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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G316 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 07/31/2013 |
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| NAME OF PROVIDER OR SUPPLIER OCCAIO INC | STREET ADDRESS, CITY, STATE, ZIP CODE 373 S BALDWIN ST BARGERSVILLE, IN 46106 |
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| W000000 | <p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: July 29, 30 and 31, 2013.</p> <p>Facility Number: 000834 Provider Number: 15G316 AIM Number: 100243980</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/2/13 by Ruth Shackelford, QIDP.</p> | W000000 | | |

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

TITLE

(X6) DATE

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

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| W000104 | <p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 8 of 8 clients living in the group home (#1, #2, #3, #4, #5, #6, #7 and #8), the governing body failed to exercise operating direction over the facility by failing to ensure holes were repaired in the walls, walls were repainted and a broken door trim was replaced.</p> <p>Findings include:</p> <p>Observations were conducted at the group home of clients #1, #2, #3, #4, #5, #6, #7 and #8 on 7/29/13 from 3:15 PM to 5:37 PM and 7/30/13 from 5:56 AM to 8:03 AM. During the observations, there was a 4 inch by 3 inch hole in the east wall in the living room. On the south wall in the dining room, there were two areas with chipped and missing paint (1 inch by 3 feet and a 1 inch by 6 inch). The dining room ceiling had a 6 feet by 2 feet water stain. The hallway adjacent to the dining room had a water stain measuring 4 feet by 3 feet. There was a broken piece of wood trim (4 feet in length) in the hallway near the dining room on the south wall. The dining room entrance into the kitchen had missing paint, chipped and dented areas in the doorway. Throughout the</p> | W000104 | <p>W104 Governing Body</p> <p>The facility failed to exercise operating direction over the facility by failing to ensure holes were repaired in the walls, walls were repainted and a broken door trim was replaced.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Hole in living room has been repaired. · Trim on door has been repaired. · Living Room, Dining Room and hallways have been painted. · Ceilings have been repainted. · Chair guards will be installed in dining room to prevent further damage. · Residential Coordinator will do a monthly environmental check of interior and exterior of house and indicate any upkeep issues on Monthly Maintenance request form. | 08/30/2013 | | | |

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| | <p>home, the paint on the walls in the hallways was scuffed and discolored.</p> <p>An interview with the Residential Coordinator (RC) was conducted on 7/29/13 at 3:18 PM. The RC indicated the facility was aware of the issues with the paint, water stains and holes in the walls. The RC indicated the areas had not been repaired due to the facility considering moving the clients into another group home. The RC indicated the repairs were put off while the decision was being made if the clients were moving. The RC indicated the clients were not moving and the repairs needed to be made.</p> <p>9-3-1(a)</p> | | <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All clients have the potential to be affected by this deficient practice. · Residential Coordinator will do a monthly environmental check of interior and exterior of house and indicate any upkeep issues on Monthly Maintenance request form. · ARC will review Monthly Maintenance Request form monthly and follow-up with maintenance in regard to issues that need to be addressed. · Monthly Maintenance Request form will be forwarded to maintenance department as well as Program Specialist for review and monitoring. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> | | |

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| | | | <ul style="list-style-type: none"> · Residential Coordinator will do a monthly environmental check of interior and exterior of house and indicate any upkeep issues on Monthly Maintenance request form. · ARC will review Monthly Maintenance Request form monthly and follow-up with maintenance in regard to issues that need to be addressed. · Monthly Maintenance Request form will be forwarded to maintenance department as well as Program Specialist for review and monitoring. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · ARC will monitor as they complete their audits and while in the home. · RC will monitor while they are in the home. · The Maintenance director will monitor when he is in the home. | |

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| | | | <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 30, 2013</p> | | |

