

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G693	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/01/2012
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NAME OF PROVIDER OR SUPPLIER KNOX COUNTY ARC-ARC AVE (105)	STREET ADDRESS, CITY, STATE, ZIP CODE 2968 E ARC AVE BLDG 105 VINCENNES, IN 47591
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W0000	<p>This visit was for an investigation of complaint #IN00116495. This visit resulted in an Immediate Jeopardy.</p> <p>This visit was in conjunction with a post-certification revisit survey (PCR) to the PCR to the investigation of complaint #IN00104180 completed on 4/24/12.</p> <p>Complaint #IN00116495: Substantiated, Federal/State deficiencies related to the allegation(s) are cited at W102, W104, W122, W149, W154, W189, W240, W318, W331 and W342.</p> <p>Survey Dates: 9/18, 9/19, 9/20, 9/21, 9/24, 9/27, 9/28 and 10/1/12</p> <p>Facility Number: 002937 AIMS Number: 200333060 Provider Number: 15G693</p> <p>Surveyor: Paula Chika, Medical Surveyor III-Team Leader Dotty Walton, Medical Surveyor III (9/24/12)</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/2/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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

TITLE

(X6) DATE

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

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W0102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Governing Body for 4 of 4 sampled clients (A, B, C and D) and for 4 additional clients (E, F, G and H). The governing body failed to ensure the facility did not neglect clients it served and conducted thorough investigations of all allegations of abuse/neglect. The governing body failed to ensure the facility met the health care needs of each client and to ensure nursing services trained facility staff to meet the health care needs of clients. The governing body failed to develop written policies and/or a system which indicated how staff suspension would be documented, and failed to monitor staff who had multiple allegations and/or concerns in regard to client care to ensure the protection of the clients in the group home. The governing body failed to monitor/provide oversight of the group home to ensure appropriate client care.</p> <p>Findings include:</p> <p>1. The governing body failed to ensure the facility met the Condition of Participation: Client Protections for 4 of 4</p>	W0102	<p>W102</p> <p>Plan of Correction: All staff will be retrained on the Abuse/neglect policy. All members of the Investigation Team will be retrained by the Director of Residential and Adult Day Services on completing a thorough investigation. All Direct Support Professionals have/will receive the required individual specific training. This training will include the proper use of adaptive equipment. The training will also include the toileting needs of each individual. The Nurse and Manager will provide this training. The Nurse who failed to provide the required training previously has been terminated. The abuse/neglect policy will be revised to include a description for documenting all investigatory suspensions on our disciplinary action form. The investigation summary has been revised to include the date the investigation was completed. A system has been put in place to alert the Quality Assurance Coordinator if a staff has more than two allegations against him/her in a 3-month period. The Quality Assurance Coordinator has been trained by the Director of Residential and Adult Day Services to then initiate another investigation</p>	10/14/2012			

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	<p>sampled clients (A, B, C and D) and for 4 additional clients (E, F, G and H). The governing body failed to implement its written policies and procedures to prevent neglect of clients in regard to the care the clients received to meet their basic and medical needs. The governing body failed to implement its policy and procedures to prevent neglect of the clients in regard to staffs' lack of training to provide care to meet the health, medical and safety needs of clients to ensure no potential harm would occur. The governing body failed to develop policy and procedures which specifically indicated how the suspension of staff would be documented. The governing body failed to implement its policy and procedures to conduct thorough investigations, and to ensure a staff who had allegations of abuse against them was monitored to ensure clients were not subjected to potential neglect and/or abuse. Please see W122.</p> <p>2. The governing body failed to ensure the facility met the Condition of Participation: Health Care Services for 4 of 4 sampled clients (A, B, C and D) and for 1 additional client (E), the governing body failed to ensure the facility's Health Care Services met the nursing needs of each client. The governing body failed to ensure the facility's Health Care Services</p>		<p>and put additional monitoring in place. Currently, the home has an administrative staff present 24 hours per day. This will be continued until all staff have displayed competency. The Executive Vice President and Director of Residential and Adult Day Services are each currently visiting the home at least once weekly to ensure the administrative staff are providing the proper oversight. After 30 days, they will continue to visit the home at least twice monthly. The Quality Systems Management Director is now visiting the home at least five times per week to ensure the administrative staff are providing the proper oversight. This will continue for a minimum of 30 days from the day it began. After 30 days, the Quality Systems Management Director or the Quality Assurance Coordinator will continue to visit the home at least once per month. After 30 days, the Group Home Manager will be in the home when residents are present a minimum of 5 days per week. The Group Home Coordinator will be in the home when residents are present at least once per week. The purposes of these visits will be to monitor staff competency and implementation of programming. Preventive Action: A new system has been developed and implemented to ensure all staff receive appropriate individual specific training prior to working as</p>				

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	<p>trained staff in regard to clients' health care needs, to ensure risk plans addressed all the health care needs of clients including nursing measures staff were to follow in regard to catheters and colostomies. The facility's governing body failed to ensure facility staff reported all health concerns to nursing staff and to ensure all adaptive equipment was properly addressed. The governing body failed to ensure the facility's Health Care Services trained all staff in regard to clients' health care needs prior to working with clients to ensure the clients' safety and care. Please See W318.</p> <p>3. The governing body failed to ensure the facility implemented its written policy and procedures to prevent neglect of clients in regard to resident care, to ensure staff were properly trained to prevent potential harm/neglect of clients in regard to client care/health care needs. The governing body failed to train staff in regard to the clients' medical needs/conditions to ensure the clients received the care they needed. The governing body failed to develop a system/policy and procedure which ensured the facility formally documented suspension of staff to ensure staff did not have contact with clients during the investigations, to complete thorough investigations of all allegations of staff to</p>		<p>staff in the home. This system involves the Human Resources Department tracking all new hire individual specific training. The Training Coordinator and/or Program Services Recruiter will track the training for each new hire to ensure he/she has all required individual specific training. The Training Coordinator or Program Services Recruiter will send an email to the Group Home Coordinator and Group Home Administrative Assistant when the training is complete. In this email, it will be indicated that the new hire is cleared to work as staff in the home. The Group Home Coordinator or Administrative Assistant will then send a similar email to the Group Home Manager. The Group Home Manager will not be permitted to put the staff on the schedule to work as staff with individuals until he/she receives the email from the Group Home Coordinator or Administrative Assistant. All current staff in the home have received the required individual specific training. The abuse/neglect policy will be revised to include a description for documenting all investigatory suspensions on our disciplinary action form. The investigation summary has been revised to include the date the investigation was completed. A system has been put in place to alert the Quality</p>		

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	client neglect and abuse for clients A, B, C, D and E, to implement its policy and procedures to prevent potential neglect and/or abuse of clients to ensure a staff person, who had allegations of abuse/neglect and/or concerns in regard to resident care against them, was monitored to ensure clients A, B, C, D, E, F, G and H were protected. The governing body failed to conduct thorough investigations in regard to all allegations made in regard to neglect, abuse and/or injuries of unknown origin for clients A, B, C, D and E. The governing body failed to ensure nursing services met the healthcare needs of clients A, B, C, D and E. The governing body failed to ensure the facility's nursing services trained staff in regards to the clients' health needs, to ensure a client's risk plans indicated how facility staff were to monitor and/or care for a suprapubic catheter and colostomy site. The governing body failed to ensure facility staff reported all health concerns of a client to nursing services for assessment and/or doctor referral, and to ensure all adaptive equipment/bedrails were part of the clients' Individual Program Plans (IPPs) with a schedule of use, and/or included the number of staff to utilize a Hoyer lift for a client's safety during transfers. The governing body failed to ensure nursing services trained staff in regard to specialized		Assurance Coordinator if a staff has more than two allegations against him/her in a 3-month period. The Quality Assurance Coordinator has been trained to then initiate another investigation and put additional monitoring in place. Currently, the home has an administrative staff present 24 hours per day. This will be continued until all staff have displayed competency. The Executive Vice President and Director of Residential and Adult Day Services are each currently visiting the home at least once weekly to ensure the administrative staff are providing the proper oversight. After 30 days, they will continue to visit the home at least once monthly. The Quality Systems Management Director is now visiting the home at least five times per week to ensure the administrative staff are providing the proper oversight. This will be continued for at least 30 days from when it began. After 30 days, the Quality Systems Management Director or the Quality Assurance Coordinator will continue to visit the home at least once per month. After 30 days, the Group Home Manager will be in the home when residents are present a minimum of 5 days per week. The Group Home Coordinator will be in the home when residents are present at least once per week. The purposes of these visits will be to monitor staff competency and				

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	<p>services/health needs of clients, and/or trained facility staff in regard to the clients' risk plans. Please see W104.</p> <p>This federal tag relates to complaint #IN00116495.</p> <p>9-3-1(a)</p>		<p>implementation of programming.</p> <p>Monitoring: A new system has been developed and implemented to ensure all staff receive appropriate individual specific training prior to working as staff in the home. This system involves the Human Resources Department tracking all new hire individual specific training. The Training Coordinator and/or Program Services Recruiter will track the training for each new hire to ensure he/she has all required individual specific training. The Training Coordinator or Program Services Recruiter will send an email to the Group Home Coordinator and Group Home Administrative Assistant when the training is complete. In this email, it will be indicated that the new hire is cleared to work as staff in the home. The Group Home Coordinator or Administrative Assistant will then send a similar email to the Group Home Manager. The Group Home Manager will not be permitted to put the staff on the schedule to work as staff with individuals until he/she receives the email from the Group Home Coordinator or Administrative Assistant. All current staff in the home have received the required individual specific training. The abuse/neglect policy will be revised to include a description for documenting all investigatory</p>		

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			suspensions on our disciplinary action form. The investigation summary has been revised to include the date the investigation was completed. A system has been put in place to alert the Quality Assurance Coordinator if a staff has more than two allegations against him/her in a 3-month period. The Quality Assurance Coordinator has been trained to then initiate another investigation and put additional monitoring in place. Currently, the home has an administrative staff present 24 hours per day. This will be continued until all staff have displayed competency. The Executive Vice President and Director of Residential and Adult Day Services are each currently visiting the home at least once weekly to ensure the administrative staff are providing the proper oversight. After 30 days, they will continue to visit the home at least twice monthly. The Quality Systems Management Director is now visiting the home at least five times per week to ensure the administrative staff are providing the proper oversight. This will continue for at least 30 days from when it began. After 30 days, the Quality Systems Management Director or the Quality Assurance Coordinator will continue to visit the home at least once per month. After 30 days, the Group Home Manager will be in the home when residents are present a		

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			<p>minimum of 5 days per week. The Group Home Coordinator will be in the home when residents are present at least once per week. The purposes of these visits will be to monitor staff competency and implementation of programming.</p> <p>Date to Be Completed By: October 14, 2012 Responsible Party: Director of Residential and Adult Day Services, Training Coordinator</p>		

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W0104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients (A, B, C and D) and for 4 additional clients (E, F, G and H), the governing body failed to exercise general policy and operating direction over the facility to ensure the facility did not neglect clients it served and conducted thorough investigations of all allegations of abuse/neglect. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility met the health care needs of each client and to ensure nursing services trained facility staff to meet the health care needs of clients. The governing body failed to exercise general policy and operating direction over the facility to develop written policies and/or a system which indicated how the facility would document a staff's suspension, and to monitor a staff who had multiple allegations and/or concerns in regard to client care.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports and/or investigations were reviewed on 9/18/12 at 2:27 PM. The</p>	W0104	<p>W104</p> <p>Plan of Correction: All staff will be retrained on the Abuse/neglect policy. All members of the Investigation Team will be retrained by the Director of Residential and Adult Day Services on completing a thorough investigation. All Direct Support Professionals have/will receive the required individual specific training. This training will include the proper use of adaptive equipment. The training will also include the toileting needs of each individual. The Nurse and Manager will provide this training. The Nurse who failed to provide the required training previously has been terminated. The abuse/neglect policy will be revised to include a description for documenting all investigatory suspensions on our disciplinary action form. The investigation summary has been revised to include the date the investigation was completed. A system has been put in place to alert the Quality Assurance Coordinator if a staff has more than two allegations against him/her in a 3-month period. The Quality Assurance Coordinator has been trained to then initiate another investigation and put additional monitoring in place. The staff will</p>	10/14/2012

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	<p>facility's reportable incident reports and/or investigations indicated the following:</p> <p>-9/12/12 "...At 6:18 am [administrative staff #3] with the Vincennes Team pager to report a possible Abuse/Neglect/Exploitation incident involving 3 different consumers in the home. [Staff #3], morning staff, reported the following issues as he proceeded to help consumers get up:</p> <p>[Client A] was twisted around and against her bedrail. She could not move. [Client B] and [client C] neither one had their bedrails up on their beds. [Client C] had a dirty diaper laying on his bed. [Client C] did not have on his C-pap mask for his sleep apnea. As soon as he could, [staff #3] called an agency KCARC (Knox County Association for Retarded Citizens) pager phone...." The facility's 9/12/12 reportable incident report indicated staff #7 was the staff involved in regard to the allegation of neglect.</p> <p>A facility's 9/12/12 witness statement by staff #6 indicated the staff had found client C wet and/or dirty before when staff #6 would come in and then get the client up. Another 9/12/12 witness statement by staff #3 indicated "Are you</p>		<p>multiple allegations against her has been terminated. Nursing staff are working on getting an order for a cover for Client A's bedrails. The Executive Vice President and Director of Residential and Adult Day Services are each currently visiting the home at least once weekly to ensure the administrative staff are providing the proper oversight. After 30 days, they will continue to visit the home at least twice monthly. The Quality Systems Management Director is now visiting the home at least five times per week to ensure the administrative staff are providing the proper oversight. This will continue for at least 30 days from when it began. After 30 days, the Quality Systems Management Director or the Quality Assurance Coordinator will continue to visit the home at least once per month. After 30 days, the Group Home Manager will be in the home when residents are present a minimum of 5 days per week. The Group Home Coordinator will be in the home when residents are present at least once per week. The purposes of these visits will be to monitor staff competency and implementation of programming.</p> <p>Preventive Action: A new system has been developed and implemented to ensure all staff receive appropriate individual specific training prior to working as</p>				

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	<p>aware of any staff that has left the individuals wet or dirty? Yes-[staff #7]."</p> <p>The facility's undated Investigation Summary indicated "...3 staff and 2 consumers said they were aware of bedrails being left down...C pap machine All staff were aware that it needs to be placed on consumer before he goes to bed and checked throughout the night...It was found during the investigation that [staff #7] admitted that she had left bedrails down. [Client A] often becomes tangled up in her bedrails. [Clients C and B's] bedrails that were left down again she admitted to this,...The dirty diaper on [client C's] bed, was from where his cath was leaking and she placed the diaper in place to stop the urine from getting on him and bed and causing skin breakdown. [Client C's] cath does leak when he is feeling backed up..." The 9/12/12 reportable incident report indicated client C would take his Cpap mask off during the night. The reportable incident report indicated "...[Staff #7] stated that she was not properly trained in the usage of the bedrails and admitted fully to leaving them down." The facility's investigation indicated staff #7 was suspended and retrained on 9/12/12 and returned to work on 9/13/12.</p> <p>-9/11/12 "It was reported by staff member</p>		<p>staff in the home. This system involves the Human Resources Department tracking all new hire individual specific training. The Training Coordinator and/or Program Services Recruiter will track the training for each new hire to ensure he/she has all required individual specific training. The Training Coordinator or Program Services Recruiter will send an email to the Group Home Coordinator and Group Home Administrative Assistant when the training is complete. In this email, it will be indicated that the new hire is cleared to work as staff in the home. The Group Home Coordinator or Administrative Assistant will then send a similar email to the Group Home Manager. The Group Home Manager will not be permitted to put the staff on the schedule to work as staff with individuals until he/she receives the email from the Group Home Coordinator or Administrative Assistant. All current staff in the home have received the required individual specific training. The abuse/neglect policy will be revised to include a description for documenting all investigatory suspensions on our disciplinary action form. The investigation summary has been revised to include the date the investigation was completed. A system has been put in place to alert the Quality</p>				

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	<p>[staff #7] that when she came to work on 9/11/12 that [staff #5] was allegedly sleeping during his shift...." The facility's undated Investigation Summary indicated an attached 9/11/12 Record of Disciplinary Action for staff #7. The 9/11/12 disciplinary action form indicated staff #7 was given a verbal warning for "Below standard work performance" and "Inappropriate conduct." The 9/11/12 disciplinary action form indicated "[Staff #7] came into work on 9/11/12 at 12:00am and had suspicions of a staff member sleeping. She failed to report the suspicions immediately."</p> <p>-9/1/12 "It was reported that [staff #7] had cussed at [client H] while working on training objectives...."</p> <p>The facility's 9/4/12 follow-up report indicated "It was found by the investigation that the allegations were unsubstantiated. All staff and the other consumers were not able to state that this incident had happened...."</p> <p>Interview with client A on 9/19/12 at 10:00 AM indicated the staff #7 had left the client's bedrails down before. When asked how staff treated client A, client A indicated she did not like staff #7. When asked if staff #7 was nice to her, client A stated "Never." When asked why, client</p>		<p>Assurance Coordinator if a staff has more than two allegations against him/her in a 3-month period. The Quality Assurance Coordinator has been trained to then initiate another investigation and put additional monitoring in place. After 30 days, the Quality Systems Management Director or the Quality Assurance Coordinator will continue to visit the home at least once per month. After 30 days, the Group Home Manager will be in the home when residents are present a minimum of 5 days per week. The Group Home Coordinator will be in the home when residents are present at least once per week. The purposes of these visits will be to monitor staff competency and implementation of programming.</p> <p>Monitoring: A new system has been developed and implemented to ensure all staff receive appropriate individual specific training prior to working as staff in the home. This system involves the Human Resources Department tracking all new hire individual specific training. The Training Coordinator and/or Program Services Recruiter will track the training for each new hire to ensure he/she has all required individual specific training. The Training Coordinator or Program Services Recruiter will send an email to the Group Home Coordinator and Group Home Administrative</p>				

