

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G378	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/14/2015
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4002 N MOLLER RD INDIANAPOLIS, IN 46254
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W 0000 Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: August 4, 5, 6, 10 and 14, 2015.</p> <p>Facility Number: 000892 Provider Number: 15G378 AIM Number: 100244290</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the governing body failed to exercise general policy, budget and operating direction over the facility to prevent the abuse/neglect of clients #3, #4, #5 and #6.</p>	W 0104	<p>All Direct Care Staff will be retrained on Indiana MENTOR's reporting procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS. All staff will be retrained on Indiana MENTOR's policy and procedure for abuse, reporting abuse, and documentation and reporting of unknown injuries. Ongoing, the Program</p>	09/13/2015

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>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure staff immediately reported all allegations of abuse/neglect to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) per IAC 9-3-1(b)(5) and Adult Protective Services (APS) per IC 12-10-3 according to state law and to ensure all allegations of abuse/neglect were investigated for clients #3, #4, #5 and #6.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure all injuries of unknown origin were reported immediately to the administrator and thoroughly investigated for client #1.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to prevent the misappropriation of client #3's and client #7's medications.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the clients' balance of their COH (Cash On Hand) accounts did not exceed \$30.00, to ensure a full and complete accounting of the clients' personal finances, to ensure the clients COH was maintained and</p>		<p>Coordinator and/or Program Director (QIDP) will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going. This is to ensure that if any incidents do occur, that staff document and report them appropriately and to the correct person. The Program Director (QIDP) will be retrained on Indiana MENTOR's policy and procedures on internal investigations. The QIDP will ensure that all investigations are completed timely and accurately. The Program Director will be retrained on completing investigations to ensure that all incidents requiring an investigation are completed within the <u>5 day time period expected.</u> The Program Director will be retrained on Indiana MENTOR's policy and procedures on Investigations. This includes, but is not limited to <u>what needs to be investigated, and how to complete investigations.</u> Ongoing, the Quality Assurance Specialist will continue to monitor the investigations weekly that are completed by this Program Director. All incomplete investigations will be referred to the Area Director for further follow up. All staff will be retrained on client's dignity and rights to privacy during all personal hygiene times. The staff will be retrained to shut bathroom and bedroom doors when entering</p>	

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	<p>safeguarded in the clients' home and to ensure the facility financial policies were followed for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility provided the outside services with current copies of the clients' program plans and physician's orders for clients #1, #4 and #8.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility provided sufficient direct care staff at the group home to supervise and meet the needs of the clients and to ensure the clients were provided privacy while dressing, bathing and receiving their medications for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>Findings include:</p> <p>1. Client #1's, #2's, #3's and #4's Cash On Hand Records (COHRs) for 2014/2015 were reviewed on 8/5/15 at 1 PM.</p> <p>Client #1's COHRs for 2014/2015 indicated the following balances: 11/01/14 - \$70.06. 11/10/14 - \$84.22.</p>		<p>and exiting to assist clients. Client # 6 will be trained to not enter other individual rooms without knocking and asking permission first. The team will meet to discuss the potential need for a training goal to be put into place to assist client 6 with learning the rights to privacy for the other individuals in the home. The Program Coordinator will purchase large, personalized robes for each client to wear when going to and from the shower. The Program Coordinator will also purchase larger towels to assist with privacy when entering and exiting the showers/restrooms in the group homes. The Direct Support Staff will be retrained on assisting clients with personal care and encouraging dignity to each client by ensuring that he/she uses the appropriate robe to use when getting in and out of the shower, and to also encourage individuals to respect each other's right to privacy during personal hygiene times. The Program Director, Area Director, Regional Director, and/or Quality Assurance Specialist will complete random observations in the morning and/or evenings to ensure adequate privacy is available at all times for each client through formal and informal training opportunities. The Program Director, Program Coordinator, and Area Director will review the observations to ensure no extra</p>	

