 and #4 based on the physician's recommendations. All DSPs will be retrained in the recommendations and protocols for clients #1, #3 and #4. Bethesda management staff will complete mealtime observations four times weekly for sixweeks. If staff is at 100% competency, observations will occur three times weekly for six weeks. If at that time, staff is at 100% competency, mealtime observations will be completed weekly. The Area Director will review the completed mealtime observation forms. The Area Director will retrain the nurse and management staff in regards to post hospital discharge instructions and required follow up. A Change of Condition checklist will be developed to ensure discharge instructions are</p>	

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W000120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client.</p> <p>Based on record review and interview for 1 of 3 sampled clients and 1 additional client (clients #1 and #6), the facility failed to ensure outside day program services met the needs of each client and sought emergency medical services when a change in health status occurred.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 7/17/14 at 1:30 P.M.. Review of the reports indicated:</p> <p>-BDDS report dated 7/2/14 involving</p>	W000120	<p>followed and that all protocols, menus and staff training are done. The Area Director will train the Nurse, Program Manager and DSPs in regards to the Change of Condition checklist and the implementation of the checklist. Area Director will retrain the nurse on documentation requirements. The Area Director will review nursing notes for Client #1 monthly to ensure that all communication is included.</p> <p>The Program Manager, Area Director and Regional Director met with the day program provider on 08.14.2014. Day Program provided copies of the following policies: When to Call the Nurse Policy, When to notify 911 Policy, and Training and Documentation Policy. Discussion occurred in regards to the Bethesda policies for change in condition. Bethesda management stressed that medical assistance and 911 should be contacted prior to contacting Bethesda. The day program reviewed the incident report regarding client #1 on 07.11.2014. The review yielded that the writer of the incident report used the word unresponsive to mean that the</p>	08/24/2014	

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	<p>client #1 at the outside day program indicated: "When staff was assisting [client #1] with standing, she started crying and legs were shaking and she sat back down. Came to take her medicine and won't put pill in mouth by herself. At lunch, she acted like she didn't know how to eat or drink when reaching for food and was grabbing at the table and couldn't drink without a straw. When staff was talking to her back in the room after lunch and asking her what was wrong, she kept saying 'seizure'....Incident Follow-Up Report: Due to notable changes in condition including loss of appetite, refusing to walk, verbal aggression and [client #1]'s neurologist not available, [client #1] was taken to the Emergency Room. Lab tests indicated that [client #1]'s sugar level was over 600 which is a new symptom. She was put on insulin and admitted to the hospital for further tests. [Client #1] was diagnosed with Diabetes, a new diagnoses (sic). [Client #1] is prescribed insulin 4 times daily. A protocol for Diabetes has been developed for [client #1] and the staff personnel and [client #1]'s guardian have received training by the nurse. Per the doctor's orders and protocol, he will be notified immediately regarding any sugar levels outside the given parameters or any other medical concerns/symptoms. The nurse is closely</p>		<p>individual did not provide a verbal response. The review indicated that client #1 was breathing and did have a pulse. The day program retrained the writer of the incident report in regards to the importance of using the correct verbiage in incident reports. This training was completed 07.15.2014. The day program provider will retrain DSPs on the when to call the nurse policy which describes change in condition, when to call 911 and what to do when health and safety is at risk. Bethesda management staff will complete weekly day program observations for three months using the day program observation form. After the three months of weekly observations if there are no concerns, the visits will continue at a frequency of one time monthly. The Area Director will review the completed observation forms.</p>				

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	<p>monitoring [client #1]'s progress."</p> <p>-BDDS report date 7/11/14 involving client #6 indicated: "During the consumer lunches staff noticed [client #6] being unresponsive. Staff reported the incident to the Health and Safety Tech (HST) and Program Manager (PM). [Client #6] was still unresponsive. Program manager for [Day Program name] called Program Manager for [Facility name] at 12:30 P.M. and explained everything that was going on. Program Manager from [Facility name] stated that she was going to call [client #6]'s doctor and nurse and send someone to pick him up. [Day program] staff decided that [client #6] was in no condition to wait for facility staff to transport home so 911 was called at 12:55 P.M.. Health and Safety Tech examined [client #6] and noted that he was unresponsive and eyes were closed. Health and Safety Tech took [client #6]'s blood pressure twice, the first time at 12:45 P.M. it read 77/50 and his pulse was 43, the second time at 12:50 P.M. it read 73/50 pulse 42. The ambulance arrived to the center at 1:00 P.M.. [Client #6] was transported to [Hospital name] at 1:25 P.M.. [Client #6] is an 89 year old emancipated adult who is non-verbal, but makes sounds. The doctor at the hospital confirmed that</p>			

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	<p>[client #6] had a Heart Attack and that he was being moved to the ICU (Intensive Care Unit) for closer monitoring and awaiting more results. Upon arrival at Day Services this morning [client #6] was completely awake and grunting....Staff at the [Day Program name] noticed a significant change in [client #6]'s appearance at approximately 12:15 P.M. when wheeling him out to the cafeteria for lunch and immediately informed the Health and Safety Tech and Program Manager."</p> <p>An interview with the Health and Safety Tech and Day Program Manager was conducted on 7/25/14 at 10:15 A.M.. The Health and Safety Tech indicated they did not call for emergency medical services immediately upon clients #1 and #6's change in health status. The Health and Safety Tech indicated they called the QIDP to notify her when the incidents occurred. The HST indicated she decided to call 911 after taking client #6's vitals and further indicated 911 was not called for client #1.</p> <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/25/14 at 3:00 P.M.. The QIDP indicated the outside day program should have called 911 when clients #1 and #6's health status changed. The</p>			

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W000122	<p>QIDP stated "I don't know why they call me and not 911. I'm not able to see the clients physically to assess them and I told them it would take time for me to send someone to pick the clients up."</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 3 of 3 sampled clients and 3 additional clients (clients #1, #2, #3, #4, #5 and #6). The facility failed to implement its written policies and procedures to prevent abuse/neglect of clients. The facility failed to report the results of the investigations within 5 days. The facility failed to put in place sufficient/effective corrective measures to prevent potential abuse/neglect. The facility failed to ensure nursing services were provided for client #1's health needs.</p>	W000122	(W149) The Program Manager and Nurse will develop a risk plan to address client #1 Diabetes. A blood sugar tracking form was also developed to include documentation of physician and nurse notification. DSPs will be trained in the risk plan and documentation procedures. Copies of the plan and tracking form will be given to the day program and the Health and Safety Tech will be trained on them. The nurse will review this form bi-weekly until Client #1 is stabilized. The nurse will review the form to ensure proper physician intervention occurred. DSPs will be retrained in the change in condition and when to	08/24/2014			

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	<p>Findings include:</p> <ol style="list-style-type: none"> 1. Please refer to W149: The facility neglected for 3 of 3 sampled clients and 3 additional clients (clients #1, #2, #3, #4, #5 and #6) to implement written policy and procedures to prevent abuse/neglect. 2. Please refer to W154: The facility failed for 8 of 8 injuries of unknown origin, involving 2 of 3 sampled clients and 3 additional clients (clients #1, #2, #4, #5 and #6), to provide written evidence of thorough investigations to determine the cause of the unknown injuries. 3. Please refer to W156: The facility failed to report the results of 1 of 7 reviewed investigations, involving 1 additional client (client #4), to the administrator within five business days. 4. Please refer to W157: The facility failed for 4 of 4 incidents of inappropriate behavior for 1 of 3 sampled clients (client #3), to take sufficient/effective corrective measures in regard to addressing the pattern of client #3's inappropriate sexual behavior. 5 Please refer to W331: The facility failed for 2 of 3 sampled clients and 1 		<p>notify the nurse policy. The Program Manager and Dietitian will develop Diabetic menus. These menus will meet physician and dietary recommendations and guidelines. All DSPs will be trained in the menus. Bethesda management staff will complete mealtime observations four times weekly for six weeks. If staff is at 100% competency, observations will occur three times weekly for six weeks. If at that time, staff is at 100% competency, mealtime observations will be completed weekly. The Area Director will review the completed mealtime observation forms. The Area Director will retrain the nurse on expectations for documentation to include documenting all observations and communications with staff. Nursing notes for Client #1 will be reviewed by the Area Director monthly. If there are no issues for three months, reviews will drop to quarterly. A review of client #3's behavior support plan was completed. The behavior support specialist revised the behavior support plan on 3-3-14 and it was approved by HRC on 3-25-14. Day Program and Residential staff have been trained on it. Documentation will be obtained for the day program training. It should be noted that there has not been an incident since 3-18-14. The referenced incident dated 5-28-14 involved client #3 being worried about having gotten</p>		

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	<p>additional client (clients #1, #3 and #4), to ensure the facility's nursing staff specifically addressed and developed a risk plan for client #1's medical diagnosis of diabetes. The facility's nursing staff failed to ensure a diabetic menu was developed for facility staff to follow/implement, and to ensure facility staff were adequately trained in regard to diabetes, when to contact the physician and nurse and how staff are to report client #1's low and high blood sugar readings. The facility's nursing staff failed to monitor client #1's diabetes on a more frequent basis. The facility's nursing services failed to ensure a menu to address GERD (gastroesophageal reflux disease) was developed for clients #1, #3 and #4.</p> <p>9-3-2(a)</p>		<p>an infection during the 2-19-14 incident. At this time she gave additional and different information about the February incident. The Program Manager, Area Director and Regional Director met with the day program provider on 08.14.2014. Discussion occurred to detail the level of supervision for client #3. The day program provider will retrain all DSPs in the behavior support plan section dealing with inappropriate sexual behavior and level of supervision. Documentation of training will be provided to Bethesda. Bethesda DSPs will also be retrained in the behavior support plan section dealing with inappropriate sexual behavior for client #3 and the level of supervision. As a note, there are no men living in the Bethesda home where client #3 resides. Bethesda management staff will complete weekly day program observations for three months using the day program observation form. The Area Director will review the day program observation reports for concerns. After the three months of weekly observations if there are no concerns, the visits will continue at a frequency of one time monthly. Client #3 had intake meeting for counseling on 7-14-14 and counseling sessions on 7-28-14 and 8-11-14. The Area Director will retrain the Program Manager in completing</p>		

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			thorough investigations for all injuries of unknown origin to include who to interview (all staff working in the home and all individuals living in the home), time frames for investigations (must be completed within five business days of the incident) outcomes and recommendations. DSPs will be retrained by the Program Manager on the requirement to report all injuries of unknown origins to management immediately. An investigation checklist will be developed to ensure a thorough investigation is completed. The Area Director will review all investigations completed by the Program Manager for thoroughness. The Quality Enhancement Director will review all investigation checklists and investigations for three months. If no issues are noted, the Quality Enhancement Director will review at least 1 investigation and investigation checklist per quarter. The Program Manager, Area Director and Regional Director met with the day program provider on 08.14.2014. Client to client abuse was discussed. Day program provider agreed to give summaries of of the investigations that they complete and follow up plans to the residential provider. Incidents addressed in the citations were handled through modification of the environment. The Program manager will do weekly day	

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			<p>program observations to ensure that the clients supported are not put at risk. Three months without any problems and the observations will be done monthly. 2. (W154) The Area Director will retrain the Program Manager in completing thorough investigations for all injuries of unknown origin to include who to interview (all staff working in the home and all individuals living in the home), time frames for investigations (must be completed within five business days of the incident) outcomes and recommendations. DSPs will be retrained by the Program Manager on the requirement to report all injuries of unknown origins to management immediately. An investigation checklist will be developed to ensure a thorough investigation is completed. The Area Director will review all investigations completed by the Program Manager for thoroughness. The Quality Enhancement Director will review all investigation checklists and investigations for three months. If no issues are noted, the Quality Enhancement Director will review at least 1 investigation and investigation checklist per quarter. 3. (156) The Area Director will retrain the Program Manager in completing thorough investigations that are completed within 5 business days of the incident or knowledge of the incident. The Program Manager</p>	

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			will use the Investigation Checklist to ensure that all needed elements of the investigation have been completed. The Area Director will review all investigations and Investigation Checklists completed by the Program Manager to ensure that the investigations are complete. The Quality Enhancement Director will review all investigation checklists and investigations for three months. If no issues are noted, the Quality Enhancement Director will review at least 1 investigation and investigation checklist per quarter. 4. (W157) A review of client #3's behavior support plan was completed. The behavior support specialist revised the behavior support plan on 3-3-14 and it was approved by HRC on 3-25-14. Day Program and Residential staff have been trained on it. Documentation will be obtained for the day program training. It should be noted that there has not been an incident since 3-18-14. The referenced incident dated 5-28-14 involved client #3 being worried about having gotten an infection during the 2-19-14 incident. At this time she gave additional and different information about the February incident. The Program Manager, Area Director and Regional Director met with the day program provider on 08.14.2014. Discussion occurred to detail the level of supervision for client #3.		

