

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G639	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  04/09/2015
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NAME OF PROVIDER OR SUPPLIER  DEVELOPMENTAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 426 E MONTGOMERY RD. GREENSBURG, IN 47240
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W 000  Bldg. 00	<p>This visit was for the fundamental recertification and state licensure survey.</p> <p>Survey dates: April 6, 7, 8 and 9, 2015</p> <p>Facility Number: 001214 Provider Number: 15G639 AIM Number: 100234330</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 000		
W 104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility's governing body failed to exercise operating direction over the facility by failing to ensure: 1) there was a policy/procedure in place to sanitize the dishes due to the dishwasher being broken and 2) the common area walls of the group home were free of scuffs, marks and discoloration.</p> <p>Findings include:</p>	W 104	In order to correct this deficiency, the following protocol for will be implemented in all DSI group homes in the event of dishwasher failure: The house staff will immediately submit a work request order to maintenance for dishwasher erepair or replacement. The RPM and QIDP will be CCd in the email. The staff will also use the pager to document this incident for the QIDP. After the work request is submitted, the following steps will be followed by house staff: If a dishwasher is not available, use a	05/09/2015

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

TITLE

(X6) DATE

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

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	<p>1) Observations were conducted at the group home on 4/6/15 from 3:37 PM to 5:30 PM and 4/7/15 from 6:23 AM to 7:28 AM. During the observations at the group home, there was a note taped to the dishwasher which indicated not to use the dishwasher. The note indicated the dishwasher was leaking. During the observations, the dishwasher was not used. This affected clients #1, #2, #3, #4, #5 and #6.</p> <p>On 4/6/15 at 5:20 PM, staff #3 indicated the clients and staff hand washed the dishes using soap and water. Staff #3 indicated the dishes were not sanitized using a bleach water solution. Staff #3 stated the dishwasher started leaking "last week" and the dishes had to be hand washed since the leak started.</p> <p>On 4/6/15 at 5:20 PM, staff #4 indicated she was unaware the group home needed to use a bleach water solution to sanitize the dishes when the dishwasher was broken.</p> <p>On 4/7/15 at 8:57 AM, a Maintenance Work Request Form, dated 4/5/15, indicated, "Dishwasher does not work. Unable to do dishes with dishwasher."</p> <p>On 4/7/15 at 7:08 AM, staff #1 indicated</p>		<p>sink with three compartments to wash, rinse, and sanitize dishes. If the sink does not have three compartments, use one or two large dishpans as the second and third compartments. Follow the five steps below. <b>Step 1:</b> Scrape food off surfaces before washing. <b>Step 2:</b> Wash the dishes or equipment in hot, soapy water. Use clean dishcloths each day. Do not use sponges because they can harbor germs. <b>Step 3:</b> Rinse the dishes well in clean hot water, so that no soap is transferred to the chlorine bleach solution in Step 4. Do not mix bleach in with the soapy water. Soap stops bleach from sanitizing. <b>Step 4:</b> Sanitize the dishes by using either the chlorine bleach solution or hot water method. <b>Step 5:</b> Allow the dishes and equipment to air dry. Do not dry with a cloth or towel, as this may spread germs. <b>Chlorine bleach solution method:</b> Soak the dishes for at least one minute in a sanitizing solution*, a mixture of 1 Tablespoon of unscented chlorine bleach + 1 gallon of cool water (hot water stops bleach from sanitizing) Remember to use test strips to check for correct concentrations. Remove dishes from the bleach solution and allow to completely air dry. Check with the local health department for specific requirements. A copy of this protocol will be laminated and affixed to the wall by the sink in the kitchen. The home's</p>	

