

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G403	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/05/2014
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NAME OF PROVIDER OR SUPPLIER DAMAR SERVICES INC--BRADFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 8835 E CR 200 S AVON, IN 46168
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 2/27/14, 2/28/14, 3/3/14, 3/4/14 and 3/5/14.</p> <p>Facility Number: 000917 Provider Number: 15G403 AIMS Number: 100249320</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/17/14 by Ruth Shackelford, QIDP.</p>	W000000		

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

TITLE

(X6) DATE

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

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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 1 of 4 sampled clients (#2), the QIDP (Qualified Intellectual Disabilities Professional) failed to monitor, coordinate and integrate each client's active treatment program by failing to ensure facility staff were trained to work with client #2, to ensure client #2's ISP (Individual Support Plan) indicated how staff was to support client #2 during meal time, to ensure the facility implemented client #2's training objectives during formal/informal training opportunities and to ensure clients #3 and #4 had supports to teach them to use their prescription eyeglasses.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The QIDP failed to monitor, coordinate and integrate each client's active treatment program by failing to ensure facility staff were trained to work with client #2. Please see W189. 2. The QIDP failed to monitor, coordinate and integrate each client's active treatment program by failing to ensure client #2's ISP indicated how staff was to 	W000159	<ol style="list-style-type: none"> 1. Client's #2 ISP has been revised to focus on priority needs in the fundamental areas of communication, Self-help and Personal Safety. Revisions in training strategy have been completed with hopes of achieving more progress. <p>Clients' #3 and #4 ISPs will be revised to include an interactive guideline addendum and/or formal training for eye glass wearing. This interactive guideline will include steps that staff should take to encourage daily wearing of eye glasses. Staff will receive training by Residential Manager regarding these revisions</p> <ol style="list-style-type: none"> 2. All ISP and fundamental assessments have been reviewed to ensure that fundamental needs are being addressed. Furthermore, all residents that utilize adaptive equipment will be assessing for need of additional training in the proper use of the equipment and/or encouragement to consistently use 	03/28/2014	

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	<p>support client #2 during meal time. Please see W240.</p> <p>3. The QIDP failed to monitor, coordinate and integrate each client's active treatment program by failing to ensure the facility implemented client #2's training objectives during formal/informal training opportunities. Please see W249.</p> <p>4. The QIDP failed to monitor, coordinate and integrate each client's active treatment program by failing to ensure clients #3 and #4 had supports to teach them to use their prescription eyeglasses. Please see W436.</p> <p>9-3-3(a)</p>		<p>the equipment. If needed, any plan that requires a revision will be completed by the Dir. of Program/QDDP and, staff will receive training on the new or revised goals.</p> <p>3. Upon completion of new or annual ISP, each individual's functional assessment will be reviewed to ensure that all priority needs are being addressed. Goals that have been in place with very little progress shown will be have strategies reviewed and updated. This may include but not limited to increasing the rate of training sessions; reducing the number of steps to focus on specific steps; seeking suggestions from experts such as dietician, physical therapist or nurse.</p> <p>New prescription for use adaptive equipment such as eye glasses will identify the level of usage recommended (i.e.: must be worn during awake hours, must be used for reading etc.). Programs will be put in place if ensure recommendation are met. Furthermore, individuals' program incentive (allowance) will be revised to encourage the daily wearing of eye glasses.</p>		

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			<p>4. Monthly reviews will monitored by the Dir. of Program/QDDP to determine if programs in place are producing progress or need for training. Weekly program incentive forms are turned into the Residential Manager and calculated for allowance. The Residential Manager will review the forms to asses if one is using their adaptive equipment as prescribed.</p>	

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W000189	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure facility staff were trained to work with client #2.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/27/14 from 4:00 PM through 5:30 PM. Client #2 was observed in the group home throughout the observation period. At 4:00 PM, client #2 was laying on the living room's couch. Client #2 remained on the living room's couch alternating from laying down, slouching to her side and then into a seated position on the couch until 5:00 PM. Client #2's peers, clients #1, #3, #4, #5, #6 and #7, assisted staff with the evening meal preparation, completed formal goal training and completed domestic household chores throughout the 4:00 PM to 5:00 PM time period. Client #2 was not encouraged to participate in the group home's programming activities.</p> <p>At 5:00 PM, client #2 was seated at the dining room table with her peers for the</p>	W000189	<p>1. Client's #2 presents with a wide range of diagnosis including severe intellectual disability. Currently there are a large number of objectives in place as a result of needs identified by prior QIDP and are consistent with her many deficits areas. However, client's #2 ISP has been revised to focus on those priority needs in the fundamental areas self-help, self- feeding, communication and personal safety. Recommendation from experts such as dietician, physical therapist or speech therapist regarding goals or strategies will also be included. Designated staff will also participate in the development of client's #2 programs.</p> <p>Client #2 does require hands on assistance to complete many task throughout the day. At times she can become very combative and/or refuse to participate. We have identified a staff on each shift that appears to have a good rapport with client #2 and will become the lead staff on that shift. These staff will have primary responsibilities in</p>	03/28/2014			

