

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G171	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/04/2015
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NAME OF PROVIDER OR SUPPLIER TRADEWINDS SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 220 E GREENWOOD CROWN POINT, IN 46307
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W 0000 Bldg. 00	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Dates of survey: August 24, 25, 26, 28 and September 2 and 4, 2015.</p> <p>Facility number: 000705 Provider number: 15G171 AIM number: 100248690</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 9/11/15.</p>	W 0000		
W 0120 Bldg. 00	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>The facility must assure that outside services meet the needs of each client. Based on record review and interview, the facility failed to ensure the contracted behaviorist developed a Behavior Support Plan (BSP) and failed to provide sufficient staff training on the behavioral support needs for 1 of 4 sampled clients (client #1) in a timely manner and failed to develop a BSP for 1 additional client</p>	W 0120	<p>On 9/25/15, the behaviorist has informed the Residential Coordinator that a BSP will be completed for client #5 by Friday, October 2, 2015. Once the BSP is complete, the behaviorist will train all staff on the BSP for client #5. No other consumers were affected by the deficient practice; however, the Behavior Support</p>	10/04/2015

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

TITLE

(X6) DATE

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

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	<p>(client #5).</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 8/26/15 at 11:30 A.M.. A review of client #1's Individual Support Plan (ISP) dated 4/9/15 indicated "[Client #1] receives behavioral services through [Psychology Center name]." Further review of the record failed to indicate client #1 had a BSP developed in a timely manner and failed to indicate the group home staff were trained by the contract behaviorist in regard to client #1's behavioral needs. Review of the record indicated the following emails between the facility Qualified Intellectual Disabilities Professional (QIDP) and the contract behaviorist:</p> <p>Email dated 6/5/15 from QIDP indicated: "Hello [Behaviorist name], Can you please update me on [client #1]'s BSP. I know you have been working on it. Just want to see how close we are to getting approved by HRC (Human Rights Committee) so that staff can be trained. Let me know if there is anything that I can assist with. Thanks!"</p> <p>Email dated 6/26/15 from QIDP indicated: "Hello [Behaviorist name], I know you have been visiting with [client</p>		<p>Plan (BSP) for client #1 has been developed. (Please see attached BSP) The Coordinator will continue to follow up twice a week for client #5's BSP and the training date for staff.</p>				

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	<p>#1] and working on creating a Behavior Support Plan for him. I was wondering if you have an approximate date of when the BSP for [client #1] will be complete. If there is anything I can assist with please do not hesitate to call me. Thanks!" Further review of the record failed to indicate client #1 had a developed BSP.</p> <p>Review of client #5's record was conducted on 8/26/15 at 1:30 P.M.. Review of client #5's record indicated the following email from the QIDP to the contracted behaviorist:</p> <p>Email dated 6/25/15 from the facility QIDP indicated: "Hello [Behaviorist name], I know you have been visiting with [client #5] and working on creating a Behavior Support Plan for him. I was wondering if you have an approximate date of when the BSP for [client #5] will be complete. If there is anything I can assist with please do not hesitate to call me. Thanks!"</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/4/15 at 4:30 P.M.. The QIDP indicated the contract behaviorist had not developed a BSP for client #1 in a timely manner to give staff guidance on how to address his</p>			

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	<p>behavioral needs. The QIDP indicated he has made several attempts to get a BSP from the contract behaviorist but has had no success in doing so for client #5.</p> <p>A review of the Behaviorist contract dated 1/21/14 was conducted on 8/26/15 at 6:00 P.M.. Review of the contract indicated in part but not limited to: "This agreement is entered into and between [Facility name] and the [Behavioral provider name] for the provision of psychological services. The [Behavioral provider name], will provide services including Behavioral Services, provision of Behavior Service Plans for some consumers, Counseling Services, and other services to be agreed upon by [Facility name] and the [Behavior provider name]. Supervision of the clinicians provided by the [Behavior provider name] will be provided by [Licensed Clinical Psychologist name]...."</p> <p>9-3-1(a)</p>			

