

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G576	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/02/2016
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NAME OF PROVIDER OR SUPPLIER BI-COUNTY SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 503 N THIRD ST DECATUR, IN 46733
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W 0000 Bldg. 00	<p>This visit was for the post certification revisit to an extended annual recertification and state licensure survey completed on January 14, 2016.</p> <p>Dates of Survey: February 29, March 1 and 2, 2016.</p> <p>Facility number: 001090 Provider number: 15G576 AIM number: 100245540</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/8/16.</p>	W 0000		
W 0164 Bldg. 00	<p>483.430(b)(1) PROFESSIONAL PROGRAM SERVICES Each client must receive the professional program services needed to implement the active treatment program defined by each client's individual program plan.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (client #1), the facility failed to assure the professional program services clinician (behavioral consultant) was available in</p>	W 0164	<p>W164-ProfessionalProgram Services</p> <p>Eachclient must receive the professional program services needed toimplement the active treatment program defined by each client'sISP. BCSfailed to assure that a professional program services</p>	04/01/2016

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

TITLE

(X6) DATE

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

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	<p>the group home to develop and ensure implementation of the client's behavior plan.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 2/29/16 from 5:12 PM until 6:40 PM. During preparations for the evening meal, client #1 attempted to lean over a wooden partition blocking his access to the kitchen area, ran down the hallway past the doorway and fell to the floor causing redness to his knee, slapped himself in the head 4 times and tapped his head on the floor twice. Client #1 attempted to reach into the toaster twice before being redirected by staff #8. Client #1 briefly held a ball, but then attempted to reach into drawers in the kitchen area within reach beyond the wooden partition and leaned over the partition to the point of almost tipping into the kitchen. Client #1 attempted to pick up a bit of fuzz on the living room floor before being redirected by staff #8. Client #1 was taken for a walk that was less than five minutes in duration before client #1 returned to the home. Client #1 was then taken to purchase a snack item at a convenience store by staff #8 and upon return to the group home ate his meal of pureed tuna melt sandwich and green beans.</p>		<p>clinician(behavioral consultant) was available in the group home to developand ensure implementation of the behavior plan(s). Wehave been able to find a behavioral consultant with backgroundworking with individuals with autism. She is with The Children'sAutism Center.</p> <p>1. Corrective Actionas it relates to Consumer #1 (C1): 1. AnApplied Behavioral Analysis (ABA) Therapist working with TheChildren's Autism Center has agreed to do consultation with C1. She has not set a specific date for home visit/assessment, butstates that it will be no later than the week of March 28th2016. Any recommendations by the behavior consultant will be addedto C1's Behavior Support Plan (BSP) as a revision and reviewed bythe Human Rights Committee (HRC) at its next scheduled meeting onApril 27th2016. C1's parents/Health Care Representatives (HCR) will be awareof/involved in this process.</p> <p>2. C1continues to see Rick Cain, psychiatric nurse practitioner whoprovides C1's psychotropic medication reviews & mental healthoversight at least quarterly.</p> <p>3. Anotherprofessional service provider, Erica Roberts, OTR, will be assessingC1 on 3/23/16 with a focus on sensory development.</p> <p>4. Theagency RN continues to</p>	

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	Client #1's records located in the group home were reviewed on 2/29/16 at 6:20 PM. Interim Health and Safety Guidelines dated 2/16 indicated "increased monitoring & (and) interventions are required in order to keep him (client #1) safe from ingesting unsafe foods/drinks...Eating/drinking of unsafe items is an extremely high risk for [client #1] due to severe dysphagia resulting from esophageal stricture. In 2002 he underwent a Nissen surgery (stomach reduction) to improve esophageal & stomach functioning, as well as to prevent chronic vomiting & acid reflux into the esophagus. As a result of this surgery, the majority of the original stomach was removed due to erosion & is approximately the size of an egg. In the past year he has had four episodes of going to the ER (emergency room) due to concerns about potential aspiration following ingesting unsafe food and drink. In November & December he was hospitalized twice for aspiration pneumonia. He must follow a very specific diet of pureed foods only & nectar thickened drinks. He eats 5-6 small meals per day. To make matters more challenging for him as it relates to his health/safety, he is highly obsessive about seeking out anything to eat/drink/ingest including items off the		do weekly wellness checklists for C1. 5.C1 continues to receive dietary review quarterly through StephanieGrey, RD. 6.Anyrevisions to plans or additional protocols developed as a result ofprofessional program services recommendations will be incorporatedand all staff working with C1 across all settings will be trained onany changes. PersonsResponsible: C1's IST, QIDP, Medical Department & ProgramDirector (PD). Targetcompletion date: 4/1/16 1.Corrective Actionas it relates to BCS practices agency wide: 1.AllResidential Management Teams (RMT), Supported Living ManagementTeams (SLMT), Day Services (DS) Coordinator and other identifiedsupervisory staff will receive training on the importance ofutilizing professional program services with W164 standard &guidance. 2.Thesame individuals identified in B.1 will be trained on assuring thatall consumers plans are revised as needed and staff trained in atimely manner across all settings. PersonsResponsible: PD, Quality Assurance Manager (QAM) & QIDP's. TargetCompletion date:4/1/16				