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	<p>01/15/15 - \$69.33. 03/01/15 - \$64.33. 04/01/15 - \$69.33. 04/26/15 - \$65.09. 05/01/15 - \$65.09. 05/31/15 - \$59.64. 06/01/15 - \$55.29. 06/29/15 - \$44.39.</p> <p>2. Client #2's COHRs for 2014/2015 indicated the following balances: 09/20/14 - \$53.72. 10/27/14 - \$71.76. 11/10/14 - \$72.19. 11/24/14 - \$53.85. 12/01/14 - \$63.85. 01/11/15 - \$44.14. 01/10/15 - \$58.10. 02/01/15 - \$34.14.</p> <p>3. Client #3's COHRs for 2014/2015 indicated the following balances: 09/15/14 - \$57.34. 09/29/14 - \$59.57. 10/14/14 - \$63.14. 10/27/14 - \$72.16. 11/10/14 - \$74.76. 12/01/14 - \$70.60. 01/10/15 - \$65.15. 04/25/15 - \$60.15. 05/03/15 - \$46.00. 05/05/15 - \$40.91.</p> <p>4. Client #4's COHRs for 2014/2015</p>		<p>training is needed on attendance with the staff, or the individual clients. Ongoing the DSPs will ensure that privacy is offered and maintained for each client while in their home. The Direct Support Staff will be retrained on each client's right to privacy during medication administration. This training will include instructing clients not receiving medications at that time, to sit somewhere else, so that the client receiving meds can have privacy and complete medication administration appropriately. This training will also include ensuring that clients and other staff are not in the kitchen during medication administration so full privacy is made available. The Program Coordinator will purchase a second screen to encourage the staff to use more privacy when completing medication administration. The Direct Support Professionals will encourage the clients to remain in their bedrooms or in the living room area so others can have privacy during medication administration. The Program Director, Program Coordinator, and Area Director will review the observations to ensure no extra training is needed on attendance with the staff, or the individual clients. Ongoing the DSPs will ensure that privacy is offered and maintained for each client while in their home. The Program Coordinator will be retrained on</p>	

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	<p>indicated the following balances:</p> <p>09/15/14 - \$68.23. 09/22/14 - \$71.15. 10/14/14 - \$82.51. 10/27/14 - \$96.31. 11/10/14 - \$98.91. 11/24/14 - \$81.31. 12/31/14 - \$81.31. 01/15/15 - \$115.86. 02/01/14 - \$70.73. 03/01/15 - \$70.73. 04/25/15 - \$65.28. 05/30/15 - \$52.66. 06/13/15 - \$48.65.</p> <p>Review of client #1's, #2's, #3's and #4's COHRs indicated more than \$30.00 was being maintained in the clients' COH accounts.</p> <p>Review of the facility's financial policy "Redwood Operating Group Procedure for Managing an Individual's Funds" dated 12/07 reviewed on 8/5/15 at 1 PM indicated "9. Petty Cash is a cash amount that will be available at the individual's home on behalf of the individual and for their use. This money will be under lock and key unless this is not allowed by local regulations. This amount shall not exceed \$30 per person on hand except for special circumstances that will need State Director or designee approval. A running record of expenditures, listing each</p>		<p>Indiana MENTOR's policy and procedures for ensuring accuracy with each client's finances on a weekly basis, or more. Indiana MENTOR's policy and procedures state that a client should not exceed \$30 at one time in cash on hand. This is meant for a protection from theft and possible exploitation against each client. The Program Coordinator will be retrained on this policy. Indiana MENTOR's policy and procedures state that a client will have up to \$30 in cash, whenever possible, available to them in their home. The cash should be double locked, but must be made available to the clients when wanted or needed. In order for this procedure to be amended, the individualized support plan must address the reasoning and what the new procedure will be, including the agreement of the team for the amendment. The Program Coordinator will be retrained on this policy and procedure. The Program Coordinator will meet with the Program Director (QIDP) no less than weekly, to review each client's finances for the week. At this meeting, the Program Coordinator must be able to verify all transactions completed by showing receipts and an accurate accounting of each client's funds. The Program Coordinator and the Program Director will document via signature on the finance records</p>	