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W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 4 additional clients (clients #5, #6, #7 and #8) to have toilet paper readily accessible in the restroom.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 8/24/15 from 4:55 P.M. until 6:55 P.M.. At 5:20 P.M., client #8, came out of the main bathroom located down the hallway, leading to the clients #1, #2, #3, #4, #5, #6, #7 and #8's bedrooms. The main bathroom was observed to not have a toilet paper holder and no toilet paper. During the entire observation period the main bathroom at the group home had no toilet paper and no toilet paper holder available for use.</p> <p>An interview with the Qualified</p>	W 0125	All staff has been re-trained on (Protection of clients rights)the Policy on Abuse, Neglect, Exploitation, Mistreatment, and Protection of anIndividual's Rights and Injuries of an Unknown Origin in addition to ClientRights (Please see attached documents). All staff has been informed to makesure that there is toilet paper available for all consumers in all bathrooms ofthe home. The house manager is responsible for ensuring that there is toiletpaper available for all consumers in all bathrooms of the home. The QIDP willalso ensure there is toilet paper available for all consumers in all bathroomsof the home during the weekly site visits and unannounced visits.	09/25/2015

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W 0149 Bldg. 00	<p>Intellectual Disabilities Professional (QIDP) was conducted on 9/4/15 at 4:30 P.M.. The QIDP indicated the toilet paper should be out for clients to use and have access to.</p> <p>9-3-2(a)</p> <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 (client #3), the facility neglected to implement its "Policy on Abuse and Neglect, Exploitation, Mistreatment, Violation of an Individual's Rights, and Injuries of an Unknown Origin" in regard to ensuring proper staff supervision of client #3.</p> <p>Findings include:</p> <p>A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports, Internal Reports (IRs) and investigations was conducted on 8/25/15 at 1:30 P.M.. Review of the records indicated:</p>	W 0149	All staff has been re-trained on (Staff Treatment of Clients) the Policy on Abuse, Neglect, Exploitation, Mistreatment, and Protection of an Individual's Rights and Injuries of an Unknown Origin (Please see attached documents). Staff has been informed that no client should be left unsupervised at any time in a vehicle. The policy outlines: Violating an Individuals Rights, Abuse and/or neglect or any mistreatment of any consumer who participates in a TradeWindsServices, Inc., program is strictly prohibited and will result in severe disciplinary action up to and including discharge from employment and may further result in criminal	09/25/2015

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	<p>-BDDS report dated 6/2/15 involving client #3 indicated: "On 6/3/15, the Qualified Intellectual Disabilities Professional (QIDP) was informed that the [Group Home name] House Manager left a consumer [client #3] in the van in the parking lot of [Facility name] with the keys in the ignition. It was reported that the House Manager came into the building and left the consumer outside in the van unattended. [Client #3] is diagnosed with IDD (Intellectual Developmental Disability), Cerebral Palsy, Mild Scoliosis and Emphysema. [Client #3] didn't have any behaviors or injuries as a result of the incident. [Group Home House Manager] was terminated on 6/2/15 at 3:00 P.M.."</p> <p>A review of the facility's "Policy on Abuse, Neglect, Exploitation, Mistreatment, Violation of an Individual's Rights and Injuries of an Unknown Origin" dated 3/10/09 was conducted at the facility's administrative office on 8/25/15 at 1:45 P.M.. Review of the policy indicated: "To establish prompt, accurate and effective procedures and investigating of all allegations of abuse and neglect and any incident or crime as defined...All allegations of abuse and neglect of consumers served and certain other incidents defined in this</p>		<p>prosecution. All allegations of violating anIndividuals rights or abuse and neglect of consumers served and certain otherincidents defined in this policy are to be reported and investigated in promptand procedurally correct manner. As a result of this incident, the staff memberwas terminated from TradeWinds. The group home manager is responsible for monitoring and ensuringthat the staffs are following the rights of the consumers. In addition, theQDDP will observe during weekly site visits in addition to unannounced visitsthat the staffs are following the rights of the consumers. It is the policy ofTradeWinds Services to ensure that all clients have a safe environment free ofaggression, exploitation, abuse, neglect and mistreatment. It is also thepolicy of TradeWinds to ensure the health, welfare and rights of theindividuals we serve.</p>	

