STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G302	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCSHERR INC - BACKMEYER	3101 BACKMEYER RD RICHMOND, IN 47374

(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. This visit included the investigation of complaint #IN00185592. Complaint #IN00185592: Substantiated, federal and state deficiencies related to the allegations are cited at W149, W154 and W227. Dates of Survey: November 4, 5, 6, 9, 10, 12, 13 and 20, 2015. Facility Number: 000821 Provider Number: 15G302 AIMS Number: 100243750 These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 12/2/15.	W 0000		
W 0120 Bldg. 00	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based on observation and interview for 1	W 0120	**Nameand Address of Provider:**	12/20/2015

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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	of 4 sample clients (B) and 1 additional client (E) attending outside services, the facility failed to ensure sufficient staff to provide continual training opportunities and/or choices of leisure activities while at the Day Program (DP). Findings include: Observations were conducted at the day program on 11/13/15 between 1 PM and 2:30 PM. __There were three staff in the room with 19 clients. __There were three rows of large rectangular tables in one large room. One staff was at each row of tables. __Client B a small young female that sat alone at one of the large rectangular tables in the rear of the room and self stimulated by picking up and fingering poker chips that were on the table in front of her. Client B would pick up one of the chips, roll the chip through her fingers, drop it on the table, pick up another chip and then repeat the process. Client B got up one time to go to the bathroom and then returned to the table and again began picking up the poker chips. __Client E was a tall thin young male who utilized a wheelchair for mobility. During this observation period client E sat in his wheelchair off to the side of the room and without activity and/or training.		McSherr, Inc., 3101Backmeyer Road, Richmond, IN **DateSurvey Completed:** 12/3/15 **ProviderIdentification Number:** 15G302 **SurveyEvent ID**: CUVQ11 **Finding: W120**– The facility failed to ensure sufficient staff was provided at the DayProgram to provide continual training opportunities and/or choices of leisureactivities for clients B and E **Whatcorrective action(s) will be accomplished for these residents found to havebeen affected by the deficient practice**? ·DayProgram Staff in ADA were retrained by Day Program Supervisor on 11/23/15 toensure clients B and E have continual training opportunities and/or choices ofleisure activities offered to them every 15 minutes as per plan. Day Program staff will interact with clientsin ADA on a regular basis. ·McSherr will ensure that all McSherrclients in the ADA area of the Day Program have sufficient staff for continualtraining opportunities and/or choices of leisure activities. This will be accomplished through Day ProgramObservation visits by McSherr staff. Observation visits will occur every two weeks for the next 6 months ·Observationswill be reviewed	

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	__During this observation period the DP staff did not sit with and/or interact with clients B and E. __During this observation period the DP staff did not offer training and/or a choice of leisure activities to clients B and E. During interview with DP staff #2 on 11/13/15 at 1:15 PM, DP staff #2: __Indicated according to the activity schedule the clients were to be watching a movie. __Stated, "I'm not sure what's wrong with the TV (television) but we couldn't get it to work." __Indicated there were three rows of tables and one staff and eight clients for each row of tables. During interview with the Day Program Manager (DPM) on 11/13/15 at 1:30 PM, the DPM: __Stated the DP had two rooms and the room clients B and E were in was for "lower functioning" clients. __Indicated the staffing ratio was one staff to eight clients. __Stated, "I never did understand our ratio because other programs I've visited had a lower ratio of staff to clients." __Stated they were short staffed at the present time as one of their staff was out "on FML (Family Medical Leave)." __Indicated the DP had several clients		for compliance at monthly IDT's and Professional QuarterlyReview meeting that is comprised of QIDP, Social Services Coordinator, HealthServices Coordinator, and Residential Administrator.. ·Concernswill be addressed with Day Program supervisor **Howwill you identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?** All Backmeyerclients in the ADA area at Day Program have the potential to be affected. ·McSherr will ensure that all Backmeyerclients in the ADA area of the Day Program have sufficient staff for continualtraining opportunities and/or choices of leisure activities. This will be accomplished through Day ProgramObservation visits by McSherr staff. Observation visits will occur every two weeks for the next 6 months ·Observationswill be reviewed for compliance at monthly IDT's and Professional QuarterlyReview meeting that is comprised of QIDP, Social Services Coordinator, HealthServices Coordinator, and Residential Administrator.	

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	that required assistance with toileting and/or had to have their adult briefs changed every one to two hours and clients that required feedings. __Stated, "It's hard for the staff because by the time they finish toileting clients and doing what they have to do, it's time to start all over again." __Indicated the day program had an activity schedule the staff were to be following. __Indicated when clients were sitting and not engaged in an activity the staff were to provide choices of activities at least every 15 minutes. During interview with DP staff #1 on 11/13/15 at 1:50 PM, DP staff #1: __Stated, "Yes, I would say we are short staffed." __Stated there were several clients that required hands on assistance from the staff and stated, "The clients in here are "lower functioning" and require more assistance." __Indicated when clients were not engaged in an activity the staff were to offer them a choice of activities every 15 minutes and stated, "But that's hard to do when we have so many that require assistance to the bathroom or have to be changed." During interview with DP staff #3 on		·Concernswill be addressed with Day Program supervisor **Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?)** ·McSherr will ensure that all Backmeyerclients in the ADA area of the Day Program have sufficient staff for continualtraining opportunities and/or choices of leisure activities. This will be accomplished through Day ProgramObservation visits by McSherr staff. Observation visits will occur every two weeks for the next 6 months ·Observationswill be reviewed for compliance at monthly IDT's and Professional QuarterlyReview meeting that is comprised of QIDP, Social Services Coordinator, HealthServices Coordinator, and Residential Administrator. ·Concernsand/or suggestions will be addressed with Day Program supervisor **Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will this be put intoplace?** ·McSherr will ensure that all Backmeyerclients in the ADA area of the Day Program have sufficient staff for continualtraining opportunities	

