

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G298	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/30/2012
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 317 N MAIN ST HAUBSTADT, IN 47639
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 11/26, 11/27, 11/28 and 11/30/12</p> <p>Facility Number: 000817 Provider Number: 15G298 AIMS Number: 100243700</p> <p>Surveyor: Paula Chika, Medical Surveyor III-Team Leader</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/10/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on interview and record review for 1 of 4 sampled clients (#4), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure a client did not utilize his own funds as a reinforcer for the client's behavior.</p> <p>Findings include:</p> <p>Client #4's financial records were reviewed on 11/26/12 at 3:28 PM. Client #4's Cash on Hand Records and/or Group Home Client Receipts indicated client #4 used/received his money for the following (not all inclusive):</p> <ul style="list-style-type: none"> -9/10/12 \$1.00 behavior -9/9/12 \$1.00 behavior -9/8/12 \$1.00 behavior -9/6/12 \$1.00 behavior -9/6/12 \$2.00 behavior -9/4/12 \$1.00 behavior -9/4/12 \$2.00 behavior -9/3/12 \$2.00 behavior -9/1/12 \$3.00 behavior -8/31/12 \$3.00 behavior -8/30/12 \$2.00 behavior -8/29/12 \$2.00 behavior -8/26/12 \$2.00 behavior 	W0104	<p>The Program Director and Home Manager were trained on 12/17/12 to ensure they understand no clients own funds may be used as a reinforcer without prior written informed consent. Client #4's IDT met on 12/17/12 to discuss discontinuing the monetary component of the reinforcer program. The team was in agreement to discontinue the monetary component of the reinforcer program. Client #4's reinforcer list was updated on 12/17/12 at the IDT meeting. A request for funds in the amount of \$352 has been submitted and approved to reimburse Client #4 for the funds he provided for his own behavior reinforcement for this year. Client #4 will deposit the check into his account once it arrives. The Program Director and Home Manager will continue to monitor client Behavior Development Programs and client financial accounts on a monthly basis to ensure the protection of client rights. Responsible party: Home Manager and Program Director</p>	12/30/2012			

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	<p>-8/25/12 \$2.00 behavior</p> <p>-8/24/12 \$1.00 behavior</p> <p>-8/23/12 \$2.00 behavior</p> <p>-8/22/12 \$2.00 behavior</p> <p>-8/21/12 \$1.00 behavior</p> <p>-8/20/12 \$1.00 behavior</p> <p>-8/19/12 \$2.00 behavior</p> <p>-8/19/12 \$1.00 behavior</p> <p>-8/17/12 \$1.00 behavior</p> <p>-8/16/12 \$1.00 behavior</p> <p>-8/15/12 \$1.00 behavior</p> <p>-8/13/12 \$1.00 behavior</p> <p>-8/13/12 \$1.00 behavior</p> <p>-8/12/12 \$2.00 behavior</p> <p>-8/11/12 \$2.00 behavior</p> <p>-8/9/12 \$2.00 behavior</p> <p>-8/9/12 \$1.00 behavior</p> <p>-8/8/12 \$1.00 behavior</p> <p>-8/8/12 \$2.00 behavior</p> <p>-8/7/12 \$2.00 behavior</p> <p>-8/7/12 \$1.00 behavior</p> <p>-8/5/12 \$1.00 behavior</p> <p>-8/4/12 \$3.00 behavior</p> <p>Client #4's July 2012 financial record indicated the client paid himself a total of \$39.00, ranging from \$1.00 to \$3.00, when earned, from client #4's funds to reinforce the client's behavior.</p> <p>Client #4's June 2012 financial records indicated the client paid himself a total of \$44.00 ranging from \$1.00 to \$3.00, when earned, from client #4's funds to reinforce</p>			

