

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G601	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  06/12/2014
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W000000	<p>This visit was for an extended annual recertification and state licensure survey.</p> <p>Dates of Survey: 6/9/14, 6/10/14, 6/11/14 and 6/12/14.</p> <p>Facility Number: 001183 Provider Number: 15G601 AIMS Number: 100240080</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/19/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000100	<p>440.150(c) ICF SERVICES OTHER THAN IN INSTITUTIONS "Intermediate care facility services" may include services in an institution for the mentally retarded (hereafter referred to as intermediate care facilities for persons with mental retardation) or persons with related conditions if: (1) The primary purpose of the institution is to provide health or rehabilitative services for mentally retarded individuals or persons with related conditions; (2) The institution meets the standards in</p>			

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

TITLE

(X6) DATE

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

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	<p>Subpart E of Part 442 of this Chapter; and (3) The mentally retarded recipient for whom payment is requested is receiving active treatment as specified in §483.440.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (#2 and #3), the Intermediate Care Facility failed to provide active treatment services for which the facility received payment.</p> <p>Findings include:</p> <p>The facility failed to have specific objectives to address client #2's financial management needs, to ensure the QIDP (Qualified Intellectual Disability Professional) integrated, coordinated and monitored clients #2 and #3's active treatment program, to ensure client #2 received aggressive and consistent training, treatment and services in accordance with his needs and ISP (Individual Support Plan), to ensure client #2's Functional Assessment was completed within 30 days of his admission to the facility, to develop a program of learning objectives for client #2, to ensure client #2's ISP included training to promote client #2's personal skills for independence, to implement formal/informal training for client #2 during available opportunities, to ensure facility staff had an active treatment schedule available for review for clients #2 and #3 and to ensure client #2 was</p>	W000100	The Program Manager for the home met with the Director of Compliance and Risk Management and the Behavior Clinician for the clients in the group home. Meetings occurred on June 23, 2014 and June 26, 2014. It is important to note that Tangram's Director of Operations has been out of the office during this time and is due to return on July 3, 2014. The Director of Operations is the QIDP for the home and was involved in the annual recertification survey immediately prior to the survey exit. The Director of Compliance and Risk Management coordinated activities for the QIDP is his absence. During these meetings, the team was able to revise the active treatment programming for client #2 in accordance with the ISDH Active Treatment Loop. The team was also able to create a plan, as based on the operations of Tangram's other group homes, of how active treatment schedules will be displayed and followed in the home. This practice will allow Tangram and its staff to ensure that this deficiency does not have a negative impact on any clients in the home. The home's Program Manager has already included an individual active treatment schedule in the	07/12/2014

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	taught to administer his own medication. Please see W195.		MARS/TARS book for each client. When referencing any "home or community activities" on these schedules, an active treatment calendar will be posted in the home, visible to all staff, that outlines any specific home or community activities in which the clients will be participating. For those non-verbal clients, an activity book with pictures will be available so they can view and pick those activities in which they would like to participate when they have scheduled activity time. Staff will be retrained on client #2's active treatment plan at a staff meeting on July 2, 2014. The Director of Compliance and Risk Management will be present at the meeting in order to cover any training issues with the home's Program Manager. Staff will also be retrained on the agency's practice of including each client's active treatment schedule with the client's MARS/TARS and the calendar that will detail any specific community and home activities. Staff will be retrained on referencing the active treatment schedules to ensure said schedules are followed. The Director of Operations will review all active treatment programs upon his return to work and prior to the deadline of completion for this POC. Any staff not present at this staff meeting will be trained prior to the deadline of completion for this POC to ensure		

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W000126	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#2), the facility failed to have specific objectives to address client #2's financial management needs.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 6/10/14 at 10:00 AM. Client #2's CFA (Comprehensive Functional Assessment), undated, indicated client #2 was not</p>	W000126	<p>compliance with any POC activities. Furthermore, Tangram's QIDP will ensure that a functional assessment is completed for any new incoming client within the required 30 day time frame. The Director of Compliance and Risk Management will review all documentation for any new incoming clients in the future to determine compliance with this standard. The team was also able to meet with client #2's legal guardian in order to obtain input on activities and to review the active treatment programming and new ISP goals for informed consent.</p> <p>The Program Manager for the home met with the Director of Compliance and Risk Management and the Behavior Clinician for the clients in the group home. Meetings occurred on June 23, 2014 and June 26, 2014. It is important to note that Tangram's Director of Operations has been out of the office during this time and is due to return on July 3, 2014. The Director of Operations is the QIDP for the home and was involved in the annual recertification survey</p>	07/12/2014

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W000159	<p>independent and required training/supports regarding financial management. Client #2's ISP (Individual Support Plan) dated 8/23/13 did not include training to increase client #2's independence regarding financial management.</p> <p>PM (Program Manager)/QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/10/14 at 11:45 AM. PM/QIDP #1 indicated client #2's goals did not include specific training to increase client #2's independence regarding financial management.</p> <p>9-3-2(a)</p>		<p>immediately prior to the survey exit. The Director of Compliance and Risk Management coordinated activities for the QIDP in his absence. During these meetings, the team was able to revise the Individual Support Plan (ISP) for client #2. In the revised ISP, a goal has been included that specifically focuses on the client assisting with his financial management. In the ISP, client #2 will assist with paying for items and activities while in the community and collecting his own change. Staff will be retrained on the client's ISP at the July 2, 2014 staff meeting. The staff in the home will be trained on following all training strategies included in this plan. Any staff not present at this staff meeting will be trained prior to the deadline of completion for this POC to ensure compliance with any POC activities. The team was also able to meet with client #2's legal guardian in order to obtain input on activities and to review the active treatment programming and new ISP goals for informed consent. In order to ensure that other clients in the home are not affected by this deficient practice, all clients' ISPs will be reviewed to ensure that goals are in compliance with ISDH guidelines and are adapted to meet the needs of each individual.</p>	