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	<p>floor & from the trash. It is our obligation to provide the protection of his rights & advocacy as he is not competent to make safe decisions regarding his health/safety due to his diagnoses of profound MR (mental retardation), autism, hyperactivity, GERD (gastroesophageal reflux disease) & the previously mentioned dysphagia & esophagus stricture. [Client #1] is also non-verbal...."</p> <p>Safeguards for High Risk Meal Times, dated 2/16 indicated client #1 had a high risk of accessing unsafe food/beverages during meal preparation, "actual dining/eating through to clean-up, as well as snack times. The evening meal time frame is the most risky time" and client #1 enjoyed sleeping in during the morning and showering during the time his housemates ate breakfast. The safeguards indicated staff were to be one on one with client #1 and within arms length. Staff were to provide alternate activities/alternate environment for client #1 during meal preparation. All unsafe food and drinks were to be kept out of reach for client #1 and a half door "(a bit higher than waist level) has been put in the kitchen/dining room entry way as an additional barrier to his getting to unsafe items...The door is shut only during times where unsafe food is available, again</p>			

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	<p>during meal prep (preparation) through clean up. Once the kitchen/dining area is free from unsafe food/drinks, the door is slid back & the area is open...."</p> <p>Interventions included blocking client #1 from food by using staff's body to block client #1 from reaching for unsafe food/drink items, a physical escort to remove client #1 to a safe area and a baskethold physical technique when client #1 was able to obtain unsafe food/drink in order to empty his hands of the unsafe item.</p> <p>Client #1's BSP (Behavior Support Plan) dated 3/1/16 was reviewed at the facility's office on 2/29/16 at 4:10 PM and indicated target behaviors of self injurious behavior, physical aggression and eating unsafe food. The plan indicated client #1 was not to be in the kitchen when food was being prepared or during meal clean up and all food items were to be out of reach of client #1 including sweeping the floors of all food. A half door was installed to prevent client #1's access to food during meal preparation and meal clean up. Interventions for eating unsafe food included physically removing unsafe food from client #1's hands, physical escort and blocking. The plan included the use of Celexa 20 mg (milligrams) daily (anxiety/depression), klonopin .25 mg</p>			

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	<p>three times daily for anxiety, Seroquel 50 mg AM and 100 mg at bedtime (hyperactivity), Trileptal 300 mg twice daily (aggression/hyperactivity), Trazodone 150 mg daily (sleep aid) and Melatonin 3 mg as needed for insomnia. The plan was signed by the QIDP (Qualified Intellectual Disabilities Professional) on 2/18/16, the group home nurse on 2/23/16 and approved by the facility's Human Rights Committee on 2/24/16. There was no evidence a behavioral specialist had assessed client #1's behavior or participated in the development of a plan to address his behaviors.</p> <p>Client #1's Behavior Tracking Sheet for 2/16 was reviewed on 3/2/16 at 1:03 PM and indicated client #1 was successful in obtaining unsafe food or drink one time on 2/5/16, and had attempted without success to obtain food 41 times during the month.</p> <p>The Program Director (PD) was interviewed on 2/29/16 at 3:46 PM and indicated the facility had not yet been able to hire a behavior clinician that provided services to non-verbal persons with autism and profound intellectual disabilities.</p> <p>The PD was interviewed again on 3/2/16</p>			

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W 0249 Bldg. 00	<p>at 11:31 AM and indicated client #1 had obtained food items since 1/14/16 prior to implementation of the baskethold technique in his plan, but had no further incidents of aspiration of food.</p> <p>This deficiency was cited on January 14, 2016. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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 upon observation, record review and interview, the facility failed for 1 of 3 sampled clients (client #3) and one additional client (client #5) to ensure their Behavior Support Plans (BSPs) were implemented as written.</p>	W 0249	W249-ProgramImplementation Oncethe IST has formulated a client's ISP, each individual must receivea continuous active treatment program consisting of neededinterventions and services in sufficient number and frequency tosupport the achievement of the objectives identified in the ISP. BCSfailed to ensure that consumer #3's	04/01/2016