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	<p>A tried to verbally talk in sentences which were hard to understand. Client A then pointed to the back of her wheelchair. There was nothing on the back of her wheelchair. Interview with day program staff #2 on 9/19/12 at 10:10 AM indicated client A was pointing for her communication board/device. Day program staff #2 indicated the communication device/board was not sent with the client to the day program. Client A maneuvered her electric wheelchair to the day program floor and pointed at day program staff #3. Client A wanted day program staff #3 to assist her to communicate. When asked if client A had been interviewed in regard to staff #7, client A stated "No" and shook her head no.</p> <p>Interview with client A and day program staff #3 on 9/19/12 at 10:15 AM indicated when asked why client A did not like the overnight staff, client A stated "Mean." Client A then raised a closed hand and hit day program staff #3 in the arm. Day program staff #3 asked client A if she was trying to say staff hit her. Client A hit the day program staff again in the arm with a closed spastic hand. Day program staff #3 indicated client A was trying to tell us staff hit her. Day program staff asked client A if client A thought staff was teasing, client A stated "Don't think</p>		<p>Assistant when the training is complete. In this email, it will be indicated that the new hire is cleared to work as staff in the home. The Group Home Coordinator or Administrative Assistant will then send a similar email to the Group Home Manager. The Group Home Manager will not be permitted to put the staff on the schedule to work as staff with individuals until he/she receives the email from the Group Home Coordinator or Administrative Assistant. All current staff in the home have received the required individual specific training. The abuse/neglect policy will be revised to include a description for documenting all investigatory suspensions on our disciplinary action form. The investigation summary has been revised to include the date the investigation was completed. A system has been put in place to alert the Quality Assurance Coordinator if a staff has more than two allegations against him/her in a 3-month period. The Quality Assurance Coordinator has been trained to then initiate another investigation and put additional monitoring in place. After 30 days, the Quality Systems Management Director or the Quality Assurance Coordinator will continue to visit the home at least once per month. After 30 days, the Group Home Manager will be in the home when</p>		

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	<p>teasing." Client A appeared upset/agitated as the client's cheeks became red and client A had spastic movements. Client A kept trying to verbally speak. Client A indicated she did not like staff #7 a second time. When asked if staff handled the client in a rough way, client A stated "Yes." When asked if the staff person treated the other clients the same way, client A stated "Yes." When asked if client A had any other concerns with other staff, client A stated "Just her."</p> <p>Interview with day program staff #3 on 9/19/12 at 10:20 AM indicated there were a lot of new staff at client A's group home. Day program staff #3 indicated client A had not complained about the staff before. Day program staff #3 indicated she thought client A was reliable. Day program staff #3 stated "She (client A) is not able to do a lot physically for herself, but she has her mind."</p> <p>Confidential interview Q indicated staff #7 was new to the group home and did not take redirection/training well. Confidential interview Q stated "I don't say nothing to her as she gets upset." Confidential interview Q indicated allegations of neglect had been reported in regard to staff #7 not changing clients.</p>		<p>residents are present a minimum of 5 days per week. The Group Home Coordinator will be in the home when residents are present at least once per week. The purposes of these visits will be to monitor staff competency and implementation of programming.</p> <p>Date to Be Completed By: October 14, 2012 Responsible Party: Director of Residential and Adult Day Services, Training Coordinator</p>				

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	<p>Staff #7's personnel record was reviewed on 9/19/12 at 4:45 PM. Staff #7's personnel record indicated the staff was hired on 8/13/12. Staff #7's personnel record did not indicate how the facility was monitoring the newly hired staff who had allegations/concerns with client care and conduct since her employment of 8/13/12.</p> <p>Interview with administrative staff #1 on 9/19/12 at 10:45 AM indicated the facility did not have a system in place which tracked allegations and/or concerns with staff. Administrative staff #1 indicated staff #7 was a new hire and was not being monitored in regard to client care.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its written policy and procedures to prevent neglect of clients in regard to resident care, to ensure staff were properly trained to prevent potential harm/neglect of clients in regard to client care/health care needs. The governing body failed to exercise general policy and operating direction over the facility to train staff in regard to the clients' medical needs/conditions to ensure the clients received the care they needed. The governing body failed to exercise general</p>						

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	<p>policy and operating direction over the facility to develop a system/policy and procedure which ensured the facility formally documented suspension of staff to ensure staff did not have contact with clients during the investigations, to complete thorough investigations of all allegations of staff to client neglect and abuse for clients A, B, C, D and E, to implement its policy and procedures to prevent potential neglect and/or abuse of clients to ensure a staff person, who had allegations of abuse/neglect and/or concerns in regard to resident care against them, was monitored to ensure clients A, B, C, D, E, F, G and H were protected. Please see W149.</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility to conduct thorough investigations in regard to all allegations made in regard to neglect, abuse and/or injuries of unknown origin for clients A, B, C, D and E. Please see W154.</p> <p>4. The governing body failed to exercise general policy and operating direction over the facility to ensure nursing services met the healthcare needs of clients A, B, C, D and E. The governing body failed to ensure the facility's nursing services trained staff in regards to the clients' health needs, to ensure a client's risk plans</p>			

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	<p>indicated how facility staff were to monitor and/or care for a suprapubic catheter and colostomy site. The governing body failed to exercise general policy and operating direction over the facility to ensure facility staff reported all health concerns of a client to nursing services for assessment and/or doctor referral, and to ensure all adaptive equipment/bedrails were part of the clients' Individual Program Plans (IPPs) with a schedule of use, and/or included the number of staff to utilize a Hoyer lift for a client's safety during transfers. Please see W331.</p> <p>5. The governing body failed to exercise general policy and operating direction over the facility to ensure nursing services trained staff in regard to specialized services/health needs of clients, and/or trained facility staff in regard to the clients' risk plans. Please see W342.</p> <p>This federal tag relates to complaint #IN00116495.</p> <p>9-3-1(a)</p>				

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W0122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 4 of 4 sampled clients (A, B, C and D) and for 1 additional client (E). The facility failed to implement its written policies and procedures to prevent neglect of clients in regard to the care the clients received to meet their basic and medical needs. The facility failed to implement its policy and procedures to prevent neglect of the clients in regard to staffs' lack of training to provide care to meet the health, medical and safety needs of clients to ensure no potential harm would occur. This non-compliance resulted in an Immediate Jeopardy as the facility failed to ensure all staff were adequately trained to meet the needs of clients and/to prevent potential harm from occurring. The Immediate Jeopardy was identified on 9/19/12 at 3:15 PM. The Director of Residential and Adult Day Services, the Program Coordinator and the Quality Assurance Coordinator were notified of the Immediate Jeopardy on 9/19/12 at 3:46 PM. The Immediate Jeopardy began on 9/19/12. A plan of removal for the immediate jeopardy was offered by the facility's Director of Residential and Adult Day Services</p>	W0122	<p>W122 Plan of Correction: All staff will be retrained on the Abuse/neglect policy. All Direct Support Professionals have/will receive the required individual specific training and will prove/have proven competency in providing care for a colostomy, catheter, CPap and other individual specific areas of need. The training will include the proper use of adaptive equipment. The training will also include the toileting needs of each individual. The Nurse and Manager will provide this training. The Nurse who failed to provide the required training previously has been terminated. . The in-home training checklist has been revised to include proving competency in several areas: colostomy, catheter, harnesses, c-pap, VNS, Oxygen, Toileting, Bathing, Speech equipment, wheelchair requirements, Hoyer lift and bed rail requirements. This training checklist must be completed before the any individual can work as staff in the home. Preventive Action: A new system has been developed and implemented to ensure all staff receive appropriate individual specific training prior to working as staff in the home. This system involves the Human Resources</p>	10/14/2012			

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	(administrative staff #1) on 9/21/12 (reviewed 9/21/12 at 1:00 PM) and included the following items: "All staff in the home will receive individual specific training on each individual living in the home. This training will include each individual's IPP, each BSP, each risk plan and adaptive equipment (how and when to use it). Each staff will receive hands-on training from a member of administration. This hands- on training will include how to care for/use an individual's catheter, colostomy bag, Hoyer lift, adaptive equipment, toileting and other specific medical needs. Each trainer will have been appropriately trained by a Nurse and will have proven competency. Each trainee will prove competency on caring for a catheter and colostomy bag. Each trainer will be a nurse or will have been with KCARC for at least one year. The Director of Residential and Adult Day Services, Coordinators, the Dietary Manager, Managers, Medical Assistants and Administrative Assistants will be considered qualified trainers after receiving training from a Nurse and proving competency. A Medical Assistant will provide the Hoyer Lift training because he is an expert in the area. A trainer will be in the home during all hours when residents are present for at		Department tracking all new hire individual specific training. The Training Coordinator and/or Program Services Recruiter will track the training for each new hire to ensure he/she has all required individual specific training. The Training Coordinator or Program Services Recruiter will send an email to the Group Home Coordinator and Group Home Administrative Assistant when the training is complete. In this email, it will be indicated that the new hire is cleared to work as staff in the home. The Group Home Coordinator or Administrative Assistant will then send a similar email to the Group Home Manager. The Group Home Manager will not be permitted to put the staff on the schedule to work as staff with individuals until he/she receives the email from the Group Home Coordinator or Administrative Assistant. All current staff in the home have received the required individual specific training. Monitoring: The Training Coordinator and/or Program Services Recruiter will monitor the completion of all individual specific training. The Executive Vice President and Director of Residential and Adult Day Services are each currently visiting the home at least once weekly to ensure the administrative staff are providing the proper oversight. After 30 days,				

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	<p>least two weeks or until all staff have proven competency in the required areas. The trainer will work side-by-side with staff to ensure staff understand the tasks they are attempting to perform. Work instructions will also be placed in the home to provide staff with reference documents that explain how to do essential tasks.</p> <p>The Manager and Coordinator will work together in the home Monday through Friday from 12 p.m. to 8 p.m. for at least two weeks. The Coordinator will use this time to thoroughly train the Manager to monitor the systems in the home. The Manager and Coordinator will use the time when residents are present to train staff. After all staff are successfully trained and the Manager has proven competency, the Manager will remain working 12 p.m.-8 p.m. in the home at least two days per week. She will work in the home from 3 p.m. to 5 p.m. the other three days and will work one weekend day per month. The Manager will assist in the hands-on training of all new staff and will document when each staff has proven competency in each required area.</p> <p>The Quality Systems Management Director will be in the home when residents are present at least five days per week for thirty days. The Director of</p>		<p>they will continue to visit the home at least twice monthly. The Quality Systems Management Director is now visiting the home at least five times per week to ensure the administrative staff are providing the proper oversight. This will continue for at least 30 days from when it began. After 30 days, the Quality Systems Management Director or the Quality Assurance Coordinator will continue to visit the home at least once per month. After 30 days, the Group Home Manager will be in the home when residents are present a minimum of 5 days per week. The Group Home Coordinator will be in the home when residents are present at least once per week. The purposes of these visits will be to monitor staff competency and implementation of programming.</p> <p>Date to Be Completed By: October 14, 2012 Responsible Party: Training Coordinator, Director of Residential and Adult Day Services</p>		

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	<p>Residential and Adult Day Services and the Executive Vice President will each be in the home when residents are present at least once weekly for thirty days. The purpose of these visits will be to ensure trainers are providing hands-on training to staff as required. After thirty days, the Director of Residential and Adult Day Services and the Executive Vice President will be in the home when residents are present at least once monthly. Additionally, the Coordinator will complete a checklist in the home at least twice monthly. This checklist will include the observation of the care of a catheter and colostomy bag. It will also include verifying that all adaptive equipment is being used properly.</p> <p>A system will be developed for tracking the training of all new hires. A Nurse and Manager will be required to train each new hire together. Afterwards, the staff being trained, the Nurse and the Manager must all sign the training form. The Administrative Assistant must track the completion of the required training and notify the Coordinator when the staff is free to work in the home unsupervised. The staff will not work in the home until the Coordinator has been notified by email that the staff has received all required training. Part of the required training will be hands-on training with a</p>						

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	<p>staff who has already been fully trained.</p> <p>A system will be developed by KCARC's Quality Systems Management Director to track all abuse and neglect investigations. This system will include a process for identifying staff that have had more than one allegation against them within a three month period. The abuse and neglect investigations and incident reports will be monitored and tracked by the Quality Assurance Coordinator (Residential Department). If he discovers that a staff has had more than one allegation of abuse/neglect against him/her within three months, the Quality Assurance Coordinator will initiate another investigation. The Quality Assurance Coordinator will also monitor the types of incident reports that are filed and all medication errors that are filed. If he discovers a trend, he will initiate a more thorough investigation. The Quality Assurance Coordinator will review each investigation thoroughly ensuring it meets all qualifications prior to any suspended staff being returned to the schedule. He will ensure all related staff documentation is reviewed prior to the completion of each investigation. The Quality Assurance Coordinator will monitor that the results of each investigation are reported to the administrator within five days as required by regulation. The Director of Residential</p>				

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	<p>and Adult Day Services will thoroughly train the Quality Assurance Coordinator to do the tasks mentioned above. The Director of Residential and Adult Day Services will be retrained by the Director of Human Resources on the abuse/neglect policy. She will then retrain the Coordinator. The Manager, Assistant Manager and Direct Support Professionals will also be retrained on the abuse/neglect policy.</p> <p>The Nurse responsible for failing to do any training with staff has been terminated. It was substantiated that he was negligent. The staff who was accused of hitting a resident and being verbally inappropriate has also been terminated. Although no one other than the resident confirmed the allegation, it is believed to be true. Also, the staff had been accused of several different inappropriate actions after only being employed by KCARC a short time.</p> <p>One individual who lives in the home has a harness that she is supposed to wear during meals and while being transported in a vehicle. She has a history of refusing this. The Director of Residential and Adult Day Services has spoken with her and explained that the physician has been contacted to get a referral for a new evaluation. The individual agreed to use</p>						

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	<p>the harness she currently has until another order can be implemented. Additionally, a training objective will be developed to assist her in following through with her agreement. All staff have been or will be trained on the appropriate use of this harness."</p> <p>Based on observation, interview and record review of the facility's 9/21/12 plan of removal, it was determined the facility's plan of action/removal had not removed the Immediate Jeopardy and the Immediate Jeopardy continued because the facility still needed to implement its plan of removal in monitoring and providing hands on training to staff and/or new staff hired to work at the group home. The facility's Immediate Jeopardy continued because the facility needed to update client C's 6/1/12 risk plan in regard to what care facility staff should be providing in regard to the client's colostomy and suprapubic catheter. The facility also needed to continue monitoring and supervising facility staff, over a period of time, to ensure the plan of removal was followed/implemented to ensure staff continued to provide quality of care to meet the basic and health needs of each client.</p> <p>The facility's Immediate Jeopardy removal plan of 9/21/12 was reviewed</p>			

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	<p>and the Director of Residential and Adult Day Services (Admin #1) was interviewed on 9/24/12 from 1:30 PM until 3:30 PM. Admin #1 indicated the plan had been revised to include staff training in the areas of oxygen application for client G, the use of a C-PAP machine (to facilitate breathing/treat sleep apnea) for client C, and the use of a magnet with a VNS/Vagal Nerve Stimulator for client B. The review of training documents indicated staff #5 had not yet been observed performing the use of a Hoyer Lift or the C-PAP machine for client C or the VNS procedure for client B. Admin #1 indicated the training would be completed when staff #5 could demonstrate competency in these areas to the identified trainer(s).</p> <p>During observations at the facility on 9/24/12 from 4:15 PM until 7:00 PM clients were observed to go about their evening routine. Staff #1, Program Coordinator/PC #1, staff #5 and staff #11 were working with clients A, B, C, D, E, F, G, and H in the facility.</p> <p>PC #1 was passing medications (17 grams of Miralax (constipation) in 5 ounces of water, and 5 tablet form medications in a 2 ounce cup of applesauce to client A at 4:15 PM. Client A was observed to be using an electric wheelchair for mobility</p>						

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	<p>and did not have her chest harness in place at the time of the medication pass. PC #1 was interviewed on 9/24/12 at 4:30 PM and indicated the label and the 9/12 Medication Administration Record/MAR indicated the Miralax was to be mixed in 8 ounces of fluid but the cup used was a five ounce cup for water. The interview indicated client A took her tablet - form medications in applesauce and sometimes more was needed (unspecified amount) to help with swallowing. Review (9/24/12 at 5:00 PM) of client A's 8/1/12 risk plan for mealtime positioning indicated she was to wear her chest harness during the meal and for 30 minutes thereafter. The risk plan review and interview with Admin #1 indicated the plan did not address positioning for food/fluids with medications. The harness was applied to client A at 4:35 PM and was observed to be ill fitting and difficult to adjust. Client A was leaning to her left in the wheelchair and she indicated at 4:45 PM on 9/24/12 the harness and wheelchair were uncomfortable. Client F was observed to place his arm around client A's shoulders and lean on her wheelchair while she was seated in the dining room near the kitchen on 9/24/12 at 5:05 PM.</p> <p>Client B was observed (9/24/12 at 4:45 PM) to be sitting at a table with staff #1</p>				

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	<p>and his helmet's chin strap was undone (used for head protection for falls or seizures). Staff #1 began the meal preparation at 5:00 PM on 9/24/12 by cooking ground meat for Goulash. Clients B and F were in the kitchen area assisting. Client F cut his right thumb when he attempted to open a can of pineapple at 5:10 PM and required follow up treatment at the local hospital.</p> <p>Client G was observed to use oxygen via a nasal cannula. The oxygen delivery tubing was observed to be on the floor. Client G attempted to leave the table at 5:48 PM on 9/24/12 to go to her bedroom for her shoes while the cannula was attached. During the meal at 5:56 PM until 6:24 PM, client G sat at the table with staff #5 and #11. Client G's feet did not touch the floor and she leaned her body over her plate. The client's cannula tubing was misplaced. PC #1 positioned the tubing at 6:15 PM.</p> <p>Client C (who had an indwelling catheter for urine and colostomy for fecal waste) indicated on 9/24/12 at 5:10 PM his colostomy was in need of emptying. Staff #5 assisted client C with the process in a private area and returned client C to his duties of dinner preparation at 5:25 PM. When client C was returned to the</p>						

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	<p>living/dining/kitchen area by staff #5, waste was observed to be on his catheter tubing. The waste remained on the tubing during meal preparation and the meal until it was pointed out to RN #1 at 6:30 PM. PC #1 cleaned the tubing at 6:40 PM.</p> <p>During the 9/27/12 observation period between 5:46 PM and 7:21 PM, at the group home, there were 3 direct staff to 7 clients who were at the group home. The facility's Quality Systems Management Director, the Program Coordinator (PC) and staff #1 were in the group home to provide training and supervision of staff. Interview with the Quality Systems Management Director on 9/27/12 at 5:55 PM indicated she was the oversight management staff for the group home. The Quality Systems Management Director indicated she would be in the home 5 days a week for the next 30 days to ensure staff were being trained and care was being provided to the clients. The Director of Residential Services and Adult Day Services was also at the group home monitoring staff for some parts of the observation period. During the 9/27/12 observation period, two of the three direct care staff were new to the group home. At 6:13 PM, client G was sitting on the couch with her oxygen on. The PC explained to and showed staff</p>			
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	<p>#11 he needed to make sure client G's oxygen hose was behind her and not in front of her. Client A had her Dynavox communication device on the back of her wheelchair. Staff #6, #11 and #17 assisted client C to transfer from wheelchair to a shower chair using a Hoyer lift. The staff attached the sling with client C to the lift appropriately. As staff #11 and #17 were new to the home, staff #6 also assisted in placing client C in the sling and use of the lift.</p> <p>During the 9/28/12 observation period between 6:55 AM and 8:00 AM, at the group home, there were 3 staff to 8 clients. The Quality Systems Management Director was present with the PC at the group home. The Residential Director came to the group home shortly after arrival to the home. LPN #2 was present in the home watching staff #3 pass the morning medications. At 7:05 AM, as staff #11 was setting the table for breakfast, the staff did not involve and/or have any client assist with setting the table. Staff #11 placed non -slip pads at client A's place setting. LPN #2 explained to staff #11, client A did not use the non-slip pad. LPN #2 also reminded staff #6, clients needed to be in the kitchen to assist with food/meal preparations. At 7:15 AM, staff #11 placed toasted</p>			
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	<p>english muffins, cooked ham slices and and oatmeal on the dining room table. Flies were observed flying around in the dining room area and on the dining room table. Staff #11 did not cover the food. At 7:23 AM, LPN #2 asked staff to get paper towels to cover the food as flies were in the dining room. Staff #11 then went and retrieved paper towels to cover the food for clients C, F and H. During the 9/28/12 observation period, client A had her harness on her while she was eating and for 30 minutes after the client ate.</p> <p>Interview with staff #11 on 9/27/12 at 6:38 PM indicated he was trained in the use of the Hoyer lift on 9/26/12 with the care of client C's colostomy bag and catheter. Staff #11 indicated he was trained by the facility's nurse. Staff #11 indicated he knew how to use client B's Vagal Nerve Stimulator (VNS). Staff #11 was able to answer questions in regard to the clients' adaptive equipment and health needs.</p> <p>Interview with staff #17 on 9/27/12 at 6:51 PM indicated the staff was new to the home but had worked for the group home in the past. Staff #17 indicated she had been retrained in regard to the clients' needs and risk plans once she returned to the group home. Staff #17</p>						