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			The day program provider will retrain all DSPs in the behavior support plan section dealing with inappropriate sexual behavior and level of supervision. Bethesda DSPs will also be retrained in the behavior support plan section dealing with inappropriate sexual behavior for client #3 and the level of supervision. As a note, there are no men living in the Bethesda home where client #3 resides. Bethesda management staff will complete weekly day program observations for three months using the day program observation form. The Area Director will review the day program observation reports for concerns. After the three months of weekly observations if there are no concerns, the visits will continue at a frequency of one time monthly. 5. (W331) The Program Manager and Nurse will develop a risk plan to address client #1 Diabetes. A blood sugar tracking form was also developed to include documentation of physician and nurse notification. DSPs will be trained in the risk plan and documentation procedures. Copies of the plan and tracking form will be given to the day program and the Health and Safety Tech will be trained on them. The nurse will review this form bi-weekly until Client #1 is stabilized. The nurse will review the form to ensure proper physician intervention occurred. DSPs will be retrained in the		

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			change in condition and when to notify the nurse policy. The Program Manager and Dietitian will develop Diabetic menus. These menus will meet physician and dietary recommendations and guidelines. All DSPs will be trained in the menus. Bethesda management staff will complete weekly mealtime observations for three months using the mealtime observation form. If no issues are noted, after three months these observations will occur monthly. The Area Director will review the weekly mealtime observations. The Program Manager will contact the physician for clients #1, #3 and #4 to determine if there is a need for a GERD diet or if he feels that they are well controlled at this time. The Program Manager and Nurse will revise the GERD protocols for clients #1, #3 and #4 based on the physician's recommendations. All DSPs will be retrained in the recommendations and protocols for clients #1, #3 and #4. The Manager will completed weekly mealtime observation to ensure that the doctor's orders are being followed in this area. Three months with no further concerns and the observations will drop to monthly. The Area Director will review the mealtime observation forms. The Area Director will retrain the nurse and management staff in regards to post hospital discharge instructions and required follow		

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W000149	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review, and interview for 3 of 3 sampled clients and 3 additional clients (clients #1, #2, #3, #4, #5 and #6), the facility neglected to implement its written policies and procedures to prevent neglect and/or potential harm in regard to client #1's diagnosis of diabetes. The facility neglected to specifically address/develop a risk plan/protocol for the client's diabetes. The facility neglected to develop a diabetic menu for facility staff to follow/implement and neglected to ensure facility staff were adequately trained in regard to diabetes. The facility neglected to ensure facility staff reported	W000149	up. A Change of Condition checklist will be developed to ensure discharge instructions are followed and that all protocols, menus and staff training are done. The Area Director will train the Nurse, Program Manager and DSPs in regards to the Change of Condition checklist and the implementation of the checklist. Area Director will retrain the nurse on documentation requirements. The Area Director will review nursing notes for Client #1 monthly to ensure that all communication is included. 1 and 2. The Program Manager and Nurse will develop a risk plan to address client #1 Diabetes. A blood sugar tracking form was also developed to include documentation of physician and nurse notification. DSPs will be trained in the risk plan and documentation procedures. Copies of the plan and tracking form will be given to the day program and the Health and Safety Tech will be trained on them. The nurse will review this form bi-weekly until Client #1 is stabilized. The nurse will review the form to ensure proper physician intervention occurred. DSPs will be retrained in the change in condition and when to	08/24/2014

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	<p>client #1's low and high blood sugar readings to nursing staff as outlined by the client's physician's order. The facility neglected to ensure the facility's nursing services monitored the client's diabetes on a more frequent basis. The facility neglected to conduct thorough investigations in regard to injuries of unknown origin for 1 of 3 sampled clients and 3 additional clients (clients #2, #4, #5 and #6). The facility failed to address client #3's documented inappropriate sexual behavior at the outside day program and failed to implement polices and procedures in regard to preventing client to client aggression for 1 of 3 sampled clients and 2 additional clients (clients #1, #5 and #6).</p> <p>Findings include:</p> <p>1. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 7/17/14 at 1:30 P.M.. Review of the reports indicated:</p> <p>-BDDS report dated 7/2/14 involving client #1 at the outside day program indicated: "When staff was assisting [client #1] with standing, she started crying and legs were shaking and she sat back down. Came to take her medicine</p>		<p>notify the nurse policy. The Program Manager and Dietitian will develop Diabetic menus. These menus will meet physician and dietary recommendations and guidelines. All DSPs will be trained in the menus. Bethesda management staff will complete mealtime observations four times weekly for six weeks. If staff is at 100% competency, observations will occur three times weekly for six weeks. If at that time, staff is at 100% competency, mealtime observations will be completed weekly. The Area Director will review the completed mealtime observation forms. 3. The Area Director will retrain the nurse on expectations for documentation to include documenting all observations and communications with staff. Nursing notes for Client #1 will be reviewed by the Area Director monthly. If there are no issues for three months, reviews will drop to quarterly. 4 A review of client #3's behavior support plan was completed. The behavior support specialist revised the behavior support plan on 3-3-14 and it was approved by HRC on 3-25-14. Day Program and Residential staff have been trained on it. Documentation will be obtained for the day program training. It should be noted that there has not been an incident since 3-18-14. The referenced incident dated 5-28-14 involved client #3 being worried about</p>				

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	<p>and won't put pill in mouth by herself. At lunch, she acted like she didn't know how to eat or drink when reaching for food and was grabbing at the table and couldn't drink without a straw. When staff was talking to her back in the room after lunch and asking her what was wrong, she kept saying 'seizure'....Incident Follow-Up Report: Due to notable changes in condition including loss of appetite, refusing to walk, verbal aggression and [client #1]'s neurologist not available, [client #1] was taken to the Emergency Room. Lab tests indicated that [client #1]'s sugar level was over 600 which is a new symptom. She was put on insulin and admitted to the hospital for further tests. [Client #1] was diagnosed with Diabetes, a new diagnoses (sic). [Client #1] is prescribed insulin 4 times daily. A protocol for Diabetes has been developed for [client #1] and the staff personnel and [client #1]'s guardian have received training by the nurse. Per the doctor's orders and protocol, he will be notified immediately regarding any sugar levels outside the given parameters or any other medical concerns/symptoms. The nurse is closely monitoring [client #1]'s progress."</p> <p>A morning observation was conducted at the group home on 7/18/14 from 6:00 A.M. until 8:00 A.M.. Beginning at 6:30</p>		<p>having gotten an infection during the 2-19-14 incident. At this time she gave additional and different information about the February incident. The Program Manager, Area Director and Regional Director met with the day program provider on 08.14.2014. Discussion occurred to detail the level of supervision for client #3. The day program provider will retrain all DSPs in the behavior support plan section dealing with inappropriate sexual behavior and level of supervision. Proof of training will be provided to Bethesda. Bethesda DSPs will also be retrained in the behavior support plan section dealing with inappropriate sexual behavior for client #3 and the level of supervision. As a note, there are no men living in the Bethesda home where client #3 resides. Bethesda management staff will complete weekly day program observations for three months using the day program observation form. The Area Director will review the day program observation reports for concerns. After the three months of weekly observations if there are no concerns, the visits will continue at a frequency of one time monthly. Client #3 had intake meeting for counseling on 7-14-14 and counseling sessions on 7-28-14 and 8-11-14. 5. The Area Director will retrain the Program Manager in completing thorough</p>				

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	<p>A.M., Direct Support Professional (DSP) #3 began administering client #1's medications. Client #1 was resistant to taking her medications and kept saying "No, no." Each time DSP #3 tried to administer client #1's medication, she refused. At 6:50 A.M., DSP #3 tested client #1's Blood Glucose Level (BGL) which read 50. DSP #3 stated "Can you give her orange juice and call her doctor?" At 6:55 A.M., DSP #3 called for DSP #4 and informed her to give client #1 orange juice and to call the doctor. DSP #4 walked client #1 to the dining room. At 7:00 A.M., DSP #4 gave client #1 a glass of orange juice. At 7:16 A.M., DSP #4 gave client #1 a cup of coffee. At 7:26 A.M., DSP #4 gave client #1 a slice of toast and a glass of milk. At 7:30 A.M., DSP #4 was asked if the physician was contacted; DSP #4 indicated the physician was not contacted.</p> <p>An interview with DSP #3, DSP #4 and the Program Director (PD) was conducted at the group home on 7/18/14 at 7:45 A.M.. When asked if client #1 had a diabetic protocol to give staff guidance on caring for client #1's diabetes, DSP #3 and #4 indicated they didn't know. When asked what the signs and symptoms for hyperglycemia and hypoglycemia were, DSP #3 and #4</p>		<p>investigations for all injuries of unknown origin to include who to interview (all staff working in the home and all individuals living in the home), time frames for investigations (must be completed within five business days of the incident) outcomes and recommendations. DSPs will be retrained by the Program Manager on the requirement to report all injuries of unknown origins to management immediately. An investigation checklist will be developed to ensure a thorough investigation is completed. The Area Director will review all investigations completed by the Program Manager for thoroughness. The Quality Enhancement Director will review all investigation checklists and investigations for three months. If no issues are noted, the Quality Enhancement Director will review at least 1 investigation and investigation checklist per quarter. 6. The Program Manager, Area Director and Regional Director met with the day program provider on 08.14.2014. Client to client abuse was discussed. Day program provider agreed to give summaries of of the investigations that they complete and follow up plans to the residential provider. Incidents addressed in the citations were handled through modification of the environment. The Program manager will do weekly day</p>		

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	<p>indicated they did not know. When asked if the physician was contacted, DSP #3 and #4 indicated the physician was not contacted. When asked to review client #1's health protocols, DSP #3 retrieved client #1's records, the PD then began looking throughout the record and office for a protocol and then stated "It would be in her blue book and there isn't one in there, all I can say is I don't know." When asked when the nurse is contacted, DSP #3 indicated staff does not contact the nurse, they were instructed to give client #1 orange juice and leave the doctor a message when client #1's BGL is under 70. There was no documentation at the group home to give staff who worked with client #1 guidance on when to contact the nurse, what to do to address low and high BGL, when to retest her BGL and when to contact emergency services. The nurse was not available for interview.</p> <p>A review of client #1's record was conducted on 7/18/14 at 7:50 A.M.. Review of the record failed to indicate the facility's nursing services developed a risk plan/protocol for client #1's diagnosis of diabetes.</p> <p>2. An evening observation was conducted at the group home on 7/16/14 from 5:45 P.M. until 6:50 P.M.. At 6:05</p>		<p>program observations to ensure that the clients supported are not put at risk. Three months without any problems and the observations will be done monthly.</p>		