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	<p>the client's behavior.</p> <p>Client #4's May 2012 financial records indicated the client paid himself a total of \$57.00 ranging from \$1.00 to \$5.00, when earned, from client #4's funds to reinforce the client's behavior.</p> <p>Client #4's April 2012 financial records indicated the client paid himself a total of \$46.00 ranging from \$1.00 to \$3.00, when earned, from client #4's funds to reinforce the client's behavior.</p> <p>Client #4's March 2012 financial records indicated the client paid himself a total of \$45.00 ranging from \$1.00 to \$3.00, when earned, from client #4's funds to reinforce the client's behavior.</p> <p>Client #4's February 2012 financial records indicated the client paid himself a total of \$29.00 ranging from \$1.00 to \$3.00, when earned, from client #4's funds to reinforce the client's behavior.</p> <p>Client #4's January 2012 financial records indicated the client paid himself a total of \$31.00 ranging from \$1.00 to \$3.00, when earned, from client #4's funds to reinforce the client's behavior.</p> <p>Client #4's record was reviewed on 11/27/12 at 1:19 PM. Client #4's</p>						

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	<p>11/21/11 Behavior Development Program indicated "Positive reinforcement The program for [client #4] will use a Reinforcer List to identify an array of rewards to help motivate [client #4] to maintain good behavior. The PD (Program Director) is responsible for developing and periodically updating the Reinforcer List. The Reinforcer List is to contain some edible reinforcers, inedible reinforcers and activity reinforcers..."</p> <p>Client #4's BDP indicated the client would receive a reinforcer when the client did not demonstrate physical assault, vacating and/or property destruction. Client #4's 11/21/11 BDP and/or 11/11 to 11/12 interdisciplinary team (IDT) meeting notes did not indicate money would be used as a reinforcer, and/or indicate the client would utilize his own funds to reinforce the client's desired behavior.</p> <p>Interview with Qualified Mental Retardation Professional (QMRP) #1 on 11/28/12 at 11:15 AM indicated the facility had recently stopped using money as a reinforcer with client #4. QMRP #1 indicated the IDT note which stopped using the money was not in the chart and was back at the group home waiting to be filed. When asked how the IDT determined client #4 should use his funds to reinforce his own behavior, QMRP #1</p>						

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	<p>indicated she was not able to locate an IDT note in regard to client #4 using his own money, and/or in regard to using money as a reinforcer. QMRP #1 indicated client #4's BDP and/or ISP (Individual Support Plan) did not indicate money was to be used and/or indicate the client was to use his own funds. QMRP #1 indicated the facility had not reimbursed client #4 for the use of the client's funds to reinforce his own behavior. QMRP #1 indicated the facility should have provided the funds/money for the reinforcement and the monetary reinforcer should have been part of the client's plan.</p> <p>9-3-1(a)</p>				

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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS 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 interview and record review for 1 of 4 sampled clients (#4), the facility failed to ensure the client had the right to due process in regard to the use of the client's funds for a monetary reinforcer to modify the client's behavior.</p> <p>Findings include:</p> <p>Client #4's financial records were reviewed on 11/26/12 at 3:28 PM. Client #4's Cash on Hand Records and/or Group Home Client Receipts indicated client #4 used/received his money for the following (not all inclusive):</p> <ul style="list-style-type: none"> -9/10/12 \$1.00 behavior -9/9/12 \$1.00 behavior -9/8/12 \$1.00 behavior -9/6/12 \$1.00 behavior -9/6/12 \$2.00 behavior -9/4/12 \$1.00 behavior -9/4/12 \$2.00 behavior -9/3/12 \$2.00 behavior -9/1/12 \$3.00 behavior -8/31/12 \$3.00 behavior -8/30/12 \$2.00 behavior 	W0125	<p>The Program Director and Home Manager were trained on 12/17/12 to ensure they understand no clients own funds may be used as a reinforcer without prior written informed consent. Client #4's IDT met on 12/17/12 to discuss discontinuing the monetary component of the reinforcer program. The team was in agreement to discontinue the monetary component of the reinforcer program. Client #4's reinforcer list was updated on 12/17/12 at the IDT meeting. A request for funds in the amount of \$352 has been submitted and approved to reimburse Client #4 for the funds he provided for his own behavior reinforcement for this year. Client #4 will deposit the check into his account once it arrives. The Program Director and Home Manager will continue to monitor client Behavior Development Programs and client financial accounts on a monthly basis to ensure the protection of client rights. Responsible party: Home Manager and Program Director</p>	12/30/2012			