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	<p>was able to answer questions in regard to client C's colostomy and catheter care. Staff #17 indicated the bedrails were to be up when the client was in bed, and she knew what to do if a seizure lasted more than 5 minutes for clients B and D. Staff #17 indicated she was trained by the facility's nurse.</p> <p>Interview with staff #6 on 9/27/12 at 7:00 PM indicated he had been trained in regard to the Hoyer lift with client C. Staff #6 indicated client C required 2 staff to transfer the client with the Hoyer Lift. Staff #6 indicated he was trained when to call the nurse, and how to care for client C's colostomy and catheter. Staff #6 indicated clients' bedrails were to be up anytime the clients were in bed and the clients were to be toileted every 2 hours. Staff #6 indicated facility staff were to document client C's input and output on the flowsheet. Staff #6 indicated clients A, B, C, D and E were at risk for aspiration/choking. The staff indicated clients B, D and G were at risk for falls.</p> <p>Interview with administrative staff #1 on 9/27/12 at 7:22 PM indicated the facility had conducted inservice training with staff in regard to the clients' individual plans. Administrative staff #1 indicated the facility would continue to train staff</p>						

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	<p>as they worked at the group home. Administrative staff #1 indicated the facility was short staffed and they still had a lot of work to do. Administrative staff #1 indicated management staff was present in the group home and conducting on site training where needed.</p> <p>Interview with LPN #2 on 9/28/12 at 8:00 AM indicated RN #1 conducted a training session on client C's colostomy and suprapubic catheter. LPN #2 indicated the facility staff were to document any health concerns on "Medical Concern Form" or on the computerized medication administration system. LPN #2 indicated the computerized system had an area where notes could be made.</p> <p>Interview with staff #3 on 9/28/12 at 8:05 AM indicated he had been trained in regard to the Hoyer lift. Staff #3 indicated client A was to wear her chest harness when she ate and 30 minutes after eating. The staff was knowledgeable in regard to each client's medical/health needs. Staff #3 indicated clients were to be toileted every 2 hours. Staff #3 indicated he knew when to call the nurse. Staff #3 indicated 911 was to be called if a client had a seizure over 5 minutes and Diastat (seizure medication) was to be administered in the client's</p>						

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	<p>rectum.</p> <p>The facility's inservice records were reviewed on 9/28/12 at 11:15 AM. The facility's Employee Training Records indicated facility staff were trained in regard to Consumer Specific Training on 9/21 and 9/22/12. The facility's Employee Training Records from 9/21/12 to 9/27/12 indicated the facility's nurse had conducted training with each staff in regard to VNS, Hoyer lift, toileting, harness, oxygen, colostomy, catheter care and C-pap. The Immediate Jeopardy was not removed as the facility still needed to monitor and supervise staff to ensure they provided care in regard to the clients' basic and health needs.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients (A, B, C and D) and for 4 additional clients (E, F, G and H), the facility failed to develop policy and procedures which specifically indicated how the suspension of staff would be documented. The facility failed to implement its policy and procedures to conduct thorough investigations, and to ensure a staff who had allegations of abuse against them was monitored to ensure clients were not subjected to potential neglect and/or abuse.</p>			
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	<p>Findings include:</p> <p>1. The facility failed to implement its written policy and procedures to prevent neglect of clients in regard to resident care, and/or failed to ensure staff were properly trained to prevent potential harm/neglect of clients in regard to client care/health care needs. The facility failed to train staff, in the home, in regard to the clients' medical needs/conditions to ensure clients A, B, C, D and E received the care they needed. The facility failed to develop a system/policy and procedure which ensured the facility formally documented suspension of staff to ensure staff did not have contact with clients during investigations. The facility failed to implement its policy and procedures to complete thorough investigations of all allegations of staff to client neglect and abuse for clients A, B, C, D and E. The facility failed to implement its policy and procedures to prevent potential neglect and/or abuse of clients to ensure a staff person, who had allegations of abuse/neglect and/or concerns in regard to resident care against them, was monitored to ensure the clients were protected. Please see W149.</p> <p>2. The facility failed to conduct thorough investigations in regard to all allegations</p>						

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	<p>made for clients A, B, C, D and E. Please see W154.</p> <p>This federal tag relates to complaint #IN00116495.</p> <p>9-3-2(a)</p>			

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, interview and record review for 4 of 4 sampled clients (A, B, C and D) and for 1 additional client (E), the facility neglected to implement its written policy and procedures to prevent neglect of clients in regard to resident care, and/or neglected to ensure staff were properly trained to prevent potential harm/neglect of clients in regard to client care/health care needs. The facility neglected to train staff, in the home, in regard to the clients' medical needs/conditions to ensure the clients received the care they needed.</p> <p>Based on interview and record review for 4 of 4 sampled clients (A, B, C and D) and 4 additional clients (E, F, G and H), the facility failed to develop a system/policy and procedure which ensured the facility formally documented suspension of staff to ensure staff did not have contact with clients during the investigations. The facility failed to implement its policy and procedures to complete thorough investigations of all allegations of staff to client neglect and abuse for clients A, B, C, D and E. The facility failed to implement its policy and procedures to prevent potential neglect</p>	W0149	<p>W149 Plan of Correction: All staff will be retrained on the Abuse/neglect policy. All Direct Support Professionals have received/will receive the required individual specific training. This training will include the proper use of adaptive equipment. The training will also include the toileting needs of each individual. The Nurse and Manager will provide this training. The Nurse who failed to provide the required training previously has been terminated. Remaining nurses will be retrained on providing appropriate individual specific training. The in-home training checklist has been revised to include proving competency in several areas: colostomy, catheter, harnesses, c-pap, VNS, Oxygen, Toileting, Bathing, Speech equipment, wheelchair requirements, Hoyer lift and bed rail requirements. This training checklist must be completed before the any individual can work as staff in the home. Preventive Action: A new system has been developed and implemented to ensure all staff receive appropriate individual specific training prior to working as staff in the home. This system</p>	10/14/2012			

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	<p>and/or abuse of clients to ensure a staff person, who had allegations of abuse/neglect and/or concerns in regard to resident care against them, was monitored to ensure the clients were protected.</p> <p>Findings include:</p> <p>1. During the 9/18/12 observation period between 5:02 PM and 7:16 PM and the 9/19/12 observation period between 6:55 AM and 8:00 AM, at the group home, client A was in an electric wheelchair. Client A leaned to the left side of the wheelchair causing the client's body and/or head to be off/to the outside of the wheelchair. Staff #1 would physically assist/reposition client A to sit up straight in the wheelchair. Client A had a chest harness hanging off the back of her wheelchair which was not utilized. Client A, who was a spastic quadriplegic, was fed by facility staff without the use of the chest harness. Facility staff during both observation periods did not encourage/prompt client A to use the chest harness.</p> <p>During the 9/18/12 and 9/19/12 above mentioned observation periods, client B required staff assistance to ambulate with a gait belt and client B wore a helmet. Client C was in an electric wheelchair. Client C required staff total assistance</p>		<p>involves the Human Resources Department tracking all new hire individual specific training. The Training Coordinator and/or Program Services Recruiter will track the training for each new hire to ensure he/she has all required individual specific training. The Training Coordinator or Program Services Recruiter will send an email to the Group Home Coordinator and Group Home Administrative Assistant when the training is complete. In this email, it will be indicated that the new hire is cleared to work as staff in the home. The Group Home Coordinator or Administrative Assistant will then send a similar email to the Group Home Manager. The Group Home Manager will not be permitted to put the staff on the schedule to work as staff with individuals until he/she receives the email from the Group Home Coordinator or Administrative Assistant. All current staff in the home have received the required individual specific training. The in-home training checklist has been revised to include proving competency in several areas: colostomy, catheter, harnesses, c-pap, VNS, Oxygen, Toileting, Bathing, Speech equipment, wheelchair requirements, Hoyer lift and bed rail requirements. This training checklist must be completed before the any individual can work</p>		

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	<p>with transfers. Client C also had a wood board under the left side of his seat to support the client's left leg/stub. Client C had a supra pubic catheter and a colostomy bag. Client C's facial area below the eyes to the client's chin area and both cheeks were bright red in color and had a blistery appearance. The area on the client's face was also dry looking. Client E was in a custom molded wheelchair. Client E required total staff assistance in transfers and toileting. Client E could be heard screaming when staff #7 took the client to the bathroom to wash his hands during the 9/19/12 observation period. During the meals, client E was fed by facility staff. During the above mentioned observation periods, client D wore a helmet and ate a pureed diet. During the 9/18 and 9/19/12 observation periods clients A, B, C, D and E had bed rails on their beds. Client E's bedrails were padded. Client D had bedrails with padding only at the foot/end of the bed rail. Client D's bed rails were up when client D was not in the bed. Clients C and E had hospital beds. Client C also had a pressure mattress with a pump on his bed.</p> <p>During the 9/18 and 9/19/12 observation periods, facility staff did not provide and/or encourage client A to use a communication device to communicate</p>		<p>as staff in the home.</p> <p>Monitoring: A new system has been developed and implemented to ensure all staff receive appropriate individual specific training prior to working as staff in the home. This system involves the Human Resources Department tracking all new hire individual specific training. The Training Coordinator and/or Program Services Recruiter will track the training for each new hire to ensure he/she has all required individual specific training. The Training Coordinator or Program Services Recruiter will send an email to the Group Home Coordinator and Group Home Administrative Assistant when the training is complete. In this email, it will be indicated that the new hire is cleared to work as staff in the home. The Group Home Coordinator or Administrative Assistant will then send a similar email to the Group Home Manager. The Group Home Manager will not be permitted to put the staff on the schedule to work as staff with individuals until he/she receives the email from the Group Home Coordinator or Administrative Assistant. All current staff in the home have received the required individual specific training. The Assistant Manager/Manager will monitor that the in-home training checklist is complete prior to any individual working as staff in the</p>	

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	<p>with. When client A went to the facility's owned day service program, client A did not take a communication device with her.</p> <p>During the 9/21/12 observation period between 7:14 AM and 8:06 AM, at the group home, client D did not have his helmet on at 7:14 AM upon arrival to the group home. Client D was sitting on the couch without his helmet. At 7:28 AM, client D stood and walked over to the dining room table and started screaming near client B. Staff #6 redirected client D away from client B to his seat at the dining room table. Client D did not stay at the dining room table. Client D stood and walked back into the living room without his helmet. At 7:33 AM, client D again stood and walked around the living room area without his helmet and/or redirection to put his helmet on until administrative staff #1 saw client D, and prompted staff #6 to locate client D's helmet. During the above mentioned observation period, there were 2 direct care staff to 8 clients with management staff #1 working as a direct care staff. LPN #1 was also in the home working with staff. LPN #1 was passing medications and assisting where needed. Administrative staff #1 was also present in the group home providing training with staff. At 8:00 AM, staff #11 came from</p>		<p>home.</p> <p>Date to Be Completed By: October 14, 2012</p> <p>Responsible Party: Director of Residential and Adult Day Services</p>				

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	<p>the back of the house with client A. Staff #11 removed client A's chest harness and assisted the client to put her sweater on. Staff #6 then placed the chest harness back on client A. The chest harness straps were fastened over the top of the client's headrest on each side causing the middle part of the harness to rest under client A's chin. The position of the harness placed client A at risk for choking. No management staff and/or administrative staff saw the danger of the chest harness as staff #11 maneuvered client A's wheelchair toward and out the front door until the surveyor asked administrative staff #1 to stop staff #11 as client A was at risk to choke. Administrative staff #1 immediately stopped staff #11 and showed staff #11 the correct position for fastening the harness straps.</p> <p>The facility's reportable incident reports/investigations were reviewed on 9/18/12 at 2:27 PM. The facility's reportable incident reports/investigations indicated the following:</p> <p>-9/12/12 "...At 6:18 am [administrative staff #3] with the Vincennes Team pager to report a possible Abuse/Neglect/Exploitation incident involving 3 different consumers in the home. [Staff #3], morning staff, reported</p>			

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	<p>the following issues as he proceeded to help consumers get up:</p> <p>[Client A] was twisted around and against her bedrail. She could not move.</p> <p>[Client B] and [client C] neither one had their bedrails up on their beds.</p> <p>[Client C] had a dirty diaper laying on his bed.</p> <p>[Client C] did not have on his C-pap mask for his sleep apnea. As soon as he could, [staff #3] called an agency KCARC (Knox County Association for Retarded Citizens) pager phone. Coordinator on call, [administrative staff #4] called the Administrator pager immediately. [Administrative staff #5], administrator, immediately called the home and talked to the suspected staff, [staff #7]. This staff was asked to leave immediately, told she would be suspended, and then to report to the Baker Center (facility offices) at 8:00 am. At the Baker Center, she was asked to answer some questions concerning the incident. Therefore, [staff #7] provided written answers to these questions...No falls or injuries are known at this time. However, consumers will be watched carefully in case some problems occur later on, especially during the next 24 hours. Suspected staff will be suspended at this time until the investigation is complete...."</p>			
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	<p>The facility's undated Investigation Summary indicated "...3 staff and 2 consumers said they were aware of bedrails being left down...C pap machine All staff were aware that it needs to be placed on consumer before he goes to bed and checked throughout the night...It was found during the investigation that [staff #7] admitted that she had left bedrails down. [Client A] often becomes tangled up in her bedrails. [Clients C and B's] bedrails that were left down again she admitted to this, and the people working with her were also aware of the issue (sic). The dirty diaper on [client C's] bed, was from where his cath was leaking and she placed the diaper in place to stop the urine from getting on him and bed and causing skin breakdown. [Client C's] cath does leak when he is feeling backed up...." The 9/12/12 reportable incident report indicated client C would take his Cpap mask off during the night. The reportable incident report indicated "... [Staff #7] stated that she was not properly trained in the usage of the bedrails and admitted fully to leaving them down." The facility's undated investigation neglected to address the additional allegations/concerns which were brought up from staff interviews in regard to staff #7 not toileting/changing clients at night. The facility neglected to deal with and/or</p>						

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	<p>address client A being twisted around the bedrails to ensure the client's safety. An attached 9/12/12 Employee Training Record indicated staff #7 was trained to make sure clients' bed rails were up when clients A, B, C, D and E were in bed, checking the Cpap machine and oxygen during all bed checks on 9/12/12. The facility's undated investigation neglected to address and/or investigate why staff #7 had not been trained prior to working with the clients. The facility's investigation indicated staff #7 was suspended and retrained on 9/12/12 and returned to work on 9/13/12.</p> <p>-8/12/12 "It was report (sic) by staff that during bed check he had had (sic) found [client A], [client E], and [client D] dirty. [Staff #3] was immediately suspended pending the outcome of an investigation...During the investigation of all staff and consumers the allegations were unsubstantiated. [Staff #3] was retrained to make sure that all consumers are clean and dry before the next shift. [Staff #3] was able to return to work after the retraining..." The facility's inservice records were reviewed on 9/19/12 at 12:30 PM. The facility's inservice record from 1/12 to 9/12 did not indicate staff #3 had been retrained.</p> <p>-8/4/12 "Staff (staff #3) was preparing the</p>						

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	<p>consumer (client C) to shower and instructed the consumer to lean forward in his wheelchair so staff could assist him in transferring. The consumer leaned forward too far and fell out of his wheelchair and onto the floor. The consumer was complaining of back pain. Staff contacted the on-call nursing personnel, who instructed staff to have the consumer transported to the ER (emergency room). The consumer was taken to the ER at [name of hospital] via ambulance...." The 8/4/12 reportable incident report did not indicate a mechanical device (Hoyer lift) was utilized with client C. The facility's undated Investigation Summary indicated "...That [client C] had fallen out of the Hoyer Lift while staff was trying to remove it from underneath him. [Client C] had lean to (sic) far forward and had fallen out of the chair. This was done in bathroom with staff present..." The undated investigation indicated one staff was present with the client when he fell out of the Hoyer Lift. The undated investigation indicated ..."The staff will be trained to stand in front of [client C] while they are getting the Hoyer lift pad from underneath him. This will help prevent future issues."</p> <p>-7/26/12 "On 7/29/12, [staff #9] reported that [staff #10] had failed to change</p>			

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	<p>[client A] on 7/27/12. [Staff #9] arrived to work and was asked to change [client A] because she was wet. [Staff #10] claimed that he had never changed [client A]. [Staff #9] promptly changed [client A]. [Client A] was very wet but was not injured as a result of the incident. [Staff #10] was immediately suspended pending the outcome of the investigation. [Staff #9] was suspended immediately for failure to report the incident immediately. She was retrained on reportable procedures before returning to work...."</p> <p>The facility's 8/6/12 follow-up report indicated "The allegations were unsubstantiated by the staff and consumers. Disciplinary action was taken with [staff #10] and he was retrained on bathing and toileting policy. He was able to return to the home after the training."</p> <p>The facility's 8/8/12 follow-up report indicated "[Staff #10] had been trained to change [client A]. He asked the other staff to perform the job duty when she came on at 12am, due to he had never changed her (client A) by himself. The bed check was due at 12 am." The facility's undated Investigation Summary and/or the above mentioned follow-up reports neglected to indicate the facility conducted any further investigation in regard to why the staff had not been</p>				