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	<p>P.M., client #1 was observed eating dinner which consisted of spaghetti, mixed vegetables, bread, tea and milk.</p> <p>A review of the dinner menu for 7/16/14 was conducted on 7/16/14 at 6:30 P.M. and indicated: "Regular menu...Wednesday dinner...spaghetti, salad, bread, tea and milk. Friday breakfast...cold cereal, toast, juice and milk. There was no diabetic menu for client #1.</p> <p>A morning observation was conducted at the group home on 7/18/14 from 6:00 A.M. until 8:00 A.M.. At 7:00 A.M., client #1 was observed drinking a cup of orange juice.</p> <p>An interview with the QIDP was conducted on 7/25/14 at 3:00 P.M.. The QIDP indicated client #1 was diagnosed with diabetes. The QIDP further indicated she develops the group home menus and did not develop menus in regards to client #1's diabetes. The QIDP indicated the facility's Dietician had not developed menus for client #1's diabetes. The nurse was not available for interview.</p> <p>3. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on</p>						

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	<p>7/17/14 at 1:30 P.M.. Review of the reports indicated:</p> <p>-BDDS report dated 7/12/14 involving client #1 indicated: "When the nurse was completing a follow up assessment for [client #1] upon returning home from the hospital, she observed a 1/8 inch by 1/4 inch skin tear, healing, on [client #1]'s buttocks. The nurse instructed staff on the care including repositioning [client #1] a minimum of every two hours."</p> <p>A review of client #1's record was conducted on 7/25/14 at 2:00 P.M.. Review of the Medication Administration Record (MAR) dated July 2014 indicated:</p> <p>"Record Blood Sugars before meals...Blood Sugar 150-200= 2...201-250= 4...251-300= 6...301-350= 8...351-400= 10 units...Over 400= 12 units & call Doctor...Less than 70= give orange juice & call Doctor." Further review indicated this information was client #1's sliding scale for her insulin.</p> <p>Client #1's BGL record levels indicated (not all inclusive):</p> <p>7/11/14 Lunch 520 7/11/14 Dinner 69 7/14/14 Breakfast 53</p>						

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	<p>7/16/14 Breakfast 57 7/18/14 Breakfast 53 7/19/14 Breakfast 50 7/20/14 Breakfast 56</p> <p>Further review of client #1's "Nurses' Progress Notes", where nursing staff documents all assessments and communication in regards to client #1's health, indicated a last entry dated 7/8/14 which indicated: "She (client #1) was discharged to group home and arrived at 6:50 P.M. with group home staff...Thursday doctor appointment instructed 3 staff on finger sticks and Levemir Insulin for tonight and Humalog for day time. To get clarification 7/9/14 from [Doctor name]." Review of the record did not indicate when staff notified the doctor as ordered in regards to client #1's low and high BGL. The record did not indicate when and if the facility's nursing staff was notified of client #1's BGL. The record did not indicate if the nursing staff assessed client #1 after the documented MAR BGLs. The record did not indicate clarification from the doctor after the 7/9/14 medical appointment. The report did not indicate any documentation in regards to client #1's skin tear on her buttocks and did not indicate documentation to indicate staff were repositioning her every two hours.</p>			

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	<p>An interview with the QIDP was conducted on 7/25/14 at 3:00 P.M.. The QIDP indicated the nurse is to document in the client's record whenever client #1 is assessed and any communication is received in regards to her health status. The QIDP indicated client #1's record did not indicate a diabetes protocol which specifically addressed client #1's diabetes was developed. The nurse was not available for interview.</p> <p>4. A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigation records was conducted on 7/17/14 at 1:30 P.M.. Review of the facility's records indicated:</p> <p>-BDDS report dated 10/30/13 involving client #3 indicated: "[Client #3]'s QMRP (Qualified Mental Retardation Professional) called the [Outside Day Program] and stated [client #3] informed her home staff that another consumer had 'felt her up.' I spoke with [client #3] and she explained that the incident occurred during Friday afternoon movies and the male consumer had touched her right breast. She did explain that she asked him to stop but he did not. I asked [client #3] if she got up from her seat at any point or reported the incident to anyone</p>			
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	<p>here at the center and she replied no. I counseled [client #3] on appropriate times and places as well as choices she has as a woman when men are inappropriate. A male manager counseled the male consumer. The male consumer admitted to touching her breast however, said he did stop when asked by [client #3]."</p> <p>-BDDS report dated 2/19/14 involving client #3 at the outside day program indicated: "While clients were at programming [client #3] and another male consumer sat next to each other. [Client #3] had her hand on the male consumer's private part and was rubbing it and touching him. [Client #3]'s history includes reports by her family that [client #3] has fantasized about relationships with males, but there has been no known occurrences of sexual involvement. [Client #3]'s behavior plan does not address behaviors of a sexual nature. [Client #3]'s supervisor at the [Outside day program] workshop reported that both individuals have been separated, sitting on opposite sides of the workshop and they are monitored by staff to prevent further incidents. [Client #3] receives training at the group home regarding respecting herself and appropriate behavior with male peers."</p>			

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	<p>-BDDS dated 3/18/14 involving client #3 at the outside day program indicated: "[Client #3] arrived to the workshop and immediately went to sit by a fellow consumer. It is a consumer, which [client #3] has been redirected by staff to not sit by due to inappropriate incidents. Staff was on the way to redirect [client #3] when staff saw [client #3] attempt to touch the other consumer's private area, after the consumer had grabbed his private area. Staff immediately addressed the incident and prevented [client #3] from touching other consumer's private area with verbal redirection. [Client #3] was redirected to leave the workshop area so that the consumers were separated....Staff will closely supervise [client #3] and continue to redirect her to sit in another location of the workshop. [Client #3]'s QMRP (Qualified Mental Retardation Professional) was notified of the incident by phone."</p> <p>-BDDS report dated 5/28/14 involving client #3 indicated: "[Client #3] came out of the bathroom and ran out of the door and took off down the road, crying and yelling that she did not feel well. QIDP (Qualified Intellectual Disabilities Professional) followed [client #3] to monitor safety while another staff called 911 for assistance. When police officer</p>			

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	<p>arrived, [client #3] began to shake her arms at the officer and told him that she needed to go to the hospital. She was taken to the [Hospital name] Emergency Room. She complained of coughing, stomach and chest pain. When the doctor continued asking questions, [client #3] stated she had sex with her boyfriend and she was afraid that she had an infection because she was having pain and itching. She was given injection for STDs (Sexually Transmitted Diseases). A pelvic exam showed that the pelvic area was okay. She has no UTI (Urinary Tract Infection). Chest x-ray was clear....</p> <p>[Client #3]'s IDT (Inter Disciplinary Team) met on 6/5/14 and agreed on the following plan: 1.) [Client #3] will continue to receive services with the Behavior Therapist, but the observations will be unannounced at the group home. 2.) [Client #3] will receive mental health counseling weekly at [Mental Health facility name]. 3.) [Client #3]'s BSP will address inappropriate Social/Sexual conduct...the [Outside day program] staff have already received training."</p> <p>A review of client #3's record was conducted on 7/18/14 at 5:15 P.M.. Review of her Behavior Support Plan dated 12/31/13 indicated: "6. Inappropriate social/sexual behavior: Providing another individual at the</p>			

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	<p>workshop with money, food, pop, sexual touching and fondling....Task Analysis: a. Staff should be aware that [client #3] has a history of inappropriate social/sexual behaviors with a male co-worker at [Day Program]. b. [Client #3] and co-worker enjoy working together in the workshop. [Client #3] and co-worker may sit together as they work. Staff should encourage they sit across from each other as opposed to next to each other. If [client #3] chooses to sit next to male co-worker, staff should encourage they sit more than arms length apart and remain in eyesight of supervisors." Further review of client #3's record failed to indicate she went for mental health counseling as indicated in the BDDS report dated 5/28/14.</p> <p>An interview with the QIDP was conducted on 7/25/14 at 3:00 P.M.. The QIDP indicated the outside day program staff should make sure client #3 is in sight at all times as per her BSP. When asked if the facility addressed the documented incidents, the QIDP indicated staff at the day program were retrained on her BSP.</p> <p>5. A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigation records was conducted on 7/17/14 at 1:30</p>			

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	<p>P.M.. Review of the facility's records indicated:</p> <p>Incidents of injury of unknown origin:</p> <p>-BDDS report dated 6/15/14 involving client #5 indicated: "[Client #5] returned to the group home after a weekend visit with her parents. [Client #5]'s father reported that her two front upper teeth are chipped and they were not like that on her previous visit 5/10/14. [Client #5] denied any problem or knowledge of her chipped teeth. She denies any pain or sensitivity to foods and beverages. [Client #5] independently brushes her teeth daily. She said she did not recall any incident where she bumped her teeth of (sic) mouth. She denied that she uses her teeth to pry open any items or carry any objects in her mouth. She has had no falls since 5/10/14." Review of the attached "Investigation Report for Injuries of Unknown Origin" dated 6/15/14 failed to indicate all clients who reside at the group home were interviewed and all staff who work at the group home were interviewed.</p> <p>-BDDS report dated 1/9/14 involving client #2 indicated: "Staff on duty reported that whe (sic) she was assisting [client #2] with her evening shower, she observed three small (dime size) bruises</p>			

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	<p>on the inside of [client #2]'s lower left arm....[Client #2] is not a reliable witness because she has given three responses for the same incident but did not give any specific name...." Review of the attached "Investigation Report for Injuries of Unknown Origin" dated 1/9/14 indicated "[Client #2] was inconsistent with her responses, saying that she did not know, at the workshop, housemate, boy." Further review failed to indicate all clients who reside at the group home were interviewed and all staff who work at the group home were interviewed.</p> <p>-BDDS report dated 12/29/13 involving client #2 indicated: "Staff was assisting [client #2] with her bedtime grooming and observed two quarter size bruises on the outside of [client #2]'s lower left leg just below the knee. [Client #2] said that she did not know how she got the bruises. She said that she did not fall and she could not say if she bumped into anything." Review of the attached "Investigation Report for Injuries of Unknown Origin" dated 12/29/13 failed to indicate all clients who reside at the group home were interviewed and all staff who work at the group home were interviewed.</p> <p>-BDDS report dated 12/26/13 involving client #2 indicated: "When staff was</p>			

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	<p>assisting [client #2] with her shower, staff observed 2 bruises (1/2 dollar size and dime size) on the outside of [client #2]'s upper right arm, 1 1/2 inches above her elbow. She told staff that she did not know how she got the bruise. She told the QIDP that she got it at the workshop, but she had not been to the workshop for six days. Staff stated that [client #2] did not have any falls." Review of the attached "Investigation Report for Injuries of Unknown Origin" dated 12/26/13 failed to indicate all clients who reside at the group home were interviewed and all staff who work at the group home were interviewed.</p> <p>-BDDS report dated 12/24/13 involving client #6 indicated: "When staff was assisting [client #6] in the evening , she observed a quarter size bruise with small skin tear on his left elbow." Review of the attached "Investigation Report for Injuries of Unknown Origin" dated 12/24/13 failed to indicate all clients who reside at the group home were interviewed and all staff who work at the group home were interviewed.</p> <p>-BDDS report dated 11/21/13 involving client #2 indicated: "During the RN (Registered Nurse) monthly nursing assessment, the nurse observed a quarter size purplish blue bruise on [client #2]'s</p>			

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	<p>outer right inner thigh. When asked what happened she responded 'workshop.' She could not say what happened or if she bumped into anything." Review of the attached "Investigation Report for Injuries of Unknown Origin" dated 11/21/13 failed to indicate all clients who reside at the group home were interviewed and all staff who work at the group home were interviewed.</p> <p>-BDDS report dated 9/27/13 at the outside day program involving client #4 indicated: "While taking [client #4] to the bathroom staff noticed a small abrasion on [client #4]'s left knee." Review of the attached "Investigation Report for Injuries of Unknown Origin" dated 9/27/13 indicated "The injury appeared to be a rug-burn type abrasion, possibly from a fall or [client #4] crawling around on a carpeted floor." Further review failed to indicate all clients who reside at the group home were interviewed and all staff who work at the group home were interviewed.</p> <p>An interview with the QIDP was conducted on 7/25/14 at 3:00 P.M.. The QIDP indicated all clients and all staff were not interviewed in regards to the mentioned incidents. The QIDP further indicated the incidents were considered injuries of unknown origin.</p>						