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	<p>deposit and expenditure separately, will be maintained and updated on the Individual Petty Cash Record each time a transaction takes place. Money will be deposited into the petty cash account from the 'active' account. 10. Petty cash accounts are to be balanced weekly by the person responsible for primary money management. Saving and checking accounts are to be balanced monthly. Discrepancies or inaccuracies must be reported immediately to the State Director or designee. 11. Checking Account and Savings Account registers will be updated with every transaction."</p> <p>During interview with the Program Coordinator (PC) on 8/5/15 at 1 PM, the PC:</p> <p>__ Indicated she started working at the facility in January 2015.</p> <p>__ Indicated the facility had a history of missing money from the clients' COH accounts.</p> <p>__ Indicated she kept client #1's, #2's, #3's, #4's, #5's, #6's, #7's and #8's COH in her own personal home due to the history of theft in the clients' group home.</p> <p>__ Stated, "I took it upon myself to keep their (client #1's, #2's, #3's, #4's, #5's, #6's, #7's and #8's) money at my house."</p> <p>__ Indicated no COHRs for review for the months of July and August 2015 for clients #1, #2, #3, #4,</p>		<p>that this was reviewed. This procedure will take place for the first 8 weeks. After the initial 8 weeks, the Program Coordinator and Program Director (QIDP) will continue to meet once every two weeks. At this meeting, the Program Coordinator must be able to verify all transactions completed by showing receipts and an accurate accounting of each client's funds. The Program Coordinator and the Program Director will document via signature on the finance records that this was reviewed. This will continue for 8 more weeks. Ongoing, the Program Coordinator will review each client's finances no less than weekly. The expectation is that the PC will document each transaction within 24 business hours. Ongoing, the Program Coordinator will review each client finances no less than weekly. This is to be tracked by weekly signatures/initialing on the client's finance records. Ongoing, the Program Coordinator and Program Director (QIDP) will meet no less than once a month to review each client's individual finances and sign off on all transactions. The Program Director (QIDP) will review each transaction to ensure a receipt is available and that it is documented correctly. This will include all additions and subtractions being completed correctly. The PD (QIDP) will also</p>				

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	<p>#5, #6, #7 and #8.</p> <p>__ Indicated once a month she documented and reconciled the clients' accounts.</p> <p>__ Indicated she was not aware of a maximum amount that could be in each client's COH account at one time.</p> <p>During interview with the Area Director (AD) 8/6/15 at 11:45 AM, the AD:</p> <p>__ Indicated a history of the clients' money being stolen from the group home.</p> <p>__ Indicated she had given the PC approval to take the money out of the clients' (clients #1, #2, #3, #4, #5, #6, #7 and #8) home but was not aware the PC was taking it to her personal home.</p> <p>__ Stated, "She could have brought it up here to my office and locked it up."</p> <p>__ Indicated she did not know if the PC was keeping the clients' money secured while at the PC's home.</p> <p>__ Indicated the facility financial policy did not include the storage of the clients' money at the PC's home.</p> <p>__ Indicated the facility financial policy was to be followed at all times.</p> <p>__ Indicated the clients' COH accounts were to be reconciled weekly.</p> <p>__ Indicated she was not aware of a maximum amount of money (COH) the clients could have in the home at any given time.</p>		<p>review the sheets for the weekly reviews to have been completed by the PC. Ongoing, all monthly finances are turned into the Client Finance Specialist by the 10th of the following month for an extra review. Should errors be found, the CFS will notify the PC, PD, and the Area Director for a plan on making the corrections. Ongoing, the Client Finance Specialist will continue to notify the Area Director when areas of concern are noticed so that additional follow up and retraining can be completed as needed. The Program Director (QIDP) will maintain an appropriate level of communication with each Day Program. Each client's day program/workshop is a vital part of the Interdisciplinary team. The Program Director (QIDP) will ensure that all day programming staff and administrators have access to the most current high risk plans, behavior plans, individualized support plans, and physician's orders, for the use of client specific training, both formally and informally. The Program Director will ensure that each day program has this information on file and remains current. The Area Director, working with the ARC of Boone County, sent all programming plans to the day program to ensure accurate and current information was made available. The Area Director had a conference call with the</p>	

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	<p>2. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the outside day service program was provided the clients' current program plans and physician's orders for clients #1, #4 and #8. Please see W120</p> <p>3. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure the clients were provided privacy while dressing, bathing and receiving their medications for all 8 clients living in the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8). Please see W130.</p> <p>4. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure a full and complete accounting of the clients' personal finances and to ensure the facility financial policies were followed for all 8 clients living in the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8). Please see W140.</p> <p>5. The governing body failed to exercise general policy, budget, and operating direction over the facility by failing to implement its policy and procedures: ___ To prevent the abuse/neglect of clients #3, #4, #5 and #6. ___ To ensure the facility staff immediately</p>		<p>administration at ARC on August 7, 2015, regarding that if anything is missing or outdated, that they also reach out and request updated information for their records as well. The Program Coordinator will ensure that the day programs have current physicians' orders on file. The Area Director, Program Director (QIDP), and Program Coordinator will meet to discuss each client's needs each day, and review the staffing schedule. Indiana MENTOR's procedure is to schedule all staffing around the needs of the clients, making note to utilize each staff when needed the most. The Program Coordinator will be retrained on scheduling staffing, and what to do in emergencies when staff call off, or make changes to ensure that staffing ratios are appropriate for the client's needs.</p> <p>1. The Program Coordinator will be retrained on Indiana MENTOR's policy and procedures for ensuring accuracy with each client's finances on a weekly basis, or more. Indiana MENTOR's policy and procedures state that a client should not exceed \$30 at one time in cash on hand. This is meant for a protection from theft and possible exploitation against each client. The Program Coordinator will be retrained on this policy. Indiana MENTOR's policy and procedures state that a client will have up to \$30 in cash,</p>	

