

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G523	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/28/2014
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NAME OF PROVIDER OR SUPPLIER FOUR RIVERS RESOURCE SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 655 SECOND ST PLAINVILLE, IN 47568
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W000000	<p>This visit was for a recertification and state licensure survey.</p> <p>Dates of Survey: February 25, 26, 27, 28, 2014</p> <p>Provider Number: 15G523 Aims Number: 100245070 Facility Number: 001037</p> <p>Surveyors: Mark Ficklin, QIDP-TC Carla Lundberg, Federal Surveyor</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/7/14 by Ruth Shackelford, QIDP.</p>	W000000		
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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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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed for 1 of 3 reported incidents of alleged abuse/neglect (supervision of client #5) to ensure that all allegations were thoroughly investigated.</p> <p>Findings include:</p> <p>Record review of the facility's incident reports was done on 2/26/14 at 2:20p.m. A 9/8/13 incident report indicated clients and staff had gone on an outing. The incident report indicated after "less than 30 minutes" in the community facility staff discovered they had left client #5 at home alone. There was no formal documented investigation with interviews of staff and clients involved.</p> <p>Professional staff #1 was interviewed on 2/26/14 at 3:18p.m. Staff #1 indicated client #5 was in need of 24 hour supervision. Staff #1 indicated there was no documented formal investigation with client and staff interviews for the 9/8/13 alleged neglect incident that involved the supervision of client #5.</p> <p>9-3-2(a)</p>	W000154	<p>Updated FRRS does have a system in place to prohibit abuse, neglect, mistreatment, exploitation and injuries of unknown origin for our clients (See Attachments: A and B) The Community Living Division has a separate Code of Conduct that all Employees are trained on, on a few separate occasions, in initial Orientation with several points related to abuse, neglect, mistreatment, exploitation and injuries of unknown origin with much detail. (See Attachments: C *Items, D and E) Community Living Division also has a separate document titled Supplemental Guidelines Regarding Abuse and Neglect with yet, more description and detail. In addition, 2 Day Program staff from PEP area were terminated. (See Attachments: F and G) Our Plainville Group Home also has cameras installed in common living areas that are periodically reviewed by the Group Home Coordinator to help observe the home when a supervisor isn't present. The BDDS Reportables are also part of Orientation. The incident that occurred on 9/8/13 was reported by staff as soon as they realized it occurred and they were open about what</p>	04/14/2014	

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			had happened;therefore, there really wasn't cause for a big investigation; however, weshould have and will, in the future, document talking with staff and gatheringinformation on our formal Investigation Report (See Attachment A) The staff who were on-duty that day were disciplined fortheir mistake. Client #5 was unharmed. The week following, we initiated a "roll-call"and check list for each staff to sign off on anytime there is a group outing.The Community Living Coordinator will monitor. (See Attachment B)	

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W000190	<p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' developmental needs.</p> <p>Based on observation, interview and record review, the facility failed to demonstrate the training/knowledge of client skills and competencies of the clients' developmental needs to meet the individualized needs of 1 of 4 clients in the core sample (Client #3) and one client added to the sample (Client #7) who participated in the day program referred to as PEP.</p> <p>Findings include:</p> <p>1. Client #7 was observed at his day program from 8:47 a.m. to 12:15 p.m. on 2/26/14. Upon entering the day program, client #7 was escorted to a large area where 25 clients and five staff were gathered. He was seated in his wheelchair. The morning's activity began with a sing-a-long which primarily included songs generally sung by young children. Client #7 did not participate in any way nor did he receive supports and/or services from staff to encourage his participation. At the conclusion of the sing-a-long, the clients were encouraged to "stand up" and exercise and a videotape showing exercises was played. Client #7 remained in his wheelchair and was not provided with supports or services necessary for him to participate in any type of exercise. At the conclusion of the exercise tape, the clients were told, "Now we're going to have nutrition class." Another video was played that explained the "My</p>	W000190	The QIDP will assure that all future team IDT meetings will address the individual's specific needs as related to day program. For now, the morning routine at the day program has been adapted to meet the individual's abilities/needs and those who do not benefit from the large group activity are breaking into the smaller group and participating in individualized/appropriate activities. Supervisor of Day Program and Adult Services Coordinator and QIDP will monitor day program activities through observation and review of documentation.	03/24/2014
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	<p>Plate" philosophy of good nutrition. While some clients who participated in the nutrition class, responded to questions about fruits, vegetable and grains, client #7 was asleep during most of the class and did not receive supports and/or services that might have assisted him in participating. The large group activity concluded and Client #7 was escorted to the area of the day program referred to as the PEP program at 9:56 a.m.</p> <p>Client #7 received the necessary assistance to eat his snack at 10:00 a.m. He then went to an adjoining room where he asked for a blanket and indicated he was cold. He remained seated in his wheelchair with a blanket from 10:20 a.m. till 11:15 a.m. He was asleep during most of that observation. Although staff checked on him from time to time, he was not asked if he wanted to participate in any activity other than to watch a video.</p> <p>At 11:20a.m., when asked about the types of learning objectives client #7 was to be working on, day program direct support professional #7 stated Client #7's objectives were mainly "social." When asked if client #7 generally remained in his wheelchair, the direct support professional stated although he "used to" sit in the recliners, he generally refused to move from his wheelchair while at the day program. The direct support professional indicated although staff encouraged Client #7 to participate in activities, he generally refused.</p> <p>The QIDP was interviewed at 2:23 p.m. on 2/26/14. When asked if the morning activities at the day program were designed to address client</p>						

