

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G627	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/24/2013
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 8044 DARTMOUTH RD INDIANAPOLIS, IN 46260
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W000000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Survey Dates: May 15, 16, 17 and 24, 2013.</p> <p>Facility Number: 001189 Provider Number: 15G627 AIM Number: 100245700</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect State findings in accordance with 460 IAC 9. Quality Review completed 6/5/13 by Ruth Shackelford, QIDP.</p>	W000000		

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

TITLE

(X6) DATE

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

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W000140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to maintain a system that assured a full and complete account of the clients' personal funds.</p> <p>Findings include:</p> <p>Client #1's, #2's and 3's financial records for January through May 2013 were reviewed on 5/15/13 at 11:30 AM. The client's Resident Fund Management Service Statements indicated:</p> <p>__ Client #1 was given \$20.00 for spending money on February 5, 21, 26, March 7, 12, 21, 26, April 2, 9, 16 and 23. Client #1's records indicated on 4/9/13, client #1 spent \$576.86 on a television and \$2,447.03 on a bedroom suit and on 4/25/13 client #1 spent \$3,400.00 on "clothing/shoes," \$5,000.00 on "furniture/bedroom" and \$2,500.00 on "TV, Music Electronic."</p> <p>__ Client #2 was given \$110.00 spending money on 1/30/13 and \$20.00 for spending money on January 7, 14, 29, February 5, 11, 21, 26, March 7, 21, 26,</p>	W000140	<p>CORRECTION:</p> <p><i>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Specifically, for Clients #1 – #3, the Residential Manager will maintain an up to date ledger to track purchases for all clients including a sign-out log for money to be spent at day service and workshops. All staff will assure that clients provide receipts for purchases as appropriate and the QIDP will maintain copies of receipts for purchases recorded on the ledgers.</i></p> <p>PREVENTION:</p> <p>The Residential Manager will maintain responsibility for maintaining client financial records and the QIDP will audit these records no less than weekly. All staff will be retrained regarding the need to assist clients with budgeting and collecting receipts. The QIDP will turn in client financial records to the Business Manager no less than monthly for review and filing. Additionally, members of the Operations and Quality Assurance Teams will include audits of client finances as part of</p>	06/23/2013

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	<p>April 2, 9, 16, 23, May 1 and 7, 2013.</p> <p>__ Client #3 was given \$20.00 for spending money on January 14, 23, February 5, 11, 21, 26, March 7, 12, 21, 26, April 2, 9, 16, 23, May 1 and 7, 2013.</p> <p>Client #1's and #2's COH (Cash On Hand) ledger and receipts for May 2013 were reviewed at the group home with the RM (Residential Manager) on 5/16/13 at 6:50 AM.</p> <p>__ Client #1's COH ledger indicated client #1 should have \$6.61 available for the client to spend. The RM indicated client #1 had \$7.51 on hand, a difference of 90 cents.</p> <p>__ Client #2's COH ledger indicated client #2 was to have \$40.00. Client #2's ledger did not indicate any receipts for client #2's purchases made in May 2013. The RM indicated client #2 did not have to provide the staff with receipts for purchases.</p> <p>On 5/16/13 the QIDP (Qualified Intellectual Developmental Professional) was asked to provide 6 months of documentation of client #1's, #2's and #3's financial records, COH ledgers and receipts for all purchases made.</p> <p>Interview with the QIDP on 5/17/13 at 1 PM indicated the QIDP had recently taken over the responsibilities of the QIDP in</p>		<p>an ongoing facility audit process</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Quality Assurance Team, Operations Team</p>				

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	<p>the group home and was unable to provide any COH ledgers other than the one for May of 2013. The QIDP stated the previous night she had found "several of the store receipts" and had taped them onto sheets of paper into a binder, "But I won't lie to you. It would take forever to try to go back and get everything figured out and balanced." The QIDP stated, "It just isn't there." The QIDP indicated the facility was to keep a full and complete accounting of the clients' funds.</p> <p>Interview with the PM (Program Manager) on 5/15/13 at 1 PM indicated client #1's father had passed away and client #1 had come into a large amount of money that needed to be spent. The PM showed this surveyor 5 checks issued to client #1 on 4/25/13 for the amount of \$10,900.00. The PM indicated the checks were locked in the office for safe keeping until the client could go shopping. The PM indicated the facility was to keep a full and complete accounting of the clients' funds.</p> <p>The facility's policies and procedures were reviewed on 5/15/13 at 11 AM. The revised Client Finance Management policy of 12/12/07 indicated "For every cash withdrawal, the client must sign the 'Acknowledgement of Receipt', if the money is not handed over to the client, a</p>						

