

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G618	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/29/2014
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10606 HAVERSTICK CARMEL, IN 46032
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W000000	<p>This visit was for a post certification revisit to a pre-determined full recertification and state licensure survey completed on August 22, 2014.</p> <p>Dates of Survey: December 16, 17, 18, 19, 23 and 29, 2014.</p> <p>Facility number: 001173 Provider number: 15G618 AIM number: 100244220</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/7/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based upon observation, record review</p>	W000104	All outdated and spoiled food was removed from the refrigerator	01/28/2015

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>and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and for 4 additional clients (clients #5, #6, #7 and #8), the governing body failed to exercise oversight and operating direction to develop and implement a system to ensure food was not spoiled and was available for posted menus.</p> <p>Findings include:</p> <p>Observations were completed on 12/17/14 from 6:48 AM until 7:50 AM. Clients #2 and #7 ate their breakfast of cereal and milk. No other menu items were offered.</p> <p>Staff #5 was interviewed on 12/17/14 at 6:48 AM. When asked about juice or milk for clients #2 and #7, she stated, "I asked them, but they didn't want it." She indicated there was no juice prepared for the clients' breakfast.</p> <p>The posted menu dated Winter 2014-2015 Week 1 Regular Menu was reviewed on 12/17/14 at 7:08 AM. The posted menu indicated "1/2 cup of orange juice, 3/4 cup Asst (assorted) Cold Cereal, 1-2 slices French Toast w/ (with) 1 tsp (teaspoon) Margarine/Syrup-1 T (tablespoon), 1 cup Skim Milk/Coffee/Tea."</p>		<p>immediately.</p> <p>All direct care staff were retrained on the need to ensure that all food is not spoiled or past expiration date. A checklist has been implemented that 1st shift staff complete weekly on Tuesdays regarding checking the food in the refrigerator and cabinets to ensure none is spoiled and/or past expiration date. Staff are to document expired or spoiled food on the checklist and notify the home manager that new food can be purchased. In addition, overnight staff will clean out the refrigerator weekly on Sundays to assess and remove any food that is spoiled or past the expiration date.</p> <p>Home manager and Program Director received retraining regarding regulation and expectations around food storage and preparation. Training included the expectation to complete regular kitchen and mealtime observations to review food supply on hand, freshness of food, proper storage of food and staff implementation of menu and diet modifications.</p> <p>Ongoing for 4 weeks the PD and/or HM will complete mealtime and kitchen observations a minimum of three times weekly to ensure that all food is fresh and not spoiled, the refrigerator and cabinets are clean, and that all food is stored properly. After the four weeks the PD and/or HM will complete mealtime and</p>		

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	<p>Staff #6 was interviewed on 12/17/14 at 7:08 AM and indicated french toast had not been prepared because there was none available in the home.</p> <p>An observation of the group home's refrigerator for clients #1, #2, #3, #4, #5, #6, #7 and #8 was completed on 12/17/14 at 7:15 AM. There was a gallon of milk with an inch remaining, moldy lettuce, 2 green peppers, two packages of carrots with the date of "use by" 11/23/14 and 12/10/14, cucumbers with a liquid slimy substance on them, lactose free milk, cottage cheese with a "sell by" December 14, 2014 date, refrigerator biscuits with an expiration date of December 14, 2014, and undated partially consumed turkey breast, pork sausage roll, and turkey bacon packages.</p> <p>The Area Director was interviewed on 12/23/14 at 11:25 AM and indicated there should be unspoiled food and food available to prepare for posted menus. She indicated she was unaware of a system to ensure food was unspoiled and available for menu.</p> <p>This deficiency was cited on August 22, 2014. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p>		<p>kitchen observations a minimum of three times weekly to ensure that all food is fresh and not spoiled, the refrigerator and cabinets are clean, and that all food is stored properly.</p> <p>Responsible Party: Home Manager and Program Director, and Area Director</p>				