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	<p>the clients and staff should be using a bleach water solution to wash the dishes. Staff #1 stated, "It could make the clients sick if (the dishes were) not disinfected."</p> <p>On 4/7/15 at 8:40 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the clients and staff should be sanitizing the dishes using a bleach water solution.</p> <p>On 4/7/15 at 8:41 AM, the Regional Program Manager (RPM) indicated he was not aware the dishwasher was broken. On 4/7/15 at 11:07 AM, the RPM indicated the facility did not have a policy or procedure in place on using a bleach water solution to sanitize the dishes when hand washing the dishes.</p> <p>2) Observations were conducted at the group home on 4/6/15 from 3:37 PM to 5:30 PM and 4/7/15 from 6:23 AM to 7:28 AM. During the observations at the group home, the common area walls (living room, kitchen, dining room, laundry room, hallways and bathrooms) were scuffed, marked and discolored. This affected clients #1, #2, #3, #4, #5 and #6.</p> <p>On 4/7/15 at 11:33 AM, the QIDP indicated the group home needed to be repainted due to the marks, scuffs and</p>				<p>interior will be painted. All other agency group homes will be evaluated for the need for fresh interior paint. The QASSM will ensure through monthly inspections that all interior walls are clean and free of marks. Allocations for fiscal year 2016 have been set aside to repaint all group home interiors. In the event of a broken dishwasher, the QIDP or house lead will observe dish-washing daily in order to ensure compliance to the steps above. The QIDPs in all homes will monitor home interior wall cleanliness on a daily basis in order to ensure that needed repairs are implemented and completed on a timely basis.</p>		

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W 159 Bldg. 00	<p>discoloration on the walls.</p> <p>9-3-1(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 3 of 3 clients in the sample (#2, #4 and #6), and for 3 additional clients (#1, #3 and #5), the Qualified Intellectual Disabilities Professional (QIDP) failed to ensure 1) staff implemented the clients' program plans as written and failed to indicate on the monthly report whether or not the clients met the criteria for completion of their training objectives, 2) routine observations were conducted at the facility-operated day program and 3) the group home staff communicated client #4's refusal to eat or drink anything at breakfast at the group home on 4/7/15 to the facility-operated day program.</p> <p>Findings include:</p> <p>1) On 4/7/15 at 8:47 AM, a review of client #2's record was conducted. Client #2's Individual Support Plan (ISP), dated</p>	W 159	The QIDP will ensure that that the TAs are reflective of individual client plans. The TAs, or Task Analyses, are reflective of individual client plan goals. The task analysis is how the training objective is broken down into descriptive steps that enable the staff and clients to easily interpret the task in question. The QIDP will also address the appropriateness of goals in the plan. The QIDP will hold an in-service training that will instruct house staff on how to properly implement the TAs. The QIDP will work with the RPM to develop more user friendly TA forms. These forms will encourage staff who are less familiar with the clients to use and correctly implement the forms. The RPM will expect all county QIDPs to reevaluate their TAs and will visit the homes in order to ensure client plan goals are reflected on the TAs. The QASSM will inspect client TAs and plans on a monthly basis to ensure compliance. The QIDPs of	05/09/2015	

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	<p>10/26/14 to 10/29/15, indicated she had the following training objectives: Money/Money Management (recognize the equivalencies of currency, make change for specific amounts, correctly fill in check register and learn to balance a checkbook ledger using simple math skills), Culinary/Nutrition (learn the four basic food groups and plan menu with nutrition in mind), Culinary Safety (improve her knowledge of sanitation issues and food storage), Physical/Health Development (self medicate with staff supervision), Social/Communication Development (communicate effectively when upset), Learning/Cognitive Development (add and subtract numbers, spell with accuracy and write legibly).</p> <p>Based on the Residential Monthly Reports for November 2014, January 2015, February 2015 and March 2015, the staff implemented the following training objectives (December 2014 monthly report could not be located): money management, medication training, writing and culinary skills. The Monthly Report did not indicate which money management skills were implemented. There was no documentation the staff implemented her goals as indicated in her ISP for shaving, learning the four basic food groups, planning a menu, improving her knowledge of sanitation issues and</p>		<p>each county will inspect TAs on a daily basis in order to ensure staff are in compliance with proper TA documentation. The county QIDP has a process in place that saves day program observations to her hard drive. She also submits these observations to the RPM who in turn saves a hard copy as well as giving a copy to the agency quality assurance director. The missing observations from 2014 were the result of shifting staffing patterns and a lack of having a system that reproduces observations. As of 9/14, all workshop observations are saved and accounted for. There is a process in place already that addresses the need for proper communication between the homes and the day program. Each client has a communication binder that is taken between the home and the day program. The QIDP will hold an in-service training for house staff that will set expectations for what should be written in the communication binder, Each county QIDP will be expected to do the same. The QASSM will inspect these binders on a monthly basis to ensure compliance, The QIDP will inspect the binders on a daily basis and report findings to the RPM. The QIDP will provide daily mentoring and provide training when staff are seen to be out of complinace.</p>		