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	<p>cash spending ledger must be maintained. A separate ledger sheet should be kept for each account and food stamps. If the client has a savings account, a checking account and receives food stamps, they will have three different ledger sheets each month. If their weekly spending money is not handed to them, a separate cash on hand ledger will be used.... For every transaction, whether it is listed on the Resource ledger or Cash Spending Ledger..., receipts must be present. All receipts must detail the date of transaction, amount of transaction, name of the vendor, method of payment and the items purchased. Receipts must also have consumers first and last initial on it.... All receipts must be taped on a blank sheet of paper in such a way that the tape is not covering any of the details of the receipt. Receipts may never be folded. They may not be stacked on top of each other. Should you need to cut the receipt, do so in such a way that none of the information gets cut. Use scissors for cutting the receipts. When a client returns from a shopping trip, staff will enter the transaction on the Resource Ledger Sheet and tape the receipt on the designated receipt form by the end of his/her shift Staff must record the purchase and complete a receipt buddy check with a second staff person. If there is a single staffing, the buddy check must be done as</p>			

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	<p>soon as possible when the next staff arrives. Both staff must sign the receipt form as verification that all items on the receipt are present.... The Program Director (PD) has the overall responsibility for maintaining balanced client finances. PD's are also responsible for the security of the client finances...."</p> <p>9-3-2(a)</p>			

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 4 sampled clients (#3) and 2 additional clients (#5 and #6), the facility neglected to implement its policy and procedures to ensure all allegations of client to client abuse were thoroughly investigated for clients #3, #5 and #6.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 5/15/13 at 11:30 AM. The facility BDDS (Bureau of Developmental Disabilities Services) reports indicated:</p> <p>__ On 8/23/12 at 9:48 PM "[Client #3] was in the kitchen and started throwing and breaking dishes. He ran into the garage and threw boxes all over the garage and turned over one of the garbage cans. Staff asked him what he was upset about and [client #3] said he was upset about not going to [name of amusement park] that day.... [Client #3] said he was going to his room to break his robot. Staff walked into the room to ask [client #3's] roommate [client #5] to leave the room so he would not be bothered by [client #3]. As [client #5] got up to leave the room, [client #3] threw his robot at [client #5],</p>	W000149	<p>CORRECTION: <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically, the facility will investigate an incident of physical aggression between Client #3 and Client #5 that occurred on 8/23/12, an incident of physical aggression that occurred between Client #6 and an unnamed day service participant that occurred on 4/8/13, and an incident of physical aggression that occurred between Client #5 and Client #6 that occurred on 4/18/13.</i></p> <p>PREVENTION: Professional staff will be retrained regarding the criteria for conducting investigations at the facility and will receive an updated copy of the agency's incident-investigation tracking spreadsheet no less than to assure thorough investigations are conducted within required timeframes. The QIDP will turn in copies of completed investigations to the Program Manager and Quality Assurance Manager to allow for appropriate oversight and follow-up. Additionally, the facility's Clinical Supervisor will meet with the Quality Assurance Manager weekly to review incidents that require follow-up and</p>	06/23/2013	

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	<p>hitting him on the right side of his forehead.... He [client #5] had a red circular area on his head and complained of some pain. Staff applied an ice pack and the nurse was notified...."</p> <p>__ On 4/8/13 at 2:45 PM "[Client #6] was sitting in the classroom behind another client. Suddenly, he stood up and put his hands around her neck and started to choke her. [Name of day service] staff was sitting next to the client and positioned herself in between them. [Name of day service] managers were called to assist and they removed [client #6] from the class. [Client #6] was taken to the nurse's office where it was quiet and to help him calm. He complained of his head and knee hurting by pointing to them. An ice pack was applied to his knee and head was given Tylenol for his head...."</p> <p>The facility's Incident and Accident reports indicated: __ On 4/18/13 at 3:55 PM "[Client #6] was agitated he became aggressive and grabbed staff's shirt (sic).... He (client #6) went into the kitchen and grabbed his housemate's [client #5's] shirt. He released after about 30 sec. (seconds) no injuries.... Staff redirected him (client #6) through the entire incident and verbally prompted to let the shirts go (sic).</p>		<p>investigation to assure timely completion. The Executive Director will monitor the facility's incident – investigation tracking spreadsheet and follow-up as needed with the clinical Supervisor and Program Manager to provide for increased accountability.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Quality Assurance Team, Operations Team</p>		