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	<p><b>QUALIFIED MENTAL RETARDATION PROFESSIONAL</b></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 2 of 3 sampled clients (#2 and #3), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor clients #2 and #3's active treatment program. The QIDP failed to have specific objectives to address client #2's financial management needs, to ensure client #2 received aggressive and consistent training, treatment and services in accordance with his needs and ISP (Individual Support Plan), to ensure client #2's Functional Assessment was completed within 30 days of his admission to the facility, to develop a program of learning objectives for client #2, to ensure client #2's ISP included training to promote client #2's personal skills for independence, to implement formal/informal training for client #2 during available opportunities, to ensure facility staff had an active treatment schedule available for review for clients #2 and #3 and to ensure client #2 was taught to administer his own medication.</p> <p>Findings include:</p> <p>1. The QIDP failed to have specific</p>	W000159	The Program Manager for the home met with the Director of Compliance and Risk Management and the Behavior Clinician for the clients in the group home. Meetings occurred on June 23, 2014 and June 26, 2014. It is important to note that Tangram's Director of Operations has been out of the office during this time and is due to return on July 3, 2014. The Director of Operations is the QIDP for the home and was involved in the annual recertification survey immediately prior to the survey exit. The Director of Compliance and Risk Management coordinated activities for the QIDP in his absence. During these meetings, the team was able to revise the active treatment programming for client #2 in accordance with the ISDH Active Treatment Loop. The team was also able to create a plan, as based on the operations of Tangram's other group homes, of how active treatment schedules will be displayed and followed in the home. This practice will allow Tangram and its staff to ensure that this deficiency does not have a negative impact on any clients in the home. The home's Program Manager has already included an individual active	07/12/2014

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	<p>objectives to address client #2's financial management needs. Please see W126.</p> <p>2. The QIDP failed to ensure client #2 received aggressive and consistent training, treatment and services in accordance with his needs and ISP. Please see W196.</p> <p>3. The QIDP failed to ensure client #2's Functional Assessment was completed within 30 days of his admission to the facility. Please see W210.</p> <p>4. The QIDP failed to develop a program of learning objectives for client #2. Please see W227.</p> <p>5. The QIDP failed to ensure client #2's ISP included training to promote client #2's personal skills for independence. Please see W240.</p> <p>6. The QIDP failed to implement formal/informal training for client #2 during available opportunities. Please see W249.</p> <p>7. The QIDP failed to ensure facility staff had an active treatment schedule available for review for clients #2 and #3. Please see W250.</p> <p>8. The QIDP failed to ensure client #2</p>		<p>treatment schedule in the MARS/TARS book for each client. When referencing any "home or community activities" on these schedules, an active treatment calendar will be posted in the home, visible to all staff, that outlines any specific home or community activities in which the clients will be participating. For those non-verbal clients, an activity book with pictures will be available so they can view and pick those activities in which they would like to participate when they have scheduled activity time. Staff will be retrained on client #2's active treatment plan at a staff meeting on July 2, 2014. The Director of Compliance and Risk Management will be present at the meeting in order to cover any training issues with the home's Program Manager. Staff will also be retrained on the agency's practice of including each client's active treatment schedule with the client's MARS/TARS and the calendar that will detail any specific community and home activities. Staff will be retrained on referencing the active treatment schedules to ensure said schedules are followed. The Director of Operations will review all active treatment programs upon his return to work and prior to the deadline of completion for this POC. Any staff not present at this staff meeting will be trained prior to the deadline of completion</p>	

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	<p>was taught to administer his own medication. Please see W371.</p> <p>9-3-3(a)</p>		<p>for this POC to ensure compliance with any POC activities. Additionally, during these meetings, the team was able to revise the Individual Support Plan (ISP) for client #2. In the revised ISP, a goal has been included that specifically focuses on the client assisting with his financial management. In the ISP, client #2 will assist with paying for items and activities while in the community and collecting his own change. Client #2's ISP also now includes goals that focus on training to assist client to administer his own medication, assist in personal hygiene skills, assist with medication administration, and a goal for personal privacy while using the restroom, among other goals. Staff will be retrained on the client's ISP at the July 2, 2014 staff meeting. Any staff not present at this staff meeting will be trained prior to the deadline of completion for this POC to ensure compliance with any POC activities. In order to ensure that other clients in the home are not affected by this deficient practice, the team will review all client goals to ensure that they include a goal that focuses on training to increase financial independence, personal skills and medication administration, all to the extent of their abilities. The staff in the home will be trained on following all training strategies included in these plans.</p>	

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W000195	<p>483.440 ACTIVE TREATMENT SERVICES The facility must ensure that specific active treatment services requirements are met. Based on observation, record review and interview for 2 of 3 sampled clients (#2 and #3), the facility failed to meet the Condition of Participation: Active Treatment Services. The facility failed to have specific objectives to address client #2's financial management needs, to ensure the QIDP (Qualified Intellectual Disability Professional) integrated, coordinated and monitored clients #2 and #3's active treatment program, to ensure client #2 received aggressive and consistent training, treatment and services in accordance with his needs and ISP (Individual Support Plan), to ensure client #2's Functional Assessment was</p>	W000195	<p>Furthermore, Tangram's QIDP will ensure that a functional assessment is completed for any new incoming client within the required 30 day time frame. The Director of Compliance and Risk Management will review all documentation for any new incoming clients in the future to determine compliance with this standard. The team was able to meet with client #2's legal guardian in order to obtain input on activities and to review the active treatment programming and new ISP goals for informed consent.</p> <p>The Program Manager for the home met with the Director of Compliance and Risk Management and the Behavior Clinician for the clients in the group home. Meetings occurred on June 23, 2014 and June 26, 2014. It is important to note that Tangram's Director of Operations has been out of the office during this time and is due to return on July 3, 2014. The Director of Operations is the QIDP for the home and was involved in the annual recertification survey immediately prior to the survey exit. The Director of Compliance and Risk Management coordinated activities for the QIDP in his absence. During</p>	07/12/2014