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W000209	<p>9-3-1(a)</p> <p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Based upon record review and interview, the facility failed for 2 of 4 sampled clients (clients #3 and #4) to ensure participation by guardians/health care representatives in their annual Individual Support Plan (ISP) meetings.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 12/17/14 at 2:20 PM. An ISP dated 6/30/13 indicated objectives to wash hands, choose a drink, increase physical fitness, choose a quarter, clean gums, wash hair, and load laundry into the washer. There was no evidence client #3's guardian had participated in the development of his ISP.</p> <p>Client #4's record was reviewed on</p>	W000209	<p>The Program Director received retraining to include the necessity of ensuring that guardians are asked for input and involvement in consumers ISP and BSP development. Training also included ensuring that necessary approvals are obtained once an ISP or BSP is developed or updated. Training also included ensuring that the PD is completing regular follow ups via mail, phone, email etc. to ensure attempts are made to contact family and guardians to obtain written approvals.</p> <p>Ongoing the Program Director will ensure that attempts to contact parents/guardians regarding obtaining necessary approvals are completed a minimum of once per week until approvals are obtained. Program Director will document when and how approvals are made in attempt to obtain writing approvals</p>	01/28/2015			

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	<p>12/17/14 at 2:20 PM. The record indicated client #4 had a guardian. An ISP dated 6/29/13 indicated objectives to wash hands, choose a drink, choose a quarter, participate in recreational activities, thoroughly brush teeth and wash upper body. There was no evidence client #4's guardian was involved in the development of his ISP.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 12/17/14 at 3:20 PM and indicated it was difficult to reach the guardians for clients #3 and #4. She stated, "We've been unable to get consent for [clients #3 and #4's] ISPs." She indicated documented attempts had been made to obtain approval of the clients' ISPs from their guardians. She indicated there were updated ISPs for the clients and she would provide updated ISPs and the documentation for the guardian contact attempts.</p> <p>Updated ISPs for clients #3 and #4 were reviewed on 12/17/14 at 4:00 PM and indicated the following:</p> <p>Client #3's ISP dated 6/29/14 indicated a note dated 8/6/14 "Recently, [client #3's] ISP and RMAP (Risk Management Assessment and Plan) were updated. Part of the annual process is reviewing the ISP</p>		<p>for updated documentation. Documentation of attempts at contact will be kept in consumers charts to be available for review as requested.</p> <p>Responsible Party: Program Director and Area Director</p>				

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	<p>and signing the consent forms. Please sign where indicated on each form and return in the postage paid, addressed envelope...." An attached Communication Log indicated client #3's guardian was contacted on 6/23/14 and a message was left on 6/23/14 for "ISP preparation." On 7/10/14 the guardian was called and a message was left about client #3's annual ISP, and on 8/6/14 "send paperwork to [guardian]...Attempted to call again, mailbox full" on 9/30/14 and "Had staff remind fam (family) to send pages back on 11/26/14...." There was no other evidence client #3's guardian had been contacted regarding the development of his ISP or IDT (interdisciplinary team) discussion regarding client #3's unmet guardianship needs in regards to the development of his ISP.</p> <p>Client #4's ISP dated 6/30/14 indicated a note dated 8/6/14 as indicated above in client #3's ISP. There was a note at the bottom of the page dated 9/30/14 which indicated "HM (home manager) called mom to check on the status of paperwork." 10/29/14, "revised Goal #1 (not otherwise specified) resent ISP + (and) new goal." There was no other evidence client #4's guardian had been contacted regarding the development of his ISP or IDT (interdisciplinary team) discussion regarding client #4's unmet</p>			

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W000227	<p>guardianship needs in regards to the development of his ISP.</p> <p>The Area Director was interviewed on 12/29/14 at 4:55 PM and indicated some of the clients' guardians were difficult to contact. She indicated the guardians were always invited to the meeting, and there should be repeated attempts to contact guardians to participate in the development and approval of their plans.</p> <p>This deficiency was cited on August 22, 2014. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-4(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based upon observation, record review,</p>	W000227	Client #1, 2 and 4's Individualized Support Plan will	01/28/2015			