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	<p>food storage, communication, math skills and spelling. The report indicated the client's current percentage of completion for the month. The report did not indicate whether or not the training objective was being continued, revised, deleted or moved on to the next training objective.</p> <p>On 4/7/15 at 9:35 AM, a review of client #4's record was conducted. Client #4's ISP, dated 7/8/14 to 7/8/15 indicated she had the following training objectives: Self Care/Hygiene (initiate showering daily and independently, continue to brush teeth thoroughly, continue to floss teeth daily, staff to assist with toileting skills to help prevent Urinary Tract Infections), Independent Living (prepare her lunchbox for workshop, learn how to communicate with peers and staff without being verbally abusive, work on math problems to help with memory recall), Physical/Health Development (report to staff after each bowel movement and exercise at least 3 times weekly), and Culinary (Staff will continue to direct [client #4] to help prepare simple foods, amongst (sic) those she like (sic) are banana pudding, sweet potatoes, meats and baked foods).</p> <p>Based on the Residential Monthly Reports for November 2014, the</p>			

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	<p>following training objectives were not implemented: hygiene (the form did not specifically address if this addressed brushing and flossing her teeth or showering), toileting, packing her lunch, communicating with peers and staff, math, reporting bowel movements to staff and exercise. The form did not include all of the training objectives included in her ISP. The report indicated the client's current percentage of completion for the month. The report did not indicate whether or not the training objective was being continued, revised, deleted or moved on to the next training objective.</p> <p>Based on the Residential Monthly Reports for December 2014, the following training objectives were implemented: social skills, culinary skills, medication administration, laundry, community safety, math skills and hygiene. The form did not specifically indicate what training objectives were implemented. The form indicated broad terms that could include several specific training objectives. The form did not include all of the training objectives included in her ISP. The report indicated the client's current percentage of completion for the month. The report did not indicate whether or not the training objective was being continued, revised, deleted or moved on</p>			

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	<p>to the next training objective.</p> <p>Based on the Residential Monthly Report for January 2015, the following training objectives were implemented: medication administration, social skills, hygiene skills, laundry skills, culinary skills, math skills and community safety skills. The form did not specifically indicate what training objectives were implemented. The form indicated broad terms that could include several specific training objectives. The form did not include all of the training objectives included in her ISP. The report indicated the client's current percentage of completion for the month. The report did not indicate whether or not the training objective was being continued, revised, deleted or moved on to the next training objective.</p> <p>The February 2015 Residential Monthly Report could not be located.</p> <p>Based on the Residential Monthly Report for March 2015, the following training objectives were implemented: medication administration training, hygiene, culinary, laundry, social skills and math. The form did not specifically indicate what training objectives were implemented. The form indicated broad terms that could include several specific training objectives. The form did not include all of the training</p>			

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	<p>objectives included in her ISP. The report indicated the client's current percentage of completion for the month. The report did not indicate whether or not the training objective was being continued, revised, deleted or moved on to the next training objective.</p> <p>On 4/7/15 at 10:12 AM, a review of client #6's record was conducted. Client #6's ISP, dated 9/3/14 to 9/2/15, indicated she had the following training objectives: Money/Money Management (recognize equivalencies of coins, recognize equivalencies of currency, make change for specific amounts, purchase with equal or lesser amounts, learn to write a check, learn about filling out check register), Budgeting (identify needs versus wants, answer questions about wants and needs), Medication (will tell about medications), Personal Hygiene (will continue improving with independently performing her hygiene routine - this will be ongoing and is part of her behavior plan, will continue to brush teeth two times a day as indicated on her Medication Administration Record), Culinary Skills/Nutrition (will learn the four basic food groups, will read food label for nutritional information, will plan menus with nutrition in mind), Safety (improve community safety skills by indicating safety mistakes), Safety</p>			