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	<p>policy are to be reported and investigated in prompt and procedurally correct manner...Accidents and other injuries not defined as abuse or neglect must still be documented on the incident report form and reviewed according to policy and applicable standards...It is mandatory that all personnel follow this policy. This includes: reporting incidents immediately upon becoming aware of them, completing all forms as required by this policy...Physical abuse: willful infliction of injury...Verbal abuse: Oral, written and or gestured language that includes disparaging and derogatory remarks toward consumers...Exploitation. Financial, any deliberate misplacement, exploitation, or wrongful temporary or permanent use of an individual's belongings or money...Neglect includes failure to provide appropriate care, food, medical care or supervision."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/4/15 at 4:30 P.M.. The QIDP indicated staff are to supervise clients at all times. The QIDP indicated the staff should not leave clients on the van unattended. The QIDP further indicated the staff involved in this incident of neglect was terminated from employment with the facility.</p>			

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W 0189 Bldg. 00	<p>9-3-2(a)</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on record review and interview, the facility failed for 1 additional client (client #4) living in the group home, to ensure staff was sufficiently trained to assure competence in discarding of medications.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 8/24/15 from 4:55 P.M. until 6:55 P.M.. At 6:24 P.M., Direct Support Professional (DSP) #2 began administering client #4's prescribed medications. As DSP #2 administered client #4's medications, client #4 dropped his Risperidone 3 mg (milligram) tablet (schizophrenia). DSP #2 picked the pill up and discarded the</p>	W 0189	<p>Medication administration and safety precautions are taught as a part of Core A & B upon securing employment. (Please see attached documents) It is also a yearly in-service (2 hours) given as part of the required 24 hours CEUs per year. In addition to medication administration and safety precautions being trained as a part of Core A & Core B upon securing employment and an annual training during a 2 hour in-service given, there will be a monthly training to ensure staff is sufficiently trained to assure competence in discarding of medications. With the monthly staff meetings in addition to the annual trainings, this will ensure staff is sufficiently trained to assure competence in discarding of medications.</p>	09/25/2015

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W 0247 Bldg. 00	<p>pill in the garbage. DSP #2 then called the group home nurse. When asked what guidance the nurse gave her in regard to discarding the dropped medication, DSP #2 indicated the nurse directed DSP #2 to discard of the pill in the sharps container.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/4/15 at 4:30 P.M.. The QIDP indicated all staff are trained on medication administration upon hire and then annually. The QIDP indicated DSP #2 should have discarded the medication in the sharps container.</p> <p>9-3-3(a)</p> <p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management. Based on observation and interview, the facility failed for 2 of 4 sampled clients observed during breakfast time (clients #1 and #3) to allow client choice and</p>	W 0247	On 9/23/2015, staffs were trained on (Individual Program Plan) meals.(Please see attached documents) Staff has been informed that during mealtimes, to allow clients choice and	09/25/2015

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	<p>self-management pertaining to eating while seated at the table without waiting for peers to sit at the table.</p> <p>Findings include:</p> <p>On 8/28/15 at 6:05 A.M., the dining table was prepared with clients #1, #2, #3, #4, #5, #6, #7 and #8's morning meal which consisted of cold cereal, oatmeal, peaches, milk, orange juice and coffee. Client #3 asked DSP #6 if he could eat breakfast. DSP #6 stated "You have to wait until [client #2] finishes taking his meds." At 6:07 A.M., client #1, who is non-verbal, began rocking back and forth rapidly and began breathing hard. DSP #5 stated "He is ready to eat." At 6:20 A.M., client #8 sat at the table, and clients #1, #2, #3, #4, #5, #6, #7 and #8 were prompted to say prayer. The clients then began eating their meal.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/4/15 at 4:30 P.M.. The QIDP indicated clients should be allowed choice and self management of being able to eat when seated at the table.</p> <p>9-3-4(a)</p>		<p>self-management pertaining to eating while seated at the table without waiting for peers to sit at the table. Although it's a regulation and strongly encouraged that family style dining is conducted at each meal, staff will be allowing client choice and self-management pertaining to eat while seated at the table without waiting for peers to sit at the table.</p> <p><i>The QIDPs will conduct weekly visits in addition to unscheduled/popup visits to the home to ensure compliance. A form has been developed and implemented for the QIDPs to utilize when conducting the visits to the home. (Please see attached document)</i></p>				