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	11/13/15 at 1:55 PM, DP staff #3 stated the clients in the room were "lower functioning" clients and there were insufficient numbers of staff for the level of care required to provide effective active treatment. 9-3-1(a)		and/or choices of leisure activities. This will be accomplished through Day ProgramObservation visits by McSherr staff. Observationvisits will occur every two weeks for the next 6 months ·Observationswill be reviewed for compliance at monthly IDT's and Professional QuarterlyReview meeting that is comprised of QIDP, Social Services Coordinator, HealthServices Coordinator, and Residential Administrator. ·Concernsand/or suggestions will be addressed with Day Program supervisor **Whatis the date by which the systemic changes will be completed?** 12/20/2015 **RespectfullySubmitted, RosemaryTaylor, Residential Administrator**	
W 0149 Bldg. 00	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 record review and interview for 1 of 4 sampled clients (B), the facility failed to implement its policy and procedures to prevent the neglect of client B that resulted in client B leaving the facility unsupervised. Findings include:	W 0149	**Nameand Address of Provider:** McSherr, Inc., 3101Backmeyer Road, Richmond, IN **Date Survey Completed:** 12/3/2015 **ProviderIdentification Number:** 15G302 **SurveyEvent ID**: CUVQ11 **Finding: W149**– The facility neglected to implement its policy	12/20/2015

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	The facility's reportable and investigative records were reviewed on 11/4/15 at 12 PM. The 10/26/15 Bureau of Developmental Disabilities Services (BDDS) report indicated on 10/25/15 "[Client B]... signed to staff that she wanted to go outside and sit on the swing. The swing is located on the back patio of the group home. [Client B] went outside and walked through the backyard until staff called for her to come back to the patio. [Client B] came up to the patio, sat on the swing, and listened to her music. [Client B] looked in the dining room window 3x (times) where staff was at. However, staff left the dining room to check on another resident and when the staff person returned and looked out the window, [client B] was not on the swing or the patio. All three staff started looking throughout the house and yard for [client B]. The team leader (TL) and House Manager (HM) were called. House Manager advised staff to call the police. Staff called the local number for the [name of city] police; however, it went to a recording so staff called 911 to report [client B] missing. Staff continued to look for [client B]. House Manager arrived and started looking as well. The search included staff going down [name		and proceduresto prevent the neglect of client B that resulted in client B leaving thefacility unsupervised **Whatcorrective action(s) will be accomplished for these residents found to havebeen affected by the deficient practice**? ·AHigh Risk Plan for elopement of client B has been implemented and all staffthat work with client B have been trained on the high risk plan. ·ClientB will not be allowed outside the home without staff present at all times ·Allinvestigations of neglect will include a specific plan of corrective oversightthat will include how McSherr staff will be monitored to prevent recurrence ·Bi-Monthly house meetings includesections on recognizing neglect **Howwill you identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?** All Consumers at Backmeyer group home havethe potential to be affected ·Allallegations of neglect will be immediately reported to the administrator, BDDS,and APS per regulations, state law, and McSherr policy and will be investigatedper policy and regulations.	

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	of road] (the road the group home is located on) in both directions. House Manager requested one staff drive to the house that is behind the group home's yard to see if maybe [client B] had crawled through the fence that separates the group home's yard from the neighbor's yard. When staff drove into the driveway of the house behind the group home, she noticed a police car at the house. When staff arrived at the neighbor's house she saw [client B] sitting in the neighbor's mulch. (The neighbor had called the police as well when they found [client B] in their yard, and didn't know who she was or where she was from). When staff walked up to [client B], she smiled and got up. The police officer stated well she must know you and allowed [client B] to get in the car with staff. The police never arrived at the group home and no police report was ever filed. [Client B] was brought home immediately and showered due to her having pine needles in her shirt and pants and being dirty. McSherr's HSC (Health Services Coordinator) had been notified of the incident and came to the group home as well. HSC did a body assessment of [client B] which showed [client B] having several scratches on her limbs and body. McSherr's IDT (Interdisciplinary Team) met this morning concerning this incident. It was		·Allinvestigations of neglect will include a specific plan of corrective oversightthat will include how McSherr staff will be monitored to prevent recurrence ·Bi-Monthlyhouse meetings will include sections on recognizing Neglect ·SSCquarterly interviews of staff and clients include specific questions relating toneglect and reporting of neglect ·ProfessionalQuarterly Review will include discussion of all investigations. PQR is comprised of QIDP, Social SC, HSC, andResidential Administrator **Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?)** ·Allallegations of neglect will be immediately reported to the administrator, BDDS,and APS per regulations, state law, and McSherr policy and will be investigatedper policy and regulations. ·Allinvestigations of neglect will include a specific plan of corrective oversightthat will include how McSherr staff will be monitored to prevent recurrence ·Bi-Monthlyhouse meetings will include sections on recognizing Neglect ·SSCquarterly interviews of staff and clients include specific questions relatingto neglect and reporting of neglect	