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	<p>verbally redirected him (client #6) away from the victim (client #5), problem solved (sic)."</p> <p>During interview with Adm. (Administrative) staff #1 on 5/17/13 at 3 PM, Adm. staff #1 indicated he was unable to locate any investigative records in regard to the client to client abuse reported on 8/23/12, 4/8/13 and 4/18/13. Adm. staff #1 indicated all client to client abuse allegations were to be thoroughly investigated.</p> <p>The facility's policies and procedures were reviewed on 5/15/13 at 11 AM. The revised 2/26/11 facility policy entitled "Abuse, Neglect, and Exploitation" indicated "Adept staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, or mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of Adept, Rescare, and local, state and federal guidelines." The policy indicated: ___ "Physical abuse: the act or failure to act that results or could result in physical injury to an individual. Non-accidental injury inflicted by another person or persons." ___ "Intimidation/emotional abuse: the act</p>			

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	<p>of failure to act that results or could result in emotional injury to an individual. The act of insulting or coarse language or gestures directed toward an individual that subject him/her to humiliation or degradation. Discouraging or inhibiting behavior by threatening both actual or implied. Attitude or acts that interfere with the psychological and social well being of an individual." ___ "Emotional/physical neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to provide the support necessary to an individual's psychological and social well being. Failure to meet the basic need requirements such as food, shelter, clothing and to provide a safe environment."</p> <p>9-3-2(a)</p>				

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on interview and record review for 3 of 4 incidents of client to client abuse, the facility failed to provide evidence an investigation was conducted for clients #3, #5 and #6.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 5/15/13 at 11:30 AM. The facility BDDS (Bureau of Developmental Disabilities Services) reports indicated:</p> <p>__On 8/23/12 at 9:48 PM "[Client #3] was in the kitchen and started throwing and breaking dishes. He ran into the garage and threw boxes all over the garage and turned over one of the garbage cans. Staff asked him what he was upset about and [client #3] said he was upset about not going to [name of amusement park] that day.... [Client #3] said he was going to his room to break his robot. Staff walked into the room to ask [client #3's] roommate [client #5] to leave the room so he would not be bothered by [client #3]. As [client #5] got up to leave the room, [client #3] threw his robot at [client #5], hitting him on the right side of his forehead.... He [client #5] had a red</p>	W000154	<p>CORRECTION: <i>The facility must have evidence that all alleged violations are thoroughly investigated. Specifically, the facility will investigate an incident of physical aggression between Client #3 and Client #5 that occurred on 8/23/12, an incident of physical aggression that occurred between Client #6 and an unnamed day service participant that occurred on 4/8/13, and an incident of physical aggression that occurred between Client #5 and Client #6 that occurred on 4/18/13.</i></p> <p>PREVENTION: Professional staff will be retrained regarding the criteria for conducting investigations at the facility and will receive an updated copy of the agency's incident-investigation tracking spreadsheet no less than to assure thorough investigations are conducted within required timeframes. The QIDP will turn in copies of completed investigations to the Program Manager and Quality Assurance Manager to allow for appropriate oversight and follow-up. Additionally, the facility's Clinical Supervisor will meet with the Quality Assurance Manager weekly to review incidents that require follow-up and investigation to assure timely</p>	06/23/2013	

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	<p>circular area on his head and complained of some pain. Staff applied an ice pack and the nurse was notified...."</p> <p>__On 4/8/13 at 2:45 PM "[Client #6] was sitting in the classroom behind another client. Suddenly, he stood up and put his hands around her neck and started to choke her. [Name of day service] staff was sitting next to the client and positioned herself in between them. [Name of day service] managers were called to assist and they removed [client #6] from the class. [Client #6] was taken to the nurse's office where it was quiet and to help him calm. He complained of his head and knee hurting by pointing to them. An ice pack was applied to his knee and head was given Tylenol for his head..."</p> <p>The facility's Incident and Accident reports indicated: __On 4/18/13 at 3:55 PM "[Client #6] was agitated he became aggressive and grabbed staff's shirt (sic).... He (client #6) went into the kitchen and grabbed his housemate's [client #5's] shirt. He released after about 30 sec. (seconds) no injuries.... Staff redirected him (client #6) through the entire incident and verbally prompted to let the shirts go (sic). verbally redirected him (client #6) away from the victim (client #5), problem</p>		<p>completion. The Executive Director will monitor the facility's incident – investigation tracking spreadsheet and follow-up as needed with the clinical Supervisor and Program Manager to provide for increased accountability.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Quality Assurance Team, Operations Team</p>				