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	<p>and interview, the facility failed for 3 of 4 sampled clients to address their needs in leisure skill development (clients #1, #2 and #4).</p> <p>Findings include:</p> <p>Observations were completed at the group home on 12/16/14 from 6:16 PM until 6:58 PM. Client #1 sat next to staff #1 and staff #4 but did not engage in activity. Client #2 sat in a chair and watched TV throughout the observation and did not engage in activity. Client #4 stayed in his room with the covers over his head and headphones on his head.</p> <p>Staff #1 was interviewed on 12/16/14 at 6:20 PM. She indicated client #2 did not have goals to increase his leisure time and stated, "He likes to watch TV." She indicated client #1 did not understand how to participate in activities. She stated, "There are board games-[clients #5, #2 and #7] will try to interact with activities."</p> <p>Staff #1 was interviewed again on 12/16/14 at 6:55 PM. She indicated client #4 liked to stay in his room, and liked books, but would tear up the pages and throw them on the floor. When asked about activities for client #4, she stated, "We don't force him as he gets agitated."</p>		<p>be revised to include a new goal for leisure activities. With the involvement of the IDT, new goals will be put into place to address the leisure activities.</p> <p>All direct care staff were retrained regarding the importance of engaging consumers during down time. Individual pick lists of activities consumers enjoy have been developed to assist staff with engaging activities. Staff training included the expectation that staff will attempt to engage consumers in a different activity a minimum of every 15 minutes.</p> <p>Program Director and Home Manager received retraining to include ensuring that consumers have goals for all areas of need, including leisure activities and ways to assist staff in implementing these goals. The Program Director will be retrained on including the client goals in the Individualized Support Plan.</p> <p>Ongoing, the Program Director will work with the interdisciplinary teams to ensure</p>				

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	<p>Observations were completed on 12/17/14 from 6:48 AM until 7:40 AM. Clients #1 and #4 sat on the sofa and did not engage in activities, until client #4 attempted to go to the kitchen for a drink. Client #4 looked at a bookcase and was asked to sit down. When client #4 did not respond, staff prompted him to get a book. Client #4 then sat on the sofa holding a book. Client #2 sat on a chair and watched TV without engaging in activity after he completed breakfast and took out the trash.</p> <p>Client #1's record was reviewed on 12/17/14 at 1:52 PM. An ISP (Individual Support Plan) dated 8/15/14 indicated objectives to drink only water with medication administration, indicate choice of drink, engage in physical activity, choose a quarter, place dirty laundry in hamper, wash both legs, thoroughly brush teeth, and use the rest room. Client #1's CFA (Comprehensive Functional Assessment) dated 4/23/14 indicated he was not independent in leisure skills. There was no evidence the ISP objectives addressed client #1's lack of independence in leisure skills.</p> <p>Client #2's record was reviewed on 12/17/14 at 2:55 PM. An ISP dated 7/5/14 indicated objectives to wash hands</p>		<p>that each client has training goal to identify their specific areas of need.</p> <p>For four weeks the HM and PD will complete active treatment observations a minimum of three times weekly to ensure active treatment and consumers' leisure time goals are being implemented. Ongoing after the four weeks the HM and PD will complete active treatment observations a minimum of twice weekly to ensure active treatment and consumers' leisure time goals are being implemented.</p> <p>Ongoing, all Individualized Support Plans will be reviewed by the Area Director and/or Quality Assurance Manager, to ensure accuracy and to ensure that all areas of need are met for each client.</p> <p>Responsible Party: Program Director, Area Director, and Quality Assurance Manager.</p>				

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	<p>prior to medication administration, choose appropriate volume to communicate, ask staff for \$2.00 prior to day services, thoroughly brush teeth, wash hair, put dirty laundry in hamper, and change trash in the kitchen. Client #2's undated comprehensive functional assessment indicated he was not independent in leisure skills. There was no additional evidence the ISP objectives addressed client #2's lack of independence in leisure skills.</p> <p>Client #4's record was reviewed on 12/17/14 at 1:12 PM. An ISP dated 6/30/13 indicated objectives to wash hands, choose a drink, increase physical fitness, choose a quarter, clean gums, wash hair and load laundry into the washer. Client #4's ISP indicated client #4 "will join activities with peers, but often prefers to be alone. [Client #4] should be encouraged to participate in activities in the home, particularly skill building activities." Client #4's undated comprehensive functional assessment indicated he was not independent in leisure skills. There was no additional evidence the ISP addressed client #4's lack of independence in leisure skills.</p> <p>The Area Director was interviewed on 12/17/14 at 4:55 PM and indicated the clients' ISPs should address their needs in leisure skill development.</p>			