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W 0249 Bldg. 00	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients and 1 additional client (clients #1 and #6), the facility failed to implement the clients' training objectives when formal and/or informal opportunities existed at the group home.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 8/24/15 from 4:55 P.M. until 6:55 P.M.. From 4:55 P.M. until 6:10, client #1 sat in a recliner looking around and client #6 sat on a recliner in the living/dining room area with no activity. Client #1 was non verbal in that he did not speak or communicate during the observation period. Direct Support Professional (DSP) #1 was in the kitchen cooking, DSP #2 was in the dining room area with client #2 and DSP #3 was in the back</p>	W 0249	<p>On 9/23/2015, staffs were retrained on Program Implementation, where Individual Support Plan (ISP) training objectives are to be implemented when formal and or informal opportunities exist. (Please see attached training documents) Goal objectives are to occur at all times while the clients are awake. The house manager is responsible for observing the group homes and making sure all items that are needed are in the home and to ensure staff are implementing the client's Individual Support Plan (ISP) training objectives when formal and or informal opportunities exist at least 5 days a week. The QIDP will observe during weekly visits in addition to unannounced visits to ensure staffs are implementing the client's Individual Support Plan (ISP) training objectives when formal and or informal opportunities exist. For the first 30 days, the</p>	09/25/2015
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	<p>bedroom area. DSP #1, #2 and #3 would walk into the room and occasionally check on clients #1 and #6, but did not offer any meaningful activity. There was no communication training for client #1 observed during the entire observation period.</p> <p>A morning observation was conducted at the group home on 8/28/15 from 5:50 A.M. until 7:30 A.M.. From 5:50 A.M. until 6:20, client #1 sat in a recliner looking around and client #6 sat on a recliner in the living/dining room area with no activity. Client #1 was non verbal in that he did not speak or communicate during the observation period. Direct Support Professional (DSP) #6 was in the kitchen cooking, DSP #4 was in the basement and DSP #5 was in the back bedroom area. DSP #4, #5 and #6 would walk into the room and occasionally check on clients #1 and #6, but did not offer any meaningful activity. There was no communication training for client #1 observed during the entire observation period.</p> <p>A review of client #1's record was conducted on 8/26/15 at 11:30 A.M.. A review of client #1's Individual Support Plan (ISP) dated 10/29/14 indicated the following objectives that could have been implemented during both observations:</p>		<p>house manager will visit the home daily to ensure staff is implementing the client's Individual Support Plan (ISP) training objectives when formal and or informal opportunities exists. The QIDP will visit the home at least twice a week unexpectedly to ensure compliance. The Coordinator will also conduct unexpected pop up visits twice a week to monitor and observe that staff is implementing the client's Individual Support Plan (ISP) training objectives when formal and or informal opportunities exist. After the 30 days, the house manager will continue to visit the home at least 5 days week to ensure staff is implementing the client's Individual Support Plan (ISP) training objectives when formal and or informal opportunities exist. The QIDP will continue to visit the group home unexpectedly weekly to ensure staffs implementing the client's Individual Support Plan (ISP) training objectives when formal and or informal opportunities exists. The Coordinator will also continue to conduct pop up visits to ensure compliance.</p>	