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	<p>completed within 30 days of his admission to the facility, to develop a program of learning objectives for client #2, to ensure client #2's ISP included training to promote client #2's personal skills for independence, to implement formal/informal training for client #2 during available opportunities, to ensure facility staff had an active treatment schedule available for review for clients #2 and #3 and to ensure client #2 was taught to administer his own medication.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The facility failed to have specific objectives to address client #2's financial management needs. Please see W126.</li> <li>2. The facility failed to ensure the QIDP integrated, coordinated and monitored clients #2 and #3's active treatment program. Please see W159.</li> <li>3. The facility failed to ensure client #2 received aggressive and consistent training, treatment and services in accordance with his needs and ISP. Please see W196.</li> <li>4. The facility failed to ensure client #2's Functional Assessment was completed within 30 days of his admission to the facility. Please see W210.</li> </ol>		<p>these meetings, the team was able to revise the active treatment programming for client #2 in accordance with the ISDH Active Treatment Loop. The team was also able to create a plan, as based on the operations of Tangram's other group homes, of how active treatment schedules will be displayed and followed in the home. This practice will allow Tangram and its staff to ensure that this deficiency does not have a negative impact on any clients in the home. The home's Program Manager has already included an individual active treatment schedule in the MARS/TARS book for each client. When referencing any "home or community activities" on these schedules, an active treatment calendar will be posted in the home, visible to all staff, that outlines any specific home or community activities in which the clients will be participating. For those non-verbal clients, an activity book with pictures will be available so they can view and pick those activities in which they would like to participate when they have scheduled activity time. Staff will be retrained on client #2's active treatment plan at a staff meeting on July 2, 2014. The Director of Compliance and Risk Management will be present at the meeting in order to cover any training issues with the home's Program Manager. Staff will also</p>	

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	<p>5. The facility failed to develop a program of learning objectives for client #2. Please see W227.</p> <p>6. The facility failed to ensure client #2's ISP included training to promote client #2's personal skills for independence. Please see W240.</p> <p>7. The facility failed to implement formal/informal training for client #2 during available opportunities. Please see W249.</p> <p>8. The facility failed to ensure facility staff had an active treatment schedule available for review for clients #2 and #3. Please see W250.</p> <p>9. The facility failed to ensure client #2 was taught to administer his own medication. Please see W371.</p> <p>9-3-4(a)</p>		<p>be retrained on the agency's practice of including each client's active treatment schedule with the client's MARS/TARS and the calendar that will detail any specific community and home activities. Staff will be retrained on referencing the active treatment schedules to ensure said schedules are followed. The Director of Operations will review all active treatment programs upon his return to work and prior to the deadline of completion for this POC. Any staff not present at this staff meeting will be trained prior to the deadline of completion for this POC to ensure compliance with any POC activities. Additionally, during these meetings, the team was able to revise the Individual Support Plan(ISP) for client #2. In the revised ISP, a goal has been included that specifically focuses on the client assisting with his financial management. In the ISP, client #2 will assist with paying for items and activities while in the community and collecting his own change. Client #2's ISP also now includes goals that focus on training to assist client to administer his own medication, assist in personal hygiene skills, assist with medication administration, and a goal for personal privacy while using the restroom, among other goals. Staff will be retrained on the client's ISP at the July 2, 2014 staff meeting. Any staff not</p>	

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W000196	483.440(a)(1) ACTIVE TREATMENT Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related		present at this staff meeting will be trained prior to the deadline of completion for this POC to ensure compliance with any POC activities. In order to ensure that other clients in the home are not affected by this deficient practice, the team will review all client goals to ensure that they include a goal that focuses on training to increase financial independence, personal skills and medication administration, all to the extent of their abilities. The staff in the home will be trained on following all training strategies included in these plans. Furthermore, Tangram's QIDP will ensure that a functional assessment is completed for any new incoming client within the required 30 day time frame. The Director of Compliance and Risk Management will review all documentation for any new incoming clients in the future to determine compliance with this standard. The team was also able to meet with client #2's legal guardian in order to obtain input on activities and to review the active treatment programming and new ISP goals for informed consent.	

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	<p>services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure client #2 received aggressive and consistent training, treatment and services in accordance with his needs and ISP (Individual Support Plan).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/9/14 from 10:30 AM through 1:00 PM. Client #2 was observed in the home throughout the observation period. Client #2 remained at the group home during the day while his housemates attended offsite day programming. Client #2 moved from the group home's living room to the group home's kitchen area while holding a folder in his hands. Client #2 moved from room to room following PM (Program Manager)/QIDP (Qualified Intellectual Disabilities Professional) #1. As PM/QIDP #1 would walk from one area of the group home to another area, client #2 would follow him and stand</p>	W000196	The Program Manager for the home met with the Director of Compliance and Risk Management and the Behavior Clinician for the clients in the group home. Meetings occurred on June 23, 2014 and June 26, 2014. It is important to note that Tangram's Director of Operations has been out of the office during this time and is due to return on July 3, 2014. The Director of Operations is the QIDP for the home and was involved in the annual recertification survey immediately prior to the survey exit. The Director of Compliance and Risk Management coordinated activities for the QIDP is his absence. During these meetings, the team discussed the activities of client #2 during the survey process. Client #2 had just recently stopped attending day programming and the activities in the home were being formalized. The team was able to revise the Individual Support Plan (ISP) for client #2. In the revised ISP, a goal has been included that specifically focuses on the client assisting with his financial	07/12/2014