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	<p>\$44.00 ranging from \$1.00 to \$3.00, when earned, from client #4's funds to reinforce the client's behavior.</p> <p>Client #4's May 2012 financial records indicated the client paid himself a total of \$57.00 ranging from \$1.00 to \$5.00, when earned, from client #4's funds to reinforce the client's behavior.</p> <p>Client #4's April 2012 financial records indicated the client paid himself a total of \$46.00 ranging from \$1.00 to \$3.00, when earned, from client #4's funds to reinforce the client's behavior.</p> <p>Client #4's March 2012 financial records indicated the client paid himself a total of \$45.00 ranging from \$1.00 to \$3.00, when earned, from client #4's funds to reinforce the client's behavior.</p> <p>Client #4's February 2012 financial records indicated the client paid himself a total of \$29.00 ranging from \$1.00 to \$3.00, when earned, from client #4's funds to reinforce the client's behavior.</p> <p>Client #4's January 2012 financial records indicated the client paid himself a total of \$31.00 ranging from \$1.00 to \$3.00, when earned, from client #4's funds to reinforce the client's behavior.</p>						

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	<p>Client #4's record was reviewed on 11/27/12 at 1:19 PM. Client #4's 9/1/12 Individual Support Plan (ISP) indicated client #4 was his own guardian.</p> <p>Client #4's 11/21/11 Behavior Development Program indicated "Positive reinforcement The program for [client #4] will use a Reinforcer List to identify an array of rewards to help motivate [client #4] to maintain good behavior. The PD (Program Director) is responsible for developing and periodically updating the Reinforcer List. The Reinforcer List is to contain some edible reinforcers, inedible reinforcers and activity reinforcers..."</p> <p>Client #4's BDP indicated the client would receive a reinforcer when the client did not demonstrate physical assault, vacating and or property destruction.</p> <p>Client #4's 11/21/11 BDP, 11/11 to 11/12 interdisciplinary team (IDT) meeting notes and/or 9/1/12 ISP did not indicate money would be used as a reinforcer, and/or indicate the client would utilize his own funds to reinforce the client's desired behavior. Client #4's 9/1/12 ISP and/or 11/21/11 BDP did not indicate the client gave written informed consent in regard to the rights restriction and/or indicate the facility's Human Rights Committee reviewed the practice of using the client's funds to reinforce his own behavior to ensure no client rights were violated.</p>			

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	<p>Interview with Qualified Mental Retardation Professional (QMRP) #1 on 11/28/12 at 11:15 AM indicated the facility had recently stopped using money as a reinforcer with client #4. QMRP #1 indicated the IDT note which stopped using the money was not in the chart and was back at the group home waiting to be filed. When asked how the IDT determined client #4 should use his funds to reinforce his own behavior, QMRP #1 indicated she was not able to locate an IDT note in regard to client #4 using his own money, and/or in regard to using money as a reinforcer. QMRP #1 indicated client #4's BDP and/or ISP did not indicate money was to be used and/or indicate the client was to use his own funds. QMRP #1 indicated the facility should have provided the funds/money for the reinforcement and the monetary reinforcer should have been part of the client's plan. QMRP #1 indicated she was not able to locate where the client gave written informed consent for the reinforcer and/or where the facility's HRC reviewed its practice.</p> <p>9-3-2(a)</p>				

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W0130	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation, interview and record review for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure the clients' privacy during bathing, dressing and/or toileting.</p> <p>Findings include:</p> <p>During the 11/28/12 observation period between 5:35 AM and 7:35 AM, at the group home, client #1 came out of his bedroom with no clothes on and walked nude to the bathroom with staff #2 following the client. Staff #2 stated as he walked by "Excuse us," but did not prompt and/or encourage client #1 to protect his privacy. Once client #1 was in the bathroom preparing for his shower, client #3 came out of his bedroom and walked to the bathroom. Client #3 did not knock on the door and the client entered the bathroom where client #1 was preparing for his shower. Staff #2 came out of client #1 and #3's bedroom and walked to the bathroom. Staff #2 entered the bathroom where clients #1 and #3 were. Staff #2 did not encourage client #3 to leave the bathroom to protect client #1's privacy. During the above</p>	W0130	<p>IDT meetings were held on 12/17/12 with Clients #1, #2, and #3 to review personal privacy in the home. IDT agreed to implement new training objectives for Clients #1, #2, and #3. Staff were trained on these objectives on 12/18/12 to address client privacy. All clients received training on privacy at a house meeting on 11/29/12. Staff received training on 11/29/12 to ensure client privacy by prompting clients to close their bedroom or bathroom door and to knock before entering a closed bathroom or bedroom door. The Program Director and Home Manager will complete random observations on an ongoing basis, in the home to monitor that privacy is being protected for all clients. Responsible party: Home Manager and Program Director</p>	12/30/2012			

