STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED
	15G348		10/19/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JAY-RANDOLPH DEVELOPMENTAL SERVICES	522 E NORTH ST PORTLAND, IN 47371

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	This visit was for an annual recertification and state licensure survey. Dates of Survey: October 13, 14, 15, 16, and 19, 2015. Facility Number: 000864 Provider Number: 15G348 AIMS Number: 100249170 These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 10/28/15.	W 0000		
W 0104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3, and #4) and 3 additional clients (#5, #6 and #7), the governing body failed to exercise general policy and operating direction over the facility to ensure the flooring in the home was maintained and in good repair.	W 0104	104 Now, and in thefuture, the Home Manager, Leads Home Manager and a member of JRDS maintenancewill conduct a monthly walk-through of the home to determine maintenance andrepair needs. Maintenance Requests (seeattachment) will be used for repairs and maintenance as needed. The Maintenance	11/09/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Findings include: Observations were conducted at the group home with clients #1, #2, #3, #4, #5, #6 and #7 on 10/13/15 between 3:10 PM and 5:30 PM and on 10/14/15 between 6 AM and 8 AM. __The medication room was approximately four feet by five feet in size and contained a large cabinet and a desk with enough room for one staff and one client. __The flooring in the medication room was linoleum and had a large portion, approximately two feet in diameter, missing and torn in the center of the floor with the edge of the linoleum curled back around the torn section. During interview with staff #1 on 10/13/15 at 4:30 PM, staff #1: __Indicated the torn flooring of the medication room was a concern for all clients in the group home (clients #1, #2, #3, #4, #5, #6 and #7) that one of the clients might trip on the curled up edges of the linoleum and fall. __Indicated client #3 utilized a rolling walker for ambulation and was at risk of falling. __Stated, "A few of them (the clients) have tripped on it (the curled up edges around the missing linoleum) a few		team will make any necessaryrepairs or, if needed, referrals for repairs to an outside source. * When an issue needs to be addressed, the staff will completethe Maintenance Request form (attached), turn it into the Lead Homes Managerwho immediately gives it to the Maintenance Supervisor. The Maintenance Supervisor prioritizes therequests under the guidance of the Executive Director. All completed requests are added to a database.	

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	times." During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 10/15/15 at 2 PM, the QIDP indicated the home was to be maintained and in good repair at all times. 9-3-1(a)			
W 0125 Bldg. 00	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Based on interview and record review for 1 of 4 sampled clients (#3), the facility failed to ensure client #3's rights by not ensuring a representative to assist in making informed decisions in regard to the client's medical and psychological needs. Findings include: Client #3's record was reviewed on 10/14/15 at 1 PM.	W 0125	Now and in the future, JRDS will ensure all clients' rightsby ensuring a representative to assist in making informed decisions in regardto the client's medical and psychological needs. Previously attempts were madeto contact the current Court Appointed HCR with no results. Recently this HCRwas contacted by the QIDP and she agreed to remain until another person wasfound. This specific client also has acousin who is being contacted to see if there is interest in becoming the HCR. Atthis time the JRDS Human Rights	11/09/2015

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	Client #3's record indicated diagnoses of, but not limited to, Mild Intellectual Disability, Impulse Control Disorder, Left Eye Blindness, Glaucoma (an eye disease), Neurogenic bladder (a lack of bladder control due to a nerve condition), Hearing Impaired, COPD (Congestive Obstructive Pulmonary Disease) and Arthritis. Client #3's record indicated: __Client #3 could not urinate on his own and required the staff to catheterize (insert a tube into the urethra to drain the urine from the body) him twice a day. __Client #3 was at risk for falling and required the use of a walker to ambulate. __Client #3 smoked cigarettes daily. Client #3's 7/30/15 Behavior Support Plan (BSP) indicated "[Client #3] has a history of verbal aggression, verbal threats, physical threats, refusals and paranoia." Client #3's 2015 physician's orders indicated client #3 received Lexapro and Risperdal daily for behavior modification. Client #3's 7/30/15 Informed Consent Assessment (ICA) indicated client #3 would not always act responsibly in regard to making medical decisions in		Committee will also be requested to act as arepresentative on behalf of this individual until a replacement HCR isobtained. When the need for representationis apparent by assessment or other source; the IDT will direct the QIDP toimmediately request the HRC to act a representative and to pursue other avenuesfor representation for the protection of the individual.	