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| W000148 | <p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS & The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>Based on record review and interview of 1 of 2 non-sampled clients with a guardian (#7), the facility failed to provide the guardian with client #7's financial documentation.</p> <p>Findings include:</p> <p>An interview with client #7's guardian was conducted on 7/30/13 at 12:49 PM. The guardian indicated he was given a choice about 2-3 years ago to receive either a hard copy of client #7's financial documentation or access the information over the Internet. The guardian indicated he attended a training with the facility to learn the Internet access but was unsuccessful once he tried to access the information. The guardian indicated he then requested hard copies of the information. The guardian indicated he had not received any financial documentation. The guardian indicated he wanted to be able to review client #7's finances but since the facility had not provided the documentation, he was not able to review over the past 2-3 years.</p> | W000148 | <p>W 148 Communication with Clients, Parents &Guardians</p> <p>The facility failed to provide the guardian with client #7's financial documentation.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · IDT will meet with Client 7's guardian in regard to types of information that he would like to receive and how often by 8-30-13. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the deficient practice. · Residential Coordinator will | 08/30/2013 | | | |

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| | <p>The guardian indicated he wanted to know where client #7 was spending his money and wanted to ensure client #7 was receiving his social security payments. The guardian stated, "The big thing I'm interested in is where his (client #7) money is going." The guardian stated, "I want a hard copy."</p> <p>A review of client #7's record was conducted on 7/30/13 at 9:19 AM. There was no documentation in client #7's record indicating the facility provided the guardian with financial documentation.</p> <p>An interview with the Residential Coordinator (RC) was conducted on 7/30/13 at 1:07 PM. The RC indicated the facility would provide the guardians financial information if they wanted it. The RC indicated client #7's guardian had requested to receive financial documentation in the past. The RC indicated the information was available anytime, any day on the facility's website. The RC indicated client #7's guardian had not requested financial documentation anytime recently. The RC indicated the guardian attended client #7's annual meeting and did not say anything about receiving financial records. The RC indicated she could make him copies of the monthly records. The RC indicated she spoke to client #7's guardian on the</p> | | <p>review via letter with all guardians of clients concerning types of information they would like to receive and how often.</p> <ul style="list-style-type: none"> · Residential Coordinator will provide all information requested to guardians via certified mail. · Area Residential Coordinator will review certified mail receipts monthly to ensure information is being shared with guardian. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Residential Coordinator will provide all information requested to guardians via certified mail. · Residential Coordinator will review via letter with all guardians of clients concerning types of information they would like to receive and how often. · Area Residential Coordinator will review certified mail receipts monthly to ensure information is being shared with guardian. | | |

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| | <p>phone regularly and he had not requested the information.</p> <p>9-3-2(a)</p> | | <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · ARC will monitor as they complete their audits monthly. · RC will monitor as they are in the home. <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 30, 2013</p> | | |

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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 for 3 of 3 clients observed to receive their medications (#1, #4, and #6), the facility failed to ensure the staff implemented the clients' medication training objectives during the morning medication pass.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 7/30/13 from 5:56 AM to 8:03 AM.</p> <p>At 6:03 AM, client #4 received his medications from staff #2. The medications included Acetaminophen (pain reliever), Omeprazole (stomach acid), Renal softgel cap (supplement), Loratadine (allergies), Sertraline (depression), Docqplace (constipation), Oxybutynin (incontinence), and Creon (digestion). During the medication pass to client #4, staff #2 did not ask client #4 what was the first thing he should do when getting ready to take his</p> | W000249 | <p>W 249 Program Implementation</p> <p>The facility failed to ensure the staff implemented the clients' medication training objectives during the morning medication pass.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> Staff training on 8.20.13 on medication procedures in regard to running formalized training with clients. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All clients have the potential to be affected by this | 08/30/2013 | | | |