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	<p>observation period, client #2 dressed with his bedroom door open. Staff #2, who was upstairs, did not prompt and/or encourage the client to close his bedroom door to protect his privacy.</p> <p>Interview with Qualified Mental Retardation Professional #1 on 11/28/12 at 11:15 AM indicated facility staff should have prompted client #1 to put on a robe/clothing to protect the client's privacy while going to the bathroom from his bedroom. QMRP #1 indicated clients should be encouraged to close the door as they dressed and clients should not be in the bathroom at the same time while showering and/or toileting.</p> <p>9-3-2(a)</p>				

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W0149	<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 observation, interview and record review for 2 of 4 sampled clients (#1 and #4), the facility failed to implement its policy and procedures to prevent possible exploitation of clients in regard to the cable and/or Internet services the clients paid for at the group home by outside providers and/or others.</p> <p>Findings include:</p> <p>Client #4's financial records were reviewed on 11/26/12 at 3:28 PM. Client #4's October 2012 financial records indicated client #4 paid \$117.49 on 10/3/12 for Internet and cable service at the group home. Client #4's financial records indicated the client paid the same amount each month for his Internet and cable at the group home.</p> <p>Client #4's October 2012 Check Register Record indicated client #4 received a paycheck from a sheltered workshop. The 10/12 financial records indicated the client had 2 direct deposits in the amounts of \$161.80 and \$72.87 for the month of October. The client had a checking account balance of \$119.63. Client #4's financial records and/or chart</p>	W0149	<p>IDT meetings were held for Clients #1 and #4 in regards to gaining their informed consent for both Client #1 and Client #4's cable and Client #4's internet they currently pay for to be shut off with their permission and that their replacement cable and internet will be provided at no cost to them. Client #1's cable has already been disconnected, with his permission and per his IDT, to eliminate this extra cost to him each month until the new service is started. Client #4's cable and internet will be disconnected, with his permission and per his IDT, as soon as the cable and internet in the home are established to eliminate this extra cost to him each month as he chose not to be without services for any length of time. TSI/Indiana Mentor is working with Insight to get cable and wireless internet in all bedrooms and common areas of the home as soon as possible. A contract was signed on 12/19/12 and Area Director is waiting on an installation/ transfer date. The Program Director and Home Manager will continue to monitor client financial accounts on a monthly basis to ensure that there are no expenses paid by the client that are the responsibility of TSI/Indiana Mentor. Responsible</p>	12/30/2012			

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	<p>did not indicate the facility had assisted the client to obtain a more affordable cable service/price as the group home was already paying for cable in the common areas of the home.</p> <p>Client #1's financial records were reviewed on 11/26/12 at 3:28 PM. Client #1's September 2012 Check Register Record indicated client #1 paid \$61.87 for cable each month at the group home. Client #1's September 2012 register indicated the client received a paycheck from a sheltered workshop. Client #1's 9/12 register indicated the client had 2 direct deposits in the amounts of 35 cents and 12 cents for September. Client #1's financial records and/or chart did not indicate the facility had assisted the client to obtain a more affordable cable service/price as the group home was already paying for cable in the common areas of the home.</p> <p>Interview with client #4 on 11/26/12 at 5:14 PM, indicated he paid for Internet and cable TV for his computer and TV. Client #4 indicated the group home did not have Internet service. Client #4 indicated he would give his password/wireless network key for the Internet service to others. Client #4 indicated the nurse, the Qualified Mental Retardation Professional (QMRP) and the</p>		party: Area Director, Program Director and Home Manager				