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	<p>solved (sic)."</p> <p>During interview with Adm. (Administrative) staff #1 on 5/17/13 at 3 PM, Adm. staff #1 indicated he was unable to locate any investigative records in regard to the client to client abuse reported on 8/23/12, 4/8/13 and 4/18/13. Adm. staff #1 indicated all client to client abuse allegations were to be investigated.</p> <p>9-3-2(a)</p>			

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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on interview and record review for 3 of 3 sample clients (#1, #2 and #3) and 2 additional clients (#5 and #6), the QIDP (Qualified Intellectual Developmental Professional) failed to integrate, coordinate and monitor the clients' treatment programs. The QIDP failed to review and/or revise the clients' programs and objectives, to maintain a system that assured a full and complete accounting of clients' funds and to obtain written informed consent from the clients legal representatives in regard to the clients' restrictive programs.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 5/16/13 at 1 PM. Client #1's ISP (Individualized Support Plan) dated 7/7/12 indicated client #1 had the following objectives:</p> <p>__ To state the reason he takes his Calcium. __ To independently brush his teeth. __ To be able to identify a quarter and know how many it takes to make \$1.00. __ To be able to dial important phone numbers.</p>	W000159	<p>CORRECTION: Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically, the QIDP will receive additional training to improve integration, coordination, and monitoring of Client #1 - #6's active treatment programs. The training will focus on: 1. Timely review and modification of learning objectives and other supports. 2. Full and complete accounting of client funds 3. Assuring prior written informed consent for all restrictive programs. PREVENTION: ADDENDUM, 6/28/13: Members of the Operations and Quality Assurance Teams will conduct weekly audits of facility support documents and conduct active treatment observations for the next 60 days and twice monthly audits for an additional 30 days. After three months the administrative team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly observations designed to assure that the QIDP integrates, coordinates and monitors, the</p>	06/23/2013			

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	<p>__ To be able to communicate his wants, needs and emotions, using full sentences.</p> <p>__ To use proper table manners and to slow his rate of consumption.</p> <p>__ To be able to write his name across a straight line.</p> <p>Client #1's record indicated the QIDP did not review client #1's objectives from April, May, June, July, August, September, October, November of 2012 and January, February and March of 2013.</p> <p>Client #2's record was reviewed on 5/16/13 at 2 PM. Client #2's ISP dated 4/22/13 indicated client #2 had the following objectives:</p> <p>__ To participate in a physical exercise.</p> <p>__ To record all of his purchases on his ledger.</p> <p>__ To identify the side effects of Abilify.</p> <p>__ To complete his adult daily skills independently.</p> <p>__ To brush his teeth independently.</p> <p>__ To shave independently.</p> <p>__ To bathe independently.</p> <p>__ To participate in a leisure activity of his choice.</p> <p>__ To successfully separate his clothing.</p> <p>Client #2's record indicated the QIDP did not review client #2's objectives from April, May, June, July, August, September, October, November of 2012 and January, February and March of</p>		<p>active treatment program effectively. Administrative staff will provide guidance, mentorship and corrective measures as needed. RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Quality Assurance Team, Operations Team</p>				

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	<p>2013.</p> <p>Client #3's record was reviewed on 5/16/13 at 2:30 PM. Client #3's ISP dated 10/9/12 indicated client #3 had the following objectives:</p> <ul style="list-style-type: none"> <input type="checkbox"/> To identify a solution to a problem. <input type="checkbox"/> To lay his utensils down between bites and take a drink. <input type="checkbox"/> To hang his shirts up on a hanger. <input type="checkbox"/> To complete a chosen relaxation technique for 10 min. <input type="checkbox"/> To identify a side effect to his Risperdal (a behavior medication). <input type="checkbox"/> To combine various coins to equal a dollar. <p>Client #3's record indicated the QIDP did not review client #3's objectives from April, May, June, July, August, September, October, November of 2012 and January, February and March of 2013.</p> <p>During interview with the QIDP on 5/17/13 at 2 PM, the QIDP stated "I've only been in the home since March (2013)." The QIDP indicated she was responsible for 5 group homes and did not have the time to review and/or update all of the clients' objectives. The QIDP stated the facility required the QIDPs to review and/or revise the clients' objectives "at least monthly" depending on each client's progress toward obtaining their</p>						