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	<p>6. A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigation records was conducted on 7/17/14 at 1:30 P.M.. Review of the facility's records indicated:</p> <p>Incidents of client to client aggression:</p> <p>-BDDS report dated 4/16/14 involving client #6 and an outside day program client indicated: "[Day program client] was repeatedly calling out [client #6]'s name and [client #6] was getting very agitated. Staff asked [Day program client] to stop and he continued. [Day program client] then laid his hand down on top of [client #6]'s left hand and then grabbed his left arm. [Client #6] was examined by the Health and Safety Tech and slight redness was noted on the top of his left hand and his right arm."</p> <p>-BDDS report dated 4/16/14 involving client #6 and an outside day program client indicated: "A consumer was in behaviors and walked to the table and grabbed [client #6]'s hand, twisted it then grabbed his arm. [Client #6] was examined by the Health and Safety Tech and slight redness was found by the wrist area."</p>						

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	<p>-BDDS report dated 3/17/14 involving client #1 and an outside day program client indicated: "[Client #1] was sitting in the Cafeteria waiting for her turn for her medication, when [Day program client] came and sat next to her. [Day Program client] started pushing on [client #1]'s back and neck area causing her to bend over in her seat. Staff assisted to remove [Day program client]'s hand using finger release Nice techniques (crisis intervention). Once [Day program client]'s hands were released he then pressed his hands into [client #1]'s stomach and grabbed her shirt. Staff again used finger release Nice techniques to get [Day program client] to release [client #1]'s shirt."</p> <p>-BDDS report dated 2/21/14 involving client #5 and an outside day program client indicated: "Staff and clients were getting ready to go back to the workshop. A consumer targeted another consumer, but staff intervened and took the client to the workshop. That same consumer saw [client #5] and took her walker out of anger and caused her to fall."</p> <p>-BDDS report dated 11/11/13 involving client #6 and an outside day program client indicated: "A client from Pre-Voc (day program room) was upset and went into room 3 where he pushed [client #6]</p>			

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	<p>and punched him a few times in the back."</p> <p>An interview with the QIDP was conducted on 7/25/14 at 3:00 P.M.. The QIDP indicated the day program staff should monitor the clients to prevent client to client aggression from occurring.</p> <p>A review of the facility's "Abuse, Neglect, Misappropriation and Mistreatment of Persons Served" policy dated 6/11/12 was conducted on 7/18/14 at 6:48 P.M.. Review of the facility's policy indicated: "Policy: Bethesda Lutheran Communities, Inc., shall ensure that individuals supported by Bethesda are not subjected to physical, verbal, sexual, or psychological abuse, neglect, or punishment. Purpose: To protect the rights of all individuals, to treat each individual in a Christian manner and to comply with all state and federal laws. 5. Verbal or demonstrative harm caused by oral or written language, or gestures with disparaging or derogatory implications...'Neglect' means the following: Failure to provide support, training, appropriate care, food, medical care, or medical supervision to an individual...Injuries of Unknown Origin: All injuries of unknown origin will be treated as possible evidence of abuse, neglect or mistreatment until a thorough</p>						

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W000154	<p>investigation has taken place and a final determination is made."</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 8 of 8 injuries of unknown origin, involving 2 of 3 sampled clients and 3 additional clients (clients #1, #2, #4, #5 and #6), the facility failed to provide written evidence of thorough investigations to determine the cause of the unknown injuries.</p> <p>Findings include:</p> <p>A review of the facility's BDDS (Bureau of Developmental Disabilities Services)</p>	W000154	<p>The Area Director will retrain the Program Manager in completing thorough investigations for all injuries of unknown origin to include who to interview (all staff working in the home and all individuals living in the home), time frames for investigations (must be completed within five business days of the incident) outcomes and recommendations. DSPs will be retrained by the Program Manager on the requirement to report all injuries of unknown origins to management immediately. An investigation</p>	08/24/2014

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	<p>reports and investigation records was conducted on 7/17/14 at 1:30 P.M.. Review of the facility's records indicated:</p> <p>Incidents of injury of unknown origin:</p> <p>-BDDS report dated 7/12/14 involving client #1 indicated: "When the nurse was completing a follow up assessment for [client #1] upon returning home from the hospital, she observed a 1/8 inch by 1/4 inch skin tear, healing, on [client #1]'s buttocks. The nurse instructed staff on the care including repositioning [client #1] a minimum of every two hours." Further review of the report failed to indicate an investigation was conducted in regards to this incident of unknown injury.</p> <p>-BDDS report dated 6/15/14 involving client #5 indicated: "[Client #5] returned to the group home after a weekend visit with her parents. [Client #5]'s father reported that her two front upper teeth are chipped and they were not like that on her previous visit 5/10/14. [Client #5] denied any problem or knowledge of her chipped teeth. She denies any pain or sensitivity to foods and beverages. [Client #5] independently brushes her teeth daily. She said she did not recall any incident where she bumped her teeth</p>		<p>checklist will be developed to ensure a thorough investigation is completed. The Area Director will review all investigations completed by the Program Manager for thoroughness. The Quality Enhancement Director will review all investigation checklists and investigations for three months. If no issues are noted, the Quality Enhancement Director will review at least 1 investigation and investigation checklist per quarter.</p>				

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	<p>of (sic) mouth. She denied that she uses her teeth to pry open any items or carry any objects in her mouth. She has had no falls since 5/10/14." Review of the attached "Investigation Report for Injuries of Unknown Origin" dated 6/15/14 failed to indicate all clients who reside at the group home were interviewed and all staff who work at the group home were interviewed.</p> <p>-BDDS report dated 1/9/14 involving client #2 indicated: "Staff on duty reported that whe (sic) she was assisting [client #2] with her evening shower, she observed three small (dime size) bruises on the inside of [client #2]'s lower left arm....[Client #2] is not a reliable witness because she has given three responses for the same incident but did not give any specific name...." Review of the attached "Investigation Report for Injuries of Unknown Origin" dated 1/9/14 indicated "[Client #2] was inconsistent with her responses, saying that she did not know, at the workshop, housemate, boy." Further review failed to indicate all clients who reside at the group home were interviewed and all staff who work at the group home were interviewed.</p> <p>-BDDS report dated 12/29/13 involving client #2 indicated: "Staff was assisting [client #2] with her bedtime grooming</p>				

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	<p>and observed two quarter size bruises on the outside of [client #2]'s lower left leg just below the knee. [Client #2] said that she did not know how she got the bruises. She said that she did not fall and she could not say if she bumped into anything." Review of the attached "Investigation Report for Injuries of Unknown Origin" dated 12/29/13 failed to indicate all clients who reside at the group home were interviewed and all staff who work at the group home were interviewed.</p> <p>-BDDS report dated 12/26/13 involving client #2 indicated: "When staff was assisting [client #2] with her shower, staff observed 2 bruises (1/2 dollar size and dime size) on the outside of [client #2]'s upper right arm, 1 1/2 inches above her elbow. She told staff that she did not know how she got the bruise. She told the QIDP that she got it at the workshop, but she had not been to the workshop for six days. Staff stated that [client #2] did not have any falls." Review of the attached "Investigation Report for Injuries of Unknown Origin" dated 12/26/13 failed to indicate all clients who reside at the group home were interviewed and all staff who work at the group home were interviewed.</p> <p>-BDDS report dated 12/24/13 involving</p>						

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	<p>client #6 indicated: "When staff was assisting [client #6] in the evening , she observed a quarter size bruise with small skin tear on his left elbow." Review of the attached "Investigation Report for Injuries of Unknown Origin" dated 12/24/13 failed to indicate all clients who reside at the group home were interviewed and all staff who work at the group home were interviewed.</p> <p>-BDDS report dated 11/21/13 involving client #2 indicated: "During the RN (Registered Nurse) monthly nursing assessment, the nurse observed a quarter size purplish blue bruise on [client #2]'s outer right inner thigh. When asked what happened she responded 'workshop.' She could not say what happened or if she bumped into anything." Review of the attached "Investigation Report for Injuries of Unknown Origin" dated 11/21/13 failed to indicate all clients who reside at the group home were interviewed and all staff who work at the group home were interviewed.</p> <p>-BDDS report dated 9/27/13 at the outside day program involving client #4 indicated: "While taking [client #4] to the bathroom staff noticed a small abrasion on [client #4]'s left knee." Review of the attached "Investigation Report for Injuries of Unknown Origin"</p>			

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W000156	<p>dated 9/27/13 indicated "The injury appeared to be a rug-burn type abrasion, possibly from a fall or [client #4] crawling around on a carpeted floor." Further review failed to indicate all clients who reside at the group home were interviewed and all staff who work at the group home were interviewed.</p> <p>An interview with the QIDP was conducted on 7/25/14 at 3:00 P.M.. The QIDP indicated all clients and all staff were not interviewed in regards to the mentioned incidents. The QIDP further indicated the incidents were considered injuries of unknown origin.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident.</p>			

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	<p>Based on record review and interview, the facility failed to report the results of 1 of 7 reviewed investigations, involving 1 additional client (client #4), to the administrator within five business days.</p> <p>Findings include:</p> <p>A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigation records was conducted on 7/17/14 at 1:30 P.M.. Review of the facility's records indicated:</p> <p>-BDDS report dated 9/27/13 at the outside day program involving client #4 indicated: "While taking [client #4] to the bathroom staff noticed a small abrasion on [client #4]'s left knee." Review of the attached "Investigation Report for Injuries of Unknown Origin" dated 9/27/13 indicated "The injury appeared to be a rug-burn type abrasion, possibly from a fall or [client #4] crawling around on a carpeted floor." Further review indicated: "Date incident occurred or injury noted: 9/27/13...Signed and dated by the Qualified Intellectual Disabilities Professional (QIDP) 10/23/13...signed and dated by the Administrator 10/23/13. Further review of the record did not indicate the results of the investigation were reported to the administrator within</p>	W000156	The Area Director will retrain the Program Manager in completing thorough investigations that are completed within 5 business days of the incident or knowledge of the incident. The Program Manager will use the Investigation Checklist to ensure that all needed elements of the investigation have been completed. The Area Director will review all investigations and Investigation Checklists completed by the Program Manager to ensure that the investigations are complete. The Quality Enhancement Director will review all investigation checklists and investigations for three months. If no issues are noted, the Quality Enhancement Director will review at least 1 investigation and investigation checklist per quarter.	08/24/2014			

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W000157	<p>5 days.</p> <p>An interview with the QIDP was conducted on 7/25/14 at 3:00 P.M.. The QIDP indicated results from investigations are to be reported to the administrator within 5 days.</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 4 of 4 incidents of inappropriate behavior for 1 of 3 sampled clients (client #3), the facility failed to take sufficient/effective corrective measures in regard to preventing/addressing a pattern of client #3's inappropriate sexual behavior.</p> <p>Findings include:</p> <p>A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigation records was conducted on 7/17/14 at 1:30 P.M..</p>	W000157	<p>A review of client #3's behavior support plan was completed. The behavior support specialist revised the behavior support plan on 3-3-14 and it was approved by HRC on 3-25-14. Day Program and Residential staff have been trained on it. Documentation will be obtained for the day program training. It should be noted that there has not been an incident since 3-18-14. The referenced incident dated 5-28-14 involved client #3 being worried about having gotten an infection during the 2-19-14 incident. At this time she gave additional and different information about the February</p>	08/24/2014			