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	<p>beside PM/QIDP #1. At 12:03 PM, staff #1 began preparing client #2's lunch. Client #2 did not participate in the preparation of his lunch. At 12:30 PM, client #2 used a dust mop to sweep the group home's living room floor. At 12:40 PM, client #2 was offered a choice of condiment for his lunch which consisted of a hot dog and potato salad.</p> <p>Observations were conducted at the group home on 6/9/14 from 3:30 PM through 4:45 PM. Client #2 was observed in the home throughout the observation period. At 3:30 PM, client #2 was seated on the group home's living room couch. At 3:45 PM, client #2 was asked to set the dining room table for the evening meal. Client #2 refused to set the dining room table for the evening meal. From 3:45 PM through 4:15 PM, client #2 moved from room to room following PM/QIDP #1. As PM/QIDP #1 would walk from one area of the group home to another area, client #2 would follow him and stand beside PM/QIDP #1. At 4:15 PM, client #2 joined his peers at the dining room table for the evening meal.</p> <p>Observations were conducted at the group home on 6/10/14 from 6:30 AM through 8:00 AM. Client #2 was observed in the home throughout the observation period. At 6:30 AM</p>		<p>management. In the ISP, client #2 will assist with paying for items and activities while in the community and collecting his own change. Client #2's ISP also now includes goals that focus on training to assist client to administer his own medication, assist in personal hygiene skills, assist with medication administration, and a goal for personal privacy while using the restroom, among other goals. Finally, client#2's active treatment programming and ISP now includes a weekly cooking class activity, where client will be trained by staff on how to assist in the cooking of his own meals and will be encouraged to assist with meal preparation. Additionally, the client's Functional Assessment was completed again and now includes a CFA that is dated and includes answers to the Supports and Strengths/Weaknesses sections. The functional assessment for all clients in the home will be reviewed by the Program Manager and the Director of Compliance and Risk Management to ensure this page is dated and completed. Staff will be retrained on the client's ISP at the July 2, 2014 staff meeting. Any staff not present at this staff meeting will be trained prior to the deadline of completion for this POC to ensure compliance with any POC activities. In order to ensure that</p>	

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	<p>PM/QIDP #1 was seated at the dining room table with his laptop computer. Client #2 was seated at the dining room table with PM/QIDP #1. Periodically, PM/QIDP #1 would get up from the dining room table and walk to other rooms of the house. Client #2 followed PM/QIDP #1 from room to room and would stand beside PM/QIDP #1. At 7:40 AM, staff #2 prepared client #2's morning meal which consisted of a sausage patty, waffles and applesauce. Client #2 did not participate in the preparation of his sausage patty or waffles. Staff #2 prepared the food, placed the food on a plate and served the plate to client #2 who was seated at the table.</p> <p>Client #2's record was reviewed on 6/10/14 at 10:00 AM. Client #2's CFA (Comprehensive Functional Assessment), undated, was not completed. The undated CFA was blank, no documented responses, to the following:</p> <p>-"Supports: In place:</p> <p>-Supports: Possible:</p> <p>-Strengths: Area/skill(s)</p> <p>-Needs: Area/skill(s)</p>		<p>other clients in the home are not affected by this deficient practice, the team will review all client goals to ensure that they include a goal that focuses on training to increase financial independence, personal skills and medication administration, all to the extent of their abilities. The staff in the home will be trained on following all training strategies included in these plans. Furthermore, staff will be retrained to ensure that clients who stay in the home during the day are prompted on a consistent basis to follow active treatment schedules to the extent of their abilities. The team was also able to meet with client #2's legal guardian in order to obtain input on activities and to review the active treatment programming and new ISP goals for informed consent.</p>	

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	<p>-Which of these areas of strength have the greatest impact upon quality of life and/or functioning level?</p> <p>-Which of these areas of need have the greatest impact upon quality of life and/or functioning level?"</p> <p>Client #2's undated CFA indicated client #2 was not independent and required training/supports regarding financial management, bathing, grooming, personal privacy and medication administration.</p> <p>Client #2's ISP (Individual Support Plan) dated 8/23/13 included the following training objectives:</p> <p>-"[Client #2] will be assisted to understand the expectations of a particular activity through the use of social stories where applicable."</p> <p>-"[Client #2] will be given one to two step instructions regarding specific tasks or activities to give him the optimal time to process and understand the instruction."</p> <p>-"[Client #2's] behavioral support plan with proactive recommendations regarding communication and structure will be followed and documented upon."</p>			

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	<p>-"[Client #2] will be given lead time instruction to allow him to process a transition from one activity to the next."</p> <p>-"[Client #2] will be supported during meal times by staff following the protocols of both his dining and choking risk plans as developed by the [facility] nurse."</p> <p>-"[Client #2] will have the opportunity to exercise weekly to enjoy optimal health."</p> <p>Client #2's BSP (Behavior Support Plan) dated 3/6/14 indicated,</p> <p>-"[Client #2] enjoys doing puzzles, watching television, listening to music and drawing."</p> <p>-"During busy, transitional times, get [client #2] involved in an activity before starting. For example, before medication pass, get [client #2] involved in working on a craft project or puzzle. Use visual schedules and picture reminders to assist [client #2] to plan his day."</p> <p>-"Down time should include structured activities, as down time is particularly difficult for [client #2]."</p> <p>-"Encourage [client #2] to participate in</p>			

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	<p>household activities when possible."</p> <p>Client #2's ISP dated 8/23/13 did not indicate documentation of financial management, bathing, grooming, personal privacy and medication administration training objectives.</p> <p>PM (Program Manager)/QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/10/14 at 11:45 AM. PM/QIDP #1 indicated client #2 had been admitted to the facility in August 2013. PM/QIDP #1 indicated client #2's CFA was not dated and was not fully completed. PM/QIDP #1 indicated client #2 did not attend a day service program. PM/QIDP #1 indicated client #2 remained at the group home during the day. PM/QIDP #1 indicated client #2 did not have a formal training schedule for staff to follow during the day. PM/QIDP #1 indicated client #2 should be engaged in programming at each available opportunity. PM/QIDP #1 indicated client #2's goals did not address his specific training needs. PM/QIDP #1 stated, "We are still trying to get to know [client #2], trying to see what he can do. We're going to reassess him in August, for his annual and review his goals. I based most of this on [client #2's] mother's reports when he got here." PM/QIDP #1 indicated client #2's goals</p>			