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	regard to routine medical care, dental care, the need for surgery and/or the use of behavior controlling medications. The ICA indicated client #3 was in need of a health care representative to assist client #3 in making medical and psychological decisions. During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 10/15/15 at 2 PM, the QIDP: __Stated, "He (client #3) had a court appointed representative at one time but she (the representative) hasn't been involved for a long time." __Indicated client #3 had no family to assist with medical decisions. __Stated client #3 was "not capable of making medical decisions by himself" and was in need of a representative. 9-3-2(a)			
W 0210 Bldg. 00	483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on observation, interview and	W 0210	210	11/18/2015

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	record review for 1 of 4 sampled clients (#1), the facility failed to ensure an assessment of client #1's fine/gross motor skills and seating/positioning needs in regard to the use of a wheelchair. Findings include: Observations were conducted at the group home on 10/13/15 between 3:10 PM and 5:30 PM and on 10/14/15 between 6 AM and 8 AM. Throughout both observation periods the following was observed: __Client #1 was a tall elderly thin male who utilized a manual wheelchair for ambulation and required staff assistance for all transfers in and out of the wheelchair. __Client #1's shoulders curved in and his back was hunched forward. __While sitting in the wheelchair client #1 leaned to his left side placing most of his upper body weight on his left arm as he leaned forward and against the left arm rest of the chair. __When client #1 was asked if he could sit up straighter, client #1 pulled his upper body to a more upright position but immediately slid back to leaning on the arm rest of the wheelchair. Client #1's record was reviewed on 10/14/15 at 3 PM.		Now and in the future, JRDS will ensure an assessment offine/gross motor skill and seating/positioning needs are addressed annually inregard to the use of a wheelchair. A PTevaluation has been completed in regards to the appropriateness of the currentwheelchair. Results of the assessment stated to “continue current wheelchairunless leaning worsens”. The IDT hasagreed to pursue further seating and mobility assessments. Documentation of past and upcomingevaluations will be placed on the JRDS Appointment Schedule form. The HomeManager will document past and upcoming appointments and the Nurse will reviewall documentation monthly. The IDT willaddress the individual’s needs annually and document on the ISP.	

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	__Client #1's record indicated diagnoses of, but not limited to, Degenerative Joint Disease, Osteoarthritis, Macular Degeneration (an incurable eye disease leading to blindness), Bilateral Cataracts, and Congestive Obstructive Pulmonary Disease (COPD). __Client #1's record indicated client #1 utilized a wheelchair for all mobility and required staff assistance for all transfers in and out of his wheelchair. __Client #1's annual physical by client #1's physician dated 1/15/15 indicated "Last PT/OT (Physical Therapy/Occupational Therapy) assessment: Date unknown." During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 10/15/15 at 2 PM, the QIDP: __Indicated client #1 now required the use of his wheelchair for all ambulation. __Indicated client #1 was elderly and his motor skills had declined over the years. __Indicated she could not remember when client #1 received his wheelchair and stated, "But I know it's been a long while." __Stated, "We (the facility) got him a pad to put in the seat of his wheelchair because he was sitting in his chair more and more." __Stated, "I think it's just a standard			