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	recommended and agreed upon that a staff person is to be outside whenever [client B] goes outside to sit on the swing. [Client B] is never to be outside of the group home alone. An ELOPEMENT HIGH RISK PLAN will be developed for [client B] as well." The facility records indicated no investigation was conducted in regard to staff neglect to supervise client B. During interview with staff #1 on 11/6/15 at 4:20 PM, staff #1: __Indicated she had worked the evening client B left the home. __Indicated another staff had told client B it was ok to go outside and the other staff could see client B through the dining room windows. __Indicated she was busy with another client and another staff was supposed to be watching client B but that staff left the dining room area to assist another client. __Indicated client B left the yard without any of the staff realizing she had left the area. __Stated, "I didn't think she should have been allowed to go outside alone" but the other staff allowed it. __Indicated client B requires constant staff supervision when outside of the home. __Indicated all staff have been retrained		·ProfessionalQuarterly Review will include discussion of all investigations. PQR is comprised of QIDP, Social SC, HSC, andResidential Administrator **Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will it be put intoplace?** ·Allinvestigations of neglect or abuse, will include a specific plan of correctiveoversight that will include how McSherr staff will be monitored to preventrecurrence (this includes adding a 6a-9a position so night shift staff do nothave to administer meds when they are tired). ·Accident& Injury reports are reviewed by Professional Quarterly Review to determineif an investigation should have been done. ·ProfessionalQuarterly Review will include discussion of all investigations. PQR is comprised of QIDP, Social ServicesCoordinator, Health Services Coordinator, and Residential Administrator ·SocialServices Coordinator will monitor through quarterly interview of consumers andstaff to determine if there are any deficiencies in services, including abuse, neglect, or violation of resident rights.	

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	since the incident of 10/25/15 and are now to be outside with client B if she goes outside. During interview with the Social Services Coordinator (SSC) on 11/5/15 at 11 AM, the SSC: __Indicated no investigation was conducted in regard to the staff neglect to supervise client B on 10/25/15. __Stated, "We didn't look at it as neglect at the time, but you're right, we should have done an investigation." __Indicated since the incident, all staff had been retrained on abuse/neglect, incident reporting and client B's elopement plan. Review of the 2014 revised facility policy "MCSHERR, INC. INVESTIGATIONS and SUSPECTED ABUSE NEGLECT OR EXPLOITATION" on 11/4/15 at 2 PM indicated any "alleged, suspected, or actual abuse, neglect or exploitation of an individual, any violation of an individual's rights, any client to client abuse, and/or any injuries of unknown origin must be reported accordingly to Bureau of Quality Improvement Services (BQIS) within twenty-four (24) hours, while following appropriate reporting procedures." The policy indicated all alleged, suspected, or actual abuse, neglect or exploitation of an individual,		**Whatis the date by which the systemic changes will be completed?** 12/20/15 **RespectfullySubmitted, RosemaryTaylor, Residential Administrator**	

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	any violation of an individual's rights, any client to client abuse, and/or any injuries of unknown origin was to be thoroughly investigated. This federal tag relates to complaint #IN00185592. 9-3-2(a)			
W 0154 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on interview and record review for 1 of 1 allegation of neglect, the facility failed to ensure an investigation was conducted for client B. Findings include: The facility's reportable and investigative records were reviewed on 11/4/15 at 12 PM. The 10/26/15 Bureau of Developmental Disabilities Services (BDDS) report indicated on 10/25/15 "[Client B]... signed to staff that she wanted to go outside and sit on the swing. The swing is located on the back patio of the group home. [Client B] went outside and	W 0154	**Nameand Address of Provider:** McSherr, Inc., 3101Backmeyer Road, Richmond, IN **DateSurvey Completed:** 12/3/2015 **ProviderIdentification Number:** 15G302 **SurveyEvent ID**: CUVQ11 **Finding: W154** - Thefacility failed to ensure an investigation was conducted for client B **Whatcorrective action(s) will be accomplished for these residents found to havebeen affected by the deficient practice**? ·Allallegations of neglect of client B will be immediately reported to theadministrator, BDDS, and APS per regulations,	12/20/2015

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	walked through the backyard until staff called for her to come back to the patio. [Client B] came up to the patio, sat on the swing, and listened to her music. [Client B] looked in the dining room window 3x (times) where staff was at. However, staff left the dining room to check on another resident and when the staff person returned and looked out the window, [client B] was not on the swing or the patio. All three staff started looking throughout the house and yard for [client B]. The team leader (TL) and House Manager (HM) were called. House Manager advised staff to call the police. Staff called the local number for the [name of city] police; however, it went to a recording so staff called 911 to report [client B] missing. Staff continued to look for [client B]. House Manager arrived and started looking as well. The search included staff going down [name of road] (the road the group home is located on) in both directions. House Manager requested one staff drive to the house that is behind the group home's yard to see if maybe [client B] had crawled through the fence that separates the group home's yard from the neighbor's yard. When staff drove into the driveway of the house behind the group home, she noticed a police car at the house. When staff arrived at the neighbor's house she saw [client B]		state law, and McSherr policy andwill be **investigated** per policy andregulations. ·Allinvestigations of neglect of client B willinclude a specific plan of corrective oversight that will include how McSherrstaff will be monitored to prevent recurrence ·Backmeyer Staff were retrained onSuspected Abuse, Neglect, and Exploitation and Incident Reporting on 11/23/15. ·Backmeyer Bi-Monthly house meetingswill include sections on Neglect and reporting ·SSCquarterly interviews of Backmeyer staff and clients will ask specifically aboutsuspected neglect and reporting of such **Howwill you identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?** All Consumers at Backmeyer have thepotential to be affected ·Allallegations of neglect of all Backmeyer clients will be immediately reported tothe administrator, BDDS, and APS per regulations, state law, and McSherr policyand will be **investigated** per policyand regulations. ·Allinvestigations of neglect of Backmeyer clients will include a specific plan ofcorrective oversight that will include how McSherr staff will be monitored toprevent recurrence	