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W000210	<p>did not include specific training to increase client #2's independence regarding financial management. PM/QIDP #1 indicated client #2's goals did not include specific training to increase client #2's independence regarding self administration of medication.</p> <p>9-3-4(a)</p> <p>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 record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure client #2's Functional Assessment was completed within 30 days of his admission to the facility.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 6/10/14 at 10:00 AM. Client #2's ISP (Individual Support Plan) dated 8/23/13 indicated client #2's DOA (Date of Admission) to the facility was 8/3/13. Client #2's CFA (Comprehensive Functional Assessment), undated, was not completed. The undated CFA was</p>	W000210	The Program Manager for the home met with the Director of Compliance and Risk Management and the Behavior Clinician for the clients in the group home. Meetings occurred on June 23, 2014 and June 26, 2014. It is important to note that Tangram's Director of Operations has been out of the office during this time and is due to return on July 3, 2014. The Director of Operations is the QIDP for the home and was involved in the annual recertification survey immediately prior to the survey exit. The Director of Compliance and Risk Management coordinated activities for the QIDP in his absence. The client's	07/12/2014

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W000227	<p>blank, no documented responses, to the following:</p> <p>- "Supports: In place:</p> <p>- Supports: Possible:</p> <p>- Strengths: Area/skill(s)</p> <p>- Needs: Area/skill(s)</p> <p>- Which of these areas of strength have the greatest impact upon quality of life and/or functioning level?</p> <p>- Which of these areas of need have the greatest impact upon quality of life and/or functioning level?"</p> <p>PM (Program Manager)/QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/10/14 at 11:45 AM. PM/QIDP #1 indicated client #2 had been admitted to the facility in August 2013. PM/QIDP #1 indicated client #2's CFA was not dated and was not fully completed.</p> <p>9-3-4(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the</p>		<p>Functional Assessment was completed again and now includes a CFA that is dated and includes answers to the Supports and Strengths/Weaknesses sections. The functional assessment for all clients in the home will be reviewed by the Program Manager and the Director of Compliance and Risk Management to ensure this page is dated and completed. Furthermore, Tangram's QIDP will ensure that a functional assessment is completed for any new incoming client within the required 30 day time frame. The Director of Compliance and Risk Management will review all documentation for any new incoming clients in the future to determine compliance with this standard.</p>				

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	<p>specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#2), the facility failed to develop a program of learning objectives for client #2.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 6/10/14 at 10:00 AM. Client #2's ISP (Individual Support Plan) dated 8/23/13 included the following training objectives:</p> <p>-"[Client #2] will be assisted to understand the expectations of a particular activity through the use of social stories where applicable."</p> <p>-"[Client #2] will be given one to two step instructions regarding specific tasks or activities to give him the optimal time to process and understand the instruction."</p> <p>-"[Client #2's] behavioral support plan with proactive recommendations regarding communication and structure will be followed and documented upon."</p> <p>-"[Client #2] will be given lead time instruction to allow him to process a</p>	W000227	<p>The Program Manager for the home met with the Director of Compliance and Risk Management and the Behavior Clinician for the clients in the group home. Meetings occurred on June 23, 2014 and June 26, 2014. It is important to note that Tangram's Director of Operations has been out of the office during this time and is due to return on July 3, 2014. The Director of Operations is the QIDP for the home and was involved in the annual recertification survey immediately prior to the survey exit. The Director of Compliance and Risk Management coordinated activities for the QIDP is his absence. During these meetings, the team was able to revise the Individual Support Plan (ISP) for client #2. In the revised ISP, a goal has been included that specifically focuses on the following: client assisting with his financial management; client being prompted to recognize personal privacy; a weekly cooking class activity; assistance with administering medication to work towards independent medication administration; and other independent skill goals. Staff will be retrained on the client's ISP at the July 2, 2014 staff meeting. The staff in the home</p>	07/12/2014

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W000242	<p>transition from one activity to the next."</p> <p>-"[Client #2] will be supported during meal times by staff following the protocols of both his dining and choking risk plans as developed by the [facility] nurse."</p> <p>-"[Client #2] will have the opportunity to exercise weekly to enjoy optimal health."</p> <p>PM (Program Manager)/QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/10/14 at 11:45 AM. PM/QIDP #1 indicated client #2 had been admitted to the facility in August 2013. PM/QIDP #1 stated, "We are still trying to get to know [client #2], trying to see what he can do. We're going to reassess him in August, for his annual and review his goals. I based most of this on [client #2's] mother's reports when he got here."</p> <p>9-3-4(a)</p> <p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic</p>		<p>will be trained on following all training strategies included in this plan. Any staff not present at this staff meeting will be trained prior to the deadline of completion for this POC to ensure compliance with any POC activities. The team was also able to meet with client #2's legal guardian in order to obtain input on activities and to review the active treatment programming and new ISP goals for informed consent. In order to ensure that other clients in the home are not affected by this deficient practice, all clients' ISPs will be reviewed to ensure that goals are in compliance with ISDH guidelines and are adapted to meet the needs of each individual.</p>	

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	<p>needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure client #2's ISP (Individual Support Plan) included training to promote client #2's personal skills for independence.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 6/10/14 at 10:00 AM. Client #2's CFA (Comprehensive Functional Assessment), undated, indicated client #2 was not independent and required training/supports in bathing, grooming, and personal privacy. Client #2's ISP (Individual Support Plan) dated 8/23/13 did not indicate documentation of bathing, grooming or personal privacy training objectives.</p> <p>PM (Program Manager)/QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/10/14 at 11:45 AM. PM/QIDP #1 indicated client #2's goals did not address his specific training needs.</p> <p>9-3-4(a)</p>	W000242	<p>The Program Manager for the home met with the Director of Compliance and Risk Management and the Behavior Clinician for the clients in the group home. Meetings occurred on June 23, 2014 and June 26, 2014. It is important to note that Tangram's Director of Operations has been out of the office during this time and is due to return on July 3, 2014. The Director of Operations is the QIDP for the home and was involved in the annual recertification survey immediately prior to the survey exit. The Director of Compliance and Risk Management coordinated activities for the QIDP in his absence. During these meetings, the team was able to revise the Individual Support Plan (ISP) for client #2. In the revised ISP, a goal has been included that specifically focuses on the following: client assisting with his financial management; client being prompted to recognize personal privacy; a weekly cooking class activity; assistance with administering medication to work towards independent medication administration; and other independent skill goals. Staff will be retrained on the client's ISP at the July 2, 2014 staff meeting. The staff in the home will be trained on following all</p>	07/12/2014