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	wheelchair." __Stated, "He (client #1) could use a support to help him from leaning so far to one side." __Indicated she could not locate any documentation of client #1 having a PT assessment, OT assessment and/or seating assessment conducted. __Indicated she did not know if client #1 was measured and/or fitted for the wheelchair he was presently using. __Indicated she could not locate an assessment of client #1's fine and gross motor skills. 9-3-4(a)			
W 0227 Bldg. 00	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, interview and record review for 1 of 4 sampled clients (#3), the client's Individual Support Plan (ISP) failed to address the client's identified training need in regard to health issues related to smoking. Findings include:	W 0227	227 Now and in the future, at least annually, the RN willeducate all individuals who smoke on smoking risks. Periodically this individual's PCP addresseshis need to quit smoking. A goal addressingpotential replacement behaviors will be	11/18/2015

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	Observations were conducted at the group home on 10/13/15 between 3:10 PM and 5:30 PM. __Client #3 was a tall elderly male who utilized a rolling walker while ambulating with a slow shuffling gait and a slight limp. __Client #3 had a dry occasional non productive cough. __During this observation period client #3 was seen outside smoking a cigarette twice. Client #3's record was reviewed on 10/14/15 at 1 PM. Client #3's record indicated a diagnosis of, but not limited to, Congestive Obstructive Pulmonary Disease (a progressive lung disease that makes breathing more difficult). Client #3's ISP dated 7/30/15 indicated no training objectives to assist client #3 with understanding the health risks associated with smoking cigarettes. During interview with staff #1 on 10/13/15 at 5 PM, staff #1 indicated: __Client #3's cigarettes were locked in the medication room. __Client #3 was given ten cigarettes a day. __If client #3's cigarettes were not rationed client #3 would smoke the entire		implemented for any smoker to assist inidentifying other healthier options. The Home Manager will identify all smokersand the QIDP will develop goals for those in need. All documentation will be monitored on themonthly summary and/or the nursing summary.	

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	pack. __Indicated client #3 needed to quit smoking cigarettes due to health issues. During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 10/15/15 at 2 PM, the QIDP indicated: __Client #3 had smoked for years. __Client #3's physician had indicated client #3 needs to quit smoking. __Client #3's cigarettes were rationed in an attempt to reduce client #3's smoking. __Client #3's ISP did not include training objectives to assist client #3 with understanding the need to quit smoking and/or the health risks involved with smoking. 9-3-4(a)			
W 0240 Bldg. 00	483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview for 1 of 4 sampled clients (#2), the client's Individualized Support Plan (ISP) failed to include how the staff were to assist client #2 throughout the day due to symptoms of dementia and what the staff	W 0240	240 Now, and in the future, staff will monitor and document theindividual's memory loss using the behavior flow data sheet. Any individual whoshow signs of	11/18/2015

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	were to monitor/document in regards to dementia. Findings include: Client #2's record was reviewed on 10/14/15 at 12 PM. Client #2's record indicated a diagnosis of, but not limited to, Dementia. Client #2's 2015 quarterly physician's orders indicated client #2 received Namenda 28 mg (milligrams) and Aricept 10 mg for Dementia and mild to severe mental confusion. Client #2's Behavior Support Plan (BSP) dated 10/22/13 indicated "Other Heath Medications" Namenda and Aricept for Dementia. The BSP did not include what the staff were to monitor and document in regard to client #2's confusion and/or memory loss related to Dementia and how the staff were to assist client #2 throughout the day in regard to the client's confusion and loss of memory. Client #2's ISP dated 7/28/15 indicated no plan to include what the staff were to monitor and document in regard to client #2's confusion and/or memory loss related to Dementia and how the staff were to assist client #2 throughout the day in regard to the client's confusion and loss of memory.		dementia will have memory related programming added to his/herISP. Staff will be trained on dementia and documentation. The data will be shared with the Neurologistand Psychiatrist to determine the need to reduce or increase themedication. JRDS Program Staff,Behavioral Specialist and QIDP Responsible	