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	<p>"Will learn what to do in case of a fire or tornado...Will use a picture chart to identify coins...Will participate in some form of exercise...Will learn sign language with staff assistance... Will learn to use a picture chart to make choices." Further review of the record indicated: "[Client #1] is non-verbal."</p> <p>A review of client #6's record was conducted on 8/26/15 at 2:00 P.M.. The ISP dated 9/15/14 indicated the following objectives that could have been implemented during both observations: "Will learn to identify the names and value of coins...Will learn where the first aid kit is in the home in case of an emergency...Will learn to choose the places I would like to go in the community... Will stay engaged in activities."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/4/15 at 4:30 P.M.. The QIDP indicated facility staff should implement training objectives at all times of opportunity.</p> <p>9-3-4(a)</p>			

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W 0268 Bldg. 00	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview, the facility failed for 1 additional client (client #6), to promote dignity by not ensuring he had proper fitting pants and a belt.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 8/28/15 from 5:50 A.M. until 7:30 A.M.. At 6:10 A.M., Direct Support Professional (DSPs) #5 and #6 lifted client #6 from the recliner and began assisting him, as he walked to his wheelchair. As he stood up, his blue jeans fell to his ankles. Client #6's jeans were loose and he did not have on a belt. At 7:30 A.M., client #6 was escorted on the van to leave for day programming with his loose fitting jeans and no belt.</p> <p>An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 9/4/15 at 4:30 P.M.. The QIDP indicated staff should ensure client #6's clothing was properly</p>	W 0268	<p>On 9/23/2015, staffs were trained on (Conduct toward Client) promotingthe client's dignity and ensuring client#6 has proper fitting pants and abelt.(Please see attached training documents) All clients should be groomed andhave proper fitting attire at all times. All staff has been informed that theclients should be groomed and has proper fitting clothing at all times. TheHouse Manager is responsible for ensuring that the clients are wellgroomed and has proper fitting clothing at all times.</p> <p>No other clients were affected by the deficient practice;however, a more frequent monitoring system will be in place to prevent thisdeficient practice. For the first 30 days, the house manager will visit thehome daily to ensure client#6's clothing is properly fitted and ensure he hason a belt at all time. The QIDP will visit the home at least twice a week unexpectedly to ensure compliance. The Coordinator will also conduct unexpected visits to the home to follow up and ensure compliance. After the 30 days,</p>	09/25/2015

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W 0436 Bldg. 00	<p>fitted and ensure he has on a belt at all times.</p> <p>9-3-5(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review and interview, for 2 of 4 sampled clients, (clients #1 and #2), the facility failed to teach and encourage the use of their prescribed eyeglasses.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 8/24/15 from 4:55 P.M. until 6:55 P.M.. During the entire</p>	W 0436	<p>the house manager will continue to visit the home at least 5 days a week to ensure client #6's clothing is properly fitted and ensure he has on a belt at all times. The QIDP will visit the home at least twice a week unexpectedly to ensure compliance and the Coordinator will also conduct unexpected visits to the home to follow up and ensure compliance. All staff has been informed/trained that all consumers have on proper fitting clothing and a belt (if needed). The House Manager is responsible for ensuring that the clients have proper clothing at all times.</p> <p>On 9/23/2015, the Greenwood Group Home staff were trained on (Space and Equipment) the need to prompt and encourage individual consumers to use their adaptive equipment(s). Staff has been trained on the importance of teaching the individual consumers to use and to make informed choices about the use of their adaptive equipment's, such as: eyeglasses, walker, wheelchair, hearing aid, braces</p>	09/25/2015