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	<p>(demonstrate safe use of kitchen appliances, improve knowledge of sanitation issues and food storage), Housekeeping Skills (complete housekeeping tasks thoroughly), Social Skills (will learn appropriate response to conflict in the community and will learn appropriate response to conflict at home).</p> <p>Based on the Residential Monthly Report for October 2014, the following training objectives were implemented: exercise, nutrition, money management, medications, independent living - AM (morning medications) and independent living - PM (evening medications). The form did not specifically indicate what training objectives were implemented. The form indicated broad terms that could include several specific training objectives. The form did not include all of the training objectives included in her ISP. The report indicated the client's current percentage of completion for the month. The report did not indicate whether or not the training objective was being continued, revised, deleted or moved on to the next training objective.</p> <p>Based on the Residential Monthly Report for November 2014, the following training objectives were implemented: medication identification, self-direction, money, safety and housekeeping. The</p>			

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	<p>form did not specifically indicate what training objectives were implemented. The form indicated broad terms that could include several specific training objectives. The form did not include all of the training objectives included in her ISP. The report indicated the client's current percentage of completion for the month. The report did not indicate whether or not the training objective was being continued, revised, deleted or moved on to the next training objective.</p> <p>Based on the Residential Monthly Report for December 2014, the following training objectives were implemented: housekeeping, medication identification, independent living and self direction. The form did not specifically indicate what training objectives were implemented. The form indicated broad terms that could include several specific training objectives. The form did not include all of the training objectives included in her ISP. The report indicated the client's current percentage of completion for the month. The report did not indicate whether or not the training objective was being continued, revised, deleted or moved on to the next training objective.</p> <p>Based on the Residential Monthly Report for January 2015, the following training</p>			

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	<p>objectives were implemented: decision making - community, decision making - work, money and culinary. The form did not specifically indicate what training objectives were implemented. The form indicated broad terms that could include several specific training objectives. The form did not include all of the training objectives included in her ISP. The report indicated the client's current percentage of completion for the month. The report did not indicate whether or not the training objective was being continued, revised, deleted or moved on to the next training objective.</p> <p>The February and March 2015 Residential Monthly Reports could not be located.</p> <p>On 4/7/15 at 9:31 AM, the Regional Program Manager (RPM) indicated the clients' training objectives should match the clients' plans. On 4/8/15 at 11:02 AM, the RPM indicated the staff ran out of monthly forms at some point in the past 12 months therefore the staff were implementing the training objectives they had the forms to document on. The RPM indicated the staff were not implementing the clients' plans as written. The RPM indicated it was the Qualified Intellectual Disabilities Professional's responsibility to ensure the plans were being</p>			

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	<p>implemented as written and to ensure the correct forms were in the home to document on.</p> <p>On 4/7/15 at 9:32 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the clients' goals should be implemented as indicated in their plans. The QIDP indicated the Residential Monthly Reports did not indicate if the training objective was being continued, revised, deleted or moved on to the next training objective. The QIDP indicated the form should include this information.</p> <p>2) On 4/7/15 at 8:32 AM and 10:15 AM, a request was made for the group home staff's observations at the facility-operated day program and workshop. On 4/8/15 at 8:50 AM, the Quality Assurance/Social Services Manager sent an email indicating, "[Regional Program Manager] is teaching CPR (cardiopulmonary resuscitation) today and asked me to send these to you. These are the ones that were found. Some of them have some of the [name of another group home] clients listed too. There are some gaps because of the first Q (Qualified Intellectual Disabilities Professional - QIDP) being out sick a lot, then the next Q after her left. There were more house observations, but formal</p>			

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	<p>workshop observations didn't always get recorded." The email contained attachments indicating observations were not conducted at the workshop from 3/12/14 to 9/13/14. This affected clients #1, #2, #3, #4, #5 and #6.</p> <p>On 4/7/15 at 10:51 AM, the QIDP indicated the facility should conduct monthly observations at the day program and workshop.</p> <p>3) An observation was conducted at the group home on 4/7/15 from 6:23 AM to 7:28 AM. During the observation, client #4 refused to eat or drink anything for breakfast. Staff #1 offered client #4 the items from the menu (egg and cheese sandwich and pineapple) as well as donuts. Staff #1 offered client #4 coffee.</p> <p>On 4/7/15 at 6:53 AM, staff #1 indicated client #4 usually went straight for the coffee when she got up in the mornings. Staff #1 indicated client #4 went to the doctor on 4/6/15 and found out client #4 had a urinary tract infection (UTI). Staff #1 stated it was "unusual" for client #4 to refuse to eat or drink anything during breakfast.</p> <p>On 4/7/15 from 7:53 AM to 8:29 AM, an observation was conducted at the facility-operated day program and</p>			