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	<p>Review of the facility's records indicated:</p> <p>-BDDS report dated 10/30/13 involving client #3 indicated: "[Client #3]'s QMRP (Qualified Mental Retardation Professional) called the [Outside Day Program] and stated [client #3] informed her home staff that another consumer had 'felt her up.' I spoke with [client #3] and she explained that the incident occurred during Friday afternoon movies and the male consumer had touched her right breast. She did explain that she asked him to stop but he did not. I asked [client #3] if she got up from her seat at any point or reported the incident to anyone here at the center and she replied no. I counseled [client #3] on appropriate times and places as well as choices she has as a woman when men are inappropriate. A male manager counseled the male consumer. The male consumer admitted to touching her breast however, said he did stop when asked by [client #3]."</p> <p>-BDDS report dated 2/19/14 involving client #3 at the outside day program indicated: "While clients were programming [client #3] and another male consumer sat next to each other. [Client #3] had her hand on the male consumer's private part and was rubbing it and touching him. [Client #3]'s history</p>		<p>incident. The Program Manager, Area Director and Regional Director met with the day program provider on 08.14.2014. Discussion occurred to detail the level of supervision for client #3. The day program provider will retrain all DSPs in the behavior support plan section dealing with inappropriate sexual behavior and level of supervision. Bethesda DSPs will also be retrained in the behavior support plan section dealing with inappropriate sexual behavior for client #3 and the level of supervision. As a note, there are no men living in the Bethesda home where client #3 resides. Bethesda management staff will complete weekly day program observations for three months using the day program observation form. The Area Director will review the day program observation reports for concerns. After the three months of weekly observations if there are no concerns, the visits will continue at a frequency of one time monthly.</p>		

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	<p>includes reports by her family that [client #3] has fantasized about relationships with males, but there has been no known occurrences of sexual involvement. [Client #3]'s behavior plan does not address behaviors of a sexual nature. [Client #3]'s supervisor at the [Outside day program] workshop reported that both individuals have been separated, sitting on opposite sides of the workshop and they are monitored by staff to prevent further incidents. [Client #3] receives training at the group home regarding respecting herself and appropriate behavior with male peers."</p> <p>-BDDS dated 3/18/14 involving client #3 at the outside day program indicated: "[Client #3] arrived to the workshop and immediately went to sit by a fellow consumer. It is a consumer, which [client #3] has been redirected by staff to not sit by due to inappropriate incidents. Staff was on the way to redirect [client #3] when staff saw [client #3] attempt to touch the other consumer's private area, after the consumer had grabbed his private area. Staff immediately addressed the incident and prevented [client #3] from touching other consumer's private area with verbal redirection. [Client #3] was redirected to leave the workshop area so that the consumers were separated....Staff will</p>			

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	<p>closely supervise [client #3] and continue to redirect her to sit in another location of the workshop. [Client #3]'s QMRP (Qualified Mental Retardation Professional) was notified of the incident by phone."</p> <p>-BDDS report dated 5/28/14 involving client #3 indicated: "[Client #3] came out of the bathroom and ran out of the door and took off down the road, crying and yelling that she did not feel well. QIDP (Qualified Intellectual Disabilities Professional) followed [client #3] to monitor safety while another staff called 911 for assistance. When police officer arrived, [client #3] began to shake her arms at the officer and told him that she needed to go to the hospital. She was taken to the [Hospital name] Emergency Room. She complained of coughing, stomach and chest pain. When the doctor continued asking questions, [client #3] stated she had sex with her boyfriend and she was afraid that she had an infection because she was having pain and itching. She was given injection for STDs (Sexually Transmitted Diseases). A pelvic exam showed that the pelvic area was okay. She has no UTI (Urinary Tract Infection). Chest x-ray was clear.... [Client #3]'s IDT (Inter Disciplinary Team) met on 6/5/14 and agreed on the following plan: 1.) [Client #3] will</p>			

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	<p>continue to receive services with the Behavior Therapist, but the observations will be unannounced at the group home.</p> <p>2.) [Client #3] will receive mental health counseling weekly at [Mental Health facility name]. 3.) [Client #3]'s BSP will address inappropriate Social/Sexual conduct...the [Outside day program] staff have already received training."</p> <p>A review of client #3's record was conducted on 7/18/14 at 5:15 P.M.. Review of her Behavior Support Plan dated 12/31/13 indicated: "6. Inappropriate social/sexual behavior: Providing another individual at the workshop with money, food, pop, sexual touching and fondling....Task Analysis: a. Staff should be aware that [client #3] has a history of inappropriate social/sexual behaviors with a male co-worker at [Day Program]. b. [Client #3] and co-worker enjoy working together in the workshop. [Client #3] and co-worker may sit together as they work. Staff should encourage they sit across from each other as opposed to next to each other. If [client #3] chooses to sit next to male co-worker, staff should encourage they sit more than arms length apart and remain in eyesight of supervisors." Further review of client #3's record failed to indicate she went for mental health counseling as indicated in</p>			

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W000248	<p>the BDDS report dated 5/28/14.</p> <p>No documentation was available for review to indicate the facility took sufficient/effective corrective action to prevent recurrence.</p> <p>An interview with the QIDP was conducted on 7/25/14 at 3:00 P.M.. The QIDP indicated the outside day program staff should make sure client #3 is in sight at all times as per her BSP. When asked if the facility addressed the documented incidents/pattern of inappropriate sexual behavior, the QIDP indicated staff were retrained on her BSP. There was no documentation available for review to indicate the day program staff were retrained on client #3's BSP.</p> <p>9-3-2(a)</p> <p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if</p>						

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	<p>the client is a minor) or legal guardian.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 3 sampled clients (client #2), by not ensuring the client's Behavior Support Plan (BSP) and medical risk plans were available for all staff who worked with her at her outside day services.</p> <p>Findings include:</p> <p>An outside day program observation was conducted on 7/18/14 from 9:15 A.M. until 11:00 A.M.. From 9:15 A.M. until 10:05 A.M., client #2 sat at the teacher's desk with her head down on the desk. When staff prompted client #2 to participate in activities, client #2 refused and began yelling.</p> <p>A review of client #2's day program record was conducted on 7/18/14 at 9:45 A.M.. Review of client #2's record failed to have her BSP available for staff who worked with her in her classroom. Review of the record indicated the outside day program requested client #2's BSP on 1/7/14, 1/22/14 and 6/27/14 via email to the QIDP (Qualified Intellectual Disabilities Professional.)</p> <p>An interview with client #2's classroom teacher was conducted at the day program on 7/18/14 at 9:55 A.M.. The teacher</p>	W000248	<p>The Program Manager will ensure the day program provider has a copy of client #2's behavior support plan and protocols. The Behavior Specialist will train the day program on client #2's behavior support plan. The Program Manager will ensure that the day program has Individual Support Plans, Risk Plans and behavior support plans for all individuals who receive support from that day program. The Area Director will develop an Annual Conference Checklist for each individuals annual updates. This checklist will ensure day program receives the individual support plan, risk plan, behavior support plan and all other necessary information. The Area Director will train the Program Manager on this checklist. The Program Manager will implement this checklist. The Area Director will review the Checklist within 30 days of an annual or any updates to ensure that all needed documents have been given to the day program. During a meeting held with the day program provider on 8-14-14, it was requested that all email communications also be sent to the Area Director.</p>	08/24/2014

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W000331	<p>indicated she had no BSP for client #2. The teacher indicated client #2 had an increase in physical aggression and refusals to participate in day programming and the facility was supposed to provide a BSP at the beginning of the year but had not.</p> <p>An interview with the outside day program director was conducted on 7/18/14 at 10:15 A.M.. The outside day program director indicated she has made several attempts to get client #2's BSP from the QIDP but has been unsuccessful.</p> <p>A review of client #2's record was conducted on 7/18/14 at 4:15 P.M.. Review of the record indicated a BSP dated 5/14.</p> <p>An interview with the QIDP was conducted on 7/25/14 at 3:00 P.M.. The QIDP indicated client #2's BSP should be available to the staff in the classroom. The QIDP further indicated she did not know why client #2's BSP was not available at the day program.</p> <p>9-3-4(a)</p> <p>483.460(c)</p>						

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	<p>NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review, observation and interview for 2 of 3 sampled clients and 1 additional client (clients #1, #3 and #4), the facility's nursing staff failed to specifically address and develop a risk plan for client #1's medical diagnosis of diabetes. The facility's nursing staff failed to ensure a diabetic menu was developed for facility staff to follow/implement, and to ensure facility staff were adequately trained in regard to diabetes, when to contact the physician and nurse and how staff are to report client #1's low and high blood sugar readings. The facility's nursing staff failed to monitor client #1's diabetes on a more frequent basis. The facility's nursing services failed to ensure a GERD (gastroesophageal reflux disease) diet was developed for clients #1, #3 and #4.</p> <p>Findings include:</p> <p>1. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 7/17/14 at 1:30 P.M.. Review of the reports indicated:</p> <p>-BDDS report dated 7/2/14 involving client #1 at the outside day program</p>	W000331	<p>The Program Manager and Nurse will develop a risk plan to address client #1 Diabetes. A blood sugar tracking form was also developed to include documentation of physician and nurse notification. DSPs will be trained in the risk plan and documentation procedures. Copies of the plan and tracking form will be given to the day program and the Health and Safety Tech will be trained on them. The nurse will review this form bi-weekly until Client #1 is stabilized. The nurse will review the form to ensure proper physician intervention occurred. The nurse will be onsite twice weekly during the next quarter. She will observe medication administration and particularly staff taking the glucose reading and following through per doctor's orders. She will also observe staff giving glucose per sliding scale before meals. DSPs will be retrained in the change in condition and when to notify the nurse policy. The Program Manager and Dietitian will develop Diabetic menus. These menus will meet physician and dietary recommendations and guidelines. All DSPs will be trained in the menus. Bethesda management staff will complete mealtime observations four times weekly for six weeks. If staff is</p>	08/24/2014			

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	<p>indicated: "When staff was assisting [client #1] with standing, she started crying and legs were shaking and she sat back down. Came to take her medicine and won't put pill in mouth by herself. At lunch, she acted like she didn't know how to eat or drink when reaching for food and was grabbing at the table and couldn't drink without a straw. When staff was talking to her back in the room after lunch and asking her what was wrong, she kept saying 'seizure'....Incident Follow-Up Report: Due to notable changes in condition including loss of appetite, refusing to walk, verbal aggression and [client #1]'s neurologist not available, [client #1] was taken to the Emergency Room. Lab tests indicated that [client #1]'s sugar level was over 600 which is a new symptom. She was put on insulin and admitted to the hospital for further tests. [Client #1] was diagnosed with Diabetes, a new diagnoses (sic). [Client #1] is prescribed insulin 4 times daily. A protocol for Diabetes has been developed for [client #1] and the staff personnel and [client #1]'s guardian have received training by the nurse. Per the doctor's orders and protocol, he will be notified immediately regarding any sugar levels outside the given parameters or any other medical concerns/symptoms. The nurse is closely monitoring [client #1]'s progress."</p>		<p>at 100%competency, observations will occur three times weekly for six weeks. If at that time, staff is at 100% competency, mealtime observations will be completed weekly. The Area Directorwill review the completed mealtime observation forms The Program Manager will contact the physician for clients #1, #3 and #4 to determine if there is a need for a GERD diet or if he feels that they are well controlled at this time. The Program Manager and Nurse will revise the GERD protocols for clients #1, #3 and #4 based on the physician's recommendations. All DSPs will be retrained in the recommendations and protocols for clients #1, #3 and #4. Bethesda management staff will complete mealtime observations four times weekly for six weeks. If staff is at 100% competency, observations will occur three times weekly for six weeks. If at that time, staff is at 100% competency, mealtime observations will be completed weekly. The Area Director will review the completed mealtime observation forms The Area Director will retrain the nurse and management staff in regards to post hospital discharge instructions and required follow up. A Change of Condition checklist will be developed to ensure discharge instructions are followed and that all</p>		