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	sitting in the neighbor's mulch. (The neighbor had called the police as well when they found [client B] in their yard, and didn't know who she was or where she was from). When staff walked up to [client B], she smiled and got up. The police officer stated well she must know you and allowed [client B] to get in the car with staff. The police never arrived at the group home and no police report was ever filed. [Client B] was brought home immediately and showered due to her having pine needles in her shirt and pants and being dirty. McSherr's HSC (Health Services Coordinator) had been notified of the incident and came to the group home as well. HSC did a body assessment of [client B] which showed [client B] having several scratches on her limbs and body. McSherr's IDT (Interdisciplinary Team) met this morning concerning this incident. It was recommended and agreed upon that a staff person is to be outside whenever [client B] goes outside to sit on the swing. [Client B] is never to be outside of the group home alone. An ELOPEMENT HIGH RISK PLAN will be developed for [client B] as well." The facility records indicated no investigation was conducted in regard to staff neglect to supervise client B.		·Backmeyer Staff were retrained onSuspected Abuse, Neglect, and Exploitation and Incident Reporting on 11/23/15. ·Bi-Monthly house meetings at Backmeyerwill include sections on Neglect and reporting ·SSCquarterly interviews of Backmeyer staff and clients will ask specifically aboutsuspected neglect and reporting of such ·ProfessionalQuarterly Review will include review of all Backmeyer investigations. PQR is comprised of QIDP, Social SC, HSC, andResidential Administrator **Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?)** ·Allallegations of neglect of all Backmeyer clients will be immediately reported tothe administrator, BDDS, and APS per regulations, state law, and McSherr policyand will be **investigated** per policyand regulations. ·Allinvestigations of neglect of Backmeyer clients will include a specific plan ofcorrective oversight that will include how McSherr staff will be monitored toprevent recurrence ·Backmeyer Staff were retrained onSuspected Abuse, Neglect, and Exploitation and Incident Reporting on 11/23/15. ·Bi-Monthly house meetings at	

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NAME OF PROVIDER OR SUPPLIER MCSHERR INC - BACKMEYER		STREET ADDRESS, CITY, STATE, ZIP CODE 3101 BACKMEYER RD RICHMOND, IN 47374	

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	During interview with the Social Services Coordinator (SSC) on 11/5/15 at 11 AM, the SSC: __Indicated no investigation was conducted in regard to the staff neglect to supervise client B on 10/25/15. __Stated, "We didn't look at it as neglect at the time, but you're right, we should have done an investigation." __Indicated since the incident, all staff had been retrained on abuse/neglect, incident reporting and client B's elopement plan. This federal tag relates to complaint #IN00185592. 9-3-2(a)		Backmeyerwill include sections on Neglect and reporting ·SSCquarterly interviews of Backmeyer staff and clients will ask specifically aboutsuspected neglect and reporting of such ·ProfessionalQuarterly Review will include discussion of all Backmeyer investigations. PQR is comprised of QIDP, Social SC, HSC, andResidential Administrator **Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will it be put intoplace?** ·Allinvestigations of neglect will include a specific plan of corrective oversightthat will include how McSherr staff will be monitored to prevent recurrence ·ProfessionalQuarterly Review will include review of all investigations. PQR is comprised of QIDP, Social ServicesCoordinator, Health Services Coordinator, and Residential Administrator ·SSCquarterly interviews of Backmeyer staff and clients will ask specifically aboutsuspected neglect and reporting of such ·Reportswill be reviewed monthly at IDT **Whatis the date by which the systemic changes will be completed?** 12/20/15	

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			RespectfullySubmitted, RosemaryTaylor, Residential Administrator	
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 record review for 1 of 4 sampled clients (A), the facility failed to ensure an assessment of client A's intellectual and psychological needs to ensure qualification for a Medicaid funded ICF/IID (Intermediate Care Facilities for Individuals with Intellectual Disabilities) program. Findings include: Observations were conducted at the group home on 11/6/15 between 3:45 PM and 5:30 PM and on 11/10/15 between 6 AM and 8:50 AM. __Client A was a young male over the age of 20 who utilized a wheelchair for mobility. __Client A was verbal and able to hold and maintain a conversation. __Client A could independently transfer himself in and out of a bed and his wheelchair.	W 0210	**Name and Address of Provider:** McSherr, Inc., 3101 Backmeyer Road,Richmond, IN **DateSurvey Completed:** 12/3/15 **ProviderIdentification Number:** 15G302 **SurveyEvent ID**: CUVQ11 **Finding: W210**– Facility failed to ensure assessment of client A's intellectualand psychological needs to ensure qualification for a Medicaid funded ICF/IIDprogram **Whatcorrective action(s) will be accomplished for these residents found to havebeen affected by the deficient practice**? ·McSherr QIDP, SSC, and RA were told byour local BDDS office that Cerebral Palsy was now a qualifier for placementinto a Medicaid Funded Group Home so Client A was placed at our BackmeyerHome. We were unaware that he didn'tqualify without an ID diagnosis	12/20/2015