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	<p>group home manager could use his Internet service if they wanted to. Client #4 asked the surveyor if the surveyor wanted client #4 to give them the key/password to his Internet to use.</p> <p>Interview with client #6 (client #4's roommate) on 11/26/12 at 5:14 PM, indicated he was able to get on the Internet with his computer (client #6) as client #4 gave him the password/key.</p> <p>During the 11/26/12 observation period between 4:45 PM and 6:30 PM, at the group home, the group home had cable TV in the living room. The group home did not have Internet service.</p> <p>While doing record reviews and other survey tasks at the group home on 11/27/12 from 10:00 AM to 3:00 PM, QMRP #1 and RN #1 were present at the group home doing work on their computers.</p> <p>Interview with staff #1 on 11/26/12 at 5:17 PM indicated client #4 paid for his cable and Internet service in the group home. Staff #1 indicated the group home did not have Internet service. Staff #1 indicated the facility would soon be taking over paying for the Internet service as the facility was going to be getting the group home a computer for staff. Staff #1</p>						

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	<p>indicated no one else used client #4's Internet service except for other clients client #4 chose to give the password/key code to. Staff #1 indicated clients had been paying for their own cable for years. Staff #1 indicated the facility paid for the cable in the common areas of the home only and the clients were responsible for paying for the cable in their bedrooms. Staff #1 indicated each bedroom was seen as a separate service/bill.</p> <p>Interview with RN #1 and QMRP #1 on 11/28/12 at 11:15 AM indicated clients #1 and #4 paid for their own cable and Internet services at the group home. QMRP #1 stated the cable for the group home was "set up as an apartment building. Treated as separate service." QMRP #1 and RN #1 indicated only client #4 should be using the Internet service and other group home clients he gave his password/key code to.</p> <p>Interview with administrative staff #1 on 11/28/12 at 2:00 PM indicated the facility currently did not provide Internet service at the group home, but would be doing so in the near future. Administrative staff #1 indicated at which time, client #4 would not longer need to purchase Internet service as he and other clients would be allowed to use the facility's Internet/given key code. Administrative staff #1</p>						

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	<p>indicated no staff should be using client #4's Internet service. Administrative staff indicated clients #1 and #4 were the only 2 clients who paid for cable and/or Internet at the group home.</p> <p>Administrative staff #1 indicated it was not right the clients had to pay so much for cable, but the cable company indicated the group home's cable was wired as apartments, so each bedroom had to be charged for cable as a separate provider/bill. Administrative staff #1 indicated the group home had been set up this way for years. Administrative staff indicated the facility paid for cable on the TV in the living room and clients #1 and #4 paid for cable in their bedrooms.</p> <p>Administrative staff #1 indicated the cable company was making money off the group home as each client was paying for cable and the group home was paying for cable. Administrative staff #1 indicated the facility had not assisted the clients to obtain a better rate and/or package deals.</p> <p>Administrative staff #1 indicated the agency had other group homes where the clients did not have to pay for cable as the home was re-wired to allow cable to go into the bedrooms with out separate cable bills/charges. Administrative staff #1 indicated they would need to see if the cable provider would be willing to do that for the Haubstadt group home.</p>			

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	<p>The facility's policy and procedure was reviewed on 11/28/12 at 11:44 AM. The facility's April 2011 policy entitled Quality Risk Management indicated "Indiana Mentor (parent company) promotes a high quality of service and seeks to protect individuals receiving Indiana Mentor Services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed."</p> <p>9-3-2(a)</p>			

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W0255	<p>483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>Based on interview and record review for 1 of 4 sampled clients (#2), the Qualified Mental Retardation Professional (QMRP) failed to revise the client's Individual Support Plan (ISP) objectives when the client had met the criteria of the objectives.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 11/27/12 at 10:00 AM. Client #2's 3/21/12 ISP indicated the client had the following objectives:</p> <ul style="list-style-type: none"> -To identify one of his psychotropic medications before he takes it no more than 3 verbal prompts 90% of the opportunities for 3 consecutive months. -To participate in community outing appropriately with no more than 2 verbal prompts 75% of the opportunities for 3 consecutive months. -to participate in a leisure activity with no 	W0255	<p>The Program Director was retrained on revising training objectives at least quarterly if they have met the criteria or there is a lack of progress and more often if there are needed changes on 12/21/12. The Program Director has revised three of Client #2's training objectives after review and will continue to monitor his progress and make necessary changes at least quarterly or more often if needed. The Area Director will monitor client progress at least monthly when reviewing Client Monthly Summaries submitted by the Program Director and follow up with the Program Director to ensure possible revisions are addressed timely. Responsible party: Area Director and Program Director</p>	12/30/2012			