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	<p>A morning observation was conducted at the group home on 7/18/14 from 6:00 A.M. until 8:00 A.M.. Beginning at 6:30 A.M., Direct Support Professional (DSP) #3 began administering client #1's medications. Client #1 was resistant to taking her medications and kept saying "No, no." Each time DSP #3 tried to administer client #1's medication, she refused. At 6:50 A.M., DSP #3 tested client #1's Blood Glucose Level (BGL) which read 50. DSP #3 stated "Can you give her orange juice and call her doctor?" At 6:55 A.M., DSP #3 called for DSP #4 and informed her to give client #1 orange juice and to call the doctor. DSP #4 walked client #1 to the dining room. At 7:00 A.M., DSP #4 gave client #1 a glass of orange juice. At 7:16 A.M., DSP #4 gave client #1 a cup of coffee. At 7:26 A.M., DSP #4 gave client #1 a slice of toast and a glass of milk. At 7:30 A.M., DSP #4 was asked if the physician was contacted; DSP #4 indicated the physician was not contacted.</p> <p>An interview with DSP #3, DSP #4 and the Program Director (PD) was conducted at the group home on 7/18/14 at 7:45 A.M.. When asked if client #1 had a diabetic protocol to give staff guidance on caring for client #1's</p>		<p>protocols, menus and staff training are done. The Area Director will train the Nurse, Program Manager and DSPs in regards to the Change of Condition checklist and the implementation of the checklist. Area Director will retrain the nurse on documentation requirements. The Area Director will review nursing notes for Client #1 monthly to ensure that all communication is included.</p>				

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	<p>diabetes, DSP #3 and #4 indicated they didn't know. When asked what the signs and symptoms for hyperglycemia and hypoglycemia were, DSP #3 and #4 indicated they did not know. When asked if the physician was contacted, DSP #3 and #4 indicated the physician was not contacted. When asked to review client #1's health protocols, DSP #3 retrieved client #1's records, the PD then began looking throughout the record and office for a protocol and then stated "It would be in her blue book and there isn't one in there, all I can say is I don't know." When asked when the nurse is contacted, DSP #3 indicated staff does not contact the nurse, they were instructed to give client #1 orange juice and leave the doctor a message when client #1's BGL is under 70. There was no documentation at the group home to give staff who worked with client #1 guidance on when to contact the nurse, what to do to address low and high BGL, when to retest her BGL and when to contact emergency services. The nurse was not available for interview.</p> <p>A review of client #1's record was conducted on 7/18/14 at 7:50 A.M.. Review of the record failed to indicate the facility's nursing services developed a risk plan/protocol for client #1's diagnosis of diabetes.</p>						

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	<p>2. An evening observation was conducted at the group home on 7/16/14 from 5:45 P.M. until 6:50 P.M.. At 6:05 P.M., clients #1, #3 and #4 were observed eating their dinner which consisted of spaghetti, mixed vegetables, bread, tea and milk.</p> <p>A review of the dinner menu for 7/16/14 was conducted on 7/16/14 at 6:30 P.M. and indicated: "Regular menu...Wednesday dinner...spaghetti, salad, bread, tea and milk. Friday breakfast...cold cereal, toast, juice and milk. There was no diabetic menu for client #1 and there was no menu that addressed clients #1, #3 and #4's diagnoses of GERD (Gastroesophageal Reflux Disease).</p> <p>A morning observation was conducted at the group home on 7/18/14 from 6:00 A.M. until 8:00 A.M.. At 7:00 A.M., client #1 was observed drinking a cup of orange juice. At 7:15 A.M., clients #3 and #4 were observed eating breakfast which consisted of cold cereal, toast, orange juice, milk and water.</p> <p>A review of client #1's record was conducted on 7/18/14 at 4:15 P.M.. Review of client #1's record indicated a most current physicians order dated</p>			

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	<p>4/9/14 which indicated client #1 was prescribed "Ranitidine 150 mg (milligrams) (GERD)...Take 1 tablet by mouth twice daily." Further review of the record indicated client #1 had a "Gastroesophageal Reflux Disease Management Plan" dated 2/18/14 which indicated: "GERD is a condition in which acidic stomach contents move backward from the stomach to the esophagus. This action can irritate the esophagus, causing heartburn and other symptoms. Symptoms: 1. Heartburn.: burning pain in the chest, sometimes spreading to the throat, which increases with stooping, lying down or eating. 2. Feeling that food is stuck behind the breastbone. 3. Difficulty swallowing. 4. Sour taste in mouth. 5. Belching. 6. Gagging. 7. Nausea and vomiting. 8. Hoarseness or change in voice. 9. Sore throat. 10. Coughing or wheezing. 11. Hiccups...Avoid eating the following: carbonated beverages, chocolate, citrus fruits, tea or soft drinks with caffeine, fried or fatty foods, mint flavorings, spicy foods like pizza or chili, tomatoes or tomato products." Further review of client #1's 7/14 Physicians Orders indicated she was diagnosed with diabetes.</p> <p>A review of client #3's record was conducted on 7/18/14 at 5:15 P.M..</p>				

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	<p>Review of client #3's record indicated a most current physicians order dated 4/9/14 which indicated client #3 was prescribed "Pantoprazole 40 mg (GERD)...Take 1 tablet by mouth daily." Further review of the record indicated client #3 had a "Gastroesophageal Reflux Disease Management Plan" dated 8/13/13 which indicated: "GERD is a condition in which acidic stomach contents move backward from the stomach to the esophagus. This action can irritate the esophagus, causing heartburn and other symptoms. Symptoms: 1. Heartburn.: burning pain in the chest, sometimes spreading to the throat, which increases with stooping, lying down or eating. 2. Feeling that food is stuck behind the breastbone. 3. Difficulty swallowing. 4. Sour taste in mouth. 5. Belching. 6. Gagging. 7. Nausea and vomiting. 8. Hoarseness or change in voice. 9. Sore throat. 10. Coughing or wheezing. 11. Hiccups...Avoid eating the following: carbonated beverages, chocolate, citrus fruits, tea or soft drinks with caffeine, fried or fatty foods, mint flavorings, spicy foods like pizza or chili, tomatoes or tomato products."</p> <p>A review of client #4's record was conducted on 7/18/14 at 5:45 P.M.. Review of client #4's record indicated a most current physicians order dated</p>						

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	<p>4/9/14 which indicated client #4 was prescribed "Ranitidine 150 mg (milligrams) (GERD)...Take 1 tablet by mouth twice daily." Further review of the record indicated client #4 had a "Gastroesophageal Reflux Disease Management Plan" dated 2/18/14 which indicated: "GERD is a condition in which acidic stomach contents move backward from the stomach to the esophagus. This action can irritate the esophagus, causing heartburn and other symptoms. Symptoms: 1. Heartburn.: burning pain in the chest, sometimes spreading to the throat, which increases with stooping, lying down or eating. 2. Feeling that food is stuck behind the breastbone. 3. Difficulty swallowing. 4. Sour taste in mouth. 5. Belching. 6. Gagging. 7. Nausea and vomiting. 8. Hoarseness or change in voice. 9. Sore throat. 10. Coughing or wheezing. 11. Hiccups...Avoid eating the following: carbonated beverages, chocolate, citrus fruits, tea or soft drinks with caffeine, fried or fatty foods, mint flavorings, spicy foods like pizza or chili, tomatoes or tomato products."</p> <p>An interview with the QIDP was conducted on 7/25/14 at 3:00 P.M.. The QIDP indicated client #1 was diagnosed with diabetes and clients #1, #3 and #4 were diagnosed with GERD. The QIDP</p>			

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	<p>further indicated she develops the group home menus and did not develop menus in regards to client #1's diabetes and clients #1, #3 and #4's GERD. The QIDP indicated the facility's Dietician had not developed menus for client #1's diabetes and clients #1, #3 and #4's diagnoses of GERD. The nurse was not available for interview.</p> <p>3. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 7/17/14 at 1:30 P.M.. Review of the reports indicated:</p> <p>-BDDS report dated 7/12/14 involving client #1 indicated: "When the nurse was completing a follow up assessment for [client #1] upon returning home from the hospital, she observed a 1/8 inch by 1/4 inch skin tear, healing, on [client #1]'s buttocks. The nurse instructed staff on the care including repositioning [client #1] a minimum of every two hours."</p> <p>A review of client #1's record was conducted on 7/25/14 at 2:00 P.M.. Review of the Medication Administration Record (MAR) dated July 2014 indicated:</p> <p>"Record Blood Sugars before meals...Blood Sugar 150-200=</p>			

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	<p>2...201-250= 4...251-300= 6...301-350= 8...351-400= 10 units...Over 400= 12 units & call Doctor...Less than 70= give orange juice & call Doctor."</p> <p>Client #1's BGL record levels indicated (not all inclusive):</p> <p>7/11/14 Lunch 520 7/11/14 Dinner 69 7/14/14 Breakfast 53 7/16/14 Breakfast 57 7/18/14 Breakfast 53 7/19/14 Breakfast 50 7/20/14 Breakfast 56</p> <p>Further review of client #1's "Nurses' Progress Notes", where nursing staff documents all assessments and communication in regards to client #1's health, indicated a last entry dated 7/8/14 which indicated: "She (client #1) was discharged to group home and arrived at 6:50 P.M. with group home staff...Thursday doctor appointment instructed 3 staff on finger sticks and Levemir Insulin for tonight and Humalog for day time. To get clarification 7/9/14 from [Doctor name]." Review of the record did not indicate when staff notified the doctor as ordered in regards to client #1's low and high BGL. The record did not indicate when and if the facility's nursing staff was notified of</p>						

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	<p>client #1's BGL. The record did not indicate if the nursing staff assessed client #1 after the documented MAR BGL. The record did not indicate clarification from the doctor after the 7/9/14 medical appointment. The report did not indicate any documentation in regards to client #1's skin tear on her buttocks and did not indicate documentation to indicate staff were repositioning her every two hours.</p> <p>An interview with the QIDP was conducted on 7/25/14 at 3:00 P.M.. The QIDP indicated the nurse is to document in the clients record whenever client #1 is assessed and any communication is received in regards to her health status. The QIDP indicated client #1's record did not indicate a diabetes protocol which specifically addressed client #1's diabetes was developed. The QIDP further indicated there was no documentation to indicate the nurse reassessed client #1's documented skin tear. The nurse was not available for interview.</p> <p>9-3-6(a)</p>						

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W000342	<p>483.460(c)(5)(iii) NURSING SERVICES</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.</p> <p>Based on observation, interview and record review, the facility's nursing services failed to ensure staff were trained in regard to diabetes and GERD (Gastroesophageal Reflux Disease) to meet the health needs of 2 of 3 sampled clients and 1 additional client (clients #1, #3 and #4).</p> <p>Findings include:</p> <p>1. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on</p>	W000342	The Area Director will train the nurse in regards to expectations for Diabetes monitoring. The Program Manager and dietitian will develop diabetic menus based on the physician's diabetic diet order. Bethesda management staff will complete mealtime observations four times weekly for six weeks. If staff is at 100% competency, observations will occur three times weekly for six weeks. If at that time, staff is at 100% competency, mealtime observations will be completed weekly. The Area Director will review the completed mealtime	08/24/2014