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	__Client A had a supra pubic catheter (a tube in the bladder to drain urine) which client A was able to assist in emptying the bag of urine. Client A's record was reviewed on 11/10/15 at 11 AM. Client A's record indicated client A was admitted on 9/16/15 with a diagnosis of Cerebral Palsy. Client A utilized a wheelchair for mobility, had a supra pubic catheter and required staff assistance to complete his adult daily living skills. Client A's Functional Assessment Report dated 10/13/15 indicated client A required physical assistance from staff to meet his daily adult needs due to his physical disabilities. Client A's 9/16/15 physician's orders indicated client A was to receive Cymbalta 30 mg (milligrams) and Depakote 1000 mg a day for behavior modification. Client A's record indicated no targeted behaviors and no psychological or intellectual diagnoses. Client A's record indicated an assessment conducted in 2001 while the client was still in school that indicated client A required special services and assistance intellectually. Client A's record indicated no intellectual and/or psychological assessments since the one of 2001.		·-Client A is currently being assessedfor intellectual and psychological need to ensure qualification for a Medicaidfunded ICF/IID program. **Howwill you identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?** All consumers at Backmeyer group homethat do not have an ID diagnosis have the potential to be affected. ·AllBackmeyer clients, with the exception of client A, have an ID diagnosis **Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?)** ·Priorto placement, all client assessments will be reviewed to determinequalification for Medicaid funded ICF/IID program placement **Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will it be put intoplace?** ·SocialServices Coordinator, Health Services Coordinator, QIDP, and ResidentialAdministrator will review packets prior to placement	

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	During interview with client A on 11/6/15 at 2 PM, client A: __Indicated he had just recently moved into the facility and wanted to start working and making money. __Indicated he required physical assistance to meet his daily needs. __Indicated he was able to transfer himself in and out of the wheelchair, bathe, dress and care for his hygiene independently and stated, "But because of my disability I sometimes need help." __Indicated he was able to bank independently and had used a debit card in the past. __Indicated he had previously lived with friends and stated, "But that didn't work out and I had to move." __Indicated he would like to go to college sometime in the future. __When asked what the facility could do for him, client A stated, "Well, I guess they can help me learn how to cook." __When asked why he was taking Cymbalta and Depakote, he stated, "I don't know." During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 11/13/15 at 11:45 AM, the QIDP: __Stated client A was "extremely high functioning and most if not all of his		**Whatis the date by which the systemic changes will be completed?** 12/20/15 **RespectfullySubmitted, RosemaryTaylor, Residential Administrator**	

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	needs revolved around his physical disabilities." __Indicated client A had not had an intellectual or psychological assessment prior to his admission to the facility and/or since his admission to the facility that she was aware of. __Indicated client A had an initial appointment with a general counselor at a local mental health service to obtain intake information for his scheduled appointment with a psychiatrist on 12/23/15 for an assessment and indicated no documentation and/or notes were available for review from the appointment. __Indicated she was told by the Bureau of Developmental Disabilities Services (BDDS) representative that individuals with a diagnosis of Cerebral Palsy qualified them for the ICF/IID program. 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 interview and record review for 1 of 4 sampled clients (B), the client's	W 0227	**Nameand Address of Provider:** McSherr, Inc., 3101Backmeyer	12/20/2015

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	Individual Support Plan (ISP) failed to address the client's identified training need in regard to pedestrian safety skills. Findings include: The facility's reportable and investigative records were reviewed on 11/4/15 at 12 PM. The 10/26/15 Bureau of Developmental Disabilities Services (BDDS) report indicated on 10/25/15 "[Client B]... signed to staff that she wanted to go outside and sit on the swing. The swing is located on the back patio of the group home. [Client B] went outside and walked through the backyard until staff called for her to come back to the patio. [Client B] came up to the patio, sat on the swing, and listened to her music. [Client B] looked in the dining room window 3x (times) where staff was at. However, staff left the dining room to check on another resident and when the staff person returned and looked out the window, [client B] was not on the swing or the patio. All three staff started looking throughout the house and yard for [client B]. The team leader (TL) and House Manager (HM) were called. House Manager advised staff to call the police. Staff called the local number for the [name of city] police; however, it went to		Road, Richmond, IN **DateSurvey Completed:** 12/3/15 **ProviderIdentification Number:** 15G302 **SurveyEvent ID**: CUVQ11 **Finding: W227**– the ISP failed to address the client'sidentified training needs in regard to pedestrian safety skills **Whatcorrective action(s) will be accomplished for these residents found to havebeen affected by the deficient practice**? ·Client B will have an ISP to addressPedestrian Safety Skills needs **Howwill you identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?** All consumers have the potential to beaffected. ·McSherrwill review needs of each client at Backmeyer to determine need for PedestrianSafety Skills. ·AllBackmeyer clients that have an assessed need for Pedestrian Safety Skills willhave a plan implemented to address that need. **Whatmeasures will be put into place or what systemic changes you will make**	

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	a recording so staff called 911 to report [client B] missing. Staff continued to look for [client B]. House Manager arrived and started looking as well. The search included staff going down [name of road] (the road the group home is located on) in both directions. House Manager requested one staff drive to the house that is behind the group home's yard to see if maybe [client B] had crawled through the fence that separates the group home's yard from the neighbor's yard. When staff drove into the driveway of the house behind the group home, she noticed a police car at the house. When staff arrived at the neighbor's house she saw [client B] sitting in the neighbor's mulch. (The neighbor had called the police as well when they found [client B] in their yard, and didn't know who she was or where she was from). When staff walked up to [client B], she smiled and got up. The police officer stated well she must know you and allowed [client B] to get in the car with staff. The police never arrived at the group home and no police report was ever filed. [Client B] was brought home immediately and showered due to her having pine needles in her shirt and pants and being dirty. McSherr's HSC (Health Services Coordinator) had been notified of the incident and came to the group home as well. HSC did a body		**toensure that the deficient practice does not recur?)** ·Need for Pedestrian Safety Skillsassessment will be included for review and documented as part of the monthlyIDT process. Assessment will be reviewedat least annually or more often if need changes.. ·If IDT determines that client(s) needa plan implemented, QIDP will address ·All new admissions to Backmeyer grouphome will be assessed within 60 days of admission to determine need forPedestrian Safety Skills **Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will it be put intoplace?** ·IDTwill review at monthly meetings. IDT iscomprised of Residential Administrator, Social Services Coordinator, HealthServices Coordinator, QIDP, and House Manager **Whatis the date by which the systemic changes will be completed?** 12/20/15 **RespectfullySubmitted, RosemaryTaylor, Residential Administrator**	