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	<p>trained to change/toilet client A by himself as the staff was working alone with the clients.</p> <p>Interview with administrative staff #1 on 9/19/12 at 10:45 AM stated "[Staff #3] was not using the Hoyer lift correctly." Administrative staff #1 indicated staff #3 was trained on the use of the Hoyer Lift on 9/13/12 after the staff had worked with client C since 2/12. Administrative staff #1 stated when she went to look for "client specific training documentation," for each staff on 9/18/12, she was not able to find where any staff had been trained. Administrative staff #1 indicated she then called the facility's nurse who indicated, the nurse had not conducted any training with the staff at the group home in regard to the clients' medical needs. Administrative staff #1 indicated the group home nurse, a LPN, was immediately suspended on 9/18/12. Administrative staff #1 indicated no facility staff, at the group home, had been trained in regards to client A, B, C, D and E's risk plans and/or health needs/conditions by the facility's nurse.</p> <p>Client C's record was reviewed on 9/19/12 at 3:55 PM. Client C's 7/12 physician's orders indicated client C's diagnoses included, but were not limited to, Epilepsy, Paraplegic, Spina Bifida</p>			
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	<p>with Neurogenic Bowel (Colostomy), Bladder (Supra Pubic Catheter), Hydrocephalus (untreated), Club Feet, Congenital deformity of Pelvis and Hips, Thoracic Scoliosis, Hypertension, Sleep Apnea, Neuropathy, Diabetes Mellitus Type II and history of Distal right Tibia and Fibula fractures.</p> <p>Client C's hospital records, (part of the chart) indicated client C was admitted to the hospital on 7/15/12. Client C's 7/15/12 CT of the abdomen and pelvis report indicated "...Impression: Acute change from October 2011 includes grade 1 hydronephrosis standing around the kidney and ureters, suggestive of acute infectious process...." Client C's 7/15/12 Urology Consult indicated "...Assessment: 1. urinary tract infection, probable sepsis. 2. obstructed suprapubic catheter replaced. 3. Neurogenic bladder with chronic suprapubic catheter. 4. Erythematous penis and scrotum...." Client C's 7/15/12 History & (and) Physical (H&P) indicated client C "...presented to the emergency room complaining of feeling bad all over, severe pain over the hypogastric (pubic region) area, fever and chills...." The H&P indicated client C's "...leukocytosis (elevated white blood cells) of 21.5 and tachycardiac...." Client C's physician's orders and/or nurse notes neglected to</p>			

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	<p>indicate facility staff had notified nursing services of the client's red area on his face to obtain treatment. Interview with client C on 9/19/12 at 10:26 AM indicated the redness on his face was from the Cpap machine.</p> <p>Client C's 6/1/12 Individual Program Plan (IPP) indicated client C had the following Risk Plans:</p> <p>Seizures, Peripheral Vascular Disease, Hyperglycemia, Skin Integrity, MRSA/VRE (Methicillin Resistant Staphylococcus/Vancomycin Resistant Enterococcus), Altered Bowel Elimination-Colostomy and Suprapubic Catheter, Sleep Apnea, Hypertension, Hyperlipidemia, Neuropathy, Gastritis, Contractures, allergies and diet. Client C's risk plan for the suprapubic catheter indicated facility staff were to "...Monitor urine for dark color, smell, increased temperature, lethargy, blood, abdominal pain/distention, or sediment and contact nurse cell phone...." The risk plan indicated the nurse would change the client's catheter each month, but the risk plan did not specifically indicate how facility staff were to care for the catheter and colostomy sites. Review of a blank flow sheet for client C and/or the client's record neglected to indicate how facility staff monitored for the above mentioned</p>				

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	<p>signs as there was no documentation noted on the flow sheets.</p> <p>Client C's 6/1/12 IPP indicated facility staff was to use a Hydraulic lift in transferring the client. Client C's 6/1/12 IPP neglected to indicate how many staff were to assist the client in transferring with the mechanical lift to ensure the client's safety. Client C's 6/1/12 IPP also indicated client C had adaptive equipment of bed rails. The IPP neglected to indicate when the bed rails should be utilized to ensure the client's safety.</p> <p>Client A's record was reviewed on 9/19/12 at 3:45 PM. Client A's 8/1/12 IPP indicated client A's diagnoses included, but were not limited to, Osteoporosis, Cerebral Palsy with Spastic Quadriplegia, Major Depression, Peripheral Vascular Disease, Severe Articulation Disorder, Seizure Disorder, Neurogenic Bladder, Hypothyroidism, Dysphagia and Synovitis (Arthritis) of the right shoulder. Client A's IPP indicated client A was to wear a chest harness during meals and 30 minutes after meals. Client A's 8/1/12 IPP indicated client A had the following risk plans: Seizures, Constipation, Aspiration, Peripheral Vascular Disease, Osteoporosis, Gastritis and altered skin integrity.</p>			

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	<p>Client A's 8/1/12 Functional Assessment indicated client A required total staff assistance with bathing, toileting, dressing and/or personal care. Client A's 8/1/12 IPP indicated client A had bed rails as adaptive equipment. Client A's IPP neglected to indicate when the bed rails were to be utilized. Client A's IPP indicated client A had a Dynavox (communication device).</p> <p>Client A's 6/3/11 Behavior Support Plan Addendum indicated client A had bedrails on her bed "to prevent falls."</p> <p>Client B's record was reviewed on 9/19/12 at 3:32 PM. Client B's 8/1/12 IPP indicated client B's diagnoses included, but were not limited to, Seizure Disorder, Dementia, Ineffective Ventricular Shunt, Vagal Nerve Stimulator (VNS) implant, Hypothyroidism and nontoxic goiter. Client B's IPP indicated client B required the use of a gait belt when ambulating and wore a helmet due to falls/seizures. The client's IPP indicated client B had a Diastat Protocol for seizures lasting more than 5 minutes. Client B's IPP indicated the client had a risk plan for seizures, Hyponatremia (low sodium), constipation, aspiration, Hypokalemia (low potassium) and falls. Client B's IPP indicated client B had bedrails, but the client's IPP neglected to indicate/specify when the</p>			

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	<p>bedrails were to be utilized.</p> <p>Client D's record was reviewed on 9/19/12 at 4:00 PM. Client D's 4/9/12 IPP indicated client D's diagnoses included, but were not limited to, Major Epilepsy, Speech/Language Disorder, Autistic behavior and Mild Anemia. Client D's 4/9/12 IPP indicated client D wore a helmet for safety due to seizures/falls. The client's IPP indicated the client was totally dependent on staff for his basic needs and the client wore adult diapers. Client D's IPP indicated client D had the following risk plans: Seizures, Diastat Protocol for Seizures, constipation, aspiration and anemia. Client D's IPP indicated the client required the use of bedrails but the IPP neglected to indicate when the bedrails were to be utilized.</p> <p>Review of the facility's Employee Training Records on 9/19/12 at 12:30 PM, 1:32 PM and on 9/20/12 at 2:40 PM indicated Staff #1, #2, #3, #4, #5, #6, #7 and #8 had not received specific training in regard client A, B, C, D, E and G's medical/health needs as of 9/19/12. On 9/20/12 at 2:40 PM, administrative staff #1 found an 8/20/12 Employee Training Record entitled "Colostomy and Catheder (sic) Care" presented by LPN #1. The 8/20/12 inservice training form indicated</p>				

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	<p>the facility neglected to ensure staff #2, #3, #5 and #7 were trained in regard to client C's specialized health care need prior to working with client C. A blank Individualized Consumer Nurse Training form was reviewed on 9/19/12 at 2:50 PM. The blank form indicated the facility nurse was to provide the following medical/health client specific training with staff:</p> <ul style="list-style-type: none"> -High Risk Plans -Side Effects and how to use a side effects tracking log -Vital signs and weights -Allergies -Heat restrictions -Chronic health problems -Labs -Diets -Aspiration precautions -Fluid Restrictions -Specialized equipment -Elimination issues -Protocols/Diabetic Protocols and other pertinent issues. <p>Review of the facility's inservice records on 9/19/12 at 1:32 PM from 1/12 to 9/12 indicated staff #3 was not trained in regard to the use of the Hoyer lift prior to him working with client C until 9/13/12.</p> <p>The facility's personnel record were</p>			

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	<p>reviewed on 9/19/12 at 4:45 PM. The facility's personnel records indicated staff were hired to work with the clients on the following dates:</p> <p>Staff #1 - 9/13/11 Staff #2 - 8/13/12 Staff #3 - 2/27/12 Staff #4 - 7/2/12 Staff #5 - 5/21/12 Staff #6 - 2/4/12 Staff #7 - 8/13/12 Staff #8 - 8/23/12</p> <p>Confidential interview L indicated clients A, B and D had bed rails. Confidential interview L stated client A had bedrails "for her protection," and clients B and D had bedrails as the clients were a "roll hazard." Confidential interview L indicated client C was to wear his C-pap at night in bed. Confidential interview L indicated she was not aware client C refused to wear his C-pap mask. When asked why client A leaned in her wheelchair, Confidential interview L stated "It's the way she sits. Drops elbow and causes her to lean." When asked if client A had a chest harness, Confidential interview L stated "Yes." Confidential interview L indicated client A was to wear the chest harness during transport.</p> <p>Confidential interview M indicated all the</p>						

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	<p>people were new in the group home. When asked how things were going at the group home, confidential interview M stated "Slow, we are getting back to where we can trust everybody." Confidential interview M stated "Everybody is doing their own thing." Confidential interview M indicated staff needed more training. Confidential interview M indicated they had reported staff leaving bedrails down and not toileting/changing clients. Confidential interview M indicated client A had been laid against her bedrail before. Confidential interview M stated "They (the clients) have to be made safe and comfortable." Confidential interview M indicated clients A, B, C, D and E were to be toileted every 1 1/2 hours to 2 hours depending how frequent the client urinated. Confidential interview M indicated client A had a chest harness. Confidential interview M indicated they were told client A was to use the chest harness when being transported in the van only. Confidential interview M indicated they had concerns in how client A was positioned. Confidential interview M indicated client C would wear his Cpap mask at night as it helped the client sleep. Confidential interview M indicated they were not aware the client removed his mask at night.</p>						

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	<p>Confidential interview N indicated clients A, B and D required the use of bedrails. Confidential interview N indicated they were concerned in regard to some of the clients' hygiene as some of the clients would not be changed/toileted as they should. When asked if client C had a problem with wearing his Cpap Mask, confidential N stated "No, never an issue." Confidential interview N indicated they were new to the group home and did not know if client A had a chest harness. Confidential interview N stated client C had red areas on his face which were in the "process of healing." Confidential interview N indicated they thought client C had as needed creams which could be applied to the client's face.</p> <p>Confidential interview O indicated they were new to working at the group home. Confidential interview O indicated they were not sure client A used a chest harness. Confidential interview O did not know why client A leaned in her wheelchair.</p> <p>Confidential interview P stated clients would be toileted/changed "Whenever we smell or check them. Hard to get to with 3 staff." When asked how often clients would be left wet or in feces, confidential staff P stated "Not very long."</p>			

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	<p>Confidential interview P indicated client C did not refuse to wear his Cpap mask. When asked when client A wore her chest harness, confidential interview P stated "Only seen it on her once and not sure why it was on that day."</p> <p>Interview with client A on 9/19/12 at 10:00 AM indicated the client had not been interviewed in regard to the 9/12/12 allegation of neglect. Client A indicated her bedrails had been left down at night. Client A indicated she had a communication device which should be on the back of her wheelchair. The communication board/device was not on the back of her wheelchair.</p> <p>Interview with client B on 9/19/12 at 10:32 AM indicated his bedrails would sometimes be left down at night. Client B stated "Supposed to be up."</p> <p>Interview with administrative staff #1 on 9/19/12 at 1:08 PM and 3:03 PM indicated the majority of the staff in the group home were new including the manager and the assistant manager. Administrative staff #1 indicated 2 staff were to be present when using the Hoyer Lift to transfer client C.</p> <p>Interview with administrative staff #1, the Program Coordinator (PC) and staff #1 on</p>				

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	<p>9/19/12 at 5:20 PM indicated the use of the bedrails should be incorporated into the clients' program plans. The PC and administrative staff #1 indicated client C had bedrails as the client would throw himself out of bed. Client D had bedrails due to falls, client B had bedrails for Seizures and clients A and E had bedrails for safety. The PC and administrative staff #1 indicated client C required 2 staff to assist the client with transfers. The PC and administrative and staff #1 indicated client C's IPP/risk plan did not specifically indicate what type of care facility staff were to provide with client C's suprapubic catheter and colostomy bag besides emptying it. When asked how facility staff monitored/documented the specified signs and symptoms in regard to the client's suprapubic catheter, administrative staff #1 indicated the signs and symptoms should be listed/documented on client C's flow sheets. Administrative staff #1 could not locate how staff monitored the sign and symptoms on the client's flow sheets. The PC indicated client A was to wear her chest harness only at meals and thirty minutes after eating. The PC indicated client A would refuse to wear the needed device. The PC indicated client A's 8/1/12 IPP neglected to address the client's refusal to wear the needed chest harness. Administrative staff #1 indicated</p>			
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	<p>managers, assistant managers and the PC had been visiting and monitoring the group home over the past 3 months due to medication errors in the group home. Administrative staff #1 provided documentation of the administrative oversight in the home. Administrative staff #1 indicated she visited the group home and spoke with clients on 8/5/12.</p> <p>Interview with staff #11 on 9/20/12 at 4:28 PM indicated the staff had worked 4 days at the group home.</p> <p>The facility's Employee Time and Documentation by Site were reviewed on 9/19/12 at 2:03 PM. The time documents for 6/1/12 to 9/6/12 indicated administrative staff (managers, assistant managers and/or the nurse) had been in the group home 335 hours over the past 3 months. The facility's Administrative Visit Log indicated the PC visited the group home on 7/17/12, 7/18/12, 8/1/12, 8/2/12, 8/9/12, 8/23/12, 8/24/12, 8/27/12, 8/28/12 and 9/4/12. The facility's management/oversight of the group home neglected to identify/address concerns of client care/staff training to prevent neglect of clients.</p> <p>The facility's policy and procedures were reviewed on 9/18/12 at 2:20 PM. The facility's 3/20/12 policy entitled Neglect,</p>			

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	<p>Abuse, Battery, Exploitation Policy and Incident Reporting/reporting, Reasonable Suspicion of a Criminal Activity and Investigatory Procedure indicated</p> <p>"Neglect means failure to provide goods or services necessary to avoid physical or psychological harm. It is a situation that creates danger to an individual's physical or mental health because the caregiver is unable or fails to provide necessary support such as food, shelter, clothing, medical care, protection/safety, socio-emotional needs, and developmental needs." The facility's 3/20/12 policy indicated thorough investigations would be conducted in regard to all allegations of abuse/neglect.</p> <p>2. The facility's reportable incident reports and/or investigations were reviewed on 9/18/12 at 2:27 PM. The facility's reportable incident reports indicated the following:</p> <p>-9/12/12 -9/12/12 "...At 6:18 am [administrative staff #3] with the Vincennes Team pager to report a possible Abuse/Neglect/Exploitation incident involving 3 different consumers in the home. [Staff #3], morning staff, reported the following issues as he proceeded to help consumers get up:</p> <p>[Client A] was twisted around and against</p>						

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	<p>her bedrail. She could not move. [Client B] and [client C] neither one had their bedrails up on their beds. [Client C] had a dirty diaper laying on his bed. [Client C] did not have on his C-pap mask for his sleep apnea. As soon as he could, [staff #3] called an agency KCARC (Knox County Association for Retarded Citizens) pager phone. Coordinator on call, [administrative staff #4] called the Administrator pager immediately. [Administrative staff #5], administrator, immediately called the home and talked to the suspected staff, [staff #7]. This staff was asked to leave immediately, told she would be suspended, and then to report to the Baker Center (facility offices) at 8:00 am. At the Baker Center, she was asked to answer some questions concerning the incident. Therefore, [staff - #7] provided written answers to these questions...No falls or injuries are known at this time. However, consumers will be watched carefully in case some problems occur later on, especially during the next 24 hours. Suspected staff will be suspended at this time until the investigation is complete...."</p> <p>The facility's undated Investigation Summary indicated staff #7 was suspended on 9/18/12. The undated</p>			

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	<p>investigation indicated "It was found during the investigation that [staff #7] admitted that she had left the bedrails down. The staff that also worked the morning shift with [staff #7] were aware of the bedrails being left down. [Client A] often becomes tangled up in her bedrails. [Client C and B's] bedrails that were left down again she admitted to this, and the people working the morning shift with her were also aware of the issue (sic). The dirty diaper on [client 's] bed, was from where his cath was leaking and she placed the diaper in place to stop the urine from getting on him and bed causing skin breakdown. [Client C's] cath does leak when he is feeling backed up. As for the C-pap machine [client C] does have a habit of taking off his mask or taking it apart. Sometimes he will break the mask from pulling it to (sic) tight on his face, and no matter how many times you loosen it he pulls it back tight on his face, and no matter how many times you loosen it he pulls it back tight as soon as you walk out of the room. [Staff #7] stated that she was not properly trained on the usage of the bedrails and admitted fully to leaving them down." The facility undated investigation indicated clients and staff were interviewed. The undated investigation provided to the surveyor on 9/18/12, did not include witness</p>			
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	<p>statements by clients A, B, C, D, E, F, G and H and/or include the undated written investigation summary report. The undated summary of the investigation and client witness statements were not provided to the surveyor until 9/19/12. Attached to the undated investigation was a 9/12/12 Employee Training Record. The 9/12/12 Employee Training Record indicated staff #7 was trained to make sure the bedrails were up at the time the clients were placed in bed, and to ensure client C's Cpap machine/mask was check trough out the night and a client's oxygen was checked through out the night. The 9/12/12 training record indicated staff #7 was retrained at 10:56 AM on 9/12/12 after the staff was supposedly suspended on 9/12/12 during the morning observation (approximately 5 hours later).</p> <p>-9/11/12 "It was reported by staff member [staff #7] that when she came to work on 9/11/12 that [staff #5] was allegedly sleeping during his shift. [Staff #5] was immediately suspended pending the outcome of an investigation."</p> <p>The facility's 9/13/12 follow-up report indicated "After the investigation, the allegations were unsubstantiated by staff and consumers. [Staff #5] was able to return to the home...."</p>			
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	<p>The facility's undated Investigation Summary did not include dates of the investigation and/or indicate when the 9/11/12 investigation of the allegation of neglect was completed.</p> <p>-8/12/12 "It was report (sic) by staff that during bed check he had had (sic) found [client A], [client E], and [client D] dirty. [Staff #3] was immediately suspended pending the outcome of an investigation. An investigation has begun into the incident...During the investigation of all staff and consumers the allegations were unsubstantiated. [Staff #3] was retrained to make sure that all consumers are clean and dry before the next shift. [Staff #3] was able to return to work after the retraining...."</p> <p>The facility's undated Investigation Summary/attached witness statements indicated clients and staff were interviewed on 8/12/12. The undated investigation did not indicate the actual date the investigation was completed to ensure staff #3 did not have contact with staff during the investigation. An attached 8/12/12 Employee Training Record indicated staff #3 was retrained on 8/12/12, the same day of the allegation at 12:50 PM.</p>						