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W000248	<p>This deficiency was cited on August 22, 2014. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-4(a)</p> <p>483.440(c)(7) INDIVIDUAL PROGRAM PLAN A copy of each client's individual plan must be made available to all relevant staff, including staff of other agencies who work with the client, and to the client, parents (if the client is a minor) or legal guardian. Based on observation, record review, and interview, the facility failed for 2 of 4 sampled clients (clients #3 and #4) by not ensuring their updated individual support plans and behavior support plans were available for staff to implement.</p> <p>Findings include: Client #3's record used by staff to</p>	W000248	Home Manager and Program Director received retraining regarding the necessity to maintain accurate and up to date consumer records within the home. Training included ensuring that most recent updates of ISP, BSP, RMAP, Program Goals, MARs, High risk plans, Dining plans, etc. are available to Direct care staff within the home.	01/28/2015

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	<p>implement and document goals was reviewed on 12/17/14 at 2:20 PM. An ISP (Individual Support Plan) dated 6/30/13 indicated objectives to wash hands, choose a drink, participate in recreational activities, choose a quarter, thoroughly brush teeth, wash upper body, take plate to sink, and evacuate during safety drill. A behavior support plan dated 11/5/12 indicated target behaviors of invading space, putting his hands in his mouth, non-compliance and anger containment.</p> <p>Client #4's record used by staff to implement and document goals was reviewed on 12/17/14 at 2:20 PM. An ISP dated 6/29/13 indicated objectives to wash hands, choose a drink, increase physical fitness, choose a quarter, clean gums and load laundry into washer. A behavior support plan dated 8/31/13 indicated target behaviors of property destruction and self injurious behavior.</p> <p>Updated ISPs for clients #3 and #4 were reviewed on 12/17/14 at 4:00 PM and indicated the following:</p> <p>Client #3's ISP dated 6/29/14 indicated the same objectives as the 6/29/13 ISP.</p> <p>Client #4's ISP dated 6/30/14 indicated the same objectives as the 6/30/13 ISP.</p>		<p>Training reviewed who to contact if any of the above items were not available in the home to review.</p> <p>Ongoing HM and/or PD will complete weekly reviews of the Program, Goal and MAR books to ensure that all necessary documentation is present for review as needed. If any documentation is missing or out of date HM will consult with PD or AD to ensure documentation can be completed and obtained so it can be put in the home and available for review as needed.</p> <p>Responsible Party: Home Manager, Program Director, Area Director.</p>		

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W000249	<p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 12/17/14 at 3:20 PM and indicated there should be updated information for staff to use to implement client plans.</p> <p>9-3-4(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. Based upon observation, record review and interview, the facility failed to ensure 4 of 4 sampled clients (clients #1, #2, #3 and #4) objectives were implemented.</p> <p>Findings include:</p>	W000249	Client #1, 2 and 4's Individualized Support Plan will be revised to include a new goal for leisure activities. With the involvement of the IDT, new goals will be put into place to address the leisure activities.	01/28/2015