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	<p>evening meal. Client #2 had a plate with a plate guard, adaptive spoon and standard cup for drinking. The group home's meal consisted of hamburger with a bun, french fries, broccoli and cauliflower with ranch dipping sauce, applesauce and milk. Client #2's plate had chopped hamburger with bun and french fries. Client #2 utilized her adaptive spoon to place scoops of hamburger and french fries in her mouth. Client #2 placed the food in her mouth but did not chew the food as she continued placing additional scoops of food into her mouth. Client #2 had pockets of food in both cheeks, with her mouth full of food. Client #2 was not directed or encouraged to slow her pace, alter her bites of food with liquid or put her utensil down between bites of food. At 5:15 PM, client #2 was unable to maintain the food in her mouth and she began to spit the food out/up. Staff #1, who was seated in an adjacent room, directed staff #2 who was seated at the dining room table next to client #2, to assist client #2. Staff #1 stated, "You have to move her, [client #2's] plate away from her. She, [client #2], will shovel the food in her mouth. She needs a drink." Staff #2 then removed client #2's plate of food from her reach and began prompting client #2 to slow down and chew the food that was in her mouth. Staff #2 then offered client</p>		<p>including client #2 in daily active treatment and completion of training goals. However, all staff will receive training on revised goals and strategies and all staff are expected to be able to effectively engage client #2 in active treatment. Residential Manager and/or Dir. of Program/QDDP will periodically attend therapy session and receive training on how to assist client #2 in certain areas.</p> <p>2. All fundamental assessments and ISP's will be reviewed by the Residential Manager and Dir. of Program/QDDP to ensure all priority skills are being addressed. Any deficient in fundamental skill such as toileting, self-feeding bathing, dental, dressing and communication will be added if need. All staff will receive training regarding how to implement steps and/or how to support individuals with significant deficient.</p> <p>3. Monthly reviews will be completed and reviewed by the Dir. Of Program/QDDP to ensure individuals are completing training as the ISP states. Continues refusals and or regression in level of ability w/o a reason will be assessed. Revisions will be made to the strategies and effectiveness</p>		

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	<p>#2 a drink of milk.</p> <p>Client #2's record was reviewed on 2/28/14 at 8:53 AM. Client #2's record was reviewed on 2/28/14 at 8:53 AM. Client #2's Nutritional Assessment form, undated indicated, "... needs assistance to use utensils to not shovel food." Client #2's IDE (Interdisciplinary Diagnostic and Evaluation) form dated 5/29/10 indicated, "[Client #2] has the capability of feeding herself using weighted utensils, but this is not a consistently displayed skill. [Client #2's guardian] related that she feeds [client #2] at home, due to [client #2] being very messy when feeding herself, stuffing her mouth with food and swallowing without chewing."</p> <p>Client #2's ISP (Individual Support Plan) dated 5/8/13 indicated client #2 should receive formal and informal training to increase her skills and independence with:</p> <ul style="list-style-type: none"> -using more than one word to form a sentence. -demonstrate table manners. -identify when the stove is hot. -demonstrate pointing to an item she wants to purchase. 		<p>assessed. If progress continues to be lacking, experts such a dietician, nurse, counselor will be consulted and recommended strategies will be incorporated into existing plan.</p> <p>4. Residential Manager will continue to schedule and hold monthly meeting to discuss all individuals' goals and strategies within ones ISP. Written documentation regarding this training will done. Training may include but not limited to any new objective, training strategies or methods, how to incorporate informal training and required documentation. The Dir. Of Group Homes will meet with the Residential Manager prior to all new ISP to ensure all objectives and strategies in place are justified. All staff will receive training on the implementation of one's formal and informal goals. Goal tracking sheets are developed and individualized as needed. The Residential Manager will monitor the completion and effectiveness of goals by providing monthly statistical analysis. Based on the data, revision, continuing or discontinuing a goal will be determined by the QDDP.</p>				