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	<p>more than 3 verbal prompts 75% of the opportunities for 3 consecutive months.</p> <p>Client #2's monthly summaries indicated client #2 achieved the above mentioned objectives at 100% for June 2012, July 2012, August 2012 and September 2012.</p> <p>Interview the QMRP on 11/28/12 at 11:15 AM indicated client #2's above mentioned ISP objectives had not been revised.</p> <p>9-3-4(a)</p>			

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W0263	<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 1 of 4 clients with restrictive programs (#2), the facility failed to obtain written informed consent in regard to a client's cigarette restriction.</p> <p>Findings include:</p> <p>The facility's Human Rights Committee (HRC) Meeting Review Forms were reviewed on 11/28/12 at 11:00 AM. The facility's 8/31/12 HRC Meeting Review Form indicated client #2's cigarettes were "...Limited to income and doctor orders."</p> <p>Client #2's record was reviewed on 11/27/12 at 10:00 AM. Client #2's 3/21/12 Risk Management Plan indicated client #2 was restricted/limited to 4 cigarettes a day per the client's doctor.</p> <p>Client #2's 11/2/12 physician's orders indicated client #2 "May have up to 4 cigarettes daily."</p> <p>Client #2's 3/21/12 Individual Support Plan (ISP) indicated client #2 was his own guardian. Client #2's 3/21/12 ISP and/or</p>	W0263	<p>The Program Director was retrained 12/21/12 on obtaining written informed consent from clients and guardians (as applicable) prior to implementation of IDT decisions. The IDT met 11/28/12 with Client #2 to discuss informed consent in regards to his smoking schedule and the reasons for the schedule. Client #2 gave consent and wants to continue his schedule due to health concerns and lack of funds. The Program Director will review all client plans to ensure any restrictions have been reviewed and consent has been given. Responsible party: Program Director</p>	12/30/2012

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	<p>5/26/12 Behavior Development Program indicated client #2 did not give written informed consent for the restrictive program.</p> <p>Interview with staff #2 on 11/28/12 at 7:35 AM indicated client #2 received a cigarette at 8 AM, 12 noon, 4 PM and 8 PM.</p> <p>Interview with Qualified Mental Retardation professional (QMRP) #1 and RN #1 on 11/28/12 at 11:15 AM indicated client #2 was on cigarette restriction. RN #1 indicated client #2 was restricted by the client's doctor for health reasons of Asthma and Sleep Apnea. QMRP #1 indicated client #2 was also limited/restricted to 4 a day as the client did not have enough money to buy cigarettes/smoke. QMRP #1 indicated she could not locate documentation where client #2 gave written informed consent for the restrictive program.</p> <p>9-3-4(a)</p>				

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W0295	<p>483.450(d)(1)(i) PHYSICAL RESTRAINTS The facility may employ physical restraint only as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior for which the restraint is applied.</p> <p>Based on interview and record review for 4 of 4 sampled clients with restrictive interventions (#1, #2, #3 and #4), the clients' Behavior Development Programs (BDPs) failed to indicate the specific physical interventions which could be utilized when the clients demonstrated physical assault, inappropriate sexual behavior and/or property destruction.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 11/27/12 at 10:00 AM. Client #2's 5/26/12 BDP indicated client #2 demonstrated "Inappropriate Sexual Behavior" ("Any attempts to touch or actual touching or penetration of another's genitals without his or her consent. This also includes actions which are sexual in nature and may make others uncomfortable") and physical assault (Attempted or actual attacks directed at other people that may include striking, kicking, pulling hair, violently pulling clothing or glasses, biting or throwing objects)". Client #2's 5/26/12 BDP</p>	W0295	<p>IDT met on 12/17/12 and approved Physical Intervention Alternative (PIA) techniques to be written into each clients Behavior Development Program by the Behavior Analyst for Clients #1, #2, #3, and #4. Required consents and staff training on these plans will be obtained and completed prior to implementation. The Home Manager, Program Director and Behavior Analyst will monitor the effectiveness of Behavior Development Programs and will make changes as needed. Responsible party: Home Manager, Program Director Behavior Analyst</p>	12/30/2012			