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	During interview with staff #1 on 10/15/15 at 1 PM, staff #1: __Indicated client #2's target behaviors did not include confusion or memory loss. __Indicated the staff did not document or track client #2's behaviors related to dementia. During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 10/15/15 at 2 PM, the QIDP: __Indicated client #2's ISP and BSP did not address client #2's use of Namenda and Aricept or how the staff were to monitor and assist client #2 in regard to Dementia. __Indicated the staff were currently not documenting any data in regard to Dementia, memory loss or confusion for client #2 and stated, "But they (the staff) should be." 9-3-4(a)			
W 0264 Bldg. 00	483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious			

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	stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.			
	Based on observation, record review, and interview for 1 of 4 sampled clients (#3), the facility failed to ensure the specially constituted committee (Human Rights Committee/HRC) reviewed the restrictive practice of rationing and restricting client #3's cigarettes. Findings include: Observations were conducted at the group home on 10/13/15 between 3:10 PM and 5:30 PM. At 3:20 PM client #3 went outside to smoke a cigarette. Client #3's record was reviewed on 10/14/15 at 1 PM. __Client #3's record indicated a diagnosis of, but not limited to, Congestive Obstructive Pulmonary Disease (a progressive lung disease that makes breathing more difficult). __Client #3's ISP dated 7/30/15 and client #3's Health Risk Plans (HRPs) for 2015 indicated no plan that included the rationing of cigarettes for client #3 and/or the need to lock client #3's cigarettes in the medication cabinet. __Client #3's record indicated no review and/or approval from the facility's HRC in regard to the restrictive practice of	W 0264	264 Now and in the future, the HRC will be presented with, and review,the restrictive practice of rationing and restricting cigarettes. At leastannually any restrictive practice will be reviewed by the IST. Using the attached form all restrictivepractices will documented and presented to the HRC for the review for anyindividual who shows a need. The QIDP,Home Manager and the HRC responsible.	11/13/2015

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	locking client #3's cigarettes in the medication room and the rationing the amount of cigarettes client #3 would be given daily. During interview with staff #1 on 10/13/15 at 5 PM, staff #1 indicated: __Client #3's cigarettes were locked in the medication room. __Client #3 was given ten cigarettes a day. __If client #3's cigarettes were not rationed client #3 would smoke the entire pack. __Indicated client #3 needed to quit smoking due to health issues. During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 10/15/15 at 2 PM, the QIDP: __Indicated client #3's physician indicated client #3 needed to quit smoking cigarettes. __Indicated client #3's ISP and HRPs did not include a plan to address the rationing of and/or locking of client #3's cigarettes. __Indicated the restriction of client #3's cigarettes had not been reviewed and/or approved by the facility's HRC. 9-3-4(a)			

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W 0322 Bldg. 00	483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview for 2 of 3 sampled clients over the age of 50 (clients #1 and #3), the facility failed to ensure the clients were provided annual screening for prostate cancer. Findings include: Client #1's record was reviewed on 10/14/15 at 3 PM. Client #1's record indicated: __Client #1 was over the age of 50. __Client #1's most recent PSA (Prostate Specific Antigen - a screening for prostate cancer) was conducted on 1/17/14. __Client #1 had not had a PSA screening since 1/17/14. Client #3's record was reviewed on 10/14/15 at 1 PM. Client #3's record indicated: __Client #3 was over the age of 50. __Client #3 had not had a PSA screening. During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 10/15/15 at 2 PM, the QIDP:	W 0322	322 Now and in the future, all staff will be trained andretrained at least annually to ensure all clients are provided annual PSAcancer screenings, if required. Theattached form will be used to ensure all preventive and general medical care iscurrent. The Home Manager and DSPs willensure all pertinent appointment datesare documented on the form. The HomeManager and Nurse will monthly assure the appointments are completed timely orwill schedule them, as ordered, to be within the required timeline.	11/18/2015