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| | <p>medications, what helps his medications go down, name the medication he took for pain, or name the medication he took to help him not have to urinate so much.</p> <p>At 6:19 AM, client #1 received his medications from staff #2. The medications included Lisinopril (hypertension), Docqlace (constipation), Oxybutynin (incontinence), and Polyeth Glyc 3350 (constipation). During the medication pass to client #1, staff #2 did not ask client #1 when he needed to have his blood pressure taken, name his medication for high blood pressure, when did he take his Lisinopril, and what did he use Clotrin/Beta cream for.</p> <p>At 6:45 AM, client #6 received his medications from staff #2. The medications included Calcium Carbonate (supplement), Loratadine (allergies), Docqlace (constipation), Pot Chloride (low potassium levels), Topiramate (seizures), Phenobarbital (seizures) and Vimpat (seizures). During the medication pass to client #6, staff #2 did not ask client #6 why he used Act Fluoride rinse, how often he should brush his teeth, what did he do with the Act Rinse, and why he used Docqlace and Artificial Tears.</p> <p>A review of client #4's record was conducted on 7/30/13 at 9:27 AM. Client</p> | | <p>deficient practice.</p> <ul style="list-style-type: none"> · Site Manager will do a random monthly med practicum with staff to ensure programming is completed. · Staff training is being completed on 8-20-13 on medication procedures in regarding to running formalized training with the clients. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Site Manager will do a random monthly med practicum with staff to ensure programming is completed. · Staff training is being completed on 8-20-13 on medication procedures in regarding to running formalized training with the clients. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> | | | | |

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| | <p>#4's Individual Support Plan (ISP), dated 1/18/13, indicated client #4 had a medication training objective to answer specific questions regarding his medications. The questions included: "What is the first thing you should do when getting ready to take medications? What do you need to help your meds go down well? Name the medication you take for pain? Name the med you take to help you not have to urinate so much."</p> <p>A review of client #1's record was conducted on 7/30/13 at 9:05 AM. Client #1's ISP, dated 5/15/13, indicated client #1 had a medication training objective to answer specific questions regarding his medications. The questions included: "When do you need your blood pressure taken? Name your medicine for high blood pressure. When do you take your Lisinopril? What do you use Clotrim/Beta Cream for?"</p> <p>A review of client #6's ISP was conducted on 7/31/13 at 11:25 AM. Client #6's medication goal, dated 4/28/13, indicated he had a medication training objective to answer questions regarding his current medications. The questions included: "Why do you use Act Flouride (sic) Rinse? How often should you crush your teeth? What do you do with the Act Rinse? Why do you use Docqlace? Why</p> | | <ul style="list-style-type: none"> · Residential Coordinator will review med practicums monthly. · Area Residential Coordinator will review med practicums monthly. <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 30, 2013</p> | | | | |

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| | <p>do you use Arificial (sic) tears?"</p> <p>An interview with the Residential Coordinator (RC) was conducted on 7/30/13 at 10:06 AM. The RC indicated the clients' medication administration training objectives should be implemented at each medication pass.</p> <p>An interview with the Area Residential Coordinator (ARC) was conducted on 7/30/13 at 10:05 AM. The ARC indicated the clients' medication training objectives should be implemented at each medication pass.</p> <p>9-3-4(a)</p> | | | | | | |

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| W000312 | <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 2 of 2 clients in the sample with psychotropic medications (#4 and #8), the facility failed to ensure the clients' psychotropic medication reduction plans were attainable and included all the clients' psychotropic medications.</p> <p>Findings include:</p> <p>A review of client #4's record was conducted on 7/30/13 at 9:27 AM. Client #4's Behavior Support Plan (BSP), dated 4/28/13, indicated he took Zoloft as a psychotropic medication. The Reason for Program indicated, "When the data reflects a stabilization of symptoms (0 incidents of physical aggression and SIB (self injurious behavior) over a 12-month period), the IDT (interdisciplinary team) will consider requesting a medication reduction from the psychiatrist."</p> <p>A review of client #8's record was conducted on 7/30/13 at 10:55 AM. Client #8's BSP, dated 4/28/13, indicated he took Zoloft as a psychotropic</p> | W000312 | <p>W312 Drug Usage</p> <p>The facility failed to ensure the client's psychotropic medication reduction plans were attainable and included all the clients' Psychotropic medications (Client #4 and #8)</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client #4 Behavior Plan updated to reflect attainable med reduction plan. · Client #7 Behavior Plan updated to reflect attainable med reduction plan and medication changes. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> | 08/30/2013 | |