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	<p>-demonstrate to staff, verbally/pointing, when a car is coming on the road.</p> <p>-complete knocking on the door before entering.</p> <p>-assist staff with her bathing during her shower time.</p> <p>-assist staff with her medication administration by physically standing at the door to receive her medications.</p> <p>Client #2's HRIMS (Health Related Incident Management System) form dated 1/15/14 indicated, "[Client #2] is a 16 year old female with multiple of (sic) diagnoses that present daily. Included in these diagnosis (sic) are Disruptive Behavior Disorder, Communication Disorder, Severe Intellectual Disability, Seizure Disorder and Cerebral Palsy. At times, maladaptive behaviors exhibited and functioning ability causes [client #2] to fall resulting in bruises, scratches, or broken bones." Client #2's 1/15/14 HRIMS indicated, "There are many opportunities throughout [client #2's] day that present a risk of falling." Client #2's 1/15/14 HRIMS indicated staff should monitor client #2 for seizures, falls and behavior episodes of throwing herself to floor with the potential for injury. Client</p>			
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	<p>#2's IDE (Interdisciplinary Diagnostic and Evaluation) form dated 5/29/10 indicated the following:</p> <p>-"[Client #2] requires intensive supervision and close monitoring, related to her limited awareness of safety. [Client #2's] behaviors also sometimes warrant a more intensive level of monitoring, but [client #2's guardian] reported that even on an excellent behavior day, [client #2] still requires constant monitoring. [Client #2] does not stay away from objects that could be harmful to her, including hot pans of grease on the stove. If [client #2] is in an explosive behavior, she does not respond to cues to stay away from a dangerous object or stop a dangerous behavior."</p> <p>-"[Client #2] is considered at high risk for exploitation physically, socially, and financially, if supervision and advocacy are not provided. She would be unable to indicate an incident of abuse or neglect."</p> <p>-"[Client #2] requires physical assistance with completing self-care tasks. [Client #2] is incontinent of bowel and bladder, and she wear(s) a brief at all times."</p> <p>-"[Client #2] has the capability of feeding herself using weighted utensils, but this is not a consistently displayed skill. [Client</p>						

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	<p>#2's guardian] related that she feeds [client #2] at home, due to [client #2] being very messy when feeding herself, stuffing her mouth with food and swallowing without chewing."</p> <p>-"... can sometimes feed herself, with close supervision and verbal prompting from staff. [Client #2] requires physical assistance with performing tasks in her daily hygiene routine, including showering, washing her hair, getting dressed and undressed, combing her hair, brushing her teeth, and trimming her nails."</p> <p>-"[Client #2] has limited domestic skills and requires a great deal of verbal prompting and hand over hand guidance to assist with basic chores."</p> <p>-"[Client #2] requires extensive assistance with managing her daily life. [Client #2] initiates some leisure activities, but she is dependent upon others to initiate common activities in her daily routine."</p> <p>Staff #4 was interviewed on 2/28/14 at 11:26 AM. Staff #4 indicated she worked with client #2 throughout the morning shift while at the group home. Staff #4 stated, "I can get her, [client #2], to do things but it takes working with her.</p>				

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	<p>[Client #2] tends to work better with some staff than others. I am usually the staff that takes her to her PT (Physical Therapy) appointments, so I see how they work with her. When I'm here I know how to do things with her. They train us here but I've seen more from going on PT appointments and I used to work at the main campus with clients like [client #2]. I don't think the staff knows how to work with her, how to help her."</p> <p>RM #1 (Resident Manager) was interviewed on 2/28/14 at 11:09 AM. RM #1 stated, "What you saw from last night (programming) was probably a difference in staff. Like the staff this morning had [client #2] up and moving. [Client #2] works better with certain staff, staff that she is more familiar with. Some of the staff don't have the experience of working with someone like her, [client #2]."</p> <p>9-3-3(a)</p>				