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	<p>workshop. At 7:58 AM, a review of client #4's communication book was conducted. There was no documentation in client #4's communication book indicating she refused to eat or drink anything during breakfast. There was no documentation in the communication book about client #4's UTI.</p> <p>On 4/7/15 at 10:51 AM, the Regional Program Manager (RPM) indicated client #4's communication book should have been used to communicate client #4's refusals to eat or drink anything.</p> <p>On 4/7/15 at 10:52 AM, the Team Leader (TL) indicated staff #1 documented in the group home communication book regarding client #4's refusals to eat or drink anything during breakfast. The TL indicated staff #1 should have documented the same information in the day program communication book. The TL stated, "Especially since she didn't drink her coffee." The TL stated not drinking her coffee was "unusual."</p> <p>On 4/8/15 at 10:54 AM, the Quality Assurance/Social Services Manager indicated the facility should conduct monthly observations at the workshop.</p> <p>9-3-3(a)</p>			

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W 249  Bldg. 00	<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 on record review and interview for 3 of 3 clients in the sample (#2, #4 and #6), the facility failed to ensure staff implemented the clients' program plans as written.</p> <p>Findings include:</p> <p>1) On 4/7/15 at 8:47 AM, a review of client #2's record was conducted. Client #2's Individual Support Plan (ISP), dated 10/26/14 to 10/29/15, indicated she had the following training objectives: Money/Money Management (recognize the equivalencies of currency, make change for specific amounts, correctly fill in check register and learn to balance a checkbook ledger using simple math skills), Culinary/Nutrition (learn the four basic food groups and plan menu with nutrition in mind), Culinary Safety (improve her knowledge of sanitation</p>	W 249	The QIDP will ensure that that the TAs, or Task Analyses, are reflective of individual client plans. The task analysis is how the training objective is broken down into descriptive steps that enable the staff and clients to easily interpret the task in question. The QIDP will also address the appropriateness of goals in the plan. The QIDP will hold an in-service training that will instruct house staff on how to properly implement the TAs. The QIDP will work with the RPM to develop more user friendly TA forms. These forms will encourage staff who are less familiar with the clients to use and correctly implement the forms. The RPM will expect all county QIDPs to reevaluate their TAs and will visit the homes in order to ensure client plan goals are reflected on the TAs. The QASSM will inspect client TAs and plans on a monthly basis to ensure compliance. The RPM will	05/09/2015

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	<p>issues and food storage), Physical/Health Development (self medicate with staff supervision), Social/Communication Development (communicate effectively when upset), Learning/Cognitive Development (add and subtract numbers, spell with accuracy and write legibly).</p> <p>Based on the Residential Monthly Reports for November 2014, January 2015, February 2015 and March 2015, the staff implemented the following training objectives (December 2014 monthly report could not be located): money management, medication training, writing and culinary skills. The Monthly Report did not indicate which money management skills were implemented. There was no documentation the staff implemented her goals as indicated in her ISP for shaving, learning the four basic food groups, planning a menu, improving her knowledge of sanitation issues and food storage, communication, math skills and spelling.</p> <p>2) On 4/7/15 at 9:35 AM, a review of client #4's record was conducted. Client #4's ISP, dated 7/8/14 to 7/8/15 indicated she had the following training objectives: Self Care/Hygiene (initiate showering daily and independently, continue to brush teeth thoroughly, continue to floss teeth daily, staff to assist with toileting</p>				<p>revise the agency TA documentation to ensure future complinace. Each county QIDP will inspect TAs daily in order to ensure staff are in compliance with proper TA documentation. The QIDP will provide daily mentoring and provide training when staff are seen to be out of complinace.</p>		

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	<p>skills to help prevent Urinary Tract Infections), Independent Living (prepare her lunchbox for workshop, learn how to communicate with peers and staff without being verbally abusive, work on math problems to help with memory recall), Physical/Health Development (report to staff after each bowel movement and exercise at least 3 times weekly), and Culinary (Staff will continue to direct [client #4] to help prepare simple foods, amongst (sic) those she like (sic) are banana pudding, sweet potatoes, meats and baked foods).</p> <p>Based on the Residential Monthly Reports for November 2014, the following training objectives were not implemented: hygiene (the form did not specifically address if this addressed brushing and flossing her teeth or showering), toileting, packing her lunch, communicating with peers and staff, math, reporting bowel movements to staff and exercise. The form did not include all of the training objectives included in her ISP.</p> <p>Based on the Residential Monthly Reports for December 2014, the following training objectives were implemented: social skills, culinary skills, medication administration, laundry, community safety, math skills</p>			