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	<p>#7's unique needs and interests, the QIDP indicated the morning sing-a-long, exercise and nutrition class was how the day program was structured each morning, and, to her knowledge, was not based on individualized assessed need of the clients participating. The QIDP indicated Client #7 's lack of participation and/or interest in the sing-a-long, exercise class and/or nutrition class had not been discussed by his team to determine if that programming met his needs. The QIDP indicated Client #7 was a sixty-nine year old man who functioned in the severe range of intellectual disability and whose diagnosis included dementia. The QIDP indicated the team for Client #7 had not discussed alternative supports based on individual assessed needs since he did not generally participate in the activities offered by the PEP day program.</p> <p>2. Client #3 was observed at his day program from 9:04 a.m. to 12:18 p.m. on 2/26/14. At 9:04a.m., client #3 was seated in a transport wheelchair in a large area where 25 clients and five staff were gathered. The clients were encouraged to "stand up " and exercise and a videotape showing exercises was played. Client #3 remained in her transport wheelchair and was not provided with supports or services necessary for her to participate in any type of exercise. At the conclusion of the exercise tape, the clients were told, "Now we're going to have nutrition class." Another video was played that explained the "My Plate" philosophy of good nutrition. Client #3 did not participate. Client #3 sat in her transport wheelchair and did not receive supports and/or services that might have assisted her in participating. The large group activity concluded</p>						

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	<p>and Client #3 was escorted to the area of the day program referred to as the PEP program at 9:56 a.m.</p> <p>Client #3 was observed in the area of the day program referred to as the PEP program from 9:55 am to 12:15 p.m. Although client #3 received support when eating her snack at 10:00 a.m. and during lunch served at 11:30 a.m., during the observation, other than when she was assisted to the rest room, client #3 sat in a recliner or in a rolling walker holding a tennis ball. Although staff interacted with her briefly from time to time, Client #3 did not participate in any structured activity.</p> <p>Record review of client #3's 11/13 "Risk Plan" on file at the day program was done on 2/26/14 at 11:40a.m. Client #3's plan indicated client #3 was to ambulate with the assistance of one staff and a gait belt.</p> <p>On 2/26/14 at 11:20a.m., when asked about what type of objectives she was to be working on, day program direct support professional #7 stated that client #3 was "new " and they were "still getting to know what she liked to do."</p> <p>9-3-3(a)</p>				

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W000240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, interview and record review, the facility failed to develop written instruction to staff about supports to be provided for 1 of 4 sample client's (#3) ambulation and 1 of 1 client added to the sample who remained in his wheelchair for long periods of time without elevating his legs (Client #7). The facility failed to develop written instruction to staff about supports to be provided for 1 of 1 client added to the sample related to hand washing (Client #8).</p> <p>Findings include:</p> <p>1. Client #7 was observed at his home at 3:35 p.m. on 2/25/14, when he arrived home from the day program. After going to his room for a short period of time, he returned to the living room. He was seated in his wheelchair. He remained in his wheelchair with the leg rests in the down position until after eating his evening meal and until the observation was concluded at 6:20p.m. At no time during the observation was client #7</p>	W000240	<p>Updated responses for 0240/0455 FRRS Management Team staff will continue to observe <u>both</u> the Group Home and Day Program facilities at least monthly to assure that active treatment and necessary medical needs or interventions are occurring. Community Living Coordinator, QIDP, RN, Community Living Administrative Coordinator, Quality Assurance Coordinator, Health and Safety Coordinator and Community Living Director have all agreed to do some observation for these folks. In addition, any problems noted at Day Services will be reported <u>immediately</u> to the Community Living Director and/or Day Program Director or Day Program Coordinator or Deputy Director of Adult Day Services. Quality Assurance Drop-In Logs will be utilized (See Attachment H) Routine IDT meetings will also give staff an opportunity to review any problem areas and talk about better ways to handle them. <u>1</u>) Client #7's High Risk Plan was revised by the Nurse to include repositioning guidelines. The staff at the Group Home were trained on the changes/revisions at a house meeting on 4/2/2014. (Revised plans were sent to day</p>	04/14/2014			