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	<p>indicated facility staff could utilize "physical guidance" and/or use "...techniques taught in agency approved crisis intervention..." when client #2 continued to demonstrate inappropriate sexual behavior and/or physical assault against others. Client #2's BDP did not specifically indicate which approved techniques could be used.</p> <p>Client #1's record was reviewed on 11/27/12 at 12:24 PM. Client #1's 9/27/12 BDP indicated client #1 demonstrated physical assault defined as "Attempted or actual purposeful attacks directed at other people that may include striking, kicking, pulling hair, violently pulling clothing or glasses, biting or throwing objects." Client #1's 9/27/12 BDP indicated "...2. If the assault continues, physically intervene. Get between [client #1] and the target assault. Use the agency-approved crisis intervention blocking techniques. If blocking is ineffective, the least restrictive use agency approved crisis intervention containment techniques as needed to prevent further aggression...."</p> <p>Client #4's record was reviewed on 11/27/12 at 1:19 PM. Client #4's 11/21/11 BDP indicated client #4 demonstrated physical assault defined as "Attempted or actual purposeful attacks</p>				

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	<p>directed at other people that may include striking, kicking, pulling hair, violently pulling clothing or glasses, biting or throwing objects." Client #4's 11/21/11 BDP indicated "...If he pursues and reinitiates physical assault, use the minimum amount of physical guidance necessary to stop the aggression; (Use the techniques taught in the agency-approved crisis intervention.)...."</p> <p>Client #3's record was reviewed on 11/27/12 at 2:17 PM. Client #3's 9/27/12 BDP indicated client #3 demonstrated physical assault defined as "Attempted or actual purposeful attacks directed at other people that may include striking, kicking, pulling hair, violently pulling clothing or glasses, biting or throwing objects." Client #3's BDP indicated "...If assault continues, physically intervene. Get between [client #3] and the target of the assault. Use the agency-approved crisis intervention blocking techniques. If blocking is ineffective, use the least restrictive agency-approved crisis intervention containment techniques as needed to prevent further aggression."</p> <p>Interview with Qualified Mental Retardation Professional (QMRP) #1 and RN #1 on 11/28/12 at 11:15 AM indicated client #1, #2, #3 and #4's BDPs did not specifically indicate what</p>			

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	restraints/physical interventions could be utilized with each client besides blocking. 9-3-5(a)				

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W0312	<p>483.450(e)(2) DRUG USAGE</p> <p>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 interview and record review for 3 of 4 sampled clients on medications for behavior (#1, #2 and #4), the facility failed to include the psychotropic medications in the clients' Behavior Development Plans (BDPs) and/or include an active treatment program for which the medications were prescribed with a plan of reduction based on the behavior for which the medications were prescribed.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 11/27/12 at 12:24 PM. Client #1's 9/14/12 physician's orders indicated the client received Xanax 0.25 milligrams three times a day for anxiety, Olanzapine 10 milligrams every morning and Olanzapine 15 milligrams at bedtime for impulse control.</p> <p>Client #1's 9/27/12 BDP indicated client #1's psychotropic medications included Risperdone, Oxcarbazepine and Benztrapine for the client's physical</p>	W0312	<p>The Behavior Development Programs for Clients #1, #2, and #4 were reviewed and revised on 1/7/13 to include current psychotropic medications and a titration plan for each medication associated with the targeted behaviors for each client. Clients Behavior Development Programs will be updated and revised as changes to medications occur and/or changes in episodes of targeted behaviors occur that necessitate changes to the plan. The Program Director and Behavior Analyst will review the Behavior Development Program at least annually for necessary revisions and make revisions as needed. Responsible party: Program Director and Behavior Analyst</p>	01/07/2013