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	__Indicated male clients over the age of 50 were to have annual PSA screening. __Indicated client #1's most recent screening was conducted on 1/17/14 and stated, "He is overdue for another screening." __Indicated client #3 was over 50 years of age and had not had a PSA screening. 9-3-6(a)			
W 0331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 4 sampled clients (#3) and 1 additional client (#7), the facility failed: __To ensure client #7 was supervised while testing his blood sugars at the Day Program (DP). __To ensure the staff followed client #7's diabetic protocol by notifying nursing services of low blood sugars and documenting all interventions provided to client #7 in regard to low blood sugars. __To ensure nursing services developed and implemented a plan of care in regard to client #3's BID (twice daily) "In and out" catheterization (the insertion of a small tube into the urethra to drain the urine in the bladder).	W 0331	331 Now and in the future, all individuals receiving serviceswill receive nursing services according to his/her needs. The RN has revised the Diabetic Protocol toinclude Day Service instructions and low blood sugar interventions. Also The RN has revised the Plan of Care toaddress sterilized catheterization. She also addressed the Intake and Outputwith an order. All client specific trainingwill be completed now and at least annually. Home Manager and RN responsible. * The individual carries the MAR and the attending DayService staff will daily sign/initial the MAR along with the individual. The staff have access to the procedure for	11/18/2015

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	__To ensure the staff documented client #3's catheterization procedure in regard to the amount of urine obtained, the color of the urine, any odor noted of the urine, the clarity of the urine and how client #3 tolerated the procedure. Findings include: 1. Observations were conducted at the group home on 10/14/15 between 6 AM and 8 AM. __At 6:30 AM client #7 tested his blood sugar with staff #1 observing. Staff #1 stated, "You feeling ok [client #7]?" Client #7 stated, "No, I don't feel right." Staff #1 indicated client #7 looked like he didn't feel well that morning and he was slower than usual. Client #7's blood sugar result was 68. Staff #1 stated, "That's a little low. You (client #7) need to eat something." The client slowly cleaned his equipment, prepared his insulin and injected himself with 34 units of Humulin R insulin and then proceeded to draw up 100 units of Humulin N insulin and give to himself. __At 6:57 AM client #7 headed to the kitchen to prepare his breakfast and sat down to eat at 7:06 AM. __At 7:06 AM client #7 sat down at the dining room table to eat a bowl of cereal and drink a glass of milk. __At 7:09 AM staff #3 walked past client		catheterization. The staff will document each completed procedureon the MAR. The Home Manager will reviewthe MAR ensuring the documentation is complete.	

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	#7 and stated, "You don't look so good." Client #7 stated, "I don't feel good. My head hurts." Staff #3 stated, "Maybe we need to take your blood sugar again." __At 7:10 AM staff #3 indicated if client #7's blood sugar was a little low she would give client #7 some orange juice and then maybe take his blood sugar again and stated, "If it's still low I think I would call the nurse." __Client #7 continued eating his breakfast. Client #7's blood sugar was not retested and client #7 was not given any orange juice. Observations were conducted at the day program on 10/15/15 between 11:15 AM and 12 PM. __At 11:30 AM client #7 was sitting alone in the break room with his diabetic supplies in front of him. Client #7 indicated he was going to test his blood sugar. When asked if the staff supervised him while he tested his blood sugar, client #7 stated, "No, they never do." Client #7 proceeded to test his blood sugar and obtained a glucometer reading of 156. Client #7 removed the needle from the device he had used to prick his finger and placed the used needle on the table. Client #7 was asked what he was going to do with the needle. Client #7 stated "I'll put it over there" and pointed to the other room. Client #7 put his			

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	diabetic supplies back into his back pack, picked up all the trash from the table except for the used needle, walked to the trash can which was approximately 15 feet away from the table, threw his trash away and returned to the table. Client #7 picked up the needle he had used to prick his finger and walked to the room adjoining the break room where there was a sharps container on top of a filing cabinet. Client #7 threw away the needle and returned to the table in the break room and sat down. __The table was not cleaned before and/or after client #7 sat down to test his blood sugar. __No staff supervised client #7 while testing his blood sugar while at the day program. __Client #7 was not provided a sharps container to immediately dispose of his contaminated needle after testing his blood sugar. Client #7's record was reviewed on 10/14/15 at 11 AM. Client #7's record indicated a diagnosis of, but not limited to, Diabetes Mellitus. Client #7's October 2015 physician's orders indicated client #7 was to have his blood sugar checked daily before meals and prior to snacks.			