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	<p>observed with his legs elevated.</p> <p>Client #7 was again observed at his home at 6:00 a.m. on 2/26/14. He was seated in his wheelchair with the leg rests in the down position. He remained in his wheelchair with his leg rests in the down position during breakfast and as he prepared to go to the day program. He and the other clients left for the day program at 8:30 a.m.</p> <p>Client #7 was observed as he exited the van at the day program at 8:47 a.m. on 2/26/14. He was seated in his wheelchair with the leg rests in the down position. Staff #7 indicated during transport, the leg rests on client #7's wheelchair were in the down position.</p> <p>During observation at the day program, operated by the residential provider, from 8:47 a.m. until 12:15 p.m. on 2/26/14, client #7 remained in his wheelchair with the exception of the ten minute period of time when he was assisted in the restroom by staff. At no time during the observation, was client #7 seated with his feet elevated.</p>		<p>program by the Nurse in March. (See Attachments C, D & E) Day Program staff were trained between 3/4/2014-3/12/2014. (See Attachments F & G) 2) The Nurse revised the High Risk Plan with hand washing, included, in addition, updates were sent by the Nurse to both Group Home Management Staff and Group Home Employees. They have been re-trained on previous issues and trained on changes for Client #8. This revised plan was also sent to Day Program March 2014. (See Attachments H & H-1) IDT met with Day Service Director and discussed the need for sanitizing objects between client's uses on 3/31/2014 and they will purchase sanitizing wipes. All clients will be reminded and prompted to practice appropriate hand-washing, as needed. All Group Home Staff were re-trained at a house meeting on 4/2/2014. (See Attachment F) The QIDP, Community Living Coordinator, Day Program Director and Nurse have all agreed to help monitor this issue through observation. FRRS provides Universal Precautions as part of its Orientation program and annual refreshers and this will continue and should serve as info to new staff and reminders to current staff. All new staff are trained on each High Risk Plan at Orientation and the Nurse will train on updates at house meetings. The</p>		

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	<p>Record review for client #7 was conducted on 2/26/14 at 3:35 p.m. His record included a "High Risk Plan" dated as implemented in May 2006 and revised in February 2014. The section of the plan titled, "Peripheral Vascular Disease/Edema to Lower Extremities" documented, "Staff to monitor lower extremities daily for any edema, ... Need to elevate legs as much as possible to help decrease swelling and increase circulation"</p> <p>The Qualified Intellectual Disability Professional (QIDP) (#1) was interviewed at 4:07 p.m. on 2/26/14 with Client #7's record available for reference. The QIDP indicated client #7's "High Risk Plan" included information about the need to have his legs elevated to decrease swelling and increase circulation. The QIDP indicated there were no written instructions to staff which outlined what supports and services client #7 should receive in order to assure that his legs were elevated throughout the day.</p>		<p>Day Program Coordinator is always and will continue to besupplied with original and revised High Risk Plans. 3)The Nurse updated and revised Client #3's High Risk Plan with more specifics, as to proper use of transport chair. Staff at the Group Home were re-trained at a house meeting on 4/2/2014. (See Attachment O) The Day Program was provided with a copy of the updated High Risk Plan the week of March 20th so they could re-train their staff.(See Attachment P) IDT's will develop and revise these plans after assessmentand as needs change. Any problems/issues will be addressed, as they occur and individual plans revised, as needed.</p>				