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	<p>objectives. The QIDP indicated the previous QIDP in the home did not review the clients' objectives monthly and/or quarterly.</p> <p>2. The QIDP failed to maintain a system that assured a full and complete account of client #1's, #2's and #3's personal funds. Please see W140.</p> <p>3. The QIDP failed to ensure investigations were conducted in regard to client to client abuse for clients #3, #5 and #6. Please see W154.</p> <p>4. The QIDP failed to ensure client #1's and #3's ISPs addressed the clients' identified training in regard to food preparation. Please see W227.</p> <p>5. The QIDP failed to obtain written informed consent from the client #2's and #3's legal representatives in regard to the clients' restrictive programs. Please see W263.</p> <p>6. The QIDP failed to ensure client #2's and #3's plan of reductions included all of the behavior modification medications taken by clients #2 and #3 to eliminate the behaviors for which the client received psychoactive medications. Please see W312.</p>			

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	<p>7. The QIDP failed to ensure the IDT (Interdisciplinary Team) conducted a review of the risks of taking behavior modification medications as compared to the risks of the behaviors for client #2. Please see W313.</p> <p>8. The QIDP failed to ensure client #2's behavior medications were monitored quarterly by a psychiatrist. Please see W314.</p> <p>9. The QIDP failed to provide evidence an annual medication reduction had been attempted or specific contraindications as to why an attempt was not made in regard to client #2's behavior modification medications. Please see W316.</p> <p>10. The QIDP failed to ensure client #2's vision was evaluated annually. Please see W323.</p> <p>9-3-3(a)</p>			

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W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview for 2 of 3 sampled clients (#1 and #3), the ISPs (Individual Support Plans) failed to include objectives to address the clients' identified training need for food preparation.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 5/16/13 at 1 PM. Client #1's CFA (Comprehensive Functional Assessment) of 8/12/12 indicated client #1 required assistance with meal preparation. Client #1's ISP dated 7/7/12 did not indicate any objectives to assist client #1 in meal preparation.</p> <p>Client #3's record was reviewed on 5/16/13 at 2:30 PM. Client #3's CFA dated 4/4/13 indicated client #3 required assistance with meal preparation. Client #3's ISP dated 10/9/12 did not indicate any objectives to assist client #3 in meal preparation.</p> <p>Interview with staff #1 on 5/16/13 at 6 AM indicated clients #1 and #3 required</p>	W000227	<p>CORRECTION: <i>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Specifically, the team will develop and implement meal preparation goals for Client #1 and Client #3.</i></p> <p>PREVENTION: The QIDP will be retrained regarding the need to review the Comprehensive Functional Assessment in order to develop prioritized training objectives to teach individuals to learn essential skills for independent living.</p> <p>ADDENDUM, 6/28/13: Members of the Operations and Quality Assurance Teams will conduct weekly audits of facility support documents and conduct active treatment observations for the next 60 days and twice monthly audits for an additional 30 days. After three months the administrative team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly. Specifically, members of the</p>	06/23/2013			

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	<p>assistance with meal preparation.</p> <p>Interview with the QIDP on 5/17/13 at 2 PM indicated clients #1 and #3 were not independent with meal preparation and did not have formal objectives to assist them with meal preparation.</p> <p>9-3-4(a)</p>		<p>Quality Assurance and Operations Teams will review CFAs and current support documents as part of an ongoing audit process to assure that current learning objectives address the needs identified through assessment. RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Quality Assurance Team, Operations Team</p>		