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	<p>reported all allegations of abuse/neglect to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) per IAC 9-3-1(b)(5) and Adult Protective Services (APS) per IC 12-10-3 according to state law and to ensure all allegations of abuse/neglect were investigated for clients #3, #4, #5 and #6.</p> <p>__To ensure all injuries of unknown origin were reported immediately to the administrator and thoroughly investigated for client #1.</p> <p>__To prevent the misappropriation of client #3's and client #7's medications. Please see W149.</p> <p>6. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure all allegations of abuse/neglect were reported immediately to the BDDS and APS according to state law for clients #3, #4, #5 and #6 and to ensure all injuries of unknown origin were reported immediately to the administrator for client #1. Please see W153.</p> <p>7. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure all allegations of abuse/neglect and all injuries of unknown origin were thoroughly investigated for clients #1, #3, #5 and #6. Please see W154.</p>		<p>whenever possible, available to them in their home. The cash should be double locked, but must be made available to the clients when wanted or needed. In order for this procedure to be amended, the individualized support plan must address the reasoning and what the new procedure will be, including the agreement of the team for the amendment. The Program Coordinator will be retrained on this policy and procedure. The Program Coordinator will meet with the Program Director (QIDP) no less than weekly, to review each client's finances for the week. At this meeting, the Program Coordinator must be able to verify all transactions completed by showing receipts and an accurate accounting of each client's funds. The Program Coordinator and the Program Director will document via signature on the finance records that this was reviewed. This procedure will take place for the first 8 weeks. After the initial 8 weeks, the Program Coordinator and Program Director (QIDP) will continue to meet once every two weeks. At this meeting, the Program Coordinator must be able to verify all transactions completed by showing receipts and an accurate accounting of each client's funds. The Program Coordinator and the Program Director will document via signature on the finance records</p>	

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	<p>8. The governing body failed to exercise general policy, budget, and operating direction over the facility to ensure there were sufficient direct care staff at the group home to supervise and meet the needs of the clients. Please see W186.</p> <p>9-3-1(a)</p>		<p>that this was reviewed. This will continue for 8 more weeks. Ongoing, the Program Coordinator will review each client's finances no less than weekly. The expectation is that the PC will document each transaction within 24 business hours. Ongoing, the Program Coordinator will review each client finances no less than weekly. This is to be tracked by weekly signatures/initialing on the client's finance records. Ongoing, the Program Coordinator and Program Director (QIDP) will meet no less than once a month to review each client's individual finances and sign off on all transactions. The Program Director (QIDP) will review each transaction to ensure a receipt is available and that it is documented correctly. This will include all additions and subtractions being completed correctly. The PD (QIDP) will also review the sheets for the weekly reviews to have been completed by the PC. Ongoing, all monthly finances are turned into the Client Finance Specialist by the 10th of the following month for an extra review. Should errors be found, the CFS will notify the PC, PD, and the Area Director for a plan on making the corrections. Ongoing, the Client Finance Specialist will continue to notify the Area Director when areas of concern are noticed so that additional follow up and retraining</p>	

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			<p>can be completed as needed.</p> <p>2.Please refer to W120:</p> <p>1.The Program Director (QIDP) will maintain an appropriate level of communication with each Day Program. Each client's day program/workshop is a vital part of the Interdisciplinary team.</p> <p>2.The Program Director (QIDP) will ensure that all day programming staff and administrators have access to the most current high risk plans, behavior plans, individualized support plans, and physician's orders, for the use of client specific training, both formally and informally.</p> <p>3.The Program Director will ensure that each day program has this information on file and remains current.</p> <p>4.The Area Director, working with the ARC of Boone County, sent all programming plans to the day program to ensure accurate and current information was made available.</p> <p>5.The Area Director had a conference call with the administration at ARC on August 7, 2015, regarding that if anything is missing or outdated, that they also reach out and request updated information for their records as well.</p> <p>6.The Program Coordinator will ensure that the day programs have current physicians' orders on file.</p> <p>3.Please refer to W130</p>	