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	Client #7's 1/15/15 updated Diabetic Protocol indicated "Implementation: If [client #7] displays or voices any of the signs and symptoms mentioned in 'high blood sugar' or 'low blood sugar,' staff will check his (client #7's) blood sugar with his glucometer (a mechanical device to test the blood sugar). If blood sugar is low [(less than 60)] - [(1)] feed [client #7] 1/2 peanut butter sandwich, peanut butter crackers and orange juice. [(2)] Rest 15 minutes and [(3)] retest your (client #7's) blood sugar. If symptoms don't stop, repeat steps 1, 2 and 3. If your blood sugar is still low after two treatments, get medical help - he (client #7) may need a glucagon injection or IV (Intravenous) glucose. If BS (blood sugar) is over 500 on two normal scheduled tests, call the doctor or EMS (Emergency Medical Services).... Insulin - Only a licensed professional can give insulin, other than (client #7)." The protocol indicated the staff were to call the nurse: __"If [client #7's] blood sugar is below 60 and the food does not bring it up." __If [client #7's] blood sugar is 500 on two separate normal scheduled readings, call the Dr. __If EMS (Emergency Medical Services) called, then call nurse and notify. __If (client #7) in (sic) unable to give his			

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	own insulin." Client #7's Glucometer Reading for 2015 indicated the following blood sugars: 06/04/15 at 7 AM - 45 06/04/15 at 12 PM - 47 06/04/15 at 4 PM - 37 06/09/15 at 12 PM - 47 06/11/15 at 7 AM - 49 06/14/15 at 12 PM - 61 06/15/15 at 7 AM - 51 06/27/15 at 4 PM - 52 06/29/15 at 7 AM - 60 07/07/15 at 7 AM - 52 07/12/15 at 12 PM - 36 07/19/15 at 7 AM - 48 07/20/15 at 7 AM - 49 07/25/15/ at 7 AM - 56 07/28/15 at 7 AM - 41 07/28/15 at 12 PM - 59 08/29/15 at 7 AM - 49 08/30/15 at 12 PM - 41 08/31/15 at 7 AM - 56 09/02/15 at 7 AM - 47 09/05/15 at 4 PM - 54 09/06/15 at 10 PM - 57 09/07/15 at 10 PM - 55 09/08/15 at 7 AM - 60 10/01/15 at 10 PM - 49 10/02/15 at 7 AM - 47 10/05/15 at 4 PM - 54 10/06/15 at 10 PM - 57 10/07/15 at 4 PM - 42 10/07/15 at 10 PM - 55			

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	10/08/15 at 7 AM- 60. __Client #7's record indicated no staff documentation of the interventions provided to client #7 when client #7's blood sugar was 60 or below. __Client #7's record indicated the staff did not retake client #7's blood sugar within 15 minutes after a blood sugar result of 60 or below. __Client #7's record indicated the facility nurse was not notified when client #7's blood sugar results were 60 or below. During interview with DP staff #1 on 10/15/15 at 12 PM, DP staff #1: __Indicated the staff did not supervise client #7 while he tested his blood sugar while at the DP. __When asked how the DP staff knew client #7's blood sugar results and/or if the results were too high or too low, DP staff #1 stated, "No, but I can just ask him if I think there's a problem." During interview with staff #1 on 10/15/15 at 2:30 PM, staff #1: __Indicated the staff at the group home did not document the interventions provided client #7 when client #7's blood sugar was 60 or below. __Indicated the staff did not always retest client #7's blood sugar after providing client #7 food, juice or a protein to raise			