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W000263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on interview and record review for 2 of 2 sampled clients (#2 and #3) with restrictive programs, the facility failed to obtain written informed consent from the clients' legal representatives in regard to the clients' restrictive programs.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 5/16/13 at 2 PM. Client #2's physician's orders of 3/1/13 indicated client #2 took Abilify 15 mg (milligrams) a day for mood disorder, Celexa 20 mg a day for depression and Strattera 80 mg a day for ADHD (Attention Deficit Hyperactivity Disorder). Client #2's BSP (Behavior Support Plan) of 4/22/13 indicated client #2 had targeted behaviors of non-cooperation. Client #2's record indicated client #2's mother served as client #2's legal representative. Client #2's record indicated the facility had not obtained written informed consent from client #2's legal representative for client #2's restrictive program that included the use of Abilify, Celexa and Strattera.</p>	W000263	<p>CORRECTION: <i>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Specifically, the team will obtain written consent from Client #2's legal guardian and Client #3's healthcare representative for all restrictive programs.</i></p> <p>PREVENTION: Professional staff will be retrained regarding the need to obtain prior written informed consent from guardians, advocates and healthcare representatives for all restrictive programs prior to implementation. Retraining will focus on assuring that the QIDP has a clear understanding of what specifically constitutes a restrictive program and proper preparation for presenting program modifications guardians and other legal representatives. Prior to granting approval to restrictive programs, the Human Rights Committee will obtain confirmation that the facility has received prior written informed consent from Guardian or other legal representatives. The agency</p>	06/23/2013			

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	<p>Client #3's record was reviewed on 5/16/13 at 2:30 PM. Client #3's physician's orders of 3/1/13 indicated client #3 took Cogentin 3 mg a day for EPS (Extrapyramidal symptoms), Risperdal 6 mg a day for IED (Intermittent Explosive Disorder), Prozac 20 mg a day for depression, Depakote 1500 mg a day for IED and Ativan .75 mg a day for anxiety. Client #3's BSP of 10/9/12 indicated client #3 had targeted behaviors of preoccupation of fire setting, fire setting, property destruction, self-injurious behaviors, and physical aggression. Client #3's record indicated client #3's parents served as client #3's HCR (Health Care Representative). Client #3's record indicated the facility had not obtained written informed consent for client #3's restrictive program that included the use of Cogentin, Risperdal, Prozac, Depakote and Ativan.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/17/13 at 2 PM, indicated client #2's guardian was aware of client #2's restrictive program and of the medications client #2 was taking, but the QIDP was not able to locate written informed consent from the guardian. The QIDP indicated client #3's parents served as client #3's HCR. The QIDP indicated she had prepared a package to be sent to client</p>		<p>has established a quarterly system of internal audits that review all facility systems including, but not limited to due process and prior written informed consent. Administrative staff will conduct visits to the facility as needed but no less than monthly.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Quality Assurance Team, Operations Team</p>				

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	#3's HCRs to obtain written informed consent for client #3's restrictive plans. 9-3-4(a)				

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W000312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 2 of 2 sampled clients receiving medications to control behaviors (#2 and #3), the facility failed to implement a plan of reduction that included all the medications the clients took to eliminate the behaviors for which the client received psychoactive medications.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 5/16/13 at 2 PM. Client #2's physician's orders of 3/1/13 indicated client #2 took Abilify 15 mg (milligrams) a day for mood disorder, Celexa 20 mg a day for depression and Strattera 80 mg a day for ADHD (Attention Deficit Hyperactivity Disorder). Client #2's BSP (Behavior Support Plan) of 4/22/13 indicated client #2 had targeted behaviors of non-cooperation. Client #2's BSP did not include the use of Celexa, the behaviors targeted for reduction in regard to the Celexa and/or a plan of reduction that included the use of Celexa.</p>	W000312	<p>CORRECTION: <i>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Specifically, Client #2 and #3's Behavior Support Plans will be updated to include short term and long term plans for the reduction of psychotropic medications.</i></p> <p>PREVENTION: The QIDP will be retrained on the development of Medication Reduction Plans. The retraining will focus on the need to target a specific medication for reduction, prioritize the order in which attempts will be made to reduce behavior controlling medications as well as the need to maintain current behavior data with which to determine the criteria for reduction attempts. Members of the Operations and Quality Assurance Teams will review Behavior Support Plans as part of an ongoing internal audit process that will include assuring that behavior support programs include specific plans to reduce</p>	06/23/2013	