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>assault, childish behaviors, verbal abuse and inappropriate nudity. Client #1's 9/27/12 BDP did not include the Olanzapine and/or the Xanax medications. Client #1's BDP did not include an active treatment program for anxiety and/or a plan of reduction for the behaviors for which the medication was prescribed.</p> <p>Interview with Qualified Mental Retardation Professional (QMRP) #1 and RN #1 on 11/28/12 at 11:15 AM indicated client #1 received Olanzapine for impulse control and Xanax for anxiety. QMRP #1 and RN #1 indicated the client did not have an active treatment program and/or a plan of reduction for the use of the Xanax.</p> <p>2. Client #2's record was reviewed on 11/27/12 at 10:00 AM. Client #2's 10/12/12 Medical appointment Form indicated client #2 received Olanzapine 5 milligrams every morning and Olanzapine 15 milligrams at bedtime for behaviors.</p> <p>Client #2's 10/12/12 Psychotropic Medication Review form indicated the Olanzapine was started on 10/12/12 for physical assault and self-harm. Client #2's 5/26/12 BDP indicated the Olanzapine was not part of the client's 5/26/12 BDP.</p>						

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	<p>Client #4's record was reviewed on 11/27/12 at 1:19 PM. Client #4's 9/14/12 physician's orders indicated the client received Ziprasidole HCL (Geodon) 80 milligrams 3 capsules at bedtime for Bipolar Disorder. Client #4's 8/18/12 physician's order indicated client #4's Geodon was started on 8/18/12.</p> <p>Client #4's 11/21/12 BDP indicated the client was on Olanzapine "...for behavior control...." Client #4 was no longer taking the Olanzapine. Client #4's 11/21/12 BDP did not include the use of Geodon and/or a plan of reduction for the behaviors for which the medication was prescribed.</p> <p>Interview with QMRP #1 and RN #1 on 11/28/12 at 11:15 AM indicated client #2 and #4's medications had not been incorporated into the clients' BDPs with a plan of reduction based on the behaviors for which the medication was prescribed.</p> <p>9-3-5(a)</p>				

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE 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 for 4 of 4 sampled clients (#1, #2, #3 and #4) and for 2 additional clients (#6 and #8), the facility failed to encourage clients to participate in all aspects of the breakfast meal and tasks.</p> <p>Findings include:</p> <p>During the 11/28/12 observation period between 5:35 AM and 7:35 AM, at the group home, staff #2 placed bowls and spoons on the dining room table for clients #1, #2, #3, #4, #6 and #8 while clients #2, #4 and #6 sat at the dining room table waiting to eat cereal, milk and juice for breakfast. Staff #2 placed the cereal and milk on the table without encouraging the clients to participate in the meal task. Clients #2, #4 and #6 independently poured cereal and milk into their bowls without staff assistance. Staff #2 asked clients #2, #4 and #6 if they wanted coffee and the clients stated "Yes." Staff #2 proceeded to make the coffee without involving the clients. At 6:29 AM, staff #2 custodially prepared client #3's instant oatmeal by obtaining the oatmeal out of the cabinet, opened the package, poured it into a bowl, placed</p>	W0488	<p>Staff will be trained on active treatment and mealtime preparation with clients prior to 11/30/2012. The client chore list has been updated and staff and clients have been trained on this list. Mealtime observations will be completed two times per week by management staff from December 3 rd to December 30 th and then at various times on-going to ensure clients are participating in mealtime activities and staff are encouraging this participation. Responsible party: Home Manager and Program Director</p>	12/30/2012			

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	<p>water into the bowl, placed it in the microwave and set the dials on the microwave as client #3 stood and watched. Staff #2 also poured client #3 a glass of juice without involving the client. During the above observation period, client #3 independently poured himself a cup of coffee.</p> <p>Interview with Qualified Mental Retardation Professional (QMRP) #1 and RN #1 on 11/28/12 at 11:15 AM indicated clients #2, #3, #4 and #6 were capable of fixing their own breakfast and setting the table. QMRP #1 indicated staff #2 should have involved the clients in the breakfast meal preparation.</p> <p>9-3-8(a)</p>			