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	<p>observation period clients #1 and #2 did not and were not prompted to wear eyeglasses.</p> <p>A morning observation was conducted at the group home on 8/28/15 from 5:50 A.M. until 7:30 A.M.. During the entire observation period client #1 did not and was not prompted to wear eyeglasses. Client #2 was observed to have a pair of eyeglasses with the right eyeglass arm missing.</p> <p>An interview with Direct Support Professional (DSP) #5 was conducted on 8/28/15 at 6:10 A.M.. DSP #5 indicated he did not know how long client #2's eyeglasses had been broken.</p> <p>A review of client #1's record was conducted on 8/26/15 at 11:30 A.M.. Review of client #1's record indicated a most current vision assessment dated 4/6/15 which indicated he was prescribed eyeglasses. Review of the Individual Support Plan (ISP) dated 4/9/15 indicated: "...Prescriptions for corrective lenses were ordered at the time of the visit."</p> <p>A review of client #2's record was conducted on 8/26/15 at 12:00 P.M.. Review of client #2's record indicated a most current vision assessment dated</p>		<p>(leg/ankle), dentures, communication devices andetc... Staff has been trained on to prompt and encourage individualconsumers to use all adaptive equipment(s); however, if there are severalrefusals, staff must document in the consumers communication book in additionto the behavior tracking sheet (if the consumer receives behavioral services),so there is documentation of refusals noted in the communication book and orbehavior tracking sheets. (Please see attached training documents) The grouphome manager is responsible for ensuring that staff is prompting andencouraging the individual consumers to use their adaptive equipment(s). Inaddition, the QIDP will observe staff during unannounced visits to the grouphome to ensure staff is prompting and encouraging individual consumers to use their adaptive equipment(s).</p>	

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W 0440 Bldg. 00	<p>11/25/14 which indicated he was prescribed eyeglasses.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/4/15 at 4:30 P.M.. The QIDP indicated clients #1 and #2 were prescribed eyeglasses. When asked if clients #1 and #2 should be prompted to wear their prescribed eyeglasses, the QIDP stated "Yes they should." The QIDP further indicated client #2's eyeglasses should be repaired.</p> <p>9-3-7(a)</p> <p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed to conduct evacuation drills for shifts of personnel which affected 8 of 8 clients living in the facility (clients #1, #2, #3, #4, #5, #6, #7 and #8).</p> <p>Findings include:</p> <p>The facility's records were reviewed on 8/28/15 at 6:30 A.M.. The review failed</p>	W 0440	<p>On 9/23/2015, all staff was trained on fire/tornadodrills to conduct evacuation drills during each quarter for each shift. (Pleesee attached documents) TradeWinds has a Fire/Tornado Drill Procedure in placethat states all staff must individually conduct one fire/tornado drill in eachquarter of the year. Anytime a staff is assigned to another house other thanthe house they are normally at, staff must conduct a fire/tornado drill at</p>	09/25/2015

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W 0441 Bldg. 00	<p>to indicate the facility held an evacuation drill for clients #1, #2, #3, #4, #5, #6, #7 and #8 on the morning shift (7:00 A.M. to 3:00 P.M.) during the third quarter (July 1st through September 30th) of 2014.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/4/15 at 4:30 P.M.. The QIDP indicated evacuation drills are to be conducted during each quarter for each shift of staff.</p> <p>9-3-7(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills under varied conditions. Based on record review and interview, the facility failed to hold evacuation drills at varied times during the overnight hours (11:00 P.M. to 7:00 A.M.) for 8 of 8 clients living at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8).</p> <p>Findings include:</p> <p>The facility's evacuation drills from 7/1/14 to 6/30/15, were reviewed on 8/28/15 at 6:30 A.M.. The review</p>	W 0441	<p>thenew house also. (Please see attached Fire/Tornado Procedure and Tornado SafetyProcedures) The house manager is responsible for ensuring that staff isconducting fire/tornado drills during each quarter for each shift. The QIDP willreview the fire/tornado drills during the weekly site visits in addition to theunannounced visits to the group home to ensure staff is conducting fire/tornadodrills.</p> <p>On 9/23/2015, all staff was trained on fire/tornadodrills to conduct evacuation drills during each quarter for each shift. (Please see attached documents) TradeWinds has a Fire/Tornado Drill Procedure in placethat states all staff must individually conduct one fire/tornado drill in eachquarter of the year. Anytime a staff is assigned to another house other thanthe house they are normally at, staff must conduct a fire/tornado drill at thenew house also. (Please see</p>	09/25/2015