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	<p>Client #3's record was reviewed on 5/16/13 at 2:30 PM. Client #3's physician's orders of 3/1/13 indicated client #3 took Cogentin 3 mg a day for EPS (Extrapyramidal symptoms), Risperdal 6 mg a day for IED (Intermittent Explosive Disorder), Prozac 20 mg a day for depression, Depakote 1500 mg a day for IED and Ativan .75 mg a day for anxiety. Client #3's BSP of 10/9/12 indicated client #3 had targeted behaviors of preoccupation of fire setting, fire setting, property destruction, self-injurious behaviors, and physical aggression. Client #3's BSP did not include the use of Prozac and Ativan, the behaviors targeted for reduction in regard to the use of Prozac and Ativan and/or a plan of reduction that included the use of Prozac and Ativan.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/17/13 at 2 PM, indicated client #2's BSP did not include the use of and/or a plan of reduction for the Celexa. The QIDP indicated client #3's BSP did not include the use of and/or a plan of reduction for the Prozac and Ativan.</p> <p>9-3-5(a)</p>		<p>the use of behavior controlling drugs. Operations and Quality Assurance Team members will conduct site visits that incorporate BSP reviews no less than monthly.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Quality Assurance Team, Operations Team</p>				

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W000313	<p>483.450(e)(3) DRUG USAGE Drugs used for control of inappropriate behavior must not be used until it can be justified that the harmful effects of the behavior clearly outweigh the potentially harmful effects of the drugs.</p> <p>Based on record review and interview for 1 of 2 sampled clients (#2) with medications prescribed to control maladaptive behaviors, the IDT (Interdisciplinary Team) failed to conduct a review of the risks of taking the medications as compared to the risks of the behaviors.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 5/16/13 at 2 PM. Client #2's physician's orders for 2012/2013 indicated client #2 took Abilify 15 mg (milligrams) a day for mood disorder, Celexa 20 mg a day for depression and Strattera 80 mg a day for ADHD (Attention Deficit Hyperactivity Disorder). Client #2's BSP of 4/22/13 indicated client #2 had targeted behaviors of non-cooperation. Client #2's record did not indicate the IDT had reviewed the risks of taking the medications as compared to the risks of the behaviors.</p> <p>Interview with the QIDP (Qualified Intellectual Developmental Professional) on 5/17/13 at 2 PM indicated she did not</p>	W000313	<p>CORRECTION: <i>Drugs used for control of inappropriate behavior must not be used until it can be justified that the harmful effects of the behavior clearly outweigh the potentially harmful effects of the drugs. Specifically, the facility will incorporate a risk versus risk analysis for the use of Client #2's psychotropic medications into Client #2's Behavior Support Plan</i></p> <p>PREVENTION: The QIDP will be retrained regarding the need to include a risk versus risk analysis in the Behavior Support Plans of all individuals who require the use of psychotropic medication. Operations and Quality Assurance Teams will review Behavior Support Plans as part of an ongoing internal audit process that will include assuring that behavior support programs include specific risk versus risk analyses for the use of behavior controlling drugs. Operations and Quality Assurance Team members will conduct site visits that incorporate BSP reviews no less than monthly.</p> <p>RESPONSIBLE PARTIES:</p>	06/23/2013			

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	<p>have documentation the IDT had reviewed client #2's use of behavior modification medications outweighed the potential harmful effects of the medication.</p> <p>9-3-5(a)</p>		<p>QIDP, Residential Manager, Direct Support Staff, Quality Assurance Team, Operations Team</p>		

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W000314	<p>483.450(e)(4)(i) DRUG USAGE Drugs used for control of inappropriate behavior must be monitored closely in conjunction with the physician and the drug regimen review requirement at §483.460(j). Based on interview and record review for 1 of 2 sampled clients (#2) who took medications for behavior modification, the facility failed to ensure client #2's behavior medications were monitored quarterly by a psychiatrist.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 5/16/13 at 2 PM. Client #2's physician's orders for 2012/2013 indicated client #2 took Abilify 15 mg (milligrams) a day for mood disorder, Celexa 20 mg a day for depression and Strattera 80 mg a day for ADHD (Attention Deficit Hyperactivity Disorder). Client #2's record indicated the client was seen for a review of his behavior medications March 2010 and not again until December 2012. The client's record failed to provide evidence the client's medications were being reviewed on a routine and/or quarterly basis.</p> <p>Interview with the QIDP (Qualified Intellectual Developmental Professional) on 5/17/13 at 2 PM, indicated client #2 was to have his behavior medications reviewed quarterly. The QIDP stated "I've</p>	W000314	<p>CORRECTION: <i>Drugs used for control of inappropriate behavior must be monitored closely in conjunction with the physician and the drug regimen review requirement at §483.460(j). Specifically, the facility will assist Client #2 with scheduling and attending an appointment with the attending psychiatrist.</i></p> <p>PREVENTION: The QIDP will maintain responsibility for assisting individuals with attending quarterly psychotropic medication reviews. The QIDP will be retrained regarding the need to assure the medication reviews occur no less than quarterly. The retraining will focus on the development time management skills and the use of a tracking system to assure that medication reviews are scheduled and take place as required. Members of the Quality Assurance and Operations Teams will review facility records as needed but no less than monthly to assure medication reviews occur as needed.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Quality Assurance Team, Operations Team</p>	06/23/2013			