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			<p>1.All staff will be retrained on client's dignity and rights to privacy during all personal hygiene times.</p> <p>2.The staff will be retrained to shut bathroom and bedroom doors when entering and exiting to assist clients.</p> <p>3.Client # 6 will be trained to not enter other individual rooms without knocking and asking permission first. The team will meet to discuss the potential need for a training goal to be put into place to assist client 6 with learning the rights to privacy for the other individuals in the home.</p> <p>4.The Program Coordinator will purchase large, personalized robes for each client to wear when going to and from the shower. The Program Coordinator will also purchase larger towels to assist with privacy when entering and exiting the showers/restrooms in the group homes.</p> <p>5.The Direct Support Staff will be retrained on assisting clients with personal care and encouraging dignity to each client by ensuring that he/she uses the appropriate robe to use when getting in and out of the shower, and to also encourage individuals to respect each other's right to privacy during personal hygiene times.</p> <p>6.The Program Director, Area Director, Regional Director, and/or Quality Assurance Specialist will complete random</p>	

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			<p>observations in the morning and/or evenings to ensure adequate privacy is available at all times for each client through formal and informal training opportunities.</p> <p>7.The Program Director, Program Coordinator, and Area Director will review the observations to ensure no extra training is needed on attendance with the staff, or the individual clients.</p> <p>8.Ongoing the DSPs will ensure that privacy is offered and maintained for each client while in their home.</p> <p>9.The Direct Support Staff will be retrained on each client's right to privacy during medication administration. This training will include instructing clients not receiving medications at that time, to sit somewhere else, so that the client receiving meds can have privacy and complete medication administration appropriately. This training will also include ensuring that clients and other staff are not in the kitchen during medication administration so full privacy is made available.</p> <p>10.The Program Coordinator will purchase a second screen to encourage the staff to use more privacy when completing medication administration.</p> <p>11.The Direct Support Professionals will encourage the clients to remain in their bedrooms or in the living room</p>	

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			<p>area so others can have privacy during medication administration.</p> <p>12.The Program Director, Program Coordinator, and Area Director will review the observations to ensure no extra training is needed on attendance with the staff, or the individual clients.</p> <p>13.Ongoing the DSPs will ensure that privacy is offered and maintained for each client while in their home.</p> <p>4.Please refer to W140</p> <p>1.The Program Coordinator will be retrained on Indiana MENTOR's policy and procedures for ensuring accuracy with each client's finances on a weekly basis, or more. Indiana MENTOR's policy and procedures state that a client should not exceed \$30 at one time in cash on hand. This is meant for a protection from theft and possible exploitation against each client. The Program Coordinator will be retrained on this policy. Indiana MENTOR's policy and procedures state that a client will have up to \$30 in cash, whenever possible, available to them in their home. The cash should be double locked, but must be made available to the clients when wanted or needed. In order for this procedure to be amended, the individualized support plan must address the reasoning and what the new procedure will be, including the agreement of the team for the</p>	

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			<p>amendment. The Program Coordinator will be retrained on this policy and procedure. The Program Coordinator will meet with the Program Director (QIDP) no less than weekly, to review each client's finances for the week. At this meeting, the Program Coordinator must be able to verify all transactions completed by showing receipts and an accurate accounting of each client's funds. The Program Coordinator and the Program Director will document via signature on the finance records that this was reviewed. This procedure will take place for the first 8 weeks. After the initial 8 weeks, the Program Coordinator and Program Director (QIDP) will continue to meet once every two weeks. At this meeting, the Program Coordinator must be able to verify all transactions completed by showing receipts and an accurate accounting of each client's funds. The Program Coordinator and the Program Director will document via signature on the finance records that this was reviewed. This will continue for 8 more weeks. Ongoing, the Program Coordinator will review each client's finances no less than weekly. The expectation is that the PC will document each transaction within 24 business hours. Ongoing, the Program Coordinator will review each client finances no less than weekly.</p>	

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			<p>This is to be tracked by weekly signatures/initialing on the client's finance records. Ongoing, the Program Coordinator and Program Director (QIDP) will meet no less than once a month to review each client's individual finances and sign off on all transactions. The Program Director (QIDP) will review each transaction to ensure a receipt is available and that it is documented correctly. This will include all additions and subtractions being completed correctly. The PD (QIDP) will also review the sheets for the weekly reviews to have been completed by the PC. Ongoing, all monthly finances are turned into the Client Finance Specialist by the 10th of the following month for an extra review. Should errors be found, the CFS will notify the PC, PD, and the Area Director for a plan on making the corrections. Ongoing, the Client Finance Specialist will continue to notify the Area Director when areas of concern are noticed so that additional follow up and retraining can be completed as needed.</p> <p>5. Please refer to W149</p> <p>1. All Direct Care Staff will be retrained on Indiana MENTOR's reporting procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS.</p> <p>2. All staff will be retrained on Indiana MENTOR's policy and</p>	