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	<p>2. Client #8 was observed at her day program from 8:47 a.m. until 12:15 p.m. on 2/26/14. At no time during the day program observation, other than when Client #8 was assisted in the restroom, was she prompted to wash her hands or assisted with hand washing, including prior to a snack served at 10:00 a.m. and prior to lunch served at 11:30 a.m.</p> <p>At 10:27 a.m., during "table activities," client #8 was observed to manipulate a puzzle and look through various magazines. During the observation, client #8 frequently touched her eye glasses and the area around her eyes. After finishing the puzzle, the puzzle was used by another individual served without being sanitized.</p> <p>Client #8's day program record was reviewed at 11:45 a.m. on 2/26/14. The section of her "High Risk Plan," dated 2/25/14, titled "Chronic Viral Infection of the Eyes" documented, "[Client #8] has a diagnosis of chronic viral infection of the eyes. ...Staff should encourage and assist [Client #8] to wash her hands frequently, especially after she has touched her eyes</p>			

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	<p>to help reduce the risk of spreading this infection"</p> <p>The Adult Services Coordinator (ASC) for the Day Program #1) was interviewed at 12:05 p.m. on 2/26/14. The ASC indicated staff received training related to general hand washing and the expectation was for clients to routinely wash their hands, particularly prior to snacks and meals. The ASC indicated staff at the Day Program were aware of Client #8's chronic eye infection and frequent hand washing should have been implemented.</p> <p>The QIDP and the Community Living Coordinator were interviewed on 2/26/14 at 2:23 p.m. with Client #8's record available for reference. The QIDP indicated client #8's "High Risk Plan" included information about the need for frequent hand washing to lessen the likelihood of transmission of the chronic eye infection to others. The QIDP indicated there were no written instructions to staff which outlined what supports and services client #8 should receive in order to assure her hands were washed frequently The Community</p>						

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	<p>Living Coordinator (#2) indicated there had been no transmission of the eye infection to others since client #8's admission to the residence in December 2013. The QIDP indicated client #8 did not demonstrate the skills to wash her hands independently and said it was the responsibility of the staff to assist her with frequent hand washing.</p> <p>3. Client #3 was observed at her day program from 9:04a.m. to 2:18p.m. on 2/26/14. At 9:04a.m., client #3 was seated in a transport wheelchair that the facility used to assist client #3 on and off the van. Client #3 sat in her transport wheelchair in a large group activity until 9:56a.m. The day program staff pushed client #3 in her transport chair to the area of the day program referred to as the PEP program at 9:56a.m.</p> <p>Record review of client #3's 11/13 "Risk Plan" on file at the day program was done on 2/26/14 at 11:40a.m. Client #3's plan indicated client #3 was to ambulate with the assistance of one staff and a gait belt. Client #3's 1/16/14 Physician's orders indicated client #3 was to use a wheelchair for long distances and as needed.</p>			
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	<p>Professional staff #1 was interviewed on 2/26/14 at 3:18p.m. Staff #1 indicated client #3 could sit in a regular chair and should be walking with one staff assistance and a gait belt. Staff #1 indicated the transport chair should have been used for transporting only.</p> <p>9-3-4(a)</p>			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G523		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/28/2014	
NAME OF PROVIDER OR SUPPLIER FOUR RIVERS RESOURCE SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 655 SECOND ST PLAINVILLE, IN 47568			
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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview, the facility failed for 2 of 4 sampled clients (#2, #3), to ensure clients #2 and #3's communication and ambulation training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation at the group home was done on 2/25/14 from 3:34p.m. to 6:20p.m. At 3:34p.m. client #2 returned home from the day program. Client #2 used a walker when he entered the group home, put his lunch bucket up and went to his bedroom. At 5:07p.m., client #2 walked from his bedroom to the living without his walker. At 5:14p.m. client #2 walked, without his walker, to the kitchen and got eating utensils and helped set the dining room. Staff #5 and #6 were in the area and did not prompt client #2 to use his walker. Client #3 received a drink at 3:52p.m. and at supper. Client #3 was not prompted to sign drink and did not use</p>	W000249	Updated We are not aware of any other clients affected by this deficient practice. Service Plans, Dining Plans, High Risk Plans for client will be sent to Day Program with a receipt attached to be returned, so we know it was received. Day Program will now be requested to send us all of their staff training documentation for our records on Service Plans, High Risk Plans, Dining plans, etc. and any consumer specific training, as well as general training such as hand-washing to assure the Day Program staff are properly trained. These will be provided to our Group Home Coordinator and kept on a separate file. It is in Client #2's High Risk Plan to use walker at alltimes. All staff were re-trained on Client #2's use of walker by CommunityLiving Coordinator. (See Attachments I, F and J) Community Living Coordinator, Assistant Coordinator, QIPD, Nurse and Day Program Director and Coordinator will monitor periodically through observation and unannounced visits and will address any issues,	04/14/2014			