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	<p>Review of staff #7's personnel record on 9/19/12 at 4:45 PM indicated the facility did not formally document the suspension of staff #7.</p> <p>Review of staff #5's personnel record on 9/19/12 at 4:45 PM indicated the facility did not formally document the suspension of staff #5.</p> <p>Review of staff #3's personnel record on 9/19/12 at 4:45 PM indicated the facility did not formally document the suspension of staff #3.</p> <p>Confidential interview Q indicated staff #7 returned to work on 9/13/12 to work with clients A, B, C, D, E, F, G and H after the 9/12/12 allegation of neglect.</p> <p>Interview with administrative staff #1 on 9/19/12 at 10:45 AM indicated staff #7 was suspended by the on-call administrator on 9/12/12 during the morning observation. Administrative staff indicated staff #7 was retrained on 9/12/12 as the facility's inservice record indicated. Administrative staff #1 indicated the clients and staff were all interviewed prior to staff #7's returning to work. Administrative staff #1 indicated staff #7 was returned to work on 9/13/12 per the staff's time card. When asked when the facility's investigation was</p>						

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	<p>completed, administrative staff indicated the investigation must have been completed within 24 hours for the staff to return to work. When asked if the facility's documented investigation summary indicated when the 9/12/12 investigation was actually completed, administrative staff #1 looked at the investigation and then stated, "No." When asked when staff #5 was actually suspended, administrative staff #1 indicated staff #7 did not report the allegation of neglect when it occurred (when she came it at midnight) and staff #5 was not suspended until later that morning on 9/11/12. Administrative staff #1 indicated staff #3, #5 and #7 were suspended verbally and the facility did not formally document their suspension.</p> <p>The facility's policy and procedures were reviewed on 9/18/12 at 2:20 PM. The facility's 3/20/12 policy entitled Neglect, Abuse, Battery, Exploitation Policy and Incident Reporting/reporting, Reasonable Suspicion of a Criminal Activity and Investigatory Procedure indicated "...b. Any staff person alleged to have perpetrated abuse will be pulled from their regular work schedule immediately, in accordance with policy, pending the outcome of the investigation. If the staff is not on duty at the time of the</p>				

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	<p>complaint, the Department Manager or designee is responsible for contacting the staff and informing them of the allegation and that an investigation is being conducted. The staff will be informed that they have been pulled from their regular schedule and they are not to return to work until the investigation is complete...." The facility's 3/20/12 policy and procedure did not indicate how the facility would document the suspension of the staff to ensure the staff was actually suspended.</p> <p>3. The facility's reportable incident reports and/or investigations were reviewed on 9/18/12 at 2:27 PM. The facility's reportable incident reports and/or investigations indicated the following:</p> <p>-9/12/12 "...At 6:18 am [administrative staff #3] with the Vincennes Team pager to report a possible Abuse/Neglect/Exploitation incident involving 3 different consumers in the home. [Staff #3], morning staff, reported the following issues as he proceeded to help consumers get up:</p> <p>[Client A] was twisted around and against her bedrail. She could not move. [Client B] and [client C] neither one had their bedrails up on their beds.</p>						

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	<p>[Client C] had a dirty diaper laying on his bed.</p> <p>[Client C] did not have on his C-pap mask for his sleep apnea. As soon as he could, [staff #3] called an agency KCARC (Knox County Association for Retarded Citizens) pager phone...." The facility's 9/12/12 reportable incident report indicated staff #7 was the staff involved in regard to the allegation of neglect.</p> <p>A facility's 9/12/12 witness statement by staff #6 indicated the staff had found client C wet and/or dirty before when staff #6 would come in and then get the client up. Another 9/12/12 witness statement by staff #3 indicated "Are you aware of any staff that has left the individuals wet or dirty? Yes-[staff #7]."</p> <p>The facility's undated Investigation Summary indicated "...3 staff and 2 consumers said they were aware of bedrails being left down...C pap machine All staff were aware that it needs to be placed on consumer before he goes to bed and checked throughout the night...It was found during the investigation that [staff #7] admitted that she had left bedrails down. [Client A] often becomes tangled up in her bedrails. [Clients C and B's] bedrails that were left down again she admitted to this,...The dirty diaper on</p>			
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	<p>[client C's] bed, was from where his cath was leaking and she placed the diaper in place to stop the urine from getting on him and bed and causing skin breakdown. [Client C's] cath does leak when he is feeling backed up...." The 9/12/12 reportable incident report indicated client C would take his Cpap mask off during the night. The reportable incident report indicated "... [Staff #7] stated that she was not properly trained in the usage of the bedrails and admitted fully to leaving them down." The facility's investigation indicated staff #7 was suspended and retrained on 9/12/12 and returned to work on 9/13/12.</p> <p>-9/11/12 "It was reported by staff member [staff #7] that when she came to work on 9/11/12 that [staff #5] was allegedly sleeping during his shift...." The facility's undated Investigation Summary indicated an attached 9/11/12 Record of Disciplinary Action for staff #7. The 9/11/12 disciplinary action form indicated staff #7 was given a verbal warning for "Below standard work performance" and "Inappropriate conduct." The 9/11/12 disciplinary action form indicated "[Staff #7] came into work on 9/11/12 at 12:00am and had suspicions of a staff member sleeping. She failed to report the suspicions</p>			
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	<p>immediately."</p> <p>-9/1/12 "It was reported that [staff #7] had cussed at [client H] while working on training objectives...."</p> <p>The facility's 9/4/12 follow-up report indicated "It was found by the investigation that the allegations were unsubstantiated. All staff and the other consumers were not able to state that this incident had happened...."</p> <p>Interview with client A on 9/19/12 at 10:00 AM indicated staff #7 had left the client's bedrails down before. When asked how staff treated client A, client A indicated she did not like staff #7. When asked if staff #7 was nice to her, client A stated "Never." When asked why, client A tried to verbally talk in sentences which was hard to understand. Client A then pointed to the back of her wheelchair. There was nothing on the back of her wheelchair. Interview with day program staff #2 on 9/19/12 at 10:10 AM indicated client A was pointing for her communication board/device. Day program staff #2 indicated the communication device/board was not sent with the client to the day program. Client A maneuvered her electric wheelchair to the day program floor and pointed at day program staff #3. Client A</p>						

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	<p>wanted day program staff #3 to assist her to communicate. When asked if client A had been interviewed in regard to staff #7, client A stated "No" and shook her head no.</p> <p>Interview with client A and day program staff #3 on 9/19/12 at 10:15 AM indicated when asked why client A did not like the overnight staff, client A stated "Mean." Client A then raised a closed hand and hit day program staff #3 in the arm. Day program staff #3 asked client A if she was trying to say staff hit her. Client A hit the day program staff again in the arm with a closed spastic hand. Day program staff #3 indicated client A was trying to tell us staff hit her. Day program staff asked client A if client A thought staff was teasing, client A stated "Don't think teasing." Client A appeared upset/agitated as the client's cheeks became red and client A had spastic movements. Client A kept trying to verbally speak. Client A indicated she did not like staff #7 a second time. When asked if staff handled the client in a rough way, client A stated "Yes." When asked if the staff person treated the other clients the same way, client A stated "Yes." When asked if client A had any other concerns with other staff, client A stated "Just her."</p>				

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	<p>Interview with day program staff #3 on 9/19/12 at 10:20 AM indicated there were a lot of new staff at client A's group home. Day program staff #3 indicated client A had not complained about the staff before. Day program staff #3 indicated she thought client A was reliable. Day program staff #3 stated "She (client A) is not able to do a lot physically for herself, but she has her mind."</p> <p>Confidential interview Q indicated staff #7 was new to the group home and did not take redirection/training well. Confidential interview Q stated "I don't say nothing to her as she gets upset." Confidential interview Q indicated allegations of neglect had been reported in regard to staff #7 not changing clients.</p> <p>Staff #7's personnel record was reviewed on 9/19/12 at 4:45 PM. Staff #7's personnel record indicated the staff was hired on 8/13/12. Staff #7's personnel record did not indicate how the facility was monitoring the newly hired staff who had allegations/concerns with client care and conduct since her employment of 8/13/12.</p> <p>Interview with administrative staff #1 on 9/19/12 at 10:45 AM indicated staff #7 was a new hire and was not being</p>						

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	<p>monitored in regard to client care.</p> <p>The facility's policy and procedures were reviewed on 9/18/12 at 2:20 PM. The facility's 5/1/12 policy entitled Protection of an Individual's Rights indicated "...1. KCARC directors, officers, employees, contractors, subcontractors and agents shall not Abuse, Neglect, Exploit or mistreat an Individual or otherwise violate an Individual's rights...." The facility's 3/20/12 policy entitled Neglect, Abuse, Battery, Exploitation Policy and Incident Reporting/reporting, Reasonable Suspicion of a Criminal Activity and Investigatory Procedure indicated "...Abuse refers to the ill treatment, violation, to speak abusively, slanderous defamation, exploitation and/or otherwise disregard of a consumer, whether purposeful, or due to carelessness, inattentiveness, or omission of the perpetrator. The facility's policy defined neglect as "...failure to provide goods or services necessary to avoid physical or psychological harm. It is a situation that creates danger to an individual's physical or mental health because the caregiver is unable or fails to provide necessary support such as food, shelter, clothing, medical care, protection/safety, socio-emotional needs, and developmental needs...."</p>			
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	<p>4. The facility's policy and procedures were reviewed on 9/18/12 at 2:20 PM. The facility's 3/20/12 policy entitled Neglect, Abuse, Battery, Exploitation Policy and Incident Reporting/reporting, Reasonable Suspicion of a Criminal Activity and Investigatory Procedure indicated "Neglect means failure to provide goods or services necessary to avoid physical or psychological harm. It is a situation that creates danger to an individual's physical or mental health because the caregiver is unable or fails to provide necessary support such as food, shelter, clothing, medical care, protection/safety, socio-emotional needs, and developmental needs." The facility's 3/20/12 policy indicated thorough investigations would be conducted in regard to all allegations of abuse/neglect.</p> <p>The facility failed to conduct thorough investigations in regard to all allegations of abuse, neglect and/or injuries of unknown origin made for clients A, B, C, D and E. Please see W154.</p> <p>This federal tag relates to complaint #IN00116495.</p> <p>9-3-2(a)</p>				

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on observation, interview and record review for 5 of 10 allegations of abuse, neglect and/or injuries of unknown origin reviewed, the facility failed to conduct thorough investigations in regard to all allegations made for clients A, B, C, D and E.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports and/or investigations were reviewed on 9/18/12 at 2:27 PM. The facility's reportable incident reports indicated the following:</p> <p>-9/12/12 -9/12/12 "...At 6:18 am [administrative staff #3] with the Vincennes Team pager to report a possible Abuse/Neglect/Exploitation incident involving 3 different consumers in the home. [Staff #3], morning staff, reported the following issues as he proceeded to help consumers get up:</p> <p>[Client A] was twisted around and against her bedrail. She could not move. [Client B] and [client C] neither one had their bedrails up on their beds. [Client C] had a dirty diaper laying on his</p>	W0154	<p>W154 Plan of Correction: All members of the Investigation Team will be retrained by the Director of Residential and Adult Day Services on completing a thorough investigation. The investigation summary has been revised to include the date the investigation was completed. A system has been put in place to alert the Quality Assurance Coordinator if a staff has more than two allegations against him/her in a 3-month period. The Quality Assurance Coordinator has been trained to then initiate another investigation and put additional monitoring in place. The Quality Assurance Coordinator is now responsible for closely reviewing all investigations upon completion to ensure they are thorough. He has been trained by the Director of Residential and Adult Day Services to do so. All members of the investigation team will be trained that a suspended staff cannot return to the schedule until the Quality Assurance Coordinator has reviewed and approved the investigation. Preventive Action: All members of the Investigation Team will be retrained by the Director of Residential and Adult Day Services on completing a thorough</p>	10/14/2012			

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	<p>bed. [Client C] did not have on his C-pap mask for his sleep apnea. As soon as he could, [staff #3] called an agency KCARC (Knox County Association for Retarded Citizens) pager phone. Coordinator on call, [administrative staff #4] called the Administrator pager immediately. [Administrative staff #5], administrator, immediately called the home and talked to the suspected staff, [staff #7]. This staff was asked to leave immediately, told she would be suspended, and then to report to the Baker Center (facility offices) at 8:00 am. At the Baker Center, she was asked to answer some questions concerning the incident. Therefore, [staff #7] provided written answers to these questions. More investigations will be done such as talking to all consumers and [staff #3], staff that found & (and) reported the incident. Other staff will be questioned as well. No falls or injuries are known at this time. However, consumers will be watched carefully in case some problems occur later on, especially during the next 24 hours...."</p> <p>The facility's undated Investigation Summary indicated "3 staff and 2 consumers said they were aware of bedrails being left down. [Client A] stated that they do bedchecks on her and</p>		<p>investigation. The investigation summary has been revised to include the date the investigation was completed. A system has been put in place to alert the Quality Assurance Coordinator if a staff has more than two allegations against him/her in a 3-month period. The Quality Assurance Coordinator has been trained to then initiate another investigation and put additional monitoring in place. The Quality Assurance Coordinator is now responsible for closely reviewing all investigations upon completion to ensure they are thorough. He has been trained by the Director of Residential and Adult Day Services to do so. All members of the investigation team will be trained that a suspended staff cannot return to the schedule until the Quality Assurance Coordinator has reviewed and approved the investigation. Monitoring: The Quality Assurance Coordinator is now responsible for closely reviewing all investigations upon completion to ensure they are thorough. He has been trained by the Director of Residential and Adult Day Services to do so. Date to Be Completed By: October 14, 2012 Responsible Party: Director of Residential and Adult Day Services</p>				

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	<p>she gets changed accordingly. C-pap machine All (sic) staff were aware that it needs to be placed on consumer before he goes to bed and checked throughout the night. One consumer stated yes it is checked he just cannot recall how many times throughout the night. It was found during the investigation that [staff #7] admitted that she had left the bedrails down. The staff that also worked the morning shift with [staff #7] were aware of the bedrails being left down. [Client A] often becomes tangled up in her bedrails. [Client C and B's] bedrails that were left down again she admitted to this, and the people working the morning shift with her were also aware of the issue (sic). The dirty diaper on [client C's] bed, was from where his cath was leaking and she placed the diaper in place to stop the urine from getting on him and bed causing skin breakdown. [Client C's] cath does leak when he is feeling backed up. As for the C-pap machine [client C] does have a habit of taking off his mask or taking it apart. Sometimes he will break the mask from pulling it to (sic) tight on his face, and no matter how many times you loosen it he pulls it back tight on his face, and no matter how many times you loosen it he pulls it back tight as soon as you walk out of the room. [Staff #7] stated that she was not properly trained on the usage of the bedrails and admitted</p>			

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	<p>fully to leaving them down." The facility undated investigation indicated clients and staff were interviewed.</p> <p>A facility's 9/12/12 witness statement by staff #6 indicated the staff had found client C wet and/or dirty before when staff #6 would come in and then get the client up. Another 9/12/12 witness statement by staff #3 indicated "Are you aware of any staff that has left the individuals wet or dirty? Yes-[staff #7]."</p> <p>The facility's undated investigation summary did not indicate the above mentioned statements/additional allegations neglect were investigated/addressed. The facility's undated investigation indicated the facility did not look at any clients records/flow sheets to determine if staff had neglected clients. The facility's undated investigation also failed to specifically address the allegation of client A being twisted in the bedrails and/or recommend any corrective action in regard to the allegation.</p> <p>Interview with client A on 9/19/12 at 10:00 AM indicated staff #7 had left the client's bedrails down before. When asked how staff treated client A, client A indicated she did not like staff #7. When asked if staff #7 was nice to her, client A</p>			

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	<p>stated "Never." When asked why, client A tried to verbally talk in sentences which were hard to understand. Client A then pointed to the back of her wheelchair. There was nothing on the back of her wheelchair. Interview with day program staff #2 on 9/19/12 at 10:10 AM indicated client A was pointing for her communication board/device. Day program staff #2 indicated the communication device/board was not sent with the client to the day program. Client A maneuvered her electric wheelchair to the day program floor and pointed at day program staff #3. Client A wanted day program staff #3 to assist her to communicate. When asked if client A had been interviewed in regard to staff #7, client A stated "No" and shook her head no.</p> <p>Interview with client A and day program staff #3 on 9/19/12 at 10:15 AM indicated when asked why client A did not like the overnight staff, client A stated "Mean." Client A then raised a closed hand and hit day program staff #3 in the arm. Day program staff #3 asked client A if she was trying to say staff hit her. Client A hit the day program staff again in the arm with a closed spastic hand. Day program staff #3 indicated client A was trying to tell us staff hit her. Day program staff asked client A if client A thought staff was</p>						

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	<p>teasing, client A stated "Don't think teasing." Client A appeared upset/agitated as the client's cheeks became red and client A had spastic movements. Client A kept trying to verbally speak. Client A indicated she did not like staff #7 a second time. When asked if staff handled the client in a rough way, client A stated "Yes." When asked if the staff person treated the other clients the same way, client A stated "Yes." When asked if client A had any other concerns with other staff, client A stated "Just her."</p> <p>Interview with day program staff #3 on 9/19/12 at 10:20 AM indicated there were a lot of new staff at client A's group home. Day program staff #3 indicated client A had not complained about the staff before. Day program staff #3 indicated she thought client A was reliable. Day program staff #3 stated "She (client A) is not able to do a lot physically for herself, but she has her mind."</p> <p>Confidential interview Q indicated staff #7 returned to work on 9/13/12 to work with clients A, B, C, D, E, F, G and H after the 9/12/12 allegation of neglect. Confidential interview Q indicated they were surprised staff #7 was allowed to return to work soon after the allegation.</p>						

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	<p>Interview with administrative staff #1 on 9/19/12 at 10:45 AM indicated she was not able to locate client interviews for the 9/12/12 allegation. Administrative staff #1 indicated the facility's investigation was completed prior to staff #7 returning to work. Administrative staff #1 indicated she was not aware of any concerns client A had with staff #7. Administrative staff #1 indicated staff #7 had not been trained on utilizing the bedrails. Administrative staff #1 indicated neglect was not substantiated. Administrative staff #1 indicated there was no additional documentation for the investigation other than what was provided to the surveyor.</p> <p>2. The facility's reportable incident reports and/or investigations were reviewed on 9/18/12 at 2:27 PM. The facility's 8/12/12 reportable incident report indicated</p> <p>-8/12/12 "It was report (sic) by staff that during bed check he had had (sic) found [client A], [client E], and [client D] dirty. [Staff #3] was immediately suspended pending the outcome of an investigation. An investigation has begun into the incident. The designated administrator assessed the consumers skins integrate on each consumer (sic). No issues were</p>						