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	<p>7/17/14 at 1:30 P.M.. Review of the reports indicated:</p> <p>-BDDS report dated 7/2/14 involving client #1 at the outside day program indicated: "When staff was assisting [client #1] with standing, she started crying and legs were shaking and she sat back down. Came to take her medicine and won't put pill in mouth by herself. At lunch, she acted like she didn't know how to eat or drink when reaching for food and was grabbing at the table and couldn't drink without a straw. When staff was talking to her back in the room after lunch and asking her what was wrong, she kept saying 'seizure'....Incident Follow-Up Report: Due to notable changes in condition including loss of appetite, refusing to walk, verbal aggression) and [client #1]'s neurologist not available, [client #1] was taken to the Emergency Room. Lab tests indicated that [client #1]'s sugar level was over 600 which is a new symptom. She was put on insulin and admitted to the hospital for further tests. [Client #1] was diagnosed with Diabetes, a new diagnoses (sic). [Client #1] is prescribed insulin 4 times daily. A protocol for Diabetes has been developed for [client #1] and the staff personnel and [client #1]'s guardian have received training by the nurse. Per the doctor's orders and</p>		<p>observation forms Client #1 takes her lunch and her snacks to her day program. DSPs will ensure that food sent to the day program follows the menu. The Program Manager and Nurse will develop a risk plan to address client #1 Diabetes. Staff will be trained on the Diabetes Risk Plan and the diet. A copy of the risk plan and diet will be given to the day program and reviewed with the Health and Safety Tech. Documentation of training will be provided. A blood sugar tracking form was developed to include documentation of physician and nurse notification. The physician and nurse are to be notified whenever the blood glucose level is below 70mg/dl or over 400mg/dl. The nurse will review the form at bi-weekly until Client #1's Diabetes is well controlled to ensure proper physician notification was made and that intervention occurred. The nurse will be onsite twice weekly during the next quarter. She will observe medication administration and particularly staff taking the glucose reading and following through per doctor's orders. She will also observe staff giving glucose per sliding scale before meals. Any medication administration concerns will result in retraining by the nurse and or corrective action per Medication Error Policy. The Area Director will review all completed</p>				

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	<p>protocol, he will be notified immediately regarding any sugar levels outside the given parameters or any other medical concerns/symptoms. The nurse is closely monitoring [client #1]'s progress."</p> <p>A morning observation was conducted at the group home on 7/18/14 from 6:00 A.M. until 8:00 A.M.. Beginning at 6:30 A.M., Direct Support Professional (DSP) #3 began administering client #1's medications. Client #1 was resistant to taking her medications and kept saying "No, no." Each time DSP #3 tried to administer client #1's medication, she refused. At 6:50 A.M., DSP #3 tested client #1's Blood Glucose Level (BGL) which read 50. DSP #3 stated "Can you give her orange juice and call her doctor?" At 6:55 A.M., DSP #3 called for DSP #4 and informed her to give client #1 orange juice and to call the doctor. DSP #4 walked client #1 to the dining room. At 7:00 A.M., DSP #4 gave client #1 a glass of orange juice. At 7:16 A.M., DSP #4 gave client #1 a cup of coffee. At 7:26 A.M., DSP #4 gave client #1 a slice of toast and a glass of milk. At 7:30 A.M., DSP #4 was asked if the physician was contacted; DSP #4 indicated the physician was not contacted.</p> <p>An interview with DSP #3, DSP #4 and</p>		<p>observation forms. The nurse will review any completed observation forms with concerns.</p> <p>The DSPs in the home and day program setting will be trained on proper completion of the tracking form. The Area Director will review the tracking form monthly for 3 months. If no concerns are noted, the review will occur quarterly. The Program Manager will contact the physician for clients #1, #3 and #4 in regards to diets for the diagnosis of GERD. If the physician recommends food restrictions, the Program Manager and Nurse will revise menus to address these food restrictions. GERD protocols will reflect whether the doctor has ordered food restrictions or has determined that their GERD is controlled and does not require food restrictions. All DSPs will be retrained in the recommendations, food restrictions if applicable and protocols for clients #1, #3 and #4. Bethesda management staff will complete mealtime observations fourtimes weekly for six weeks. If staff is at 100% competency, observations will occur three times weekly for six weeks. If at that time, staff is at 100% competency, mealtime observations will be completed weekly. The Area Director will review the completed mealtime observation forms Change of Condition Checklist has been</p>		

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	<p>the Program Director (PD) was conducted at the group home on 7/18/14 at 7:45 A.M.. When asked if client #1 had a diabetic protocol to give staff guidance on caring for client #1's diabetes, DSP #3 and #4 indicated they didn't know. When asked what the signs and symptoms for hyperglycemia and hypoglycemia were, DSP #3 and #4 indicated they did not know. When asked if the physician was contacted, DSP #3 and #4 indicated the physician was not contacted. When asked to review client #1's health protocols, DSP #3 retrieved client #1's records, the PD then began looking throughout the record and office for a protocol and then stated "It would be in her blue book and there isn't one in there, all I can say is I don't know." When asked when the nurse is contacted, DSP #3 indicated staff does not contact the nurse, they were instructed to give client #1 orange juice and leave the doctor a message when client #1's BGL is under 70. DSP #3 indicated the nurse came to the group home last week and trained them on diabetes. There was no documentation at the group home to give staff who worked with client #1 guidance on when to contact the nurse, what to do to address low and high BGL, when to retest her BGL and when to contact emergency services. The nurse was not available for</p>		<p>developed to ensure that any change in condition is reviewed by the nurse and dietitian in accordance with the physician to ensure that the correct diets have been ordered and that the menus correctly reflect the diets. The Area Director will review all Change in Condition forms.</p>	

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	<p>interview.</p> <p>A review of client #1's record was conducted on 7/18/14 at 7:50 A.M.. Review of the record failed to indicate the facility's nursing services developed a risk plan/protocol for client #1's diagnosis of diabetes.</p> <p>2. An evening observation was conducted at the group home on 7/16/14 from 5:45 P.M. until 6:50 P.M.. At 6:05 P.M., clients #1, #3 and #4 were observed eating their dinner which consisted of spaghetti, mixed vegetables, bread, tea and milk.</p> <p>A review of the dinner menu for 7/16/14 was conducted on 7/16/14 at 6:30 P.M. and indicated: "Regular menu...Wednesday dinner...spaghetti, salad, bread, tea and milk. Friday breakfast...cold cereal, toast, juice and milk. There was no diabetic menu for client #1 and there was no menu that addressed clients #1, #3 and #4's diagnoses of GERD.</p> <p>A morning observation was conducted at the group home on 7/18/14 from 6:00 A.M. until 8:00 A.M.. At 7:00 A.M., client #1 was observed drinking a cup of orange juice. At 7:15 A.M., clients #3 and #4 were observed eating breakfast</p>						

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	<p>which consisted of cold cereal, toast, orange juice, milk and water.</p> <p>A review of client #1's record was conducted on 7/18/14 at 4:15 P.M.. Review of client #1's record indicated a most current physicians order dated 4/9/14 which indicated client #1 was prescribed "Ranitidine 150 mg (milligrams) (GERD)...Take 1 tablet by mouth twice daily." Further review of the record indicated client #1 had a "Gastroesophageal Reflux Disease Management Plan" dated 2/18/14 which indicated: "GERD is a condition in which acidic stomach contents move backward from the stomach to the esophagus. This action can irritate the esophagus, causing heartburn and other symptoms. Symptoms: 1. Heartburn.: burning pain in the chest, sometimes spreading to the throat, which increases with stooping, lying down or eating. 2. Feeling that food is stuck behind the breastbone. 3. Difficulty swallowing. 4. Sour taste in mouth. 5. Belching. 6. Gagging. 7. Nausea and vomiting. 8. Hoarseness or change in voice. 9. Sore throat. 10. Coughing or wheezing. 11. Hiccups...Avoid eating the following: carbonated beverages, chocolate, citrus fruits, tea or soft drinks with caffeine, fried or fatty foods, mint flavorings, spicy foods like pizza or chili, tomatoes or</p>			

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	<p>tomato products."</p> <p>A review of client #3's record was conducted on 7/18/14 at 5:15 P.M.. Review of client #3's record indicated a most current physicians order dated 4/9/14 which indicated client #3 was prescribed "Pantoprazole 40 mg (GERD)...Take 1 tablet by mouth daily." Further review of the record indicated client #3 had a "Gastroesophageal Reflux Disease Management Plan" dated 8/13/13 which indicated: "GERD is a condition in which acidic stomach contents move backward from the stomach to the esophagus. This action can irritate the esophagus, causing heartburn and other symptoms. Symptoms: 1. Heartburn.: burning pain in the chest, sometimes spreading to the throat, which increases with stooping, lying down or eating. 2. Feeling that food is stuck behind the breastbone. 3. Difficulty swallowing. 4. Sour taste in mouth. 5. Belching. 6. Gagging. 7. Nausea and vomiting. 8. Hoarseness or change in voice. 9. Sore throat. 10. Coughing or wheezing. 11. Hiccups...Avoid eating the following: carbonated beverages, chocolate, citrus fruits, tea or soft drinks with caffeine, fried or fatty foods, mint flavorings, spicy foods like pizza or chili, tomatoes or tomato products."</p>			

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	<p>A review of client #4's record was conducted on 7/18/14 at 5:45 P.M.. Review of client #4's record indicated a most current physicians order dated 4/9/14 which indicated client #4 was prescribed "Ranitidine 150 mg (milligrams) (GERD)...Take 1 tablet by mouth twice daily." Further review of the record indicated client #4 had a "Gastroesophageal Reflux Disease Management Plan" dated 2/18/14 which indicated: "GERD is a condition in which acidic stomach contents move backward from the stomach to the esophagus. This action can irritate the esophagus, causing heartburn and other symptoms. Symptoms: 1. Heartburn.: burning pain in the chest, sometimes spreading to the throat, which increases with stooping, lying down or eating. 2. Feeling that food is stuck behind the breastbone. 3. Difficulty swallowing. 4. Sour taste in mouth. 5. Belching. 6. Gagging. 7. Nausea and vomiting. 8. Hoarseness or change in voice. 9. Sore throat. 10. Coughing or wheezing. 11. Hiccups...Avoid eating the following: carbonated beverages, chocolate, citrus fruits, tea or soft drinks with caffeine, fried or fatty foods, mint flavorings, spicy foods like pizza or chili, tomatoes or tomato products."</p> <p>An interview with the QIDP was</p>			

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W000368	<p>conducted on 7/25/14 at 3:00 P.M.. The QIDP indicated client #1 was diagnosed with diabetes and clients #1, #3 and #4 were diagnosed with GERD. The QIDP indicated all staff are trained on clients' prescribed diets.</p> <p>9-3-6(a)</p> <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 on record review and interview, the facility failed to assure drugs administered to 3 of 4 sampled clients and 1 additional client (clients #1, #2, #3 and #4) were administered in compliance with the physician's orders.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 7/17/14 at 1:30 P.M.. Review of the records indicated:</p>	W000368	<p>The Nurse will retrain the staff on medication administration procedure. A Medication Check form has been developed. Staff administering medications will at the completion of the pass, review all Med Sheets and medications to ensure that everything has been given. The staff person will sign off on the Medication Check form. When two staff are on duty, the second staff will review the Med Sheets and medications after the staff who administered the medications is through with the initial review. The second staff person will sign off verifying that he/she completed a review</p>	08/24/2014

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	<p>-BDDS report dated 2/6/14 involving client #2 indicated: "[Client #2] was not given her Lactaid medication after her breakfast....All staff have received retraining on the protocol for Administering Medications and reporting suspected or actual medication and/or documentation errors. The staff responsible for this error will receive corrective action and retraining with the RN (Registered Nurse)."</p> <p>-BDDS report dated 1/26/14 involving client #4 indicated: "When reviewing the MAR (Medication Administration Record), the QIDP (Qualified Intellectual Disabilities Professional) noted that [client #4]'s topical medication (Azelex) was not documented as given on 1/26/14 in the evening....All staff will receive training on the protocol for Administering Medications and reporting suspected or actual medication and/or documentation errors. Staff responsible will receive corrective action."</p> <p>-BDDS report dated 1/25/14 involving client #1 indicated: "When reviewing the MAR, the QIDP noted that [client #1]'s topical medications Zeasorb (antifungal), Benzoyl; (sic)Ammonium Lotion (acne) were not documented as given on 1/25/14....Staff is expected to</p>		and there were no problems. Any concerns will be reported immediately. Bethesda management staff will complete medication observations four times weekly for six weeks. If staff is at 100% competency, observations will occur three times weekly for six weeks. If at that time, staff is at 100% competency, medication observations will be completed weekly. The nurse will be onsite twice weekly during the next quarter. She will observe medication administration and particularly staff taking the glucose reading and following through per doctor's orders. She will also observe staff giving glucose per sliding scale before meals. Any medication administration concerns will result in retraining by the nurse and or corrective action per Medication Error Policy. The Area Director will review all completed observation forms. The nurse will review any completed observation forms with concerns.				