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			<p>procedure for abuse, reporting abuse, and documentation and reporting of unknown injuries.</p> <p>3.Ongoing, the Program Coordinator and/or Program Director (QIDP) will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going. This is to ensure that if any incidents do occur, that staff document and report them appropriately and to the correct person.</p> <p>4.The Program Director (QIDP) will be retrained on Indiana MENTOR's policy and procedures on internal investigations. The QIDP will ensure that all investigations are completed timely and accurately.</p> <p>5.The Program Director will be retrained on completing investigations to ensure that all incidents requiring an investigation are completed within the <u>5 day time period expected.</u></p> <p>6.The Program Director will be retrained on Indiana MENTOR's policy and procedures on Investigations. This includes, but is not limited to <u>what needs to be investigated, and how to complete investigations.</u></p> <p>7.Ongoing, the Quality Assurance Specialist will continue to monitor the investigations weekly that are completed by this Program Director. All incomplete investigations will be referred to the Area Director for further follow</p>	

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			<p>up.</p> <p>8.All staff involved in the late reporting of the incident revolving around clients 3, 4, 5, and 6 were retrained on reporting originally and also given Corrective Actions for not following the Indiana MENTOR policy and procedures. Managerial observations were put into place after the incident to ensure that staff were completing accurate documentation and reporting appropriately as needed.</p> <p>9.All staff involved in the medication administration errors were required to obtain new Core A and B certificates to show proof for retraining. Those who made the errors were given Corrective Action Plans and managerial observations of medication administrations were implemented to ensure that clients were not medically neglected.'</p> <p>6.Please refer to W153</p> <p>1.All Direct Care Staff will be retrained on Indiana MENTOR's reporting procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS.</p> <p>2.All staff will be retrained on Indiana MENTOR's policy and procedure for abuse, reporting abuse, and documentation and reporting of unknown injuries.</p> <p>3.Ongoing, the Program Coordinator and/or Program Director (QIDP) will complete</p>		

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			<p>random Active Treatment observations three times per week for the first four weeks, and then once a week on going. This is to ensure that if any incidents do occur, that staff document and report them appropriately and to the correct person.</p> <p>4.The Program Director (QIDP) will be retrained on Indiana MENTOR's policy and procedures on internal investigations. The QIDP will ensure that all investigations are completed timely and accurately.</p> <p>5.The Program Director will be retrained on completing investigations to ensure that all incidents requiring an investigation are completed within the <u>5 day time period expected.</u></p> <p>6.The Program Director will be retrained on Indiana MENTOR's policy and procedures on Investigations. This includes, but is not limited to <u>what needs to be investigated, and how to complete investigations.</u></p> <p>7.Ongoing, the Quality Assurance Specialist will continue to monitor the investigations weekly that are completed by this Program Director. All incomplete investigations will be referred to the Area Director for further follow up.</p> <p>8.All staff involved in the late reporting of the incident revolving around clients 3, 4, 5, and 6 were retrained on reporting originally and also given Corrective Actions</p>	

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			<p>for not following the Indiana MENTOR policy and procedures. Managerial observations were put into place after the incident to ensure that staff were completing accurate documentation and reporting appropriately as needed.</p> <p>7.Please refer to W154</p> <p>1. All Direct Care Staff will be retrained on Indiana MENTOR's reporting procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS.</p> <p>2.All staff will be retrained on Indiana MENTOR's policy and procedure for abuse, reporting abuse, and documentation and reporting of unknown injuries.</p> <p>3.Ongoing, the Program Coordinator and/or Program Director (QIDP) will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going. This is to ensure that if any incidents do occur, that staff document and report them appropriately and to the correct person.</p> <p>4.The Program Director (QIDP) will be retrained on Indiana MENTOR's policy and procedures on internal investigations. The QIDP will ensure that all investigations are completed timely and accurately.</p> <p>5.The Program Director will be retrained on completing investigations to ensure that all</p>	