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	<p>found on any consumer. During the investigation of all staff and consumers the allegations were unsubstantiated. [Staff #3] was retrained to make sure that all consumers are clean and dry before the next shift. [Staff #3] was able to return to work after the retraining...."</p> <p>An attached 8/12/12 e-mail by staff #13 indicated "On Saturday, Aug 11 2012 while doing 12a (am) bed checks I found [client A's] pubic area to be covered in fecal matter, and I found [client D's] bed soiled with dried fecal matter. He was wearing a diaper, and there was a heavily soiled diaper folded up next to him under his comforter in his bed. His buttock and legs were also soiled with dry fecal matter. I confronted the staff who worked until midnight both that night and tonight and he denied that the consumer had been left in this condition. During tonight's 12a check, [client A's] pubic area was again soiled with fecal matter, and [client E] wasn't wearing a diaper at all and his bed and soaker pads were soiled with urine. I am reporting these findings at this time as I now feel that this is possible neglect situation after having confronted the staff in question [staff #3]...."</p> <p>The facility's undated Investigation Summary/attached witness statements indicated clients and staff were</p>						

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	<p>interviewed on 8/12/12. An attached 8/12/12 Employee Training Record indicated indicated staff #3 was retrained on 8/12/12, the same day of the allegation at 12:50 PM. The facility's undated investigation summary indicated "All consumers stated that they were are always changed in a timely manner and that they are never left wet or dirty. 1 staff had stated that when he done bedchecks he had found them dirty. During the investigation of all staff and consumers the allegations were unsubstantiated. [Staff #3] was retrained to make sure that all individuals are clean and dry before the next shift. [Staff #3] was able to return to work after the re-training." The facility's undated investigation failed to indicate when the clients were last toileted/changed and/or indicate/address why the clients had dry fecal matter on them. The facility's investigation did not indicate clients' records and/or reviewed/flow sheets were reviewed to ensure staff had not neglected the clients.</p> <p>Interview with administrative staff #1 on 9/19/12 at 10:45 AM indicated the facility did not conduct a thorough investigation in regard to the 8/12/12 allegation of neglect. Administrative staff #1 indicated the facility's investigation did not summarize the interviews conducted by</p>						

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	<p>staff, and/or address how the clients may have been soiled/dirty. Administrative staff #1 indicated the investigation was substantiated as the clients were found in that condition, but no neglect was substantiated.</p> <p>3. The facility's reportable incident reports were reviewed on 9/18/12 at 2:27 PM. The facility's 7/26/12 reportable incident report indicated "On 7/29/12, [staff #9] reported that [staff #10] had failed to change [client A] on 7/27/12. [Staff #9] arrived to work and was asked to change [client A] because she was wet. [Staff #10] claimed that he had never changed [client A]. [Staff #9] promptly changed [client A]. [Client A] was very wet but was not injured as a result of the incident. [Staff #10] was immediately suspended pending the outcome of the investigation. [Staff #9] was suspended immediately for failure to report the incident immediately. She was retrained on reportable procedures before returning to work. A thorough investigation will be completed...."</p> <p>The facility's 8/6/12 follow-up report indicated "The allegations were unsubstantiated by the staff and consumers. Disciplinary action was taken with [staff #10] and he was retrained on bathing and toileting policy. He was able</p>						

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	<p>to return to the home after the training."</p> <p>The facility's 8/8/12 follow-up report indicated "[Staff #10] had been trained to change [client A]. He asked the other staff to perform the job duty when she came on at 12am, due to he had never changed her (client A) by himself. The bed check was due at 12 am."</p> <p>The facility's undated Investigation Summary and/or the above mentioned follow-up reports failed to indicate the facility conducted any further investigation in regard to why the staff had not been trained to change/toilet client A by himself as the staff was working alone with the clients.</p> <p>Interview with administrative staff #1 on 9/19/12 at 10:45 AM indicated the facility did not investigate why the staff had not been trained.</p> <p>4. The facility's reportable incident reports were reviewed on 9/18/12 at 2:27 PM. The facility's 8/19/12 reportable incident report indicated "[Staff #13] (staff) discovered an injury of unknown origin on [client D] at approximately 7:43 am on 8-19-2012. The injury is a quarter-sized bruise on the back of [client D's] left calf. It does not look suspicious. The injury will be monitored by staff.</p>						

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	<p>Any concerns will be reported to the nurse." The 8/19/12 reportable incident report did not include any additional information and/or investigation.</p> <p>Interview with administrative staff #1 on 9/19/12 at 10:45 AM indicated she could not locate an investigation in regard to the above mentioned 8/12/12 injury of unknown origin.</p> <p>5. The facility's reportable incident reports were reviewed on 9/18/12 at 2:27 PM. The facility's 7/15/12 reportable incident report indicated " Staff reported that the consumer (client D) had a penny-sized purple bruise on his outer left calf. Staff documented the injury and will continue to monitor the consumer and report any further injuries noted."</p> <p>The facility's undated Investigation Summary indicated "...[Client D] is non verbal and unable to state how he received the bruise. It was stated that [client D] does run into things when he is having a behavior...." The undated investigation failed to indicate client D's record/behavior incidents were reviewed to ensure the client's injury correlated with the described behavior. The facility's investigation also failed to indicate who was specifically interviewed and/or failed to include the interviews and/or a</p>				

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	<p>summary of the interviews.</p> <p>Interview with administrative staff #1 on 9/19/12 at 10:45 AM indicated staff and clients were interviewed but the investigation summary did not specifically indicate who was interviewed.</p> <p>This federal tag relates to complainant #IN00116495.</p> <p>9-3-2(a)</p>			

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W0189	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients (A, B, C and D) and for 4 additional clients (E, F, G and H), the facility failed to ensure staff were trained in regard to a computerized medication pass system before passing medications to prevent/decrease medication errors. The facility failed to ensure all staff were retrained as needed in regard to medication administration to prevent errors while administering medications. The facility failed to ensure a staff was trained on Hoyer lifts and/or demonstrated competency prior to working with clients to prevent injury/falls from the lift. The facility staff failed to ensure all staff were trained to toilet and/or change clients prior to working with the clients.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports and/or investigations were reviewed on 9/18/12 at 2:27 PM. The facility's reportable incident reports indicated the following medication errors:</p>	W0189	<p>W189 Plan of Correction: All staff will be trained on the new computerized medication pass system. All staff in the home will be retrained on the six rights of medication administration. Nurses and Managers will be retrained on ensuring medication retraining occurs following each medication error. All staff will be trained on the use of a Hoyer Lift and will be required to prove competency. All staff will receive individual specific training which will include how to assist each individual with toileting needs. . The in-home training checklist has been revised to include proving competency in several areas: colostomy, catheter, harnesses, c-pap, VNS, Oxygen, Toileting, Bathing, Speech equipment, wheelchair requirements, Hoyer lift and bed rail requirements. This training checklist must be completed before the any individual can work as staff in the home.</p> <p>Preventive Action: Core A, Core B, toileting training and Hoyer lift training are now a part of the new hire nursing training. This training will occur over five half days. The training calendar will indicate which</p>	10/14/2012			

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	<p>-8/23/12 Staff #14 administered 500 milligrams of Depakote (seizures) to client D. The reportable incident report indicated client D was to receive 2 tablets (1000) milligrams. The reportable incident report indicated staff would be pulled from passing medications and retrained.</p> <p>-8/18/12 Staff #4 administered 100 milligrams of Trazodone (behavior) to client D. The reportable incident report indicated client D was to receive 50 milligrams.</p> <p>-7/27/12 Staff #5 administered an extra dose of Levothyroxine (thyroid) .125 micrograms to client B. The reportable incident report indicated the staff would not pass meds until he was retrained.</p> <p>-7/27/12 Staff #5 administered 500 milligrams of Depakote (seizures) to client D. The reportable incident report indicated client D was to receive 2 tablets 1000 milligrams. The reportable incident report indicated staff #5 would be retrained.</p> <p>-7/26/12 Staff #15 did not administer client B's Lorazepam (behavior) 0.5 milligrams two times a day. The reportable incident report indicated staff</p>		<p>training is to occur on each day. Staff will be required to attend all five days of training. Monitoring: The Training Coordinator will monitor that each new hire receives all required training. The Executive Vice President and Director of Residential and Adult Day Services are each currently visiting the home at least once weekly to ensure the administrative staff are providing the proper oversight. After 30 days, they will continue to visit the home at least twice monthly. The Quality Systems Management Director is now visiting the home at least five times per week to ensure the administrative staff are providing the proper oversight. This will continue for at least 30 days from when it began. After 30 days, the Quality Systems Management Director or the Quality Assurance Coordinator will continue to visit the home at least once per month. After 30 days, the Group Home Manager will be in the home when residents are present a minimum of 5 days per week. The Group Home Coordinator will be in the home when residents are present at least once per week. The purposes of these visits will be to monitor staff competency and implementation of programming.</p> <p>Date to Be Completed By: October 14, 2012</p>		

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	<p>#15 would be retrained on the 6 rights of medication administration.</p> <p>-7/9/12 Staff #15 administered 500 milligrams of Depakote (seizures) to client A. The reportable incident report indicated client A was to receive 1500 milligrams of Depakote. The reportable incident report indicated the medication error occurred on 6/23/12 but was not reported until 7/9/12. The reportable incident report indicated the facility staff would be retrained.</p> <p>During the 9/18/12 observation period between 5:02 PM and 7:16 PM and the 9/19/12 observation period between 6:55 AM and 8:00 AM at the group home, the facility used a computerized medication system (CaraSolva) to administer clients A, B, C, D, E, F, G and H's medications.</p> <p>The facility's inservice training records were reviewed on 9/19/12 at 1:32 PM and on 9/20/12 at 2:40 PM. The facility's Employee Training Records indicated staff #4, #5, #14 and #15 had not been retrained in regard to the above mentioned medication errors.</p> <p>Interview with the Program Coordinator (PC) on 9/19/12 at 4:14 PM indicated staff #5 was passing medications. The PC indicated the staff had been retrained in</p>		Responsible Party: Director of Residential and Adult Day Services				

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	<p>regard to Core A, but had not taken the test to pass medications on the CaraSolva system. The PC indicated she was not aware the staff had not taken the test. The PC indicated staff #5 would not be able to pass medications as of 9/19/12 until he took the test.</p> <p>Interview with administrative staff #1, staff #1 and the Program Coordinator (PC) on 9/19/12 at 5:20 PM indicated the facility was using the CaraSolva computer system for medication administration. The PC and administrative staff #1 indicated the computerized system was started at the end of May 2012. Administrative staff #1 indicated the facility had been having increased medication errors at the group home. Administrative staff #1 indicated the facility's management staff had been going in and out of the group home for the past 3 months to monitor the home in regard to the medication errors. Administrative staff #1 indicated the above mentioned staff still needed to be retrained.</p> <p>2. The facility's reportable incident reports and/or investigations were reviewed on 9/18/12 at 2:27 PM. The facility's 8/4/12 reportable incident report indicated "Staff (staff #3) was preparing the consumer (client C) to shower and</p>						

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	<p>instructed the consumer to lean forward in his wheelchair so staff could assist him in transferring. The consumer leaned forward too far and fell out of his wheelchair and onto the floor. The consumer was complaining of back pain. Staff contacted the on-call nursing personnel, who instructed staff to have the consumer transported to the ER (emergency room). The consumer was taken to the ER at [name of hospital] via ambulance...." The 8/4/12 reportable incident report did not indicate a mechanical device (Hoyer lift) was utilized with client C. The facility's undated Investigation Summary indicated "...That [client C] had fallen out of the Hoyer Lift while staff was trying to remove it from underneath him. [Client C] had lean to (sic) far forward and had fallen out of the chair. This was done in bathroom with staff present...." The undated investigation indicated one staff was present with the client when he fell out of the Hoyer Lift. The undated investigation indicated ..."The staff will be trained to stand in front of [client C] while they are getting the Hoyer lift pad from underneath him. This will help prevent future issues."</p> <p>The facility's inservice/training records were reviewed on 9/19/12 at 1:32 PM. The 9/13/12 Employee Training record</p>						

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	<p>indicated staff #3 was not trained in regard to the Hoyer lift until 9/13/12.</p> <p>Staff #3's personnel record was reviewed on 9/19/12 at 4:45 PM. Staff #3's personnel record indicated the staff was hired on 2/27/12.</p> <p>Interview with administrative staff #1 on 9/19/12 at 10:45 AM stated "[Staff #3] was not using the Hoyer lift correctly." Administrative staff #1 indicated staff #3 was not trained on the Hoyer lift prior to working with client C.</p> <p>3. The facility's reportable incident reports and/or investigations were reviewed on 9/19/12 at 2:27 PM. The facility's 9/11/12 reportable incident report indicated "It was reported by staff member [staff #7] that when she came to work on 9/11/12 that [staff #5] was allegedly sleeping during his shift. [Staff #5] was immediately suspended pending the outcome of an investigation."</p> <p>The facility's 9/13/12 follow-up report indicated "After the investigation, the allegations were unsubstantiated by staff and consumers. [Staff #5] was able to return to the home...."</p> <p>The facility's undated Investigation Summary indicated "It was found during review of the statements that the</p>						

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	<p>allegation could not be substantiated. The staff member reporting the incident stated that she never witness (sic) [staff #5] sleeping she just said hi to him when she came into work and he did not answer her."</p> <p>The facility's investigation summary did not indicate facility staff would be retrained in regard neglect/abuse, and/or sleeping while on the job.</p> <p>Interview with administrative staff #1 on 9/19/12 at 10:45 AM indicated the 9/11/12 allegation of neglect was unsubstantiated as the facility did not have evidence staff #5 was sleeping. Administrative staff #1 indicated clients A, B, C, D, E, F, G and H were in the home but asleep. Administrative staff #1 indicated the allegation was not substantiated. Administrative staff #1 indicated staff #5 had not been retrained.</p> <p>4. The facility's reportable incident reports and/or investigations were reviewed on 9/18/12 at 2:27 PM. The facility's 8/12/12 reportable incident report indicated "It was report (sic) by staff that during bed check he had had (sic) found [client A], [client E], and [client D] dirty. [Staff #3] was immediately suspended pending the outcome of an investigation...During the</p>			

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NAME OF PROVIDER OR SUPPLIER KNOX COUNTY ARC-ARC AVE (105)			STREET ADDRESS, CITY, STATE, ZIP CODE 2968 E ARC AVE BLDG 105 VINCENNES, IN 47591		
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	<p>investigation of all staff and consumers the allegations were unsubstantiated. [Staff #3] was retrained to make sure that all consumers are clean and dry before the next shift. [Staff #3] was able to return to work after the retraining...."</p> <p>The facility's inservice records were reviewed on 9/19/12 at 1:32 PM. The facility's inservice record from 1/12 to 9/12 did not indicate staff #3 had been retrained.</p> <p>Interview with administrative staff #1 on 9/19/12 at 10:45 AM indicated she could not locate staff #3's inservice sheet where the staff had been retrained.</p> <p>This federal tag relates to complaint #IN00116495.</p> <p>9-3-3(a)</p>				

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W0240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, interview and record review for 4 of 4 sampled clients (A, B, C and D) and for 1 additional client (E), the facility failed to ensure the clients' Individual Program Plans (IPPs) indicated when facility staff were to utilize the clients' bedrails. A client's IPP (C) also failed to indicate how many staff were to assist with transfers when utilizing a Hoyer lift.</p> <p>Findings include:</p> <p>1. During the 9/18/12 observation period between 5:02 PM and 7:16 PM and the 9/19/12 observation period between 6:55 AM and 8:00 AM, at the group home, clients A, B, C, D and E had bed rails on their beds. Client E's bedrails were padded. Client D had bedrails with padding only at the foot/end of the bed rail. Client D's bed rails were up when client D was not in the bed.</p> <p>The facility's reportable incident reports/investigations were reviewed on 9/18/12 at 2:27 PM. The facility's reportable incident reports/investigations indicated the following:</p>	W0240	<p>W240 Plan of Correction: Each individual's IPP will be revised to include how and when to use all adaptive equipment. Each IPP will also include how many staff should be used while operating the Hoyer Lift with each individual (if required). Preventive Action: The Manager (QMRP-D) and the Coordinator will be retrained by the Director of Residential and Adult Day Services on the proper completion of an IPP. Monitoring: The Coordinator will review and approve each IPP before it is implemented. The Coordinator will be trained to do so by the Director of Residential and Adult Day Services. Date to Be Completed By: October 14, 2012 Responsible Party: Director of Residential and Adult Day Services</p>	10/14/2012			

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	<p>-9/12/12 "...At 6:18 am [administrative staff #3] with the Vincennes Team pager to report a possible Abuse/Neglect/Exploitation incident involving 3 different consumers in the home. [Staff #3], morning staff, reported the following issues as he proceeded to help consumers get up:</p> <p>[Client A] was twisted around and against her bedrail. She could not move. [Client B] and [client C] neither one had their bedrails up on their beds. [Client C] had a dirty diaper laying on his bed. [Client C] did not have on his C-pap mask for his sleep apnea. As soon as he could, [staff #3] called an agency KCARC (Knox County Association for Retarded Citizens) pager phone. Coordinator on call, [administrative staff #4] called the Administrator pager immediately. [Administrative staff #5], administrator, immediately called the home and talked to the suspected staff, [staff #7]...No falls or injuries are known at this time. However, consumers will be watched carefully in case some problems occur later on, especially during the next 24 hours...."</p> <p>The facility's undated Investigation Summary indicated "...3 staff and 2 consumers said they were aware of</p>						

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	<p>bedrails being left down...It was found during the investigation that [staff #7] admitted that she had left bedrails down. [Client A] often becomes tangled up in her bedrails. [Clients C and B's] bedrails that were left down again she admitted to this, and the people working with her were also aware of the issue (sic)..." The reportable incident report indicated "... [Staff #7] stated that she was not properly trained in the usage of the bedrails and admitted fully to leaving them down."</p> <p>Client C's record was reviewed on 9/19/12 at 3:55 PM. Client C's 6/1/12 IPP indicated client C had adaptive equipment of bed rails. The IPP did not indicate when the bed rails should be utilized to ensure the client's safety.</p> <p>Client A's record was reviewed on 9/19/12 at 3:45 PM. Client A's 8/1/12 Functional Assessment indicated client A required total staff assistance with bathing, toileting, dressing and/or personal care. Client A's 8/1/12 IPP indicated client A had bed rails as adaptive equipment. Client A's 6/3/11 Behavior Support Plan Addendum indicated client A had bedrails on her bed "to prevent falls." Client A's IPP and/or behavior plan failed to indicate when the bedrails were to be utilized.</p>						