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W000240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure client #2's ISP (Individual Support Plan) indicated how staff was to support client #2 during meal time.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/27/14 from 4:00 PM through 5:30 PM. Client #2 was observed in the group home throughout the observation period. At 5:00 PM, client #2 was seated at the dining room table with her peer's for the evening meal. Client #2 had a plate with a plate guard, adaptive spoon and standard cup for drinking. The group home's meal consisted of hamburger with bun, french fries, broccoli and cauliflower with ranch dipping sauce, applesauce and milk. Client #2's plate had chopped hamburger with bun and french fries. Client #2 utilized her adaptive spoon to place scoops of hamburger and french fries in her mouth. Client #2 placed the food in her mouth but did not chew the food as she continued placing additional scoops of food into her mouth. Client #2 had pockets of food in both cheeks, with</p>	W000240	<p>1. Client's #2 presents with a wide range of diagnosis including severe intellectual disability. Currently there are a large number of objectives in place as a result of needs identified by prior QIDP and are consistent with her many deficits areas. However, client's #2 ISP has been revised to include the following</p> <ul style="list-style-type: none"> · Decrease in objectives in order to focus on priority needs in the fundamental areas self-help, self-feeding, communication and personal safety. · An increase in formal training opportunities to daily and/or several times a day instead of just weekly training. · Revision of task analysis will be done to increase consistency with training steps. · Recommendation from experts such as dietician, physical therapist or speech therapist regarding goals or strategies · High Risk program to prevent choking during mealtime will be developed 	03/28/2014
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	<p>her mouth full of food. Client #2 was not directed or encouraged to slow her pace, alter her bites of food with liquid or put her utensil down between bites of food. At 5:15 PM, client #2 was unable to maintain the food in her mouth and she began to spit the food out/up. Staff #1, who was seated in an adjacent room, directed staff #2 who was seated at the dining room table next to client #2, to assist client #2. Staff #1 stated, "You have to move her, [client #2's] plate away from her. She, [client #2], will shovel the food in her mouth. She needs a drink." Staff #2 then removed client #2's plate of food from her reach and began prompting client #2 to slow down and chew the food that was in her mouth. Staff #2 then offered client #2 a drink of milk.</p> <p>Staff #2 was interviewed on 2/27/14 at 5:17 PM. Staff #2 indicated client #2 should be prompted to slow her pace of eating, be encouraged to put her utensil down on the table between bites and be encouraged to alternate her bites of food with drinks of liquid to avoid choking and gagging incidents.</p> <p>Client #2's record was reviewed on 2/28/14 at 8:53 AM. Client #2's Nutritional Assessment form, undated indicated, "... needs assistance to use utensils to not shovel food." Client #2's</p>		<p>2. Each individuals ISP will be reviewed by Dir. of Program/QDDP to determine if objectives in place are priorities. Revision of all task analysis will also be done to ensure consistency with steps. Staff will receive training on revised items.</p> <p>3. Monthly reviews will be completed by the Residential Manager to summarize overall gains or regressions. Dir. of Program/QDDP will review monthly statistics and asses need for continuing training, revision in steps or need to discontinue. Quarterly reviews by the nurse will continue. Goals that relate to medical needs will be discussed. Recommendation (if any) will be incorporated into any revision as relevant.</p> <p>4. Residential Manager will routinely monitor the completion of formal and informal training done by staff. Concerns or difficulty with implementing existing plan will be discussed with Dir. of program/QDDP. If need, information or guidance will be sought from nurse or other therapist related to concerns. Dir. of Program/QDDP will review progress monthly to assess</p>		

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	<p>IDE (Interdisciplinary Diagnostic and Evaluation) form dated 5/29/10 indicated, "[Client #2] has the capability of feeding herself using weighted utensils, but this is not a consistently displayed skill. [Client #2's guardian] related that she feeds [client #2] at home, due to [client #2] being very messy when feeding herself, stuffing her mouth with food and swallowing without chewing." Client #2's ISP dated 5/8/13 indicated, "[Client #2] will demonstrate proper table manners (spoon to mouth without spilling...." Client #2's ISP dated 5/8/13 did not indicate documentation regarding how/when staff should encourage client #2 to slow her pace of eating, be encouraged to put her utensil down on the table between bites and be encouraged to alternate her bites of food with drinks of liquid to avoid choking and gagging incidents.</p> <p>RM (Resident Manager) #1 was interviewed on 2/27/14 at 11:09 AM. RM #1 indicated client #2 should be encouraged to slow her pace of eating, be encouraged to put her utensil down on the table between bites and be encouraged to alternate her bites of food with drinks of liquid to avoid choking and gagging incidents.</p> <p>9-3-4(a)</p>		effectiveness of program or need for revision.				