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	<p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed on 2/29/16 at 4:28 PM. A report dated 1/23/16 indicated client #3 had fallen and hit his bottom on his bedroom floor after getting up to use the restroom. Client #3 indicated he was tired at the time of his fall. The report indicated client #3 had a fall risk plan in place.</p> <p>Observations were completed at the group home on 2/29/16 from 5:12 PM until 6:45 PM. Clients #3 and #5 set the table with plates, silverware and a pitcher of water by walking around the table near one another as they placed items on the table. There was only enough space for one person to walk in the pathway around the table and between walls on three sides. At 6:15 PM, client #3 fell hitting his head against the wall causing an indentation of the drywall 3 inches in diameter. Staff #1 ran to client #3's side and stated, "He hit his head hard."</p> <p>Staff #1 and the house manager were interviewed on 2/29/16 at 5:45 PM and indicated client #5 had grabbed client #3 around his neck, causing client #3 to fall down. Staff #1 stated, "Before I got there</p>		<p>Fall Risk Plan & BSP were implemented and that consumer #5's BSP was implemented.</p> <p>Asit relates to the to this W249 citation had both consumer's BSP's been implemented as written to assure that #3 & #5's proximity to one another was monitored by staff, then the altercation and resulting fall for consumer #3 would have been prevented.</p> <p>1. Corrective action and follow-up as it relates to Consumer #3 (C3):</p> <p>1. All staff working with C3 across all settings was retrained on his Fall Risk Plan (RP) and Behavior Support Plan (BSP) and the importance of implementing the plans to prevent falls & increased agitation that can lead to verbal & physical aggression. The importance of monitoring C3's proximity with C5 & other consumers identified with the potential of "getting on his nerves" is the priority for prevention.</p> <p>2. The QIDP & IST reviewed the BSP for any revisions to the plan. C3's annual BSP review with the HRC is scheduled for 4/27/16. At this time, the IST feels that the BSP interventions/strategies are appropriate as long as they are implemented. The BSP will have updates that identify progress, concerns, etc. over the past year, as well as any new proactive components indicated.</p> <p>3. The QIDP & RN reviewed the Fall RP and found it to be appropriate at this time if</p>				

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	<p>he was down." Staff #1 stated there was an "ongoing issue" between the two clients though it did not usually turn into a physical altercation. Staff #1 indicated he heard the clients discussing water just prior to client #5 grabbing client #3. Staff #1 and the house manager indicated clients #3 and #5 had previously been roommates, but had been separated due to an inability to get along.</p> <p>Client #3's records were reviewed on 2/29/16 at 6:30 PM. A Behavior Support Plan (BSP) dated 5/1/15 indicated targeted behaviors of verbal aggression, physical aggression, intrusion and false/delusional statements. The plan indicated client #3 had a "significant increase in physically aggressive behavior building over the last few months. Many of these incidents involve [client #3's] housemates and some have resulted in minor injuries to [client #3] or the other consumer he was involved in the altercation with. [Client #3] has stated that he is 'teaching them,' 'that he is helping staff,' I have been trained to do this, etc. There have been changes implemented in the house to ensure the safety of all consumers. These changes include [client #3] not being in the hallway or other closed space to ensure the safety of all consumers without a staff present, seating arrangements at the</p>		<p>implemented as written.</p> <p>4.C3continues with Physical Therapy at Adams Memorial Hospital twice weekly.</p> <p>5.Allstaff working with C3 across all settings will be trained on anyrevised plans with competency testing afterward.</p> <p>6.HomeObservations by administrative team members will continue to be doneat least weekly and by a Third Street Management Team member weeklyas well.</p> <p>7.AllRMT members will be trained on the W249 standard and guidance onprogram implementation on 3/24/16. They in turn will assure that allDirect Care Staff understand the importance of implementing plans aswritten with a focus on prevention.</p> <p>Persons responsible: C3's IST, QIDP, PD, RN's and QAM.</p> <p>Target completion date:4/1/16</p> <p>Corrective Action & Follow-Up as it relates to Consumer #5 (C5):</p> <p>1.Allstaff working with C5 across all settings was retrained on his BSP &the importance of implementing the plan (& all plans for thatmatter) as written in order to assure prevention of targetedbehaviors identified in the BSP. In this case in particular assuringthat staff monitors C3 & C5's proximity to avoid anyaltercations that can lead to aggressive actions between the two individuals.</p> <p>2.QIDP and IST reviewed C5's</p>		