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	<p>Client B's record was reviewed on 9/19/12 at 3:32 PM. Client B's IPP indicated client B had bedrails, but the client's IPP did not indicate/specify when the bedrails were to be utilized.</p> <p>Client D's record was reviewed on 9/19/12 at 4:00 PM. Client D's IPP indicated the client required the use of bedrails but the IPP did not indicate when the bedrails were to be utilized.</p> <p>Interview with administrative staff #1, the Program Coordinator (PC) and staff #1 on 9/19/12 at 5:20 PM indicated the use of the bedrails should be incorporated into the clients' program plans. The PC and administrative staff #1 indicated client C had bedrails as the client would throw himself out of bed. Client D had bedrails due to falls, client B had bedrails for Seizures and clients A and E had bedrails for safety.</p> <p>2. The facility's reportable incident reports and/or investigations were reviewed on 9/18/12 at 2:27 PM. The facility's 8/4/12 reportable incident report indicated "Staff (staff #3) was preparing the consumer (client C) to shower and instructed the consumer to lean forward in his wheelchair so staff could assist him in transferring. The consumer leaned forward too far and fell out of his</p>			
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	<p>wheelchair and onto the floor. The consumer was complaining of back pain. Staff contacted the on-call nursing personnel, who instructed staff to have the consumer transported to the ER (emergency room). The consumer was taken to the ER at [name of hospital] via ambulance...." The 8/4/12 reportable incident report did not indicate a mechanical device (Hoyer lift) was utilized with client C. The facility's undated Investigation Summary indicated "...That [client C] had fallen out of the Hoyer Lift while staff was trying to remove it from underneath him. [Client C] had lean to (sic) far forward and had fallen out of the chair. This was done in bathroom with staff present...." The undated investigation indicated one staff was present with the client when he fell out of the Hoyer Lift. The undated investigation indicated ..."The staff will be trained to stand in front of [client C] while they are getting the Hoyer lift pad from underneath him. This will help prevent future issues."</p> <p>Client C's 6/1/12 IPP indicated facility staff was to use a Hydraulic lift in transferring the client. Client C's 6/1/12 IPP did not indicate how many staff were to assist the client in transferring with the mechanical lift to ensure the client's safety.</p>			
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	<p>Interview with administrative staff #1 on 9/19/12 at 10:45 AM stated "[Staff #3] was not using the Hoyer lift correctly."</p> <p>Interview with administrative staff #1, the Program Coordinator (PC) and staff #1 on 9/19/12 at 5:20 PM indicated client C required the use of Hoyer lift with transfers. The PC and administrative staff #1 indicated client C required 2 staff to assist the client with transfers. The PC and administrative staff #1 indicated client C's IPP did not specifically indicate how many staff were to assist the client with the Hoyer lift.</p> <p>This federal tag relates to complaint #IN00116495.</p> <p>9-3-4(a)</p>			

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W0318	<p>483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Health Care Services for 4 of 4 sampled clients (A, B, C and D) and for 1 additional client (E). The facility's Health Care Services failed to ensure the facility's nursing services met the nursing needs of each client. The facility's Health Care Services failed to ensure the facility's nursing services trained staff in regard to clients' health care needs, to ensure risk plans addressed all the health care needs of clients including nursing measures staff were to follow in regard to catheters and colostomies. The facility's Health Care Services failed to ensure facility staff reported all health concerns to nursing staff and to ensure all adaptive equipment was properly addressed. The facility's nursing care services failed to ensure all staff were trained in regard to clients' health care needs prior to working with clients to ensure the clients' safety and care.</p> <p>Findings include:</p> <p>1. The facility's nursing services failed to meet the healthcare needs of clients A, B, C, D and E. The facility's nursing</p>	W0318	<p>W318 Plan of Correction: A new system has been developed and implemented to ensure all staff receive appropriate individual specific training prior to working as staff in the home. This system involves the Human Resources Department tracking all new hire individual specific training. The Training Coordinator and/or Program Services Recruiter will track the training for each new hire to ensure he/she has all required individual specific training. The Training Coordinator or Program Services Recruiter will send an email to the Group Home Coordinator and Group Home Administrative Assistant when the training is complete. In this email, it will be indicated that the new hire is cleared to work as staff in the home. The Group Home Coordinator or Administrative Assistant will then send a similar email to the Group Home Manager. The Group Home Manager will not be permitted to put the staff on the schedule to work as staff with individuals until he/she receives the email from the Group Home Coordinator or Administrative Assistant. All current staff in the home have received the required individual specific training. Risk</p>	10/14/2012	

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	<p>services failed to train staff in regards to the clients' health needs. The facility's nursing services failed to ensure clients' risk plans indicated how facility staff were to monitor and/or care for a suprapubic catheter and colostomy site. The facility's nursing services failed to ensure facility staff reported all health concerns of a client to nursing services for assessment and/or doctor referral. The facility's nursing services failed to ensure all adaptive equipment/bedrails were part of the clients' Individual Program Plans (IPPs) with a schedule of use and/or included the number of staff to utilize a Hoyer lift for a client's safety. Please see W331.</p> <p>2. The facility's nursing services failed to train staff in regard to specialized services/health needs of clients, and/or failed to train facility staff in regard to the clients' risk plans for clients A, B, C, D and E. Please see W342.</p> <p>This federal tag relates to complaint #IN00116495.</p> <p>9-3-6(a)</p>		<p>Plans have been/will be revised to include nursing measures staff are to follow in regard to catheters and colostomies. Staff will be trained on these plans. Staff will be retrained to report all medical concerns by using the "Medical Concern" form or by typing a staff note in CaraSolva. Staff will also be trained to call the nurse with these concerns. Staff will be retrained on assessing adaptive equipment and reporting concerns immediately to the Manager. The Manager will be retrained to immediately ensure each concern is addressed. All current adaptive equipment concerns will be addressed. . The in-home training checklist has been revised to include proving competency in several areas: colostomy, catheter, harnesses, c-pap, VNS, Oxygen, Toileting, Bathing, Speech equipment, wheelchair requirements, Hoyer lift and bed rail requirements. This training checklist must be completed before the any individual can work as staff in the home.</p> <p>Preventive Action: A new system has been developed and implemented to ensure all staff receive appropriate individual specific training prior to working as staff in the home. This system involves the Human Resources Department tracking all new hire individual specific training. The Training Coordinator and/or</p>		

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			<p>Program Services Recruiter will track the training for each new hire to ensure he/she has all required individual specific training. The Training Coordinator or Program Services Recruiter will send an email to the Group Home Coordinator and Group Home Administrative Assistant when the training is complete. In this email, it will be indicated that the new hire is cleared to work as staff in the home. The Group Home Coordinator or Administrative Assistant will then send a similar email to the Group Home Manager. The Group Home Manager will not be permitted to put the staff on the schedule to work as staff with individuals until he/she receives the email from the Group Home Coordinator or Administrative Assistant. All current staff in the home have received the required individual specific training. Risk Plans have been/will be revised to include nursing measures staff are to follow in regard to catheters and colostomies. Staff will be retrained to report all medical concerns by using the "Medical Concern" form or by typing a staff note in CaraSolva. Staff will also be trained to call the nurse with these concerns. Staff will be retrained on assessing adaptive equipment and reporting concerns immediately to the Manager. The Manager will be retrained to immediately ensure each concern is</p>	

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			<p>addressed. Reporting medical concerns and adaptive equipment concerns will continue to be a part of new hire nursing training. Monitoring: The Training Coordinator and/or Program Services Recruiter will monitor the completion of all new hire training. The Executive Vice President and Director of Residential and Adult Day Services are each currently visiting the home at least once weekly to ensure the administrative staff are providing the proper oversight. After 30 days, they will continue to visit the home at least twice monthly. The Quality Systems Management Director is now visiting the home at least five times per week to ensure the administrative staff are providing the proper oversight. This will continue for at least 30 days from when it began. After 30 days, the Quality Systems Management Director or the Quality Assurance Coordinator will continue to visit the home at least once per month. After 30 days, the Group Home Manager will be in the home when residents are present a minimum of 5 days per week. The Group Home Coordinator will be in the home when residents are present at least once per week. The purposes of these visits will be to monitor staff competency and implementation of programming.</p> <p>Date to Be Completed By: October</p>		

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W0331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, interview and record review for 4 of 4 sampled clients (A, B, C and D) and for 1 additional client (E), the facility's nursing services failed to meet the healthcare needs of the clients. The facility's nursing services failed to train staff in regards to the clients' health needs. The facility's nursing services failed to ensure clients' risk plans indicated how facility staff were to monitor and/or care for a suprapubic catheter and colostomy site. The facility's nursing services failed to ensure facility staff reported all health concerns of a client to nursing services for assessment and/or doctor referral. The facility's nursing services failed to ensure all adaptive equipment/bedrails were part of the clients' Individual Program Plans (IPPs) with a schedule of use and/or included the number of staff to utilize a Hoyer lift for a client's safety.</p> <p>Findings include:</p> <p>During the 9/18/12 observation period between 5:02 PM and 7:16 PM and the 9/19/12 observation period between 6:55 AM and 8:00 AM, at the group home, client A was in an electric wheelchair. Client A leaned to the left side of the</p>	W0331	<p>W331</p> <p>Plan of Correction: A new system has been developed and implemented to ensure all staff receive appropriate individual specific training prior to working as staff in the home. This system involves the Human Resources Department tracking all new hire individual specific training. The Training Coordinator and/or Program Services Recruiter will track the training for each new hire to ensure he/she has all required individual specific training. The Training Coordinator or Program Services Recruiter will send an email to the Group Home Coordinator and Group Home Administrative Assistant when the training is complete. In this email, it will be indicated that the new hire is cleared to work as staff in the home. The Group Home Coordinator or Administrative Assistant will then send a similar email to the Group Home Manager. The Group Home Manager will not be permitted to put the staff on the schedule to work as staff with individuals until he/she receives the email from the Group Home Coordinator or Administrative Assistant. All current staff in the home have received the required individual specific training. Risk</p>	10/14/2012			

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	<p>wheelchair causing the client's body and/or head to be off/to the outside of the wheelchair. Staff #1 would physically assist/reposition client A to sit up straight in the wheelchair. Client A had a chest harness hanging off the back of her wheelchair which was not utilized. Client A, who was a spastic quadriplegic, was fed by facility staff without the use of the chest harness. Facility staff during both observation periods did not encourage/prompt client A to use the chest harness.</p> <p>During the 9/18/12 and 9/19/12 above mentioned observation periods, client B required staff assistance to ambulate with a gait belt and client B wore a helmet. Client C was in an electric wheelchair. Client C required staff total assistance with transfers. Client C also had a wood board under the left side of his seat to support the client's left leg/stub. Client C had a supra pubic catheter and a colostomy bag. Client C's facial area below the eyes to the client's chin area and both cheeks were bright red in color and had a blister appearance. The area on the client's face was also dry looking. Client E was in a custom molded wheelchair. Client E required total staff assistance in transfers and toileting. Client E could be heard screaming when staff #7 took the client to the bathroom to</p>		<p>Plans have been/will be revised to include nursing measures staff are to follow in regard to catheters and colostomies. Staff will be trained on these plans. Staff will be retrained to report all medical concerns by using the "Medical Concern" form or by typing a staff note in CaraSolva. Staff will also be trained to call the nurse with these concerns. Staff will be retrained on assessing adaptive equipment and reporting concerns immediately to the Manager. The Manager will be retrained to immediately ensure each concern is addressed. All current adaptive equipment concerns will be addressed. Each Nurse will be trained to monitor that each IPP addresses adaptive equipment with a schedule of how and when to use the equipment. Each Nurse will also be trained to monitor that, when appropriate, each IPP tells the number of staff necessary to operate the Hoyer Lift. All current plans have been/will be revised to include this required information. The in-home training checklist has been revised to include proving competency in several areas: colostomy, catheter, harnesses, c-pap, VNS, Oxygen, Toileting, Bathing, Speech equipment, wheelchair requirements, Hoyer lift and bed rail requirements. This training checklist must be completed before the any individual can work as staff in the home.</p>				

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	<p>wash his hands during the 9/19/12 observation period. During the meals, client E was fed by facility staff. During the above mentioned observation periods, client D wore a helmet and ate a pureed diet. During the 9/18 and 9/19/12 observation periods clients A, B, C, D and E had bed rails on their beds. Client E's bedrails were padded. Client D had bedrails with padding only at the foot/end of the bed rail. Client D's bed rails were up when client D was not in the bed. Clients C and E had hospital beds. Client C also had a pressure mattress with a pump on his bed.</p> <p>The facility's reportable incident reports/investigations were reviewed on 9/18/12 at 2:27 PM. The facility's reportable incident reports/investigations indicated the following:</p> <p>-9/12/12 "...At 6:18 am [administrative staff #3] with the Vincennes Team pager to report a possible Abuse/Neglect/Exploitation incident involving 3 different consumers in the home. [Staff #3], morning staff, reported the following issues as he proceeded to help consumers get up:</p> <p>[Client A] was twisted around and against her bedrail. She could not move. [Client B] and [client C] neither one had</p>		<p>Preventive Action: A new system has been developed and implemented to ensure all staff receive appropriate individual specific training prior to working as staff in the home. This system involves the Human Resources Department tracking all new hire individual specific training. The Training Coordinator and/or Program Services Recruiter will track the training for each new hire to ensure he/she has all required individual specific training. The Training Coordinator or Program Services Recruiter will send an email to the Group Home Coordinator and Group Home Administrative Assistant when the training is complete. In this email, it will be indicated that the new hire is cleared to work as staff in the home. The Group Home Coordinator or Administrative Assistant will then send a similar email to the Group Home Manager. The Group Home Manager will not be permitted to put the staff on the schedule to work as staff with individuals until he/she receives the email from the Group Home Coordinator or Administrative Assistant. All current staff in the home have received the required individual specific training. Risk Plans have been/will be revised to include nursing measures staff are to follow in regard to catheters and colostomies. Staff will be retrained</p>				

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	<p>their bedrails up on their beds. [Client C] had a dirty diaper laying on his bed. [Client C] did not have on his C-pap mask for his sleep apnea. As soon as he could, [staff #3] called an agency KCARC (Knox County Association for Retarded Citizens) pager phone..No falls or injuries are known at this time. However, consumers will be watched carefully in case some problems occur later on, especially during the next 24 hours...."</p> <p>The facility's undated Investigation Summary indicated "...3 staff and 2 consumers said they were aware of bedrails being left down...C pap machine All staff were aware that it needs to be placed on consumer before he goes to bed and checked throughout the night...It was found during the investigation that [staff #7] admitted that she had left bedrails down. [Client A] often becomes tangled up in her bedrails. [Clients C and B's] bedrails that were left down again she admitted to this, and the people working with her were also aware of the issue (sic). The dirty diaper on [client C's] bed, was from where his cath was leaking and she placed the diaper in place to stop the urine from getting on him and bed and causing skin breakdown. [Client C's] cath does leak when he is feeling backed</p>		<p>to report all medical concerns by using the "Medical Concern" form or by typing a staff note in CaraSolva. Staff will also be trained to call the nurse with these concerns. Staff will be retrained on assessing adaptive equipment and reporting concerns immediately to the Manager. The Manager will be retrained to immediately ensure each concern is addressed. Reporting medical concerns and adaptive equipment concerns will continue to be a part of new hire nursing training. Each Nurse will be trained to monitor that each IPP addresses adaptive equipment with a schedule of how and when to use the equipment. Each Nurse will also be trained to monitor that, when appropriate, each IPP tells the number of staff necessary to operate the Hoyer Lift. Monitoring: The Training Coordinator and/or Program Services Recruiter will monitor the completion of all new hire training. Each Nurse will be trained to monitor that each IPP addresses adaptive equipment with a schedule of how and when to use the equipment. Each Nurse will also be trained to monitor that, when appropriate, each IPP tells the number of staff necessary to operate the Hoyer Lift. Date to Be Completed By: October 14, 2012 Responsible Party: Training Coordinator, Nurse</p>				

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	<p>up...." The 9/12/12 reportable incident report indicated client C would take his Cpap mask off during the night. The reportable incident report indicated "... [Staff #7] stated that she was not properly trained in the usage of the bedrails and admitted fully to leaving them down."</p> <p>-8/12/12 "It was report (sic) by staff that during bed check he had had (sic) found [client A], [client E], and [client D] dirty. [Staff #3] was immediately suspended pending the outcome of an investigation...During the investigation of all staff and consumers the allegations were unsubstantiated. [Staff #3] was retrained to make sure that all consumers are clean and dry before the next shift. [Staff #3] was able to return to work after the retraining..." The facility's inservice records were reviewed on 9/19/12 at 12:30 PM. The facility's inservice record from 1/12 to 912 did not indicate staff #3 had been retrained.</p> <p>-8/4/12 "Staff was preparing the consumer (client C) to shower and instructed the consumer to lean forward in his wheelchair so staff could assist him in transferring. The consumer leaned forward too far and fell out of his wheelchair and onto the floor. The consumer was complaining of back pain. Staff contacted the on-call nursing</p>						

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	<p>personnel, who instructed staff to have the consumer transported to the ER (emergency room). The consumer was taken to the ER at [name of hospital] via ambulance...." The 8/4/12 reportable incident report did not indicate a mechanical device (Hoyer lift) was utilized with client C. The facility's undated Investigation Summary indicated "...That [client C] had fallen out of the Hoyer Lift while staff was trying to remove it from underneath him. [Client C] had lean to (sic) far forward and had fallen out of the chair. This was done in bathroom with staff present...." The undated investigation indicated one staff was present with the client when he fell out of the Hoyer Lift. The undated investigation indicated ..."The staff will be trained to stand in front of [client C] while they are getting the Hoyer lift pad from underneath him. This will help prevent future issues."</p> <p>-7/26/12 "On 7/29/12, [staff #9] reported that [staff #10] had failed to change [client A] on 7/27/12. [Staff #9] arrived to work and was asked to change [client A] because she was wet. [Staff #10] claimed that he had never changed [client A]. [Staff #9] promptly changed [client A]. [Client A] was very wet but was not injured as a result of the incident...."</p>						

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	<p>The facility's 8/8/12 follow-up report indicated "[Staff #10] had been trained to change [client A]. He asked the other staff to perform the job duty when she came on at 12am, due to he had never changed her (client A) by himself...."</p> <p>Interview with administrative staff #1 on 9/19/12 at 10:45 AM stated "[Staff #3] was not using the Hoyer lift correctly." Administrative staff #1 indicated staff #3 was trained on the use of the Hoyer Lift on 9/13/12 after the staff had worked with client C since 2/12. Administrative staff #1 stated when she went to look for "client specific training documentation," for each staff on 9/18/12, she was not able to find where any staff had been trained. Administrative staff #1 indicated she then called the facility's nurse who indicated, the nurse had not conducted any training with the staff at the group home in regard to the clients' medical needs. Administrative staff #1 indicated the group home nurse, a LPN, was immediately suspended on 9/18/12. Administrative staff #1 indicated no facility staff, at the group home, had been trained in regards to client A, B, C, D and E's risk plans and/or health needs/conditions by the facility's nurse.</p> <p>Client C's record was reviewed on 9/19/12 at 3:55 PM. Client C's 7/12</p>				