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	<p>any sign language when she received her drinks.</p> <p>An observation was done at the facility run day service on 2/26/14 from 9:04a.m. to 12:18p.m. At 12:04p.m. client #2 walked independently from the dining room to the bathroom which was located in a separate area of the building. Client #2 was not prompted to use his walker.</p> <p>The record of client #2 was reviewed on 2/26/14 at 4:17p.m. Client #2's 5/1/13 service agreement (SA) indicated client #2 had a training program to use his walker at all times.</p> <p>The record of client #3 was reviewed on 2/26/14 at 4:00p.m. Client #3's 1/23/14 SA indicated client #3 had a training program to sign drink.</p> <p>Interview of staff #1 on 2/26/14 at 4:41p.m. indicated client #2 had training programs in place to always use his walker. Staff #1 indicated client #3 had a training program to sign drink. Staff #1 indicated client #2 and #3's training programs should have been implemented at all opportunities.</p> <p>9-3-4(a)</p>		<p>asneeded, with staff. Each client will be assessed for their needs at leastsemi-annually by IDT, but revisions will be made as needs change, and staffwill be trained accordingly. The Nurse will send any revisions or updates to Day ProgramAdult Services Coordinator so they may train their staff, as well. Day ProgramAdult Services Coordinator is also included in all annual and semi-annual IDTmeetings and will continue to be invited to participate. Day Program staff werere-trained 2/26/2014-3/6/2014. (See Attachment K) Client #3 currently signs independently at home when shewants a drink or goes to the kitchen with staff assistance to get herself adrink. IDT met and no longer feels it is necessary to prompt her because shedoes this already. QIDP will continue to monitor Client #3 and all Clients' Service Agreements and revise goals and objectives as needed, including discontinuation.</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 observation, record review and interview, the facility's human rights committee (HRC) failed for 4 of 4 sampled clients (#1, #2, #3, #4) to ensure the facility had received written informed consent from the clients and/or guardians, for the use of cameras in the common areas of the group home, prior to HRC approval.</p> <p>Findings include:</p> <p>An observation was done on 2/25/14 from 3:34p.m. to 6:20p.m. at the group home. There were monitoring cameras located throughout the group home's common areas. Interview of professional staff #3 on 2/25/14 at 4:23p.m. indicated the cameras were in the group home common areas to monitor staff and client behavior.</p> <p>The facility's 2/11/14 HRC meeting minutes were reviewed on 2/26/14 at 3:18p.m. At the 2/11/14 meeting, the facility's HRC had reviewed and approved the use of cameras in the group home common areas. There was no client</p>	W000263	<p>Original consents were signed prior to cameras being installed to observe staff; however, they could not be produced during the survey due to them being in over flow storage. A new updated letter with a new release form has been presented to each individual and/or sent to guardians. We have attached the letter and Release Form and are awaiting return of Signed releases for our files. This topic has been and will continue to be discussed at each Client's semi-annual and annual IDT meetings. The Group Home Coordinator and QIDP will monitor and assure it is addressed. The letter and consent form will be added to our Initial Client Admission packet and the Client's annual paperwork packet. (Letters and forms sent week of 3/20/2014.) (See Attachment L) Completion Date 4/13/2014</p>	04/13/2014			

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	<p>or guardian written consent for the camera use contained in the HRC meeting notes.</p> <p>Record review for client #1 was conducted at 2:45 p.m. on 2/26/14 with the QIDP available to answer questions. The QIDP indicated client #1 was his own guardian and there was no consent for the use of cameras in the common areas of the home included in client #1's record.</p> <p>Record review for client #2 was conducted at 4:17 p.m. on 2/26/14 with the QIDP available to answer questions. The QIDP indicated there was no consent from client #2's guardian for the use of cameras in the common areas of the home included in Client #2's record.</p> <p>Record review for client #3 was conducted at 4:00 p.m. on 2/26/14 with the QIDP available to answer questions. The QIDP indicated client #3 was her own guardian and there was no consent for the use of cameras in the common areas of the home included in Client #3's record.</p>			