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	<p>Observations were completed at the group home on 12/16/14 from 6:16 PM until 6:58 PM. Client #1 sat next to staff #1 and staff #4 but did not engage in activity. Client #2 sat in a chair and watched TV throughout the observation and did not engage in activity. Client #3 watched staff fold laundry and wandered around the house, then pointed out the window. Client #4 stayed in his room with the covers over his head and headphones on his head.</p> <p>Staff #1 was interviewed on 12/16/14 at 6:20 PM. When asked about activities, she stated, "He (client #2) likes to watch TV." She indicated client #1 did not understand how to participate in activities. She stated, "There are board games-[clients #5, #2 and #7] will try to interact with activities."</p> <p>Staff #1 was interviewed again on 12/16/14 at 6:55 PM. She indicated client #4 liked to stay in his room, and liked books, but would tear up the pages and throw them on the floor. When asked about activities for client #4, She stated, "We don't force him as he gets agitated."</p> <p>Observations were completed on 12/17/14 from 6:48 AM until 7:40 AM. Clients #1 and #4 sat on the sofa and did not engage in activities, until client #4</p>		<p>All direct care staff weretrained regarding the importance of engaging consumers during down time. Individual pick lists of activities consumersenjoy have been developed to assist staff with engaging activities. Stafftraining included the expectation that staff will attempt to engage consumersin a different activity a minimum of every 15 minutes.</p> <p>Program Director and HomeManager received retraining to include ensuring that consumers have goals forall areas of need, including leisure activities and ways to assist staff inimplementing these goals. The Program Director will be retrained on including the client goalsin the Individualized Support Plan.</p> <p>Ongoing,the Program Director will work with the interdisciplinary teams to ensure thateach client has training goal to identify their specific areas of need.</p>				

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	<p>attempted to go to the kitchen for a drink. Client #4 looked at a bookcase and was asked to sit down. When client #4 did not respond, staff prompted him to get a book. Client #4 then sat on the sofa holding a book. Client #2 sat on a chair and watched TV without engaging in activity after he completed breakfast and took out the trash. Client #3 walked around the house and pointed out the window.</p> <p>Client #1's record was reviewed on 12/17/14 at 1:52 PM. An ISP dated 8/15/14 indicated objectives to drink only water with medication administration, indicate choice of drink, engage in physical activity, choose a quarter, place dirty laundry in hamper, wash both legs, thoroughly brush teeth, and use the rest room.</p> <p>Client #2's record was reviewed on 12/17/14 at 2:55 PM. An ISP dated 7/5/14 indicated objectives to wash hands prior to medication administration, choose appropriate volume to communicate, ask staff for \$2.00 prior to day services, thoroughly brush teeth, wash hair, put dirty laundry in hamper, and change trash in the kitchen.</p> <p>Client #3's record was reviewed on 12/17/14 at 2:20 PM. An ISP dated</p>		<p>Forfour weeks the HM and PD will complete active treatment observations a minimumof three times weekly to ensure active treatment and consumers' leisure timegoals are being implemented. Ongoing after the four weeks the HM and PD willcomplete active treatment observations a minimum of twice weekly to ensureactive treatment and consumers' leisure time goals are being implemented.</p> <p>Ongoing,all Individualized Support Plans will be reviewed by the Area Director and/orQuality Assurance Manager, to ensure accuracy and to ensure that all areas ofneed are met for each client.</p> <p><i>Addendum:</i> <i>For four weeks the HMand/or PD will complete active treatment observations a minimum of four timesweekly to ensure active treatment and consumers' leisure time goals are beingimplemented. For the next four weeks the HM and/or PD will complete activetreatment observations a minimum of three times weekly to ensure</i></p>				

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	<p>6/29/13 indicated objectives to wash hands, choose a drink, choose a quarter, participate in recreational activities, thoroughly brush teeth and wash upper body.</p> <p>Client #4's record was reviewed on 12/17/14 at 1:12 PM. An ISP dated 6/30/13 indicated objectives to wash hands, choose a drink, increase physical fitness, choose a quarter, clean gums, wash hair, and load laundry into the washer.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 12/17/14 at 12:45 PM and indicated the clients should be prompted to participate in activities and to implement their objectives. The QIDP stated "We go over it all the time."</p> <p>This deficiency was cited on August 22, 2014. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-4(a)</p>		<p><i>activetreatment and consumers' leisure time goals are being implemented. Ongoing theHM and PD will complete active treatment observations a minimum of twice weeklyto ensure active treatment and consumers' leisure time goals are beingimplemented.</i></p> <p>ResponsibleParty: Program Director, Area Director, and Quality Assurance Manager.</p>		