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	<p>dinner table have been changed and there has been a change in bedroom assignments to provide [client #3] and another consumer he has had difficulty getting along with recently more space."</p> <p>A Health Risk Plan revised 11/9/15 indicated client #3 was at high risk for falls and used a rolling walker when in the community or when he had an unsteady gait.</p> <p>Client #5's BSP dated 9/1/15 was reviewed on 2/29/16 at 6:35 PM. The BSP indicated targeted behavior of non-compliance and physical aggression. The plan indicated client #5 "has a tendency to hold a grudge and will carry the frustrations he has with other consumers with him, staff need to be aware of this and provide distance between the two for the remainder of the day if not for a few days; avoid tight spaces and rooms as [client #5] will sometimes just simply run into the other individual in passing stating it is his right to walk there...."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 3/2/16 at 2:59 PM and indicated clients #3 and #5's proximity to each other should be monitored by staff as indicated in their BSPs to prevent</p>		<p>BSP for possible revisions to the plan. At this time the team finds that the BSP interventions/strategies continue to be appropriate if the plan is implemented as written.</p> <p>3. All staff working with C5 across all settings will be competency tested on his BSP through observation & written testing.</p> <p>4. See items A.6 & 7 above. Persons responsible: C5's IST, QIDP, PD, RN's, QAM and Residential Manager. Target Completion Date: 4/1/16</p> <p>1. Corrective actions as it relates to BCS practices agency wide: 1. All RMT's, SLMT's, DS Coordinator and any other identified supervisory staff will receive training on the importance of ALL plans being implemented as written in order to prevent risks to consumers health, safety & well-being.</p> <p>2. The same individuals identified in B.1 above will be assure that their staff are trained on the importance of ALL plans being implemented as written in order to prevent risks to consumers health, safety & well-being.</p> <p>3. All RMT members will be retrained on the W249 tag of Program Implementations including facility practices and guidance. Person's responsible: PD, QIDP's, RMT's, SLMT's, DS Coordinator, Residential Administrator (RA) & QAM</p>		

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W 0331 Bldg. 00	<p>physical altercations and falls for client #3.</p> <p>This deficiency was cited on January 14, 2016. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, record review and interview, the facility's nursing services failed for 1 of 3 sampled clients (client #3) to ensure he was timely assessed by personnel with a medical license after a fall resulting in a head injury.</p> <p>Findings include:</p>	W 0331	<p>Target completion date: 4/1/16</p> <p>W331-NursingServices BCS must provide consumers with nursing services in accordance with their needs. BCS failed to assure that consumer #3 was timely assessed by personnel with a medical license after a fall resulting in a head injury. 1. Corrective Action and Follow-Up Specific to Consumer #3 (C3): 1. Although C3 offered no further</p>	04/01/2016

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	<p>Observations were completed at the group home on 2/29/16 from 5:12 PM until 6:45 PM. At 6:15 PM, client #3 fell hitting his head against the wall causing an indentation of the drywall 3 inches in diameter. Staff #1 ran to client #3's side and stated, "He hit his head hard." Client #3 was assessed by the house manager and staff #1 who asked client #3 to state his name. Client #3 stated his name and indicated he was OK. Client #3 then left with the House Manager/Trainer to go out to eat. There was no evidence of a nursing assessment or other evaluation of a medically licensed person prior to his departure.</p> <p>Staff #1 and the house manager were interviewed on 2/29/16 at 5:45 PM and indicated client #5 had grabbed client #3 around his neck, causing client #3 to fall down. Staff #1 stated, "Before I got there he was down." The house manager indicated on call staff had been notified and a 72 hour check of client #3's neurological status had been implemented.</p> <p>Client #3's records were reviewed on 2/29/16 at 6:30 PM. A Health Risk Plan revised 11/9/15 indicated client #3 was at high risk for falls and used a rolling walker when in the community or had an unsteady gait.</p>		<p>complaints related to hitting his head following the altercation with housemate, latent bruising was discovered (5" inch bruise on right buttocks) on the morning of 3/13/16. A BDDS Incident Report was submitted (IR #764306) and a Health/Safety Risk Investigation completed. The bruise has since healed and he offered no complaints other than not being crazy about the idea that the bruise needed to be monitored as he considers this a privacy invasion. He did cooperate with the monitoring however.</p> <p>2. C3 continues with PT at Adams Memorial Hospital twice weekly, with home exercise program (HEP) provided as per therapist, Fall RP & BSP to be implemented as written as indicated in the W249 tag.</p> <p>3. Due to the concern that the Medical On-Call staff was not provided with detailed information regarding C3's fall and that his head had hit hard enough that the drywall was indented the medical department and administrative team met to revise the Guidelines for Using Medical On-Call as it relates to "Head Injury of Any Kind" & staff referral to the Neuro Check Tracking Sheet. The revisions include a list of specific questions located on the revised Neuro Checks Tracking Sheet that staff must be prepared to answer with the medical on-call person immediately after a head injury</p>		