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			<p>incidents requiring an investigation are completed within the 5 day time period expected.</p> <p>6.The Program Director will be retrained on Indiana MENTOR's policy and procedures on Investigations. This includes, but is not limited to <u>what needs to be investigated, and how to complete investigations.</u></p> <p>7.Ongoing, the Quality Assurance Specialist will continue to monitor the investigations weekly that are completed by this Program Director. All incomplete investigations will be referred to the Area Director for further follow up.</p> <p>8.All staff involved in the late reporting of the incident revolving around clients 3, 4, 5, and 6 were retrained on reporting originally and also given Corrective Actions for not following the Indiana MENTOR policy and procedures. Managerial observations were put into place after the incident to ensure that staff were completing accurate documentation and reporting appropriately as needed.</p> <p>8.Please refer to W186</p> <p>1.The Area Director, Program Director (QIDP), and Program Coordinator will meet to discuss each client's needs each day, and review the staffing schedule. Indiana MENTOR's procedure is to schedule all staffing around the needs of the clients, making note to utilize</p>	

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W 0120 Bldg. 00	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based on record review and interview for 2 of 4 sampled clients (#1 and #4) and 1 additional client	W 0120	each staff when needed the most. 2.The Program Coordinator will be retrained on scheduling staffing, and what to do in emergencies when staff call off, or make changes to ensure that staffing ratios are appropriate for the client's needs. 3.The Program Director and Program Coordinator will convene weekly to review the upcoming schedule for the week. This will be a chance to review the weekly activities that are scheduled for each client and to ensure that there is accurate staffing scheduled at all times. 4.The Program Director, Area Director, Regional Director, and/or Quality Assurance Specialist will complete random observations in the morning and/or evenings to ensure adequate staffing is available at all times. 5.The Program Director, Program Coordinator, and Area Director will review the observations to ensure no extra training is needed on attendance with the staff, or scheduling with the PC. The Program Director (QIDP) will maintain an appropriate level of communication with each Day Program. Each client's day	09/13/2015	

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	<p>(#8) receiving outside services, the facility failed to ensure the Day Program (DP) staff were provided a current copy of the clients' program plans and physician's orders.</p> <p>Findings include:</p> <p>Client #1's, #4's and #8's records were reviewed at the DP on 8/5/15 at 11:30 AM.</p> <p>Client #1's DP records indicated: An Individualized Support Plan (ISP) dated 12/30/08. A Risk Management Assessment and Plan (RMAP) dated 12/2011. No Behavior Support Plan (BSP). Quarterly physician's orders dated 2/16/09.</p> <p>Client #4's DP records indicated: An ISP dated 7/30/12. A RMAP dated 7/30/12. A BSP 3/16/12. Quarterly physician's orders dated 7/1/13.</p> <p>Client #8's DP records indicated: An ISP dated 11/1/12. A RMAP dated 11/1/12. A BSP 2/4/11. Quarterly physician's orders dated 12/2010.</p>		<p>program/workshop is a vital part of the Interdisciplinary team.</p> <p>The Program Director (QIDP) will ensure that all day programming staff and administrators have access to the most current high risk plans, behavior plans, individualized support plans, and physician's orders, for the use of client specific training, both formally and informally.</p> <p>The Program Director will ensure that each day program has this information on file and remains current.</p> <p>The Area Director, working with the ARC of Boone County, sent all programming plans to the day program to ensure accurate and current information was made available.</p> <p>The Area Director had a conference call with the administration at ARC on August 7, 2015, regarding that if anything is missing or outdated, that they also reach out and request updated information for their records as well.</p> <p>The Program Coordinator will ensure that the day programs have current physicians' orders on file.</p> <p>The Area Director will complete quarterly visits of the Day Programs to audit the files of Indiana MENTOR clients and ensure that the most recent paperwork is available for their use.</p> <p>Ongoing, the Area Director will work with the day programs to ensure that the paperwork is maintained</p>	

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	<p>Client #1's, #4's and #8's records at the group home were reviewed on 8/6/15 between 11 AM and 3 PM.</p> <p>Client #1's records indicated: An ISP dated 11/10/14. A RMAP dated 11/10/14. A BSP dated 5/15/15. Quarterly physician's orders dated 8/1/15.</p> <p>Client #4's records indicated: An ISP dated 8/13/14. A RMAP dated 8/13/14. A BSP 6/15/15. Quarterly physician's orders dated 8/1/15.</p> <p>Client #8's records indicated: An ISP dated 2/1/15. A RMAP dated 2/1/15. A BSP 6/19/15. Quarterly physician's orders dated 8/1/15.</p> <p>During interview with the DP Adult Developmental Manager (ADM) on 8/5/15 at 11:30 AM, the ADM: __ Stated the current program plans have not been provided to the DP for clients #1, #4 and #8 "for a long time." __ Stated, "I have asked for them (the clients' program plans) numerous times with no luck." __ Stated, "If we would have to take one of them (clients #1, #4 or #8) to the hospital they (the hospital staff) would</p>		and that if and when they need updated information, we all stay in contact to ensure the team is united.	