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	<p>and hygiene. The form did not specifically indicate what training objectives were implemented. The form indicated broad terms that could include several specific training objectives. The form did not include all of the training objectives included in her ISP.</p> <p>Based on the Residential Monthly Report for January 2015, the following training objectives were implemented: medication administration, social skills, hygiene skills, laundry skills, culinary skills, math skills and community safety skills. The form did not specifically indicate what training objectives were implemented. The form indicated broad terms that could include several specific training objectives. The form did not include all of the training objectives included in her ISP.</p> <p>The February 2015 Residential Monthly Report could not be located.</p> <p>Based on the Residential Monthly Report for March 2015, the following training objectives were implemented: medication administration training, hygiene, culinary, laundry, social skills and math. The form did not specifically indicate what training objectives were implemented. The form indicated broad terms that could include several specific training objectives. The</p>			

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	<p>form did not include all of the training objectives included in her ISP.</p> <p>3) On 4/7/15 at 10:12 AM, a review of client #6's record was conducted. Client #6's ISP, dated 9/3/14 to 9/2/15, indicated she had the following training objectives: Money/Money Management (recognize equivalencies of coins, recognize equivalencies of currency, make change for specific amounts, purchase with equal or lesser amounts, learn to write a check, learn about filling out check register), Budgeting (identify needs versus wants, answer questions about wants and needs), Medication (will tell about medications), Personal Hygiene (will continue improving with independently performing her hygiene routine - this will be ongoing and is part of her behavior plan, will continue to brush teeth two times a day as indicated on her Medication Administration Record), Culinary Skills/Nutrition (will learn the four basic food groups, will read food label for nutritional information, will plan menus with nutrition in mind), Safety (improve community safety skills by indicating safety mistakes), Safety (demonstrate safe use of kitchen appliances, improve knowledge of sanitation issues and food storage), Housekeeping Skills (complete housekeeping tasks thoroughly), Social</p>			

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	<p>Skills (will learn appropriate response to conflict in the community and will learn appropriate response to conflict at home).</p> <p>Based on the Residential Monthly Report for October 2014, the following training objectives were implemented: exercise, nutrition, money management, medications, independent living - AM (morning medications) and independent living - PM (evening medications). The form did not specifically indicate what training objectives were implemented. The form indicated broad terms that could include several specific training objectives. The form did not include all of the training objectives included in her ISP.</p> <p>Based on the Residential Monthly Report for November 2014, the following training objectives were implemented: medication identification, self-direction, money, safety and housekeeping. The form did not specifically indicate what training objectives were implemented. The form indicated broad terms that could include several specific training objectives. The form did not include all of the training objectives included in her ISP.</p> <p>Based on the Residential Monthly Report for December 2014, the following</p>			

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	<p>training objectives were implemented: housekeeping, medication identification, independent living and self direction. The form did not specifically indicate what training objectives were implemented. The form indicated broad terms that could include several specific training objectives. The form did not include all of the training objectives included in her ISP.</p> <p>Based on the Residential Monthly Report for January 2015, the following training objectives were implemented: decision making - community, decision making - work, money and culinary. The form did not specifically indicate what training objectives were implemented. The form indicated broad terms that could include several specific training objectives. The form did not include all of the training objectives included in her ISP.</p> <p>The February and March 2015 Residential Monthly Reports could not be located.</p> <p>On 4/7/15 at 9:31 AM, the Regional Program Manager (RPM) indicated the clients' training objectives should match the clients' plans. On 4/8/15 at 11:02 AM, the RPM indicated the staff ran out of monthly forms at some point in the past 12 months therefore the staff were</p>			