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#2), the facility failed to implement client #2's training objectives during formal/informal training opportunities.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/27/14 from 4:00 PM through 5:30 PM. Client #2 was observed in the group home throughout the observation period. At 4:00 PM, client #2 was laying on the living room's couch. Client #2 remained on the living room's couch alternating from laying down, slouching to her side and then into a seated position on the couch until 5:00 PM. Client #2's peers, clients #1, #3, #4, #5, #6 and #7, assisted staff with the evening meal preparation, completed formal goal training and completed domestic household chores throughout the 4:00 PM to 5:00 PM time period. Client #2 was not encouraged to participate in the group home's programming activities.</p>	W000249	<p>1. Client's #2 ISP has been revised. The Dir. Of Group Homes/QDDP and Residential Manager will meet with all staff and provide documented retraining of the goals and strategies. Staff will ensure that continuous informal and formal active treatment is provided as scheduled or opportunities occur.</p> <p>Designated staff assigned to work with Client #2 will meet regularly with the Residential Manager and report or suggest any changes that may be needed.</p> <p>2. Residential Manager will continue to schedule and hold monthly meeting to discuss all individuals' goals and strategies within ones ISP. Written documentation regarding this training will done. Training may include but not limited to any new objective, training strategies or methods, how to incorporate informal training and required</p>	03/28/2014	

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	<p>Client #2's record was reviewed on 2/28/14 at 8:53 AM. Client #2's ISP (Individual Support Plan) dated 5/8/13 indicated client #2 should receive formal and informal training to increase her skills and independence with:</p> <ul style="list-style-type: none"> -using more than one word to form a sentence. -demonstrate table manners. -identify when the stove is hot. -demonstrate pointing to an item she wants to purchase. -demonstrate to staff, verbally/pointing, when a car is coming on the road. -complete knocking on the door before entering. -assist staff with her bathing during her shower time. -assist staff with her medication administration by physically standing at the door to receive her medications. <p>RM (Resident Manager) #1 was interviewed on 2/27/14 at 11:09 AM. RM #1 indicated client #2 should be</p>		<p>documentation.</p> <p>3. The Dir. Of Group Homes will meet with the Residential Manager prior to all new ISP to ensure all objectives and strategies in place are justified. During monthly meetings or as needed – all staff will receive training on the implementation of one’s formal and informal goals. Goal tracking sheets are developed and individualized as needed. The Residential Manager will monitor the completion and effectiveness of goals by providing monthly statistical analysis. Based on the data, revision, continuing or discontinuing a goal will be determined by the QDDP. Staff will receive documented training immediately when a revision has taken place.</p> <p>4. Formal and informal training will be routinely monitored by the Residential Manager and/or QDDP on a random basis. The residential Manager will ensure that the clients are actively participating in their plans. This will be evident by observation, reviewing ones program incentive sheet (allowance)</p>	
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	encouraged to participate in the group home's programming routine with her peers. RM #1 indicated active treatment should occur at each opportunity. 9-3-4(a)		to see if points are being awarded for participations in goals. The Residential Manager will ensure that all staff is implementing active treatment goals correctly and consistently as one's strategy states.		

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>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.</p> <p>Based on observation, record review and interview for 2 of 4 sampled clients (#3 and #4) with adaptive equipment, the facility failed to ensure clients #3 and #4 had supports to teach them to use their prescription eyeglasses.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/27/14 from 4:00 PM through 5:30 PM. Client #3 was observed in the group home throughout the observation period. Client #3 did not wear eyeglasses. Client #3 was not encouraged to wear eyeglasses. Client #4 was observed in the group home throughout the observation period. Client #4 did not wear eyeglasses. Client #4 was not encouraged to wear eyeglasses.</p> <p>Observations were conducted at the group home on 2/28/14 from 6:45 AM through 8:00 AM. Client #3 was observed in the group home throughout the observation period. Client #3 did not wear eyeglasses. Client #3 was not encouraged to wear</p>	W000436	<p>1. Client #3 and client #4 have a doctor's order stating that they should wear eyeglasses. An addendum has been completed and added to Client #2 and #3's Individual Support Plan to assist in training on why it is important to wear eyeglasses and how to take proper care of eyeglasses. Residential Manager will provide all staff training on these new objectives and the strategies to use when providing training. Furthermore, client's #2 and Client's #3 Program Incentive Sheet has been revised and includes the opportunity to earn daily points for wearing the eyeglasses as prescribed. Points earned are tallied up at the end of the week and exchange for a weekly allowance.</p> <p>2. An addendum, if needed will be added to any clients ISP who has a prescription for eyeglasses or any adaptive equipment and demonstrates inconsistency with wearing or using them. Formal and</p>	03/28/2014	