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	<p>only been in the home since March (2013)" and was responsible for a total of 5 group homes. The QIDP indicated she did not have the time to ensure client #2's behavior medications were being reviewed quarterly.</p> <p>9-3-5(a)</p>			

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W000316	<p>483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.</p> <p>Based on record review and interview for 1 of 2 sample clients receiving medications to control maladaptive behaviors (#2), the facility failed to provide evidence an annual medication reduction had been attempted or specific contraindications as to why an attempt was not made.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 5/16/13 at 2 PM. Client #2's physician's orders for 2012/2013 indicated client #2 took Abilify 15 mg (milligrams) a day for mood disorder, Celexa 20 mg a day for depression and Strattera 80 mg a day for ADHD (Attention Deficit Hyperactivity Disorder). Client #2's BSP of 4/22/13 indicated client #2 had targeted behaviors of non-cooperation. Client #2's record indicated no documentation of behaviors related to ADHD, depression and or mood disorders. Client #2's record indicated no annual attempt of medication reduction and/or specific contraindications as to why an attempt was not made.</p> <p>Interview with the QIDP (Qualified Intellectual Developmental Professional)</p>	W000316	<p>CORRECTION: <i>Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.</i> Specifically, the facility will review current behavior data for Client #2 with the attending psychiatrist and request a reduction attempt. If the psychiatrist is unwilling to attempt a reduction based on clinical contraindication, the facility will provide data and documentation to support the doctor's findings.</p> <p>PREVENTION: The QIDP will be retrained regarding the need to assure that annual reduction attempts occur for all individuals who receive behavior controlling medications unless well-documented clinical contraindication exists. Members of the Operations and Quality Assurance will review Medication Reduction plans and current medication orders as part of the agency's audit process to assure medication reduction attempts occur as required. Members of the Quality Assurance and Operations Teams will review facility records as needed but no less than monthly monitor compliance with medication reduction expectations.</p>	06/23/2013			

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	<p>on 5/17/13 at 2 PM, stated client #2 "can be hyper at times, but other than that, we don't usually see a lot of behaviors from him. It looks like he (client #2) has improved a lot." The QIDP indicated the last attempt of medication reduction for client #2 was in 2010 when client #2's Abilify was reduced from 20 mgs to 15 mgs. The QIDP stated, "to my knowledge," no other attempts at a medication reduction had been made since 2010.</p> <p>9-3-5(a)</p>		<p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Quality Assurance Team, Operations Team</p>		

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W000323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure the clients' vision was evaluated annually.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 5/16/13 at 2 PM. Client #2's Visual Care Progress Report of 8/31/11 indicated client #2's diagnoses included, but were not limited to, Myopia (nearsightedness), Astigmatism and dry eye. The report indicated the client required glasses to correct his vision. Client #2's annual History and Physical Examination of 7/31/12 indicated no vision evaluation by the physician. Client #2's record indicated no vision evaluation since the eye exam of 8/31/11.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/17/13 at 2 PM indicated client #2's most current visual evaluation was 8/31/11.</p> <p>9-3-6(a)</p>	W000323	<p>CORRECTION: The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Specifically, client #2 received a visual examination on 6/11/13..</p> <p>PREVENTION: The Health Services Team will work with the Medical Director to develop a plan to assure the visual examination component of the Annual Physical is documented in a clear and understandable manner. Members of the Operations and Quality Assurance Teams will incorporate medical chart reviews into their formal audit process, which will occur no less than quarterly to assure that examinations including but not limited to visual evaluations take place as required. RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Health Services Team, Quality Assurance Team, Operations Team</p>	06/23/2013	

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