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W 312 Bldg. 00	<p>implementing the training objectives they had the forms to document on. The RPM indicated the staff were not implementing the clients' plans as written. The RPM indicated it was the Qualified Intellectual Disabilities Professional's responsibility to ensure the plans were being implemented as written and to ensure the correct forms were in the home to document on.</p> <p>On 4/7/15 at 9:32 AM, the Qualified Intellectual Disabilities Professional (QIDP) indicated the clients' goals should be implemented as indicated in their plans.</p> <p>9-3-4(a)</p> <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 record review and interview for 1 of 1 client in the sample with psychotropic medications (#4), the facility failed to ensure drugs used for control of inappropriate behavior had a plan that was directed specifically toward the reduction of and eventual elimination</p>	W 312	Client #4 has an appointment with her psychiatrist to re-determine her need for the current levels of psychotropic drugs. The drug reduction plan in client #4's ISP is vague. The QIDP and the RPM have been working with behaviorists in order to develop a proper drug	05/09/2015

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	<p>of the behaviors for which the drugs were employed.</p> <p>Findings include:</p> <p>On 4/7/15 at 9:35 AM, a review of client #4's record was conducted. Client #4's 7/8/14 Behavior Support Plan indicated she was prescribed the following as psychotropic medications: Clonazepam, Lexapro, Trazodone and Zyprexa. The plan indicated, in part, "Medication reduction will in (sic) be sought in conjunction with psychiatric, guardian review and consultation per below criteria: Medication reduction will be sought when instances are at or below: Non-compliance (NC) 25 instances monthly, inappropriate behavior (IB) 3 instances monthly, temper outbursts (TO) 20 instances monthly." Client #4's behavior data indicated no instances of NC, IB and TO in October 2014. In November, there were 2 instances of NC, 1 instance of an inappropriate social interaction and no instances of TO. In December 2014, there were 4 instances of inappropriate social interactions and no instances of NC and TO. In January 2015, there was 1 instance of NC and IB and 0 instances of TO. In February 2015, there was 1 instance of NC and no instances of TO and IB. In March 2015, there were no instances of client #4's</p>		<p>reduction plan. Client #4's ISP will be amended in order to include a drug reduction plan that makes sense and that is effective and useful. The RPM will ensure other clients on psychotropic drugs in the agency have proper reduction plans. The QASSM will ensure that ISPs have proper reduction plans during her monthly inspections. The RPM will ensure that staff are trained on how to properly track targeted client behavior. The RPM will ensure that clients who need behavioral services have access to them. The QIDP will hold an in-service training that will set expectations for proper behavior tracking. The goals for reduction for client #4 will be approximately 40% less than current levels. The level of psychotropic drugs will be re-evaluated on an annual basis using behavior tracking data as part of an evidence based practice. The QIDPs in all counties will inspect client plans on a weekly basis in order to ensure that any medication reduction plans are still relevant and warranted. The QIDP will provide daily mentoring and provide training when staff are seen to be out of compliance. The QIDP will provide daily mentoring and provide training when staff are seen to be out of compliance.</p>	

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	<p>targeted behaviors. There was no documentation the facility attempted a psychotropic medication reduction monthly, as indicated in her medication reduction plan, when client #4 met the plan of reduction for her psychotropic medications in October 2014, November 2014, December 2014, January 2015, February 2015 and March 2015. There was no documentation in client #4's record indicating a psychotropic medication reduction was attempted in the past 12 months.</p> <p>On 4/8/15 at 4:02 PM, an email from the Regional Program Manager indicated, "We have called [business name of psychiatrist] and spoke with nursing medication coordinator, [client #4] has not had any med reductions since 2011."</p> <p>Client #4's Behavior Support Plan's medication reduction plan did not indicate which medication would be targeted for reduction. The plan did not indicate the dosage of the reduction. The plan did not indicate there was a contraindication for reducing her medications.</p> <p>On 4/7/15 at 10:00 AM, the Qualified Intellectual Disabilities Professional indicated client #4 exhibited few instances of her targeted behaviors as</p>			

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	<p>evidenced by the behavior documentation tracking.</p> <p>On 4/7/15 at 10:04 AM, the Regional Program Manager (RPM) indicated based on client #4's medication reduction plan, she should have had a reduction in her psychotropic medications monthly since October 2014 based on the plan. The RPM indicated client #4's medication reduction plan needed to be updated and revised to include criteria including the number of months client #4 needed to meet the criteria in order to recommended a medication reduction. The RPM indicated the plan needed to indicate the medication targeted for reduction and the dose of the reduction.</p> <p>9-3-5(a)</p>			