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	assessment of [client B] which showed [client B] having several scratches on her limbs and body. McSherr's IDT (Interdisciplinary Team) met this morning concerning this incident. It was recommended and agreed upon that a staff person is to be outside whenever [client B] goes outside to sit on the swing. [Client B] is never to be outside of the group home alone. An ELOPEMENT HIGH RISK PLAN will be developed for [client B] as well." Client B's record was reviewed on 11/10/15 at 12 PM. Client B's record indicated an "Elopement High Risk Plan" dated 10/27/15. Client B's Functional Assessment Report (FAR) dated 9/24/15 indicated client B could speak a few words, would seek out staff to make her wants and needs known, would point to body parts that hurt if asked and understood the hand sign for yes and no. The report indicated client B required step by step instructions to understand pedestrian safety skills. Client B's ISP dated 9/24/15 indicated no training objectives to assist client B with pedestrian safety skills. During interview with the Qualified Intellectual Disabilities Professional			

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	(QIDP) on 11/13/15 at 11:45 AM, the QIDP indicated client B's ISP did not include any training objectives in regard to pedestrian safety skills. This federal tag relates to complaint #IN00185592. 9-3-4(a)			
W 0249 Bldg. 00	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, interview and record review for 4 of 4 sample clients (A, B, C and D), the facility failed to ensure the staff provided the clients medication training at every available opportunity. Findings include: Observations were conducted at the group home on 11/10/15 between 6 AM and 8:50 AM. During this observation	W 0249	**Nameand Address of Provider:** McSherr, Inc., 3101Backmeyer Road, Richmond, IN **DateSurvey Completed:** 12/3/15 **ProviderIdentification Number:** 15G302 **SurveyEvent ID**:CUVQ11 **Finding: W249**– the facility failed to ensure the staffprovided the clients medication training at every available opportunity. 1. Client A didnot clean med counter prior to receiving meds	12/20/2015

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	period clients A, B, C and D were observed receiving their AM medications. At 8:15 AM client A received Depakote and Cymbalta for behavior modification and Oxybutynin for bladder control. Client A did not clean the medication counter prior to receiving his medications. At 8:30 AM client B received Junel (a birth control pill), a Multivitamin, Omeprazole and Zantac for acid indigestion, Zyrtec for allergies, Levothyroxine for thyroid hormone control, Lamictal and Sertraline for behavior modification and Naproxen for pain. At 7:53 AM client C received Tylenol for menstrual cramps, Cetirizine for allergies, Hydrochlorothiazide and Lisinopril for high blood pressure. Client C did not pour her own liquids to take her medications and the staff did not prompt client C to take her own blood pressure. At 8:01 AM client D received Junel, Buspirone for behavior modification and Loratadine for allergies. During this observation period staff #1 prepared each client's medications,		per his ISP 2.Client B'sISP indicated sodium bicarbonate should be identified 3.Client C didnot pour own liquids to take meds and staff did not prompt her to take her ownblood pressure 4.Client D's ISP indicated client should be promptedto identify Junel (birth control) **Whatcorrective action(s) will be accomplished for these residents found to havebeen affected by the deficient practice**? ·Client A is being prompted to cleanmed counter prior to receiving meds per ISP ·Client B is being prompted to identifysodium bicarbonate ·Client C is being prompted to pour ownliquids to take meds and is being prompted to take her own blood pressure ·Client D is being prompted to identifyJunel (birth control) **Howwill you identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?** All Backmeyer consumers with medadministration plan(s) have the potential to be affected. ·QIDP, HSC, and HM will observe onemedication pass per month for three months at Backmeyer to ensure medication **training** is being completed with	

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	poured the medications into a cup and handed the cup of medications to each client. Staff #1 did not offer clients A, B, C and D any medication training while giving the clients their AM medications. Client A's record was reviewed on 11/10/15 at 11 AM. Client A's ISP (Individualized Support Plan) dated 10/15/15 indicated client A had a training objective to clean the counter prior to receiving his medications. Client B's record was reviewed on 11/10/15 at 12 PM. Client B's ISP dated 9/24/15 indicated client B was not independent in medication administration and required staff assistance and training. Client B's ISP indicated client B had a training objective to identify her Sodium Bicarbonate (an antacid). Client C's record was reviewed on 11/10/15 at 2 PM. Client C's ISP dated 5/5/15 indicated client C was not independent in medication administration and required staff assistance and training. Client C's ISP indicated client C had training objectives to pour her own liquids and to take her own blood pressure with verbal prompting from the staff. Client D's record was reviewed on		allclients as defined by ISP ·A checklist will be developed toassist with observation ***·The Medication Administration Record(MAR) will now include a box to check when client has completed medprogram. Buddy Check will initial thatprogram was completed, also.*** ·Any concerns/questions will beaddressed at IDT **Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?** ·QIDP, HSC, and HM will observe onemedication pass per month for three months at Backmeyer to ensure medication **training** is being completed with allclients as defined by ISP ·A checklist will be developed toassist with observation ***·The Medication Administration Record(MAR) will now include a box to check when client has completed medprogram. Buddy Check will initial thatprogram was completed, also.*** ·Any concerns/questions will beaddressed at IDT **Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will it be put intoplace?**	

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	11/10/15 at 3 PM. Client D's ISP dated 8/3/15 indicated client D was not independent in medication administration and required staff assistance and training. Client D's ISP indicated client D had a training objective to identify her Junel (a birth control medication). During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 11/13/15 at 11:45 AM, the QIDP stated all clients were to be provided training in medication administration "at every med pass." 9-3-4(a)		·QIDP, HSC, and HM will observe onemedication pass per month for three months at Backmeyer to ensure medication **training** is being completed with allclients as defined by ISP ***·Med Program Completion will now bemonitored at each medication pass. The Medication Administration Record (MAR) will now include a box tocheck when client has completed any med program. Buddy Check will initial that program wascompleted, also.*** ***·Health Services Coordinator willreview bi-monthly to ensure programs are being completed*** *·IDTwill monitor monthly for compliance* **Whatis the date by which the systemic changes will be completed?** 12/20/15 **RespectfullySubmitted, RosemaryTaylor, Residential Administrator**	
W 0312 Bldg. 00	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.			