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	<p>Record review for client #4 was conducted at 4:27 p.m. on 2/26/14 with the QIDP available to answer questions. The QIDP indicated although Client #4 signed consents, there was no consent in his record related to the use of cameras in the common areas of his home.</p> <p>Professional staff #2 was interviewed on 2/27/14 at 12:36p.m. Staff #1 indicated the facility did not have written informed consent for clients #1, #2, #3 and #4 in regard to the camera use in the common areas of the group home. Staff #1 indicated the facility's HRC had approved the restriction without written informed consent for clients #1, #2, #3 and #4.</p> <p>9-3-4(a)</p>			
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W000455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed to develop and implement an active training program to teach and reinforce skills which resulted in clients washing their hands routinely prior to and after meals and during other naturally occurring times including when assisting with meal preparation. This failure potentially affected all eight clients (#1, #2, #3, #4, #5, #6, #7, #8) living at the residence.</p> <p>Findings include:</p> <p>During afternoon and evening observation at the residence on 2/25/14 from 2:50p.m. to 6:20p.m., clients #1, #2, #3, #4, #5, #6, #7, and #8 were not prompted and/or assisted with washing their hands prior to participating in tasks such as meal preparation, setting the table and/or prior to and after eating the evening meal. At 5:14p.m. clients #2 and #5 received verbal prompts from staff to set the the supper table. Clients #2 and #5 did not wash their hands before setting</p>	W000455	<p>Updated responses for 0240/0455 FRRS Management Team staff will continue to observe <u>both</u> the Group Home and Day Program facilities at least monthly to assure that active treatment and necessary medical needs or interventions are occurring. Community Living Coordinator, QIDP, RN, Community Living Administrative Coordinator, Quality Assurance Coordinator, Health and Safety Coordinator and Community Living Director have all agreed to do some observation for these folks. In addition, any problems noted at Day Services will be reported <u>immediately</u> to the Community Living Director and/or Day Program Director or Day Program Coordinator or Deputy Director of Adult Day Services. Quality Assurance Drop-In Logs will be utilized (See Attachment H) Routine IDT meetings will also give staff an opportunity to review any problem areas and talk about better ways to handle them. All group home staff were re-trained on Universal Precautions and especially hand-washing at a house meeting on 4/2/2014. (See Attachment F) This is part of our typical Orientation Program for all new staff and annually</p>	04/14/2014
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	<p>the supper table. At 5:21 p.m. on 2/25/14, Client #4 was asked if he wanted to help complete preparations for the evening meal. He entered the kitchen and began helping staff prepare the evening meal. He did not independently wash his hands nor was he prompted to wash his hands prior to assisting. At 5:40 p.m. when clients were advised that the evening meal was ready, none of the clients independently washed their hands nor was anyone prompted and/or assisted with hand washing prior to the evening meal.</p> <p>During observation at the residence at 6:00 a.m. on 2/26/14, none of the clients was prompted to or were assisted with washing their hands during breakfast preparations including setting the table, assisting with making French toast and/or prior to or after breakfast. At 6:49 a.m. Client #4 made French toast. Client #4 did not independently wash his hands nor was he prompted to wash his hands prior to making the batter and cooking the French toast. At 7:00 a.m., Client #2 assisted with setting the table. Although Client #2 had been sitting on the floor</p>		refreshed for current staff. (See Attachment M) The Community Living Coordinator will be responsible for assuring this training is completed and documented for Group Home staff. Staff at Day Program were re-trained on hand washing on 3/5/2014 but no training documentation was done. Day Program staff repeated re-training on 4/3/2014. (See Attachment N) Completion Date 4/3/2014		

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	<p>with his hands on the carpet, he did not independently wash his hands nor was he prompted to wash his hands prior to setting the table with included touching the plates, silverware and glasses used by the clients during breakfast.</p> <p>At 7:10 a.m. the clients were advised that breakfast was ready. None of the clients independently washed their hands nor were they prompted to wash their hands prior to breakfast. At the conclusion of breakfast, clients were prompted to get ready to leave for the day program. No clients were observed to independently leave the dining room to wash their hands and no clients were assisted to wash their hands after breakfast.</p> <p>Clients #7, #8 and #3 were observed at their day program from 8:47 a.m. until 12:15 p.m. on 2/26/14. At no time during the day program routine activities, other than when clients were assisted in the restroom, were clients prompted to or assisted with hand washing, including prior to snacks served at 10:00 a.m. and prior to lunch served at 11:30 a.m.</p>			

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	<p>The Adult Services Coordinator (ASC) for the Day Program (#1) was interviewed at 12:05 p.m. on 2/26/14. The ASC indicated day program staff received training related to general hand washing and the expectation was for clients to routinely wash their hands, particularly prior to snacks and meals.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) (#1) was interviewed at 2:23 pm on 2/26/14. The QIDP indicated residential staff received training related to basic hand washing and the expectation was for clients to be prompted and/or to receive the necessary supports to assure their hands were routinely washed, particularly before and after mealtimes.</p> <p>9-3-7(a)</p>			
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