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| | <p>medication. A review of client #8's most recent psychiatrist appointment form, dated 6/10/13, indicated client #8 was prescribed Zoloft and Klonopin. The BSP did not include a plan of reduction for Klonopin.</p> <p>An interview with the Area Residential Coordinator (ARC) was conducted on 7/30/13 at 10:01 AM. The ARC indicated the clients' medication reduction plans should be attainable and include the use of all the medications.</p> <p>9-3-5(a)</p> | | <ul style="list-style-type: none"> · All clients have the potential to be affected by the same deficient practice. · All behavior plans of clients will be reviewed to ensure plans of reduction are attainable and medication updates have been included. · Training with Residential Coordinator regarding plans of reduction and updating behavior plans. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with Residential Coordinator regarding plans of reduction and updating behavior plans. · All behavior plans of clients will be reviewed to ensure plans of reduction are attainable and medication updates have been included. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> | | |

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| | | | <ul style="list-style-type: none"> · Area Residential Coordinator will review plans quarterly to ensure that all changes have been made. · RC will monitor as changes are made with medications or in regards to behavior needs. <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 30, 2013</p> | | |

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| W000362 | <p>483.460(j)(1) DRUG REGIMEN REVIEW A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. Based on record review and interview for 4 of 4 clients in the sample (#1, #4, #5 and #8), the facility failed to provide documentation a pharmacist reviewed the clients' drug regimens at least quarterly.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 7/30/13 at 9:05 AM. His record did not contain documentation pharmacy reviews were conducted. On 7/31/13 at 10:31 AM, the facility provided documentation a pharmacist reviewed client #1's drug regimen on 8/16/12, 2/13/13 and 4/23/13. There was no documentation the pharmacist reviewed the client's drug regimen in November 2012 and July 2013.</p> <p>A review of client #4's record was conducted on 7/30/13 at 9:27 AM. His record did not contain documentation pharmacy reviews were conducted. On 7/31/13 at 10:31 AM, the facility provided documentation a pharmacist reviewed client #4's drug regimen on 8/16/12, 2/13/13 and 4/23/13. There was no documentation the pharmacist reviewed the client's drug regimen in</p> | W000362 | <p>W 362 Drug Regimen Review</p> <p>The facility failed to provide documentation a pharmacist reviewed the clients' drug regimens at least quarterly.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Pharmacy will review the drug regimen of all clients on a quarterly basis. · A Pharmacy review of the drug regimen was completed for all residents at the Bargersville group home on 7-29-13 <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All clients have the potential to be affected by this deficient practice. · RN will monitor that | 08/30/2013 | | | |

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| | <p>November 2012 and July 2013.</p> <p>A review of client #5's record was conducted on 7/30/13 at 10:36 AM. His record did not contain documentation pharmacy reviews were conducted. On 7/31/13 at 10:31 AM, the facility provided documentation a pharmacist reviewed client #5's drug regimen on 8/16/12, 2/13/13 and 4/23/13. There was no documentation the pharmacist reviewed the client's drug regimen in November 2012 and July 2013.</p> <p>A review of client #8's record was conducted on 7/30/13 at 10:55 AM. His record did not contain documentation pharmacy reviews were conducted. On 7/31/13 at 10:31 AM, the facility provided documentation a pharmacist reviewed client #8's drug regimen on 8/16/12, 2/13/13 and 4/23/13. There was no documentation the pharmacist reviewed the client's drug regimen in November 2012 and July 2013.</p> <p>An interview with the Residential Coordinator (RC) was conducted on 7/31/13 at 2:04 PM. The RC indicated the pharmacist should conduct quarterly reviews. The RC indicated she had not seen the pharmacist this month since the pharmacist typically meets with the nurse.</p> | | <p>pharmacy reviews are done and attach all paperwork from review into Therap under Documents Storage for the home.</p> <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · RN will monitor that pharmacy reviews are done and attach all paperwork from review into Therap under Documents Storage for the home. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Residential Coordinator will review Therap quarterly to ensure that reviews have been completed. · The ARC will monitor as they complete their audits. · The RN will monitor as she completes her audits. | | | | |