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	<p>initial the MAR sheet immediately after the medication is given. The second staff on duty is expected to follow up with a final check for accuracy. The overnight staff is responsible to check the MAR and report any suspected or actual medication and/or documentation errors immediately to the management....All staff will receive e-training on the protocol for Administering Medications and respoting (sic) suspected or actual medication and/or documenting errors. Staff responsible for the error will also receive corrective action."</p> <p>-BDDS report dated 1/25/14 involving client #3 indicated: "When reviewing the MAR, the QIDP noted that [client #3]'s topical medication Hibiclens (antiseptic) was not documented as given. Staff is to ensure that [client #3] has initialed her medications....Staff is expected to initial the MAR sheet immediately after the medication is given. The second staff on duty is expected to follow up with a final check for accuracy. The overnight staff is responsible to check the MAR and report any suspected or actual medication and/or documentation errors immediately to the management....All staff will receive e-training on the protocol for Administering Medications and reporting suspected or actual medication and/or documenting errors. Staff responsible for</p>			

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	<p>the error will also receive corrective action."</p> <p>-BDDS report dated 1/24/14 involving client #4 indicated: "When reviewing the MAR, the QIDP noted that [client #3]'s topical medications FFNC (nail fungus) and Azelex (acne) were not documented as given on 1/24/14 in the evening....Staff is expected to initial the MAR sheet immediately after the medication is given. The second staff on duty is expected to follow up with a final check for accuracy. The overnight staff is responsible to check the MAR and report any suspected or actual medication and/or documentation errors immediately to the management....All staff will receive e-training on the protocol for Administering Medications and reporting suspected or actual medication and/or documenting errors. Staff responsible for the error will also receive corrective action."</p> <p>-BDDS report dated 12/7/13 involving client #1 indicated: "[Client #1] was not given her Phenytoin 100 mg (milligram) (seizures) at noon on 12/7/13....Staff will be retrained on the Medication Administration Protocol and complete a final check of all medications during a medication pass."</p>						

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W000369	<p>-BDDS report dated 9/8/13 involving client #1 indicated: "When administering [client #1]'s morning medication, it was observed that [client #1]'s phenobarbital pills (seizures) were still in the bubble pack for the morning of 9/7/13. The staff responsible for the medication pass that shift initialed the MAR that the medication was given. When I questioned [Staff name], staff responsible for error, she admitted that she did not follow the proper protocol for administering medications."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/25/14 at 3:00 P.M.. The QIDP indicated staff are trained on medication administration upon employment. The QIDP further indicated medications should be administered as ordered.</p> <p>9-3-6(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and</p>	W000369	Protocol for Administering Medication with Special Food Considerations has been	08/24/2014			

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	<p>interview, the facility failed for 1 of 3 sampled clients observed during medication administration (client #2) to ensure staff administered 1 of 3 of the client's medications, as ordered without error.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/18/14 from 6:00 A.M. until 8:00 A.M.. At 7:02 A.M., Direct Support Professional (DSP) #1 administered client #2's prescribed medications. At 7:05 A.M., a review of the medication packet and Medication Administration Record (MAR) dated 7/1/14 to 7/31/14 indicated: "Levothyroxine 100 mcg (microgram) tablet (thyroid)...1 tablet 1/2 hour before meal." Client #2 ate her breakfast at 7:15 A.M.. Client #2 did not take her Levothyroxine 30 minutes before her breakfast.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/25/14 at 3:00 P.M.. The QIDP indicated client #2's medications should have been administered as directed on the label and MAR. The QIDP further indicated client #2's medication should have been given 30 minutes before her meal.</p>		<p>modified to include administering medications that are given 1/2 hour before a meal. Staff will be retrained on this protocol by the Program Manager. Bethesda management staff will complete medication observations four times weekly for six weeks. If staff is at 100% competency, observations will occur three times weekly for six weeks. If at that time, staff is at 100% competency, medication observations will be completed weekly. The nurse will be onsite twice weekly during the next quarter. She will observe medication administration and particularly staff taking the glucose reading and following through per doctor's orders. She will also observe staff giving glucose per sliding scale before meals. Any medication administration concerns will result in retraining by the nurse and or corrective action per Medication Error Policy. The Area Director will review all completed observation forms. The nurse will review any completed observation forms with concerns.</p>		

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W000460	<p>9-3-6(a)</p> <p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview, 2 of 3 sampled clients and 1 additional client (clients #1, #3 and #4), the facility failed to assure menus were developed to assure the staff provided food in accordance with the clients' diagnoses of diabetes and GERD (Gastroesophageal Reflux Disease).</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 7/16/14 from 5:45 P.M. until 6:50 P.M.. At 6:05 P.M., clients #1, #3 and #4 were observed eating their dinner which consisted of spaghetti, mixed vegetables, bread, tea and milk.</p> <p>A review of the dinner menu for 7/16/14 was conducted on 7/16/14 at 6:30 P.M. and indicated: "Regular menu...Wednesday dinner...spaghetti, salad, bread, tea and milk. Friday</p>	W000460	<p>The Program Manager will contact the physician for clients #1, #3 and #4 in regards to diets for the diagnosis of GERD. These recommendations will be implemented. The Program Manager and Nurse will revise the GERD protocols for clients #1, #3 and #4 to reflect these changes. The Program Manager and dietitian will develop menus for GERD restrictions if ordered by the physician. All DSPs will be retrained in the recommendations, diet if applicable and protocols for clients #1, #3 and #4. Bethesda management staff will complete mealtime observations four times weekly for six weeks. If staff is at 100% competency, observations will occur three times weekly for six weeks. If at that time, staff is at 100% competency, mealtime observations will be completed weekly. The Area Director will review the completed mealtime observation forms. The Program Manager and dietitian will develop diabetic menus for Client #1 based on the</p>	08/24/2014

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	<p>breakfast...cold cereal, toast, juice and milk. There was no diabetic menu for client #1 and there was no menu that addressed clients #1, #3 and #4's diagnoses of GERD.</p> <p>A morning observation was conducted at the group home on 7/18/14 from 6:00 A.M. until 8:00 A.M.. At 7:00 A.M., client #1 was observed drinking a cup of orange juice. At 7:15 A.M., clients #3 and #4 were observed eating breakfast which consisted of cold cereal, toast, orange juice, milk and water.</p> <p>A review of client #1's record was conducted on 7/18/14 at 4:15 P.M.. Review of client #1's record indicated a most current physicians order dated 4/9/14 which indicated client #1 was prescribed "Ranitidine 150 mg (milligrams) (GERD)...Take 1 tablet by mouth twice daily." Further review of the record indicated client #1 had a "Gastroesophageal Reflux Disease Management Plan" dated 2/18/14 which indicated: "GERD is a condition in which acidic stomach contents move backward from the stomach to the esophagus. This action can irritate the esophagus, causing heartburn and other symptoms. Symptoms: 1. Heartburn.: burning pain in the chest, sometimes spreading to the throat, which increases</p>		<p>doctor's order. All DSPs will be trained on the diet and menus. Bethesda management staff will complete mealtime observations four times weekly for six weeks. If staff is at 100% competency, observations will occur three times weekly for six weeks. If at that time, staff is at 100% competency, mealtime observations will be completed weekly. The Area Director will review the completed mealtime observation forms. The Change of Condition Checklist will be completed for any medical appointment, hospitalization or ER visit in which new orders are given which would warrant new or revised risk plans, diet changes, med changes. The Area Director will review all completed Change of Condition forms and ensure the follow through .</p>		

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	<p>with stooping, lying down or eating. 2. Feeling that food is stuck behind the breastbone. 3. Difficulty swallowing. 4. Sour taste in mouth. 5. Belching. 6. Gagging. 7. Nausea and vomiting. 8. Hoarseness or change in voice. 9. Sore throat. 10. Coughing or wheezing. 11. Hiccups...Avoid eating the following: carbonated beverages, chocolate, citrus fruits, tea or soft drinks with caffeine, fried or fatty foods, mint flavorings, spicy foods like pizza or chili, tomatoes or tomato products."</p> <p>A review of client #3's record was conducted on 7/18/14 at 5:15 P.M.. Review of client #3's record indicated a most current physicians order dated 4/9/14 which indicated client #3 was prescribed "Pantoprazole 40 mg (GERD)...Take 1 tablet by mouth daily." Further review of the record indicated client #3 had a "Gastroesophageal Reflux Disease Management Plan" dated 8/13/13 which indicated: "GERD is a condition in which acidic stomach contents move backward from the stomach to the esophagus. This action can irritate the esophagus, causing heartburn and other symptoms. Symptoms: 1. Heartburn.: burning pain in the chest, sometimes spreading to the throat, which increases with stooping, lying down or eating. 2. Feeling that food is stuck behind the</p>			

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	<p>breastbone. 3. Difficulty swallowing. 4. Sour taste in mouth. 5. Belching. 6. Gagging. 7. Nausea and vomiting. 8. Hoarseness or change in voice. 9. Sore throat. 10. Coughing or wheezing. 11. Hiccups...Avoid eating the following: carbonated beverages, chocolate, citrus fruits, tea or soft drinks with caffeine, fried or fatty foods, mint flavorings, spicy foods like pizza or chili, tomatoes or tomato products."</p> <p>A review of client #4's record was conducted on 7/18/14 at 5:45 P.M.. Review of client #4's record indicated a most current physicians order dated 4/9/14 which indicated client #4 was prescribed "Ranitidine 150 mg (milligrams) (GERD)...Take 1 tablet by mouth twice daily." Further review of the record indicated client #4 had a "Gastroesophageal Reflux Disease Management Plan" dated 2/18/14 which indicated: "GERD is a condition in which acidic stomach contents move backward from the stomach to the esophagus. This action can irritate the esophagus, causing heartburn and other symptoms. Symptoms: 1. Heartburn.: burning pain in the chest, sometimes spreading to the throat, which increases with stooping, lying down or eating. 2. Feeling that food is stuck behind the breastbone. 3. Difficulty swallowing. 4.</p>						

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	<p>Sour taste in mouth. 5. Belching. 6. Gagging. 7. Nausea and vomiting. 8. Hoarseness or change in voice. 9. Sore throat. 10. Coughing or wheezing. 11. Hiccups...Avoid eating the following: carbonated beverages, chocolate, citrus fruits, tea or soft drinks with caffeine, fried or fatty foods, mint flavorings, spicy foods like pizza or chili, tomatoes or tomato products."</p> <p>An interview with the QIDP was conducted on 7/25/14 at 3:00 P.M.. The QIDP indicated client #1 was diagnosed with diabetes and clients #1, #3 and #4 were diagnosed with GERD. The QIDP further indicated she develops the group home menus and did not develop menus in regards to client #1's diabetes and clients #1, #3 and #4's GERD. The QIDP indicated the facility's Dietician had not developed menus for client #1's diabetes and clients #1, #3 and #4's diagnoses of GERD.</p> <p>9-3-8(a)</p>			