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NAME OF PROVIDER OR SUPPLIER MCSHERR INC - BACKMEYER		STREET ADDRESS, CITY, STATE, ZIP CODE 3101 BACKMEYER RD RICHMOND, IN 47374	

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	Based on record review and interview for 1 of 4 sampled clients receiving medications to control behaviors (client A), the facility failed to develop a plan to include the use of Cymbalta and Depakote for client A. Findings include: Client A's record was reviewed on 11/10/15 at 11 AM. Client A's 9/16/15 physician's orders indicated client A was to receive Cymbalta 30 mg (milligrams) and Depakote 1000 mg a day for behavior modification. Client A's record indicated no targeted behaviors and no psychological or intellectual diagnoses. Client A's record indicated no BSP (Behavior Support Plan). During interview with the Qualified Intellectual Disabilities Professional (QIDP) on 11/13/15 at 11:45 AM, the QIDP: __Indicated client A was admitted to the facility on 9/16/15. __Indicated she had met with the Behavioral Consultant (BC) on 10/14/15 to review client A's intake packet and at that time she and the BC did not feel client A required a Behavior Support Plan (BSP).	W 0312	**Name and Address of Provider:** McSherr, Inc., 3101 Backmeyer Road,Richmond, IN **DateSurvey Completed:** 12/3/15 **ProviderIdentification Number:** 15G302 **SurveyEvent ID**: CUVQ11 **Finding: W312**– the facility failed to develop a plan to includethe use of Cymbalta and Depakote for Client A…no BSP and no targeted behaviorswere included in Behavior Plan or program. **Whatcorrective action(s) will be accomplished for these residents found to havebeen affected by this finding?** ·Abehavior plan has been implemented for Client A that includes the use ofCymbalta and Depakote for depression **How will you identify other residents havingthe potential to be affected by the same deficient practice and what correctiveaction will be taken?** All Backmeyer consumers takingCymbalta and Depakote for depression have the potential to be affected ·Consumersat Backmeyer that take Cymbalta and Depakote for depression will be assessedfor need for Behavior Support Plan **Whatmeasures will be put into**	12/20/2015

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	__Indicated when client A went to his initial physical exam on 9/16/15 it was reported to her that client A was receiving Cymbalta and Depakote due to behavioral issues. __Indicated she was informed client A was experiencing nightmares and hallucinations at night but have determined that not to be an issue. __Indicated client A's use of Cymbalta and Depakote was not included in a program and/or behavior plan at the present time. 9-3-5(a)		**place or what systemic changes you will make toensure that the deficient practice does not recur?)** ·QIDPwill review consumer records to determine if other consumers are in need of BSP **Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will it be put intoplace?** ·QIDPwill monitor through discussion/review with contracted BC ·IDTwill review monthly **Whatis the date by which the systemic changes will be completed?** 12/20/15 **RespectfullySubmitted, RosemaryTaylor, Residential Administrator**	
W 0368 Bldg. 00	483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 2 of 4 sampled clients (B and D) and 3 additional clients (E, F and H), the facility failed to ensure all drugs were administered to the clients in compliance with the clients' physician's orders.	W 0368	**Name and Address of Provider:** McSherr, Inc., 3101 Backmeyer Road,Richmond, IN **DateSurvey Completed:** 12/3/15	12/20/2015

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	Findings include: The facility's reportable records were reviewed on 11/4/15 at 12 PM. The 11/6/14 BDDS report indicated client H did not receive his Multivitamin on 11/5/14. The 2/2/15 BDDS report indicated client D did not receive her Junel Fe (a birth control pill) on 2/2/15. The 2/13/15 BDDS report indicated client F did not receive his AM dose of his Vitamin D on 3/12/15. The 5/9/15 BDDS report indicated client B did not receive her Junel Fe on 5/7/15. The 6/20/15 BDDS report indicated client E was given two tablets of Omeprazole (an antacid) 40 mg (milligrams). The report indicated client E was only to have one tablet of Omeprazole 40 mg. During interview with the RN on 11/13/15 at 3 PM, the RN indicated all medications were to be given as ordered by the clients' physicians without error. 9-3-6(a)		**ProviderIdentification Number:** 15G302 **SurveyEvent ID**: CUVQ11 **Finding: W368**– the facility failed to ensure all drugs wereadministered to clients in compliance with Physician Orders ·Client Hmissed a vitamin ·Client D missed a birth control pill ·Client B missed a birth control pill ·Client Ereceived two antacids in the morning instead of one antacid **Whatcorrective action(s) will be accomplished for these residents found to havebeen affected by this finding?** ·ClientH is now getting vitamins as ordered ·ClientD is now getting birth control pills as ordered ·ClientB is now getting birth control pills as ordered ·ClientE is now receiving the number of antacids as ordered **Howwill you identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?** All consumers at Backmeyer that havemedications administered have the potential to be affected ·McSherrBackmeyer staff were retrained to administer medication in compliance withclients' physician orders ·McSherradded a morning	