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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 3 sampled clients (#2), the facility failed to implement formal/informal training during available opportunities.</p> <p>Findings include:</p> <p>Observations were conducted at the</p>	W000249	<p>training strategies included in this plan. Any staff not present at this staff meeting will be trained prior to the deadline of completion for this POC to ensure compliance with any POC activities. The team was also able to meet with client #2's legal guardian in order to obtain input on activities and to review the active treatment programming and new ISP goals for informed consent. In order to ensure that other clients in the home are not affected by this deficient practice, all clients' ISPs will be reviewed to ensure that goals are in compliance with ISDH guidelines and are adapted to meet the needs of each individual.</p> <p>The Program Manager for the home met with the Director of Compliance and Risk Management and the Behavior Clinician for the clients in the group home. Meetings occurred on June 23, 2014 and June 26, 2014. It is important to note that Tangram's Director of Operations has been out of the office during this time and is due to return on</p>	07/12/2014

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	<p>group home on 6/9/14 from 10:30 AM through 1:00 PM. Client #2 was observed in the home throughout the observation period. Client #2 remained at the group home during the day while his housemates attended offsite day programming. Client #2 moved from the group home's living room to the group home's kitchen area while holding a folder in his hands. Client #2 moved from room to room following PM (Program Manager)/QIDP (Qualified Intellectual Disabilities Professional) #1. As PM/QIDP #1 would walk from one area of the group home to another area, client #2 would follow him and stand beside PM/QIDP #1. At 12:03 PM, staff #1 began preparing client #2's lunch. Client #2 did not participate in the preparation of his lunch. At 12:30 PM, client #2 used a dust mop to sweep the group home's living room floor. At 12:40 PM, client #2 was offered a choice of condiment for his lunch which consisted of a hot dog and potato salad.</p> <p>Observations were conducted at the group home on 6/9/14 from 3:30 PM through 4:45 PM. Client #2 was observed in the home throughout the observation period. At 3:30 PM, client #2 was seated on the group home's living room couch. At 3:45 PM, client #2 was asked to set the dining room table for the evening</p>		<p>July 3, 2014. The Director of Operations is the QIDP for the home and was involved in the annual recertification survey immediately prior to the survey exit. The Director of Compliance and Risk Management coordinated activities for the QIDP in his absence. During these meetings, the team discussed the activities of client #2 during the survey process. Client #2 had just recently stopped attending day programming and the activities in the home were being formalized. The team was able to revise the Individual Support Plan (ISP) for client #2. In the revised ISP, a goal has been included that specifically focuses on the client assisting with his financial management. In the ISP, client #2 will assist with paying for items and activities while in the community and collecting his own change. Client #2's ISP also now includes goals that focus on training to assist client to administer his own medication, assist in personal hygiene skills, assist with medication administration, and a goal for personal privacy while using the restroom, among other goals. Finally, client #2's active treatment programming and ISP now includes a weekly cooking class activity, where client will be trained by staff on how to assist in the cooking of his own meals and will be encouraged to assist with</p>	

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	<p>meal. Client #2 refused to set the dining room table for the evening meal. From 3:45 PM through 4:15 PM, client #2 moved from room to room following PM/QIDP #1. As PM/QIDP #1 would walk from one area of the group home to another area, client #2 would follow him and stand beside PM/QIDP #1. At 4:15 PM, client #2 joined his peers at the dining room table for the evening meal.</p> <p>Observations were conducted at the group home on 6/10/14 from 6:30 AM through 8:00 AM. Client #2 was observed in the home throughout the observation period. At 6:30 AM PM/QIDP #1 was seated at the dining room table with his laptop computer. Client #2 was seated at the dining room table with PM/QIDP #1. Periodically, PM/QIDP #1 would get up from the dining room table and walk to other rooms of the house. Client #2 followed PM/QIDP #1 from room to room and would stand beside PM/QIDP #1. At 7:40 AM, staff #2 prepared client #2's morning meal which consisted of a sausage patty, waffles and applesauce. Client #2 did not participate in the preparation of his sausage patty or waffles. Staff #2 prepared the food, placed the food on a plate and served the plate to client #2 who was seated at the table.</p>		<p>meal preparation. Additionally, the client's Functional Assessment was completed again and now includes a CFA that is dated and includes answers to the Supports and Strengths/Weaknesses sections. The functional assessment for all clients in the home will be reviewed by the Program Manager and the Director of Compliance and Risk Management to ensure this page is dated and completed. Staff will be retrained on the client's ISP at the July 2, 2014 staff meeting. Any staff not present at this staff meeting will be trained prior to the deadline of completion for this POC to ensure compliance with any POC activities. In order to ensure that other clients in the home are not affected by this deficient practice, the team will review all client goals to ensure that they include a goal that focuses on training to increase financial independence, personal skills and medication administration, all to the extent of their abilities. The staff in the home will be trained on following all training strategies included in these plans. Furthermore, staff will be retrained to ensure that clients who stay in the home during the day are prompted on a consistent basis to follow active treatment schedules to the extent of their abilities. In order to ensure that other clients in the home are not</p>	