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	<p>physician's orders indicated client C's diagnoses included, but were not limited to, Epilepsy, Paraplegic, Spina Bifida with Neurogenic Bowel (Colostomy), Bladder (Supra Pubic Catheter), Hydrocephalus (untreated), Club Feet, Congenital deformity of Pelvis and Hips, Thoracic Scoliosis, Hypertension, Sleep Apnea, Neuropathy, Diabetes Mellitus Type II and history of Distal right Tibia and Fibula fractures.</p> <p>Client C's hospital records, (part of the chart) indicated client C was admitted to the hospital on 7/15/12. Client C's 7/15/12 CT of the abdomen and pelvis report indicated "...Impression: Acute change from October 2011 includes grade 1 hydronephrosis standing around the kidney and ureters, suggestive of acute infectious process...." Client C's 7/15/12 Urology Consult indicated "...Assessment: 1. urinary tract infection, probable sepsis. 2. obstructed suprapubic catheter replaced. 3. Neurogenic bladder with chronic suprapubic catheter. 4. Erythematous penis and scrotum...." Client A's 7/15/12 History & (and) Physical (H&P) indicated client C "...presented to the emergency room complaining of feeling bad all over, severe pain over the hypogastric (pubic region) area, fever and chills...." The H&P indicated client C's "...leukocytosis</p>			

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	<p>(elevated white blood cells) of 21.5 and tachycardiac...." Client C's physician's orders and/or nurse notes did not indicate facility staff notified nursing services of the client's red area on his face to obtain treatment. Interview with client C on 9/19/12 at 10:26 AM indicated the redness on his face was from the Cpap machine.</p> <p>Client C's 6/1/12 Individual Program Plan (IPP) indicated client C had the following Risk Plans:</p> <p>Seizures, Peripheral Vascular Disease, Hyperglycemia, Skin Integrity, MRSA/VRE (Methicillin Resistant Staphylococcus/Vancomycin Resistant Enterococcus), Altered Bowel Elimination-Colostomy and Suprapubic Catheter, Sleep Apnea, Hypertension, Hyperlipidemia, Neuropathy, Gastritis, Contractures, allergies and diet. Client C's risk plan for the suprapubic catheter indicated facility staff were to "...Monitor urine for dark color, smell, increased temperature, lethargy, blood, abdominal pain/distention, or sediment and contact nurse cell phone...." The risk plan indicated the nurse would change the client's catheter each month, but the risk plan did not specifically indicate how facility staff were to care for the catheter and colostomy sites. Review of a blank</p>						

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	<p>flow sheet for client C and/or the client's record failed to indicate how facility staff monitored for the above mentioned signs/symptoms as there was no documentation noted on the flow sheets.</p> <p>Client C's 6/1/12 IPP indicated facility staff was to use a Hydraulic lift in transferring the client. Client C's 6/1/12 IPP failed to indicate how many staff were to assist the client in transferring with the mechanical lift to ensure the client's safety. Client C's 6/1/12 IPP also indicated client C had adaptive equipment of bed rails. The IPP failed to indicate when the bed rails should be utilized to ensure the client's safety.</p> <p>Client A's record was reviewed on 9/19/12 at 3:45 PM. Client A's 8/1/12 IPP indicated client A's diagnoses included, but were not limited to, Osteoporosis, Cerebral Palsy with Spastic Quadriplegia, Major Depression, Peripheral Vascular Disease, Severe Articulation Disorder, Seizure Disorder, Neurogenic Bladder, Hypothyroidism, Dysphagia and Synovitis (Arthritis) of the right shoulder. Client A's IPP indicated client A was to wear a chest harness during meals and 30 minutes after meals.</p> <p>Client A's 8/1/12 IPP indicated client A had the following risk plans: Seizures,</p>			

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	<p>constipation, Aspiration, Peripheral Vascular Disease, Osteoporosis, Gastritis and altered skin integrity.</p> <p>Client A's 8/1/12 Functional Assessment indicated client A required total staff assistance with bathing, toileting, dressing and/or personal care. Client A's 8/1/12 IPP indicated client A had bed rails as adaptive equipment. Client A's IPP did not indicate when the bed rails were to be utilized.</p> <p>Client A's 6/3/11 Behavior Support Plan Addendum indicated client A had bedrails on her bed "to prevent falls."</p> <p>Client B's record was reviewed on 9/19/12 at 3:32 PM. Client B's 8/1/12 IPP indicated client B's diagnoses included, but were not limited to, Seizure Disorder, Dementia, Ineffective Ventricular Shunt, Vagal Nerve Stimulator (VNS) implant, Hypothyroidism and nontoxic goiter. Client B's IPP indicated client B required the use of a gait belt when ambulating and wore a helmet due to falls/seizures. The client's IPP indicated client B had a Diastat Protocol for seizures lasting more than 5 minutes. Client B's IPP indicated the client had a risk plan for seizures, Hyponatremia (low sodium), constipation, aspiration, Hypokalemia (low potassium) and falls. Client B's IPP indicated client</p>			

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	<p>B had bedrails, but the client's IPP failed to indicate/specify when the bedrails were to be utilized.</p> <p>Client D's record was reviewed on 9/19/12 at 4:00 PM. Client D's 4/9/12 IPP indicated client D's diagnoses included, but were not limited to, Major Epilepsy, Speech/Language Disorder, Autistic behavior and Mild Anemia. Client D's 4/9/12 IPP indicated client D wore a helmet for safety due to seizures/falls. The client's IPP indicated the client was totally dependent on staff for his basic needs and the client wore adult diapers. Client D's IPP indicated client D had the following risk plans: Seizures, Diastat Protocol for Seizures, constipation, aspiration and anemia. Client D's IPP indicated the client required the use of bedrails but the IPP failed to indicate when the bedrails were to be utilized.</p> <p>Review of the facility's Employee Training Records on 9/19/12 at 12:30 PM, 1:32 PM and on 9/20/12 at 2:40 PM indicated Staff #1, #2, #3, #4, #5, #6, #7 and #8 had not received specific training in regard client A, B, C, D, E and G's medical/health needs as of 9/19/12. On 9/20/12 at 2:40 PM, administrative staff #1 found an 8/20/12 Employee Training Record entitled "Colostomy and Catheder</p>						

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	<p>(sic) Care" presented by LPN #1. The 8/20/12 inservice training form indicated nursing services failed to ensure staff #2, #3, #5 and #7 were trained in regard to client C's specialized health care need prior to working with client C. A blank Individualized Consumer Nurse Training form was reviewed on 9/19/12 at 2:50 PM. The blank form indicated the facility nurse was to provide the following medical/health client specific training with staff:</p> <ul style="list-style-type: none"> -High Risk Plans -Side Effects and how to use a side effects tracking log -Vital signs and weights -Allergies -Heat restrictions -Chronic health problems -Labs -Diets -Aspiration precautions -Fluid Restrictions -Specialized equipment -Elimination issues -Protocols/Diabetic Protocols and other pertinent issues. <p>Review of the facility's inservice records from 1/12 to 9/12 indicated staff #3 was not trained in regard to the use of the Hoyer lift prior to him working with client C until 9/13/12.</p>						

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	<p>Confidential interview M indicated all the people were new in the group home. Confidential interview M stated "Everybody is doing their own thing." Confidential interview M indicated staff needed more training.</p> <p>Confidential interview N indicated clients A, B and D required the use of bedrails. Confidential interview N indicated they were concerned in regard to some of the clients' hygiene as some of the clients would not be changed/toileted as they should. Confidential interview N stated client C had red areas on his face which were in the "process of healing." Confidential interview N indicated they thought client C had as needed creams which could be applied to the client's face.</p> <p>Confidential interview P stated clients would be toileted/changed "Whenever we smell or check them. Hard to get to with 3 staff." When asked how often clients would be left wet or in feces, confidential staff P stated "Not very long." Confidential interview P indicated client C did not refuse to wear his Cpap mask. When asked when client A wore her chest harness, confidential interview P stated "Only seen it on her once and not sure why it was on that day."</p>				

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	<p>Interview with client B on 9/19/12 at 10:32 AM indicated his bedrails would sometimes be left down at night. Client B stated "Supposed to be up."</p> <p>Interview with administrative staff #1 on 9/19/12 at 1:08 PM and 3:03 PM indicated the majority of the staff in the group home were new including the manager and the assistant manager. Administrative staff #1 indicated 2 staff were to be present when using the Hoyer Lift to transfer client C.</p> <p>Interview with administrative staff #1, the Program Coordinator (PC) and staff #1 on 9/19/12 at 5:20 PM indicated the use of the bedrails should be incorporated into the clients' program plans. The PC and administrative staff #1 indicated client C had bedrails as the client would throw himself out of bed. Client D had bedrails due to falls, client B had bedrails for Seizures and clients A and E had bedrails for safety. The PC and administrative staff #1 indicated client C required 2 staff to assist the client with transfers. The PC and administrative and staff #1 indicated client C's IPP/risk plan did not specifically indicate what type of care facility staff were to provide with client C's suprapubic catheter and colostomy bag besides emptying it. When asked</p>				

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	<p>how facility staff monitored/documented the specified signs and symptoms in regard to the client's suprapubic catheter, administrative staff #1 indicated the signs and symptoms should be listed/documented on client C's flow sheets. Administrative staff #1 could not locate how staff monitored the sign and symptoms on the client's flow sheets. The PC indicated client A was to wear her chest harness only at meals and thirty minutes after eating. The PC indicated client A would refuse to wear the needed device.</p> <p>This federal tag relates to complaint #IN00116495.</p> <p>9-3-6(a)</p>			

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W0342	<p>483.460(c)(5)(iii) NURSING SERVICES</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients (A, B, C and D) and for 1 additional client (E), the facility's nursing services failed to train staff in regard to specialized services/health needs of clients, and/or failed to train facility staff in regard to the clients' risk plans.</p> <p>Findings include:</p> <p>During the 9/18/12 observation period between 5:02 PM and 7:16 PM and the 9/19/12 observation period between 6:55 AM and 8:00 AM, at the group home, client A was in an electric wheelchair. Client A leaned to the left side of the wheelchair causing the client's body and/or head to be off/to the outside of the wheelchair. Staff #1 would physically assist/reposition client A to sit up straight in the wheelchair. Client A had a chest harness hanging off the back of her wheelchair which was not utilized. Client A, who was a spastic quadriplegic, was</p>	W0342	<p>W342</p> <p>Plan of Correction: A new system has been developed and implemented to ensure all staff receive appropriate individual specific training prior to working as staff in the home. This system involves the Human Resources Department tracking all new hire individual specific training. The Training Coordinator and/or Program Services Recruiter will track the training for each new hire to ensure he/she has all required individual specific training. The Training Coordinator or Program Services Recruiter will send an email to the Group Home Coordinator and Group Home Administrative Assistant when the training is complete. In this email, it will be indicated that the new hire is cleared to work as staff in the home. The Group Home Coordinator or Administrative Assistant will then send a similar email to the Group Home Manager. The Group Home Manager will not be permitted to put the staff on the</p>	10/14/2012			

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	<p>fed by facility staff without the use of the chest harness.</p> <p>During the 9/18/12 and 9/19/12 above mentioned observation periods, client B required staff assistance to ambulate with a gait belt and client B wore a helmet. Client C was in an electric wheelchair. Client C required staff total assistance with transfers. Client C also had a wood board under the left side of his seat to support the client's left leg/stub. Client C had a supra pubic catheter and a colostomy bag. Client C's facial area below the eyes to the client's chin area and both cheeks were bright red in color and had a blistery appearance. The area on the client's face was also dry looking. Client E was in a custom molded wheelchair. Client E required total staff assistance in transfers and toileting. During the meals, client E was fed by facility staff. During the above mentioned observation periods, client D wore a helmet and ate a pureed diet. During the 9/18 and 9/19/12 observation periods clients A, B, C, D and E had bed rails on their beds. Client E's bedrails were padded. Client D had bedrails with padding only at the foot/end of the bed rail. Client D's bed rails were up when client D was not in the bed. Clients C and E had hospital beds. Client C also had a pressure mattress with a pump on his bed.</p>		<p>schedule to work as staff with individuals until he/she receives the email from the Group Home Coordinator or Administrative Assistant. All current staff in the home have received the required individual specific training. Each individual specific training session includes the current IPP, current BSP and current risk plan for each individual. . The in-home training checklist has been revised to include proving competency in several areas: colostomy, catheter, harnesses, c-pap, VNS, Oxygen, Toileting, Bathing, Speech equipment, wheelchair requirements, Hoyer lift and bed rail requirements. This training checklist must be completed before the any individual can work as staff in the home.</p> <p>Preventive Action: A new system has been developed and implemented to ensure all staff receive appropriate individual specific training prior to working as staff in the home. This system involves the Human Resources Department tracking all new hire individual specific training. The Training Coordinator and/or Program Services Recruiter will track the training for each new hire to ensure he/she has all required individual specific training. The Training Coordinator or Program Services Recruiter will send an email to the Group Home Coordinator and</p>		

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	<p>Client C's record was reviewed on 9/19/12 at 3:55 PM. Client C's 7/12 physician's orders indicated client C's diagnoses included, but were not limited to, Epilepsy, Paraplegic, Spina Bifida with Neurogenic Bowel (Colostomy), Bladder (Supra Pubic Catheter), Hydrocephalus (untreated), Club Feet, Congenital deformity of Pelvis and Hips, Thoracic Scoliosis, Hypertension, Sleep Apnea, Neuropathy, Diabetes Mellitus Type II and history of Distal right Tibia and Fibula fractures.</p> <p>Client C's 6/1/12 Individual Program Plan (IPP) indicated client C had the following Risk Plans: Seizures, Peripheral Vascular Disease, Hyperglycemia, Skin Integrity, MRSA/VRE (Methicillin Resistant Staphylococcus/Vancomycin Resistant Enterococcus), Altered Bowel Elimination-Colostomy and Suprapubic Catheter, Sleep Apnea, Hypertension, Hyperlipidemia, Neuropathy, Gastritis, Contractures, allergies and diet.</p> <p>Client A's record was reviewed on 9/19/12 at 3:45 PM. Client A's 8/1/12 IPP indicated client A's diagnoses included, but were not limited to, Osteoporosis, Cerebral Palsy with Spastic Quadriplegia, Major Depression, Peripheral Vascular Disease, Severe</p>		<p>Group Home Administrative Assistant when the training is complete. In this email, it will be indicated that the new hire is cleared to work as staff in the home. The Group Home Coordinator or Administrative Assistant will then send a similar email to the Group Home Manager. The Group Home Manager will not be permitted to put the staff on the schedule to work as staff with individuals until he/she receives the email from the Group Home Coordinator or Administrative Assistant.</p> <p>Monitoring: A new system has been developed and implemented to ensure all staff receive appropriate individual specific training prior to working as staff in the home. This system involves the Human Resources Department tracking all new hire individual specific training. The Training Coordinator and/or Program Services Recruiter will track the training for each new hire to ensure he/she has all required individual specific training. The Training Coordinator or Program Services Recruiter will send an email to the Group Home Coordinator and Group Home Administrative Assistant when the training is complete. In this email, it will be indicated that the new hire is cleared to work as staff in the home. The Group Home Coordinator or Administrative</p>				

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	<p>Articulation Disorder, Seizure Disorder, Neurogenic Bladder, Hypothyroidism, Dysphagia and Synovitis (Arthritis) of the right shoulder. Client A's IPP indicated client A was to wear a chest harness during meals and 30 minutes after meals. Client A's 8/1/12 IPP indicated client A had the following risk plans: Seizures, constipation, Aspiration, Peripheral Vascular Disease, Osteoporosis, Gastritis and altered skin integrity.</p> <p>Client B's record was reviewed on 9/19/12 at 3:32 PM. Client B's 8/1/12 IPP indicated client B's diagnoses included, but were not limited to, Seizure Disorder, Dementia, Ineffective Ventricular Shunt, Vagal Nerve Stimulator (VNS) implant, Hypothyroidism and nontoxic goiter. Client B's IPP indicated client B required the use of a gait belt when ambulating and wore a helmet due to falls/seizures. The client's IPP indicated client B had a Diastat Protocol for seizures lasting more than 5 minutes. Client B's IPP indicated the client had a risk plan for seizures, Hyponatremia (low sodium), constipation, aspiration, Hypokalemia (low potassium) and falls.</p> <p>Client D's record was reviewed on 9/19/12 at 4:00 PM. Client D's 4/9/12 IPP indicated client D's diagnoses included, but were not limited to, Major</p>		<p>Assistant will then send a similar email to the Group Home Manager. The Group Home Manager will not be permitted to put the staff on the schedule to work as staff with individuals until he/she receives the email from the Group Home Coordinator or Administrative Assistant.</p> <p>Date to Be Completed By: October 14, 2012</p> <p>Responsible Party: Nurse, Training Coordinator</p>				

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	<p>Epilepsy, Speech/Language Disorder, Autistic behavior and Mild Anemia. Client D's 4/9/12 IPP indicated client D wore a helmet for safety due to seizures/falls. The client's IPP indicated the client was totally dependent on staff for his basic needs and the client wore adult diapers. Client D's IPP indicated client D had the following risk plans: Seizures, Diastat Protocol for Seizures, constipation, aspiration and anemia.</p> <p>Review of the facility's Employee Training Records on 9/19/12 at 12:30 PM, 1:32 PM and on 9/20/12 at 2:40 PM indicated Staff #1, #2, #3, #4, #5, #6, #7 and #8 had not received specific training in regard client A, B, C, D, E and G's medical/health needs as of 9/19/12. On 9/20/12 at 2:40 PM, administrative staff #1 found an 8/20/12 Employee Training Record entitled "Colostomy and Catheder (sic) Care" presented by LPN #1. The 8/20/12 inservice training form indicated the facility's nursing services failed to staff #2, #3, #5 and #7 were trained in regard to client C's specialized heath care needs prior to working with client C. A blank Individualized Consumer Nurse Training form was reviewed on 9/19/12 at 2:50 PM. The blank form indicated the facility nurse was to provide the following medical/health client specific training with staff:</p>						

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	<p>-High Risk Plans -Side Effects and how to use a side effects tracking log -Vital signs and weights -Allergies -Heat restrictions -Chronic health problems -Labs -Diets -Aspiration precautions -Fluid Restrictions -Specialized equipment -Elimination issues -Protocols/Diabetic Protocols and other pertinent issues.</p> <p>Interview with administrative staff #1 on 9/19/12 at 10:45 AM stated when she went to look for "client specific training documentation," for each staff on 9/18/12, she was not able to find where any staff had been trained. Administrative staff #1 indicated she then called the facility's nurse who indicated, the nurse had not conducted any training with the staff at the group home in regard to the clients' medical needs. Administrative staff #1 indicated the group home nurse, a LPN, was immediately suspended on 9/18/12. Administrative staff #1 indicated no facility staff, at the group home, had been trained in regards to client A, B, C, D and E's risk plans and/or health</p>						

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	needs/conditions by the facility's nurse. This federal tag relates to complaint #IN00116495. 9-3-6(a)				