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	<p>indicated the facility evacuated clients #1, #2, #3, #4, #5, #6, #7, and #8, on 9/11/14 at 5:30 A.M., on 10/12/14 at 6:30 A.M., on 2/10/15 at 6:30 A.M. and 4/30/15 at 6:30 A.M..</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/4/15 at 4:30 P.M.. The QIDP indicated facility staff should evacuate clients at various times throughout the overnight shift.</p> <p>9-3-7(a)</p>		<p>attached Fire/Tornado Procedure and Tornado Safety Procedures) The house manager is responsible for ensuring that staff is conducting fire/tornado drills during each quarter for each shift. The QIDP will review the fire/tornado drills during the weekly site visits in addition to the unannounced visits to the group home to ensure staff is conducting fire/tornado drills. A calendar/schedule has been developed and implemented for Fire/Tornado drills to be conducted at the home. (Please see attached fire/tornado drill schedule/calendar) For the first 30 days, the house manager will visit the home daily to ensure the fire/tornado drills are conducted at varied times during the overnight hours. The QIDP will visit the home at least twice a week unexpectedly to ensure compliance and to make sure there is documentation of the fire/tornado drills being conducted at varied times during the overnight hours. The Coordinator will also conduct unexpected pop up visits to ensure compliance. After the 30 days, the house manager will continue to visit the home at least 5 days week to ensure the fire/tornado drills are conducted at varied times during the overnight hours. The QIDP will continue to visit the group home unexpectedly weekly to ensure compliance and to make sure there is documentation of</p>	

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W 0488 Bldg. 00	<p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview, the facility failed to assure 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 4 additional clients (client #5, #6, #7 and #8) were involved in meal preparation.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 8/24/15 from 4:55 P.M. until 6:55 P.M.. During the observation period, clients #1, #2, #3, #4, #5, #6, #7 and #8 sat in the living/dining room with the television on. At 5:00 P.M., the Group Home Manager (GHM) cooked the evening meal which consisted of steak, baked potatoes, carrots, pineapples and salad. At 6:30 P.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 ate their evening meal independently. Clients #1, #2, #3, #4, #5, #6, #7 and #8 did not assist in meal preparation.</p> <p>A morning observation was conducted at</p>	W 0488	<p>the fire/tornado drills being conducted at varied times duringthe overnight hours. The Coordinator will also continue to conduct pop up visits to ensure compliance.</p> <p>On 9/23/2015, all staff was re-trained on (Dining Areas and Services)involving consumers in meal preparation. (Please see attached documents)Thegroup home manager is responsible for monitoring staff to ensure that theconsumers are involved in the meal preparations. In addition, the QIDP willalso observe staff during unannounced visits to the group home to ensure thatthe consumers are involved in the meal preparation and serving the mealsaccording to their level of functioning. For the first 30 days, the house manager will visit the home daily to ensure that the consumers are involved in the meal preparation and serving the meals according to their level of functioning. The QIDP will visit the home at least twice a week unexpectedly to ensure compliance. The Coordinator will also conduct unexpected pop up visits twice aweek to ensure that the consumers are involved in the meal preparation and serving the meals according to their level of</p>	09/25/2015

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	<p>the group home on 8/28/15 from 5:50 A.M. until 7:30 A.M.. During the observation period, clients #1, #2, #3, #4, #5, #6, #7 and #8 sat in the living room with the television on while Direct Support Professional (DSP) #6 prepared the morning meal which consisted of oatmeal, cold cereal, toast and canned peaches. At 6:20 A.M., Direct Support Professional (DSP) #6 prompted clients #1, #2, #3, #4, #5, #6, #7 and #8 to the table to eat their meal. At 6:25 A.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 ate their morning meal independently. Clients #1, #2, #3, #4, #5, #6, #7 and #8 did not assist in meal preparation.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 9/4/15 at 4:30 P.M.. The QIDP indicated clients were capable of assisting in meal preparation and further indicated they should be assisting in meal preparation at all times.</p> <p>9-3-8(a)</p>		<p>functioning. After the 30 days, the house manager will continue to visit the home at least 5days week to ensure that the consumers are involved in the meal preparation and serving the meals according to their level of functioning. The QIDP will continue to visit the group home unexpectedly weekly to ensure that the consumers are involved in the meal preparation and serving the meals according to their level of functioning. The Coordinator will also continue to conduct pop up visits to ensure compliance.</p>	