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	client #7's blood sugar. During interview with the facility's RN on 10/16/15 at 2 PM, the RN: __Indicated a normal range for blood sugar was 80 to 120. __Indicated when client #7's blood sugar was low, the staff were to follow client #7's diabetic protocol and were to document all interventions provided to client #7 due to the low blood sugars. __Indicated the staff were to notify the facility nurse whenever client #7's blood sugar was 60 or below. __Indicated she had received no calls in regard to low blood sugar for client #7. __Indicated client #7 was to have staff supervision whenever testing his blood sugars. 2. Client #3's record was reviewed on 10/14/15 at 1 PM. Client #3's record indicated a diagnosis of, but not limited to, Neurogenic bladder (the lack of bladder control due to an issue with the nervous system). Client #3's physician's order dated 6/15/15 indicated "In and out cath (catheterization) BID and PRN (as needed) using sterile technique." Client #3's record indicated a protocol for an indwelling catheter (a flexible tube			

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	that was placed in the bladder permanently and anchored by a balloon filled with water). Client #3's record indicated no plan of care and/or protocol for "In and out cath BID." Client #3's record indicated no documentation from the staff of the results of client #3's catheterization twice daily in regard to the amount of urine obtained, the color of the urine, any odor noted and clarity of the urine obtained and how the client tolerated the procedure. During interview with the facility's RN on 10/16/15 at 2 PM, the RN: __Indicated the facility staff were trained to do the cath by client #3's physician's nurse. __Indicated the staff should document in client #3's record a detailed note each time client #3 was catheterized in regard to the amount of urine obtained, the color of the urine, any odor noted and clarity of the urine obtained and how the client tolerated the procedure. __Indicated there was no specific plan of care and/or protocol in place in regard to client #3's catheterization BID. 9-3-6(a)			

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W 0436 Bldg. 00	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation and interview for 1 of 4 sampled clients with adaptive equipment (#1), the facility failed to ensure client #1's wheelchair was maintained and in good repair. Findings include: Observations were conducted at the group home on 10/13/15 between 3:10 PM and 5:30 PM and on 10/14/15 between 6 AM and 8 AM. Throughout both observation periods the following was observed: __Client #1 was a tall elderly thin male who utilized a manual wheelchair for ambulation and required staff assistance for all transfers in and out of the wheelchair. __Client #1's shoulders and back were hunched forward. __While sitting in the chair client #1 leaned to his left side placing most of his upper body weight on his left arm as he leaned against the left arm rest of the	W 0436	436 Now, and in the future, JRDS will maintain in good repairall devices identified by the IDT as needed by the client. The arm rests have been replaced. At least monthly, the Lead Home Manager andthe Home Manager will inspect the wheelchair for possible breakdown during themonthly house inspection. They willinspect all adaptive devices during these monthly inspections. The inspection will be documented on the houseinspection sheet. Lead Home Manager andHome Manager responsible	11/10/2015

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	chair. __When client #1 was asked if he could sit up straighter, client #1 pulled his upper body to a more upright position but immediately slid back to leaning on the arm rest of the wheelchair. __The leather covering on both of the arm rests of the wheelchair was torn and split with threads that were raveled. The padding of both arm rests was visible through the tears of the leather. During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 10/15/15 at 2 PM, the QIDP: __Indicated client #1 required the use of a wheelchair for all ambulation. __Indicated she could not remember when client #1 received his wheelchair and stated, "But I know it's been a while." __Stated, "We (the facility) got him a pad to put in the seat of his wheelchair because he was sitting in his chair more and more." __Indicated client #1's wheelchair was to be maintained and in good repair at all times. __Indicated the armrests on client #1's wheelchair needed to be replaced. __Stated, "He could use a support to help him from leaning so far to one side." 9-3-7(a)			

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