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W000263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based upon record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) to ensure consent was obtained by their health care representative/guardians for their behavior plans which included restrictive interventions (psychotropic medication).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 12/17/14 at 1:52 PM. The record indicated client #1 had health care representatives to assist him in making decisions. A BSP (behavior support plan) dated 3/31/14 indicated target behaviors of excessive drinking, vacating/elopement, taking others food/drink and aggressive play. The plan included the use of Risperidone (anti-psychotic), divalproex (seizures/autism), and clonidine (hyperactivity) and the use of physical intervention. There was no evidence of consent from the health care representatives of client #1's plan.</p>	W000263	<p>The Program Director received retraining to include the necessity of ensuring that guardians are asked for input and involvement in consumers ISP and BSP development. Training also included ensuring that necessary approvals are obtained once an ISP or BSP is developed or updated. Training also included ensuring that the PD is completing regular follow ups via mail, phone, email etc. to ensure attempts are made to contact family and guardians to obtain written approvals.</p> <p>Ongoing the Program Director will ensure that attempts to contact parents/guardians regarding obtaining necessary approvals are completed a minimum of once per week until approvals are obtained. Program Director will document when and how approvals are made in attempt to obtain writing approvals for updated documentation. Documentation of attempts at contact will be kept in consumers charts to be available for review as requested.</p> <p>Responsible Party: Program Director and Area Director</p>	01/28/2015	

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	<p>Client #2's record was reviewed on 12/17/14 at 2:55 PM. The record indicated client #2 had a guardian to assist him in making decisions. A behavior support plan (BSP) dated 7/5/14 indicated target behaviors of anger outburst, physical aggression, on task behavior, and increase social behaviors. To address physical aggression, the plan included the use of "agency-approved blocking techniques to block the aggression. If the blocking is ineffective, use agency-approved containment techniques until he is calm for two consecutive minutes." The plan included the use of seroquel (anti-psychotic), depakote (mood stabilizer), and "propandol (sic)" (beta-blocker). A signature page indicated "verbal approval 8/16/14." There was no evidence of written consent from client #2's guardian for his BSP.</p> <p>Client #3's record was reviewed on 12/17/14 at 2:20 PM. A BSP dated 6/14 indicated target behaviors of invading space, hands in mouth, non-compliance, anger control, self-injurious behaviors (SIB), inappropriate touching, and incontinence. To address self-injurious behavior, the plan included the use of "the minimal amount of physical guidance to stop the behavior...If the SIB</p>			

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	<p>does not stop, use the PIA (physical interventions) techniques learned at training applying minimal physical guidance...." The plan included the use of diazepam for anxiety. There was no evidence of consent from client #3's guardian for his BSP.</p> <p>Client #4's record was reviewed on 12/17/14 at 1:12 PM. A BSP dated 10/9/13 indicated target behaviors of property destruction, self injurious behavior, vomiting, isolation, sleep disturbance, dumping containers, anxiety for medication procedures, and eating inedibles. To address dumping containers, property destruction and self injurious behavior, the plan included the use of physical guidance. There was no evidence of consent from client #4's guardian for his BSP.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 12/17/14 at 3:20 PM and stated, "We've been unable to get consent" for clients #1, #2, #3 and #4's BSPs.</p> <p>This deficiency was cited on August 22, 2014. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p>			

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W000289	<p>9-3-4(a)</p> <p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on interview and record review for 3 of 4 sampled clients (clients #2, #3 and #4), the facility failed to ensure specific intervention strategies were written in their behavioral intervention plans.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 12/17/14 at 2:55 PM. A behavior support plan (BSP) dated 9/11/13 indicated target behaviors of anger outburst, physical</p>	W000289	<p>The hierarchy of specific intervention strategies to address adverse physical behavior has been added to Client #2, 3 and 4 Behavior Support Plans. Specifics have been individualized for each client to include specific interventions appropriate and the hierarchy of their used and have been included in the Behavior Support Plans.</p> <p>Program Director received retraining on understanding the necessity of ensuring that proper protocols are included in any new or</p>	01/28/2015			