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	<p>Client #2's record was reviewed on 6/10/14 at 10:00 AM. Client #2's ISP (Individual Support Plan) dated 8/23/13 included the following training objectives:</p> <p>-"[Client #2] will be assisted to understand the expectations of a particular activity through the use of social stories where applicable."</p> <p>-"[Client #2] will be given one to two step instructions regarding specific tasks or activities to give him the optimal time to process and understand the instruction."</p> <p>-"[Client #2's] behavioral support plan with proactive recommendations regarding communication and structure will be followed and documented upon."</p> <p>-"[Client #2] will be given lead time instruction to allow him to process a transition from one activity to the next."</p> <p>-"[Client #2] will be supported during meal times by staff following the protocols of both his dining and choking risk plans as developed by the [facility] nurse."</p> <p>-"[Client #2] will have the opportunity to</p>		<p>affected by this deficient practice, all clients' ISPs will be reviewed to ensure that goals are in compliance with ISDH guidelines and are adapted to meet the needs of each individual. The team was able to meet with client #2's legal guardian in order to obtain input on activities and to review the active treatment programming and new ISP goals for informed consent.</p>	

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	<p>exercise weekly to enjoy optimal health."</p> <p>Client #2's BSP (Behavior Support Plan) dated 3/6/14 indicated,</p> <p>-"[Client #2] enjoys doing puzzles, watching television, listening to music and drawing."</p> <p>-"During busy, transitional times, get [client #2] involved in an activity before starting. For example, before medication pass, get [client #2] involved in working on a craft project or puzzle. Use visual schedules and picture reminders to assist [client #2] to plan his day."</p> <p>-"Down time should include structured activities, as down time is particularly difficult for [client #2]."</p> <p>-"Encourage [client #2] to participate in household activities when possible."</p> <p>PM (Program Manager)/QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/10/14 at 11:45 AM. PM/QIDP #1 indicated client #2 did not attend a day service program. PM/QIDP #1 indicated client #2 remained at the group home during the day. PM/QIDP #1 indicated client #2 did not have a formal training schedule for staff to follow during the day. PM/QIDP #1 indicated</p>						

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W000250	<p>client #2 should be engaged in programming at each available opportunity.</p> <p>9-3-4(a)</p> <p>483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on record review and interview for 2 of 3 sampled clients (#2 and #3), the facility failed to ensure facility staff had an active treatment schedule available for review.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Client #2's record was reviewed on 6/10/14 at 10:00 AM. Client #2's record did not indicate documentation of an active treatment schedule.</li> <li>2. Client #3's record was reviewed on 6/10/14 at 9:15 AM. Client #3's record did not indicate documentation of an active treatment schedule.</li> </ol> <p>PM (Program Manager)/QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/10/14 at 11:45 AM.</p>	W000250	The Program Manager for the home met with the Director of Compliance and Risk Management and the Behavior Clinician for the clients in the group home. Meetings occurred on June 23, 2014 and June 26, 2014. It is important to note that Tangram's Director of Operations has been out of the office during this time and is due to return on July 3, 2014. The Director of Operations is the QIDP for the home and was involved in the annual recertification survey immediately prior to the survey exit. The Director of Compliance and Risk Management coordinated activities for the QIDP is his absence. During these meetings, the team was able to revise the active treatment programming for client #2 in accordance with the ISDH Active Treatment Loop. The team was also able to create a plan, as based on the operations of	07/12/2014

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	PM/QIDP #1 indicated clients #2 and #3 did not have a formal schedule of active treatment.  9-3-4(a)		Tangram's other group homes, of how active treatment schedules will be displayed and followed in the home. This practice will allow Tangram and its staff to ensure that this deficiency does not have a negative impact on any clients in the home. The home's Program Manager has already included an individual active treatment schedule in the MARS/TARS book for each client. When referencing any "home or community activities" on these schedules, an active treatment calendar will be posted in the home, visible to all staff, that outlines any specific home or community activities in which the clients will be participating. For those non-verbal clients, an activity book with pictures will be available so they can view and pick those activities in which they would like to participate when they have scheduled activity time. Staff will be retrained on client #2's active treatment plan at a staff meeting on July 2, 2014. The Director of Compliance and Risk Management will be present at the meeting in order to cover any training issues with the home's Program Manager. Staff will also be retrained on the agency's practice of including each client's active treatment schedule with the client's MARS/TARS and the calendar that will detail any specific community and home activities. Staff will be retrained	

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W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 3 sampled clients (#3), the facility nurse failed to ensure client #3's laboratory orders were followed.</p> <p>Findings include:</p>	W000331	<p>on referencing the active treatment schedules to ensure said schedules are followed. The Director of Operations will review all active treatment programs upon his return to work and prior to the deadline of completion for this POC. Any staff not present at this staff meeting will be trained prior to the deadline of completion for this POC to ensure compliance with any POC activities. Furthermore, Tangram's QIDP will ensure that a functional assessment is completed for any new incoming client within the required 30 day time frame. The Director of Compliance and Risk Management will review all documentation for any new incoming clients in the future to determine compliance with this standard. The team was able to meet with client #2's legal guardian in order to obtain input on activities and to review the active treatment programming and new ISP goals for informed consent.</p> <p>In order for Tangram to be in compliance with future surveys, Tangram's RN will review physician standing orders for labs and coordinate with staff to ensure orders are followed and results received. In order to</p>	07/12/2014