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	<p>The facility's head injury procedure revised 1/16/15 was reviewed on 3/2/16 at 8:48 AM and indicated staff were to call the on call person in the event of a fall or of a head injury "of any kind." An attached "Neuro Checks Tracking Sheet (undated) indicated staff were to document changes in status including pupil size, ability to complete bilateral hand grips, mental status (alertness, oriented to person, place and time), participation in activities, vital signs and changes in gait/ambulation on each shift.</p> <p>The group home nurse was interviewed on 3/2/16 at 11:31 AM and indicated she had assessed client #3 at 6:30 AM on 3/1/16 within 12 hours after his fall, but there had not been an assessment of client #3 by medically licensed personnel prior to that time. She indicated the facility protocol indicated staff were to call on call staff whenever a client sustained a head injury as a result of a fall.</p> <p>Documentation of the initial Injury/Illness Report dated 2/29/16 was reviewed on 3/2/16 at 1:01 PM and indicated client #3 "has red marks on the back of his neck and a scrape on top of his red (sic) after an altercation resulted in a fall." Action taken indicated clients</p>		<p>unwitnessed fall. The questions include, but are not limited to:</p> <ul style="list-style-type: none"> ·Isthere any visible head injury noted? If so describe in detail (openwound, contusion, etc.). ·Isthere any environmental damage from the fall/incident and what didthey hit their head on? (Dent in wall, damaged or moved furniture,etc.). ·Discussthe consumer's current neuro/mental status. (Gait, speech,emotion, alertness, pupils, etc.). ·Doesmedical on-call feel that immediate medical evaluation is needed? <p>1. All RMT's, DS Coordinator, administrative team & other identifiedsupervisory staff will be trained on the revised Guidelines forUsing Medical On-Call and Neuro Checks Tracking sheet on 3/24/16.</p> <p>2. All DCS working with residential consumers across all settings will be trained on item #3 above no later than 4/1/16.</p> <p>Persons responsible: RN's/Medical On-Call, RMT's, PD, RA & QAM.</p> <p>Target completion date:4/1/16</p> <p>B. Corrective Action for BCS Practices agency wide:</p> <p>1. All SLMT members & other identified supervisors will be trained on item A.3 above & they will in turn provide their staff with therevised Guidelines and Neuro Check Tracking information. It is important that all staff agency wide are aware of the importance</p>		

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	<p>#3 and #5 were separated and client #3 was helped to his feet, assessed for injury and "started neuro (neurological) checks and scrape tracking. Contacted medical..." A nursing assessment dated 3/1/16 included on the form indicated client #3's redness was not present and client #3 "complained of slight pain to buttocks. Appeared to be pressure area slightly discolored. [Client #3] stated he saw [group home nurse] about injury."</p> <p>On call notes dated 2/29/16 were reviewed on 3/2/16 at 1:01 PM and indicated client #3 "and another consumer got into a tiff and [client #3] as a result hit his head, there were no injuries, but they started neuro checks...Staff checked again and [client #3] has a scratch on his head about the size of a dime, but it is not bleeding and [client #3] was in the background stating very clearly that it does not hurt." There was no evidence staff had reported to the on call medical staff that client #3 had fallen so hard that his head caused an indentation into the drywall.</p> <p>The group home nurse was interviewed on 3/2/16 at 3:05 PM and indicated the on call medical staff was unaware client #3's head had hit the wall hard enough to dent the drywall when he fell and stated if that had been known, client #3</p>		<p>ofproviding thorough/complete information to any medical personnel inorder to make professional assessment/ recommendations in the bestinterest of each consumer's health, safety and well-being. Thisinformation will be provided to the SL DCS at their next staffmeeting(s). Personsresponsible: PD, SL Administrator, SLMT's and QAM. Targetcompletion date:4/1/16 for SLMT's</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

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	"probably" should have been assessed by a licensed medical person at the time of the incident. 9-3-6(a)				