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	<p>aggression, on task behavior, and increase social behaviors. To address physical aggression, the plan included the use of "agency-approved blocking techniques to block the aggression. If the blocking is ineffective, use agency-approved containment techniques until he is calm for two consecutive minutes." There was no evidence of which blocking and containment techniques to use or a hierarchy for their use.</p> <p>Client #3's record was reviewed on 12/17/14 at 2:20 PM. A BSP dated 6/14 indicated target behaviors of invading space, hands in mouth, non-compliance, anger control, self-injurious behaviors (SIB), inappropriate touching, and incontinence. To address self-injurious behavior, the plan included the use of "the minimal amount of physical guidance to stop the behavior...If the SIB does not stop, use the PIA (physical interventions) techniques learned at training applying minimal physical guidance...." There was no evidence of which physical intervention techniques to use or a hierarchy for their use.</p> <p>Client #4's record was reviewed on 12/17/14 at 1:12 PM. A BSP dated 10/9/13 indicated target behaviors of property destruction, self injurious</p>		<p>updated BSPs including PIA and Medication titration plans. Training also included ensuring that the Program Director consult with the Area Director or Behavior Specialist to assist with obtaining clarifications on how to address specific topics if needed.</p> <p>Ongoing, the Area Director will complete random quarterly audits to ensure that all of the proper approvals are in place from the IDTs as well as clarification as to the hierarchy of physical intervention alternatives is outlined in each person's individual plan.</p> <p>Responsible Party: Program Director and Area Director</p>				

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W000488	<p>behavior, vomiting, isolation, sleep disturbance, dumping containers, anxiety for medication procedures, and eating inedibles. To address dumping containers, property destruction and self injurious behavior, the plan included the use of physical guidance. The type of physical guidance and hierarchy for its use was not specified in the plan.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 12/17/14 at 12:45 PM and indicated the clients' specific interventions and a hierarchy for their use should be included in the plans.</p> <p>This deficiency was cited on August 22, 2014. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-5(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her</p>				

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	<p>developmental level.</p> <p>Based upon record review and interview, the facility failed for 1 of 4 sampled clients (client #4) and for 1 additional client (client #7) to encourage clients to assist in meal preparation (client #7) and pouring their own beverage (client #4).</p> <p>Findings include:</p> <p>Observations were completed on 12/17/14 from 6:48 AM until 7:50 AM. Clients #2 and #7 ate their breakfast of cereal and milk. Client #7 wanted more cereal and staff #5 went to the cupboard, got out the cereal and brought milk for client #7. Client #4 stood in the kitchen until staff #6 opened the refrigerator got out milk and poured a glass of milk for him.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 12/17/14 at 12:45 PM and indicated the clients should have assisted with meal preparation.</p> <p>This deficiency was cited on August 22, 2014. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-8(a)</p>	W000488	<p>All direct care staff will receive retraining to include allowing and encouraging all consumers to assist with meal preparation, setting the table, cleaning up after the meal, etc. In addition, retraining will include ensuring that all consumers are allowed to eat in a way consistent with developmental levels. Retraining will include ensuring that consumers are allowed to serve themselves at mealtime or are provided had over hand assistance as needed.</p> <p>For 4 weeks the Home Manager and/or Program director will complete mealtime observations a minimum of four times weekly to ensure that direct care staff are allowing and encouraging consumers to assist with meal preparation and clean up; are eating in a way consistent with developmental levels and are running consumers mealtime objectives.</p> <p>For the next 4 weeks the Home Manager and/or Program director will complete mealtime observations a minimum of three times weekly to ensure that direct care staff are allowing and encouraging consumers to assist with meal preparation and clean up; are eating in a way consistent with developmental levels and are running consumers mealtime objectives.</p>	01/28/2015			

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			Ongoing the HM and/or Program director will complete mealtime observations a minimum of weekly to ensure that direct care staff are allowing and encouraging consumers to assist with meal preparation and clean up; are eating in a way consistent with developmental levels and are running consumers mealtime objectives. Responsible Party: Home Manager, Program Director, and Area Director.		