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	<p>Client #3's record was reviewed on 6/10/14 at 9:15 AM. Client #3's Physician's Orders Form (POF) dated 5/23/14 indicated, "Depakote Level every 6 months." Client #3's CPMR (Consultant Pharmacist's Medication Regimen) form dated 7/1/13 and 7/28/13 indicated, "[Client #3] has current orders for lab work according to POF: Valproic Acid level every 6 months. Unable to locate these results in chart at time of review. It does not appear on most recent lab results from 3/2013." Client #3's CPMR form dated 10/1/13 and 10/23/13 indicated, "[Client #3] has current orders for lab work according to POF: Valproic Acid level every 6 months. Unable to locate these results in chart at time of review. It does not appear on most recent lab results from 3/2013." Client #3's record did not indicate documentation of valproic acid laboratory orders being implemented from 3/2013 through 2/20/14. Client #3's Seizure High Risk plan dated 10/20/13 indicated, "Staff will follow through with labs as prescribed by [client #3's] doctors."</p> <p>RN (Registered Nurse) #1 was interviewed on 6/10/14 at 12:15 PM. RN #1 indicated client #3's laboratory orders should be followed as directed by his physician's orders.</p>		<p>ensure that all documentation from doctor's appointments and lab testings, the Program Manager will also review client charts to ensure documentation from doctor's visits and testing results are present in client charts. The Program Manager in the home will work with staff to ensure that any received documentation from doctor's visits is placed in the appropriate chart for future reference. The Director of Compliance and Risk Management will continue planned chart audits in the home and also review for any missing documentation.</p>	

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W000371	<p>9-3-6(a)</p> <p>483.460(k)(4) DRUG ADMINISTRATION The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Based on record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure client #2 was taught to administer his own medication.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 6/10/14 at 10:00 AM. Client #2's CFA (Comprehensive Functional Assessment), undated, indicated client #2 was not independent and required training/supports to increase his independence regarding medication administration. Client #2's ISP (Individual Support Plan) dated 8/23/13 did not include training to increase client #2's independence regarding self administration of medications.</p> <p>PM (Program Manager)/QIDP (Qualified Intellectual Disabilities Professional) #1</p>	W000371	The Program Manager for the home met with the Director of Compliance and Risk Management and the Behavior Clinician for the clients in the group home. Meetings occurred on June 23, 2014 and June 26, 2014. It is important to note that Tangram's Director of Operations has been out of the office during this time and is due to return on July 3, 2014. The Director of Operations is the QIDP for the home and was involved in the annual recertification survey immediately prior to the survey exit. The Director of Compliance and Risk Management coordinated activities for the QIDP is his absence. During these meetings, the team was able to revise the Individual Support Plan (ISP) for client #2. In the revised ISP, goals have been included that specifically focus on staff following a training program to assist client with	07/12/2014

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W000436	<p>was interviewed on 6/10/14 at 11:45 AM. PM/QIDP #1 indicated client #2's goals did not include specific training to increase client #2's independence regarding self administration of medication.</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review and interview for 1 of 6 clients with adaptive</p>	W000436	<p>self-administration of medication and to assist client in identifying the reason for one of his medications (goals will be expanded upon client's increasing independence). Staff will be retrained on the client's ISP at the July 2, 2014 staff meeting. The staff in the home will be trained on following all training strategies included in this plan. Any staff not present at this staff meeting will be trained prior to the deadline of completion for this POC to ensure compliance with any POC activities. In order to ensure that other clients in the home are not affected by this deficient practice, all clients' ISPs will be reviewed to ensure that goals are in compliance with ISDH guidelines and are adapted to meet the needs of each individual. The team was able to meet with client #2's legal guardian in order to obtain input on activities and to review the active treatment programming and new ISP goals for informed consent.</p> <p>Client#6's wheelchair has been inspected and repairs are</p>	07/12/2014	

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	<p>equipment (#6), the facility failed to ensure client #6's wheelchair was in good repair.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/9/14 from 10:30 AM through 1:00 PM. Client #6 was seated in a manual style wheelchair. The arm rests, both left and right, on client #6's wheelchair were damaged. Both arm rests had pieces of the outer plastic/vinyl covering missing and torn which left the metal frame and the foam cushioning exposed.</p> <p>Client #6's record was reviewed on 6/10/14 at 12:20 PM. Client #6's ISP (Individual Support Plan) dated 11/8/13 indicated client #6 utilized a manual wheelchair for mobility.</p> <p>PM (Program Manager)/QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/10/14 at 11:45 AM. PM/QIDP #1 indicated the arm rests on client #6's wheelchair were damaged. PM/QIDP #1 indicated client #6's wheelchair was scheduled to be inspected and repaired.</p> <p>9-3-7(a)</p>		<p>scheduled to be completed by the deadline of completion for this POC. In order to ensure that other clients in the home are not affected by this deficient practice, the home's Program Manager will review client equipment on a consistent basis to ensure that all equipment is in good working condition. If Program Manager identifies any items needing repair, the Program Manager will contact the proper repair company and schedule said repairs as needed.</p>	

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W000440	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3) plus 3 additional clients (#4, #5 and #6), the facility failed to conduct evacuation drills for each quarter on each shift.</p> <p>Findings include:</p> <p>The facility's evacuation drill record was reviewed on 6/9/14 at 11:29 AM. The review indicated the facility failed to conduct an evacuation drill for 6 of 6 clients (#1, #2, #3, #4, #5 and #6) for the first quarter, January through March 2014, for the overnight shift.</p> <p>PM (Program Manager)/QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 6/10/14 at 11:45 AM. PM/QIDP #1 indicated there was not additional documentation of fire evacuation drills for the first quarter of 2014 for the overnight shift.</p> <p>9-3-7(a)</p>	W000440	<p>The Program Manager at the home will conduct an audit each month of the fire drill documentation. This monthly audit will occur during the third week of each month. If, at the time of review, it is determined that a drill has not occurred for the month, the Program Manager will instruct staff to conduct the appropriate drill, noting the shift on which the drill should occur. Program Manager will instruct staff to document in writing via an email to the manager when the drill has occurred. The Program Manager will continue to audit the fire drill documentation until the end of the month to ensure that drills are occurring on the proper shifts. Tangram is now utilizing its internal client database, CASPer, to track information related to client services and health and safety procedures. Fire drills are being entered into this database. Tangram's Director of Compliance and Risk Management will review the fire drills entered into this database for the time frames in which the drills are completed and will communicate any issues to the Program Manager so that they can be resolved.</p>	07/12/2014