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| | 9-3-6(a) | | <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 30, 2013</p> | | |

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| W000365 | <p>483.460(j)(4) DRUG REGIMEN REVIEW An individual medication administration record must be maintained for each client. Based on observation, record review and interview for 3 of 3 clients observed to receive their medications (#1, #4, and #6), the facility failed to ensure the staff initialed the Medication Administration Record (MAR) after administering the clients' medications, not prior to the administration of the medications.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 7/30/13 from 5:56 AM to 8:03 AM.</p> <p>At 6:03 AM, client #4 received his medications from staff #2. The medications included Acetaminophen (pain reliever), Omeprazole (stomach acid), Renal softgel cap (supplement), Loratadine (allergies), Sertraline (depression), Docqplace (constipation), Oxybutynin (incontinence), and Creon (digestion). Prior to client #4 receiving his medications, staff #2 clicked in the computer each medication indicating the medication had been administered. Each click placed staff #2's initials on the MAR indicating the medication had been administered. After staff #2 administered the medications, staff #2 did not go back</p> | W000365 | <p>W 365 Drug Regimen Review</p> <p>The facility failed to ensure the staff initialed the Medication Administration Record (MAR) after administering the clients' medications, not prior to the administration of the medications.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff training on 8.20.13 on medication procedures in regard to documentation of MAR. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All clients have the potential to be affected by this deficient practice. · Staff training on 8.20.13 on medication procedures in regard to documentation of MAR. · Site Manager will do a | 08/30/2013 | | | |

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| | <p>into the MAR.</p> <p>At 6:19 AM, client #1 received his medications from staff #2. The medications included Lisinopril (hypertension), Docqlace (constipation), Oxybutynin (incontinence), and Polyeth Glyc 3350 (constipation). Prior to administering client #1's medications, the computer had stopped working. Staff #2 obtained a hard copy of the July 2013 MAR and initialed the medications prior to administering the medications to client #1.</p> <p>At 6:45 AM, client #6 received his medications from staff #2. The medications included Calcium Carbonate (supplement), Loratadine (allergies), Docqlace (constipation), Pot Chloride (low potassium levels), Topiramate (seizures), Phenobarbital (seizures) and Vimpat (seizures). Prior to administering client #6's medications, staff #2 clicked on the MAR for each medication placing her initials on the MAR indicating the medications were administered. After staff #2 administered the medications, staff #2 did not go back into the MAR on the computer.</p> <p>An interview with the Residential Coordinator (RC) was conducted on 7/30/13 at 10:06 AM. The RC indicated</p> | | <p>random monthly med practicum with staff to ensure staff are following proper procedures in regard to documentation.</p> <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Site Manager will do a random monthly med practicum with staff to ensure staff are following proper procedures in regard to documentation. · Staff training on 8.20.13 on medication procedures in regard to documentation of MAR. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Residential Coordinator will review med practicums monthly. · Area Residential Coordinator will review med practicums monthly. | | | | |

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| | <p>the staff should initial the MAR after the clients' medications were administered.</p> <p>An interview with the Area Residential Coordinator (ARC) was conducted on 7/30/13 at 10:05 AM. The ARC indicated the MAR should be initialed after the clients' medications were administered.</p> <p>9-3-6(a)</p> | | <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 30, 2013</p> | | | | |