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			position from 6a-9a so night shift employees do not have topass meds in the morning after working all night when they might be overlytired (it has been noted that most med errors were occurring during the morningmed pass) ·Staffat Backmeyer will be retrained on the Buddy Check System and responsibility ofsigning that meds were administered correctly **Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?)** ·McSherrBackmeyer staff were retrained to administer medication in compliance withclients' physician orders ·McSherradded a morning position from 6a-9a so night shift employees do not have topass meds in the morning after working all night when they might be overlytired (it has been noted that most med errors were occurring during the morningmed pass) ·Staffat Backmeyer will be retrained on the Buddy Check System and responsibility ofsigning that meds were administered correctly **Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program,**	

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			etc.) and how will it be put intoplace? ·Medicationerrors will be monitored by the IDT on a monthly basis **Whatis the date by which the systemic changes will be completed?** 12/20/15 **RespectfullySubmitted, RosemaryTaylor, Residential Administrator**	
W 0391 Bldg. 00	483.460(m)(2)(ii) DRUG LABELING The facility must remove from use drug containers with worn, illegible, or missing labels. Based on observation, record review and interview for 2 additional clients (G and F), the facility failed to ensure medications/treatments were labeled by the facility pharmacy with the client's name, medication, dosage, route, time and expiration date. Findings include: Observations were conducted at the group home on 11/10/15 between 6 AM and 8:50 AM. __At 7:38 AM staff #1 gave client G eye drops, one drop in each eye. The bottle of eye drops used by staff #1 did not have a pharmacy label with the client G's name,	W 0391	**Name and Address of Provider:** McSherr, Inc., 3101 Backmeyer Road,Richmond, IN **DateSurvey Completed:** 12/3/15 **ProviderIdentification Number:** 15G302 **SurveyEvent ID**: CUVQ11 **Finding: W391**– the facility failed to ensure medications andtreatments were labeled by the facility pharmacy with name, medication, dose,route, time & expiration date. ·Client G wasadministered eye drops with no label ·Client Freceived an Omega 3 pill that did not have a pharmacy	12/20/2015

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	medication, dosage, route, time or expiration date. Staff #1 stated, "There used to be a box it (the bottle of eye drops) went in that had a label but I don't know what happened to it." __At 8:23 AM staff #1 gave client F an Omega 3 fish oil capsule from a large bottle of capsules. The bottle of fish oil capsules used by staff #1 did not have a pharmacy label with client F's name, the medication, the dosage, the time or the expiration date. During interview with the administrator and the RN on 11/13/15 at 3 PM, the administrator indicated all facility medications were to have a pharmacy label on them to indicate the client's name, name of the medication and the dosage, route and time to be given. 9-3-6(a)		label **Whatcorrective action(s) will be accomplished for these residents found to havebeen affected by this finding?** ·ClientG's eye drops was provided a label from the pharmacy but the label was on thebox and not on the bottle of eye drops inside the box. The box was lost. The pharmacy will reprint a label for thebottle of eye drops or the eye drops will be replaced with a new bottle of eyedrops labeled by the pharmacy. ·ClientF Omega 3 pills were being administered from an OTC bottle. The pharmacy has been consulted for directionand the Omega 3 pills for client F will be administered from a bottle with alabel per 483.460(m)(2)(ii) DRUG LABELING **How will you identify other residents havingthe potential to be affected by the same deficient practice and what correctiveaction will be taken?** All consumers at Backmeyer Group Homethat are on medications and/or treatments have the potential to be affected ·HouseManager, or designee, will ensure all medications/treatments are labeled per483.460(m)(2)(ii) DRUG LABELING when the medication/treatments are checked intothe home	

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			·Allexisting medications/treatments will be reviewed for labels per 483.460(m)(2)(ii)DRUG LABELING each week as new meds/treatments are checked into the home ·Staffwill be trained to review labels during the med pass for ALL meds/treatmentsper 483.460(m)(2)(ii) DRUG LABELING ·HealthServices Coordinator will confer with pharmacy and will review labels forcompliance with 483.460(m)(2)(ii) DRUG LABELING **Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?)** ·HouseManager, or designee, will ensure all medications/treatments are labeled per483.460(m)(2)(ii) DRUG LABELING when the medication/treatments are checked intothe home ·Allexisting medications/treatments will be reviewed for labels per 483.460(m)(2)(ii)DRUG LABELING each week as new meds/treatments are checked into the home ·Staffwill be trained to review labels during the med pass for ALL meds/treatmentsper 483.460(m)(2)(ii) DRUG LABELING	

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			·HealthServices Coordinator will confer with pharmacy and will review labels forcompliance with 483.460(m)(2)(ii) DRUG LABELING **Howwill the corrective action(s) be monitored to ensure the deficient practice willnot recur (quality assurance program, etc.) and how will it be put into place?** **deficientpractice does not recur?)** ·HouseManager, or designee, will ensure all medications/treatments are labeled per483.460(m)(2)(ii) DRUG LABELING when the medication/treatments are checked intothe home ·Allexisting medications/treatments will be reviewed for labels per 483.460(m)(2)(ii)DRUG LABELING each week as new meds/treatments are checked into the home ·Staffwill be trained to review labels during the med pass for ALL meds/treatmentsper 483.460(m)(2)(ii) DRUG LABELING ·HealthServices Coordinator will confer with pharmacy and will review labels forcompliance with 483.460(m)(2)(ii) DRUG LABELING **Whatis the date by which the**	

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			systemic changes will be completed? 12/20/15 **RespectfullySubmitted, RosemaryTaylor, Residential Administrator**	