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	<p>eyeglasses. Client #4 was observed in the group home throughout the observation period. Client #4 did not wear eyeglasses. Client #4 was not encouraged to wear eyeglasses.</p> <p>1. Client #3's record was reviewed on 2/28/14 at 10:03 AM. Client #3's Vision examination form dated 2/14/13 indicated client #3 should wear prescription eyeglasses. Client #3's ISP (Individual Support Plan) dated 8/20/13 did not indicate documentation of training or support to teach/encourage client #3 to use her eyeglasses.</p> <p>2. Client #4's record was reviewed on 2/28/14 at 10:24 AM. Client #4's Vision examination form dated 4/19/12 indicated client #4 should wear prescription eyeglasses. Client #4's ISP dated 10/2/13 did not indicate documentation of training or support to teach/encourage client #4 to use her eyeglasses.</p> <p>RM (Resident Manager) #1 was interviewed on 2/28/14 at 11:09 AM. RM #1 indicated clients #3 and #4 refused to wear their eyeglasses. RM #1 indicated clients #3 and #4 did not have training or supports in their ISPs to teach/encourage them to use their eyeglasses.</p> <p>9-3-7(a)</p>		<p>informal training will be implemented according to one's individualized strategy. Residential Manager will provide all staff with training on appropriate way to monitor, support and document these objectives.</p> <p>3. Goal tracking sheets will be developed and monitored by the Residential Manager weekly to ensure training is occurring and progress is being made. Monthly reviews will provide statistical data and submitted to the QDDP to review. Revisions will occur as needed. Failure to wear prescribed eyeglasses or adaptive equipment due to the item being broken will be addressed within 48 hours. If cost of item is not covered by one's insurance, the agency will provide the necessary funds to get the item repair.</p> <p>4. Every client's ISP is reviewed regularly and updated at least annually. If there is need, formal objectives will be added to address one's need to wear prescribe eye glasses or adaptive equipment. Training may address issues such as proper care and/or increasing consistency in utilizing the equipment. All staff will receive training.</p>		

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W009999	<p>STATE FINDINGS:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met. 460 IAC 9-3-2(c) Resident Protections</p> <p>(3) The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check as authorized in IC 5-2-5-5, and three references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>THIS STATE RULE WAS NOT MET AS EVIDENCED BY:</p> <p>Based on record review an interview for 2 of 3 facility staff (#1 and #3), the facility failed to obtain three references prior to employment.</p> <p>Findings include:</p> <p>1. Staff #1's PR (Personnel Record) was reviewed on 2/27/14 at 12:53 PM. Staff #1's PR indicated the facility had completed one (1) reference check on staff #1. Staff #1's PR indicated staff #1's DOH (Date of Hire) was 7/24/13. Staff</p>	W009999	<p>1. Reference checks for the two staff will be completed as required. Staff #1 personnel file had two employee and one personal reference list. Two more personal references will be secure to ensure a total of three references. Staff #3 personnel file had one employee and two personal references. An additional personal reference will be attained.</p> <p>2. All Group Home staff personnel files will be checked to ensure all staff have three complete personal references in addition to any employment reference. If needed, additional references will be attained</p> <p>3. Human Resource (HR) was made away of the need to have three personal reference during a survey the previous year. According to the HR Manager – they were instructed to secure this many reference going forward. Those that had been hired for many years prior did not have to be corrected. Therefore, only those hired after 2013 were complete with three personal references in addition to employment reference. The</p>	03/28/2014			

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	<p>#1's PR did not indicate documentation of three (3) reference checks prior to employment.</p> <p>2. Staff #3's PR was reviewed on 2/27/14 at 1:00 PM. Staff #3's PR indicated the facility had completed two (2) reference checks on staff #3. Staff #3's PR indicated staff #3's DOH was 7/30/13. Staff #3's PR did not indicate documentation of two (2) reference checks prior to employment.</p> <p>DGH (Director of Group Homes) #1 was interviewed on 2/27/14 at 1:31 PM. DGH #1 stated, "We had some staff transfer from the main campus to the group home. There may be some (staff) that don't have three." DGH #1 indicated there was not additional documentation of reference checks for staff #1 and #3.</p> <p>9-3-2(c)(3)</p>		<p>practice of securing three personal reference remains in effect and is the protocol used when hiring staff</p> <p>4. HR conducts annual personnel files checks one time a year. All required items from criminal history, sex offender checks and three personal references are verified to be in place. Any missing items are immediately secured. Damar operates under several different licenses. From time to time a staff member from another department may transfer to the Group Homes. When this happens, the personnel file is checked to ensure all requirements are in place. All outstanding items (if any) and additional personal reference (if need) are noted. A transfer may not occur until outstanding items are secured.</p>				