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W 0130 Bldg. 00	<p>have to wait for someone from the group home to take the current physician's orders to the hospital before they (the clients) would get treatment." ___ Stated, "This is an ongoing problem with REM/Indiana Mentor group homes." ___ Indicated frequent changes in the Program Directors (PDs) as a problem as to why the DP was not provided with the clients' current program plans and physician's orders.</p> <p>During telephone interview with the Area Director (AD) on 8/10/15 at 11 AM, the AD indicated the DP was to be provided with the clients' current program plans and quarterly physician's orders.</p> <p>9-3-1(a)</p> <p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. Based on observation and interview for 4 of 4 sample clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure the clients were provided privacy while dressing, bathing and receiving their medications.</p>	W 0130	<p>1.All staff will be retrained on client's dignity and rights to privacy during all personal hygiene times. 1.The staff will be retrained to shut bathroom and bedroom doors when entering and exiting to assist clients. 2.Client # 6 will be trained to</p>	09/13/2015			

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	<p>Findings include:</p> <p>1. Observations were conducted at the group home on 8/5/15 between 5 AM and 8 AM.</p> <p>__ The home was a co-ed home with four male clients and four female clients. Clients #1, #4, #6 and #7 were female.</p> <p>__ Clients #1 and #4 shared a bedroom with a small bathroom with a tub.</p> <p>__ From 5 AM through 6:30 AM staff #3 was in and out of client #1's, #4's and #7's bedrooms assisting clients #1, #4 and #7 to undress, bathe and redress.</p> <p>__ Staff #3 failed to close client #1's, #4's and #7's bedroom doors and the bathroom door while assisting clients #1, #4 and #7 to undress, use the toilet, to bathe and while dressing.</p> <p>__ Clients #1, #4 and #7 could be observed with no clothing on while standing in the hallway outside of their bedroom.</p> <p>__ Client #1 sat for a long period of time on her bed with her legs crossed beneath her and without clothing on.</p> <p>__ Client #4 sat in her wheelchair and wearing only a bra.</p> <p>__ Client #7 walked from the bathroom to her bedroom with a towel wrapped around her. The towel did not fit and client #7 was left exposed to any clients in the hallway and/or living room.</p>		<p>not enter other individual rooms without knocking and asking permission first. The team will meet to discuss the potential need for a training goal to be put into place to assist client 6 with learning the rights to privacy for the other individuals in the home.</p> <p>3.The Program Coordinator will purchase large, personalized robes for each client to wear when going to and from the shower. The Program Coordinator will also purchase larger towels to assist with privacy when entering and exiting the showers/restrooms in the group homes.</p> <p>4.The Direct Support Staff will be retrained on assisting clients with personal care and encouraging dignity to each client by ensuring that he/she uses the appropriate robe to use when getting in and out of the shower, and to also encourage individuals to respect each other's right to privacy during personal hygiene times.</p> <p>5.The Program Director, Area Director, Regional Director, and/or Quality Assurance Specialist will complete random observations in the morning and/or evenings to ensure adequate privacy is available at all times for each client through formal and informal training opportunities.</p> <p>6.The Program Director, Program Coordinator, and Area Director will review the</p>	

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	<p>__ Client #6 entered client #1's and #4's bedroom and client #7's bedroom while staff #3 was assisting the clients with bathing and dressing.</p> <p>__ Staff #3 did not prompt client #6 to leave the bed rooms.</p> <p>__ Staff #3 failed to provide clients #1, #4 and #7 privacy while providing them with their AM care.</p> <p>During interview with the Program Director (PD) and the Area Director (AD) on 8/10/15 at 11 AM, the PD and the AD:</p> <p>__ Indicated the staff were to provide clients privacy while dressing and bathing.</p> <p>__ Indicated the staff should have closed the bedroom and bathroom doors while assisting the clients.</p> <p>2. Observations were conducted of the medication pass at the group home on 8/4/15 between 4:50 PM and 5:10 PM and on 8/5/15 between 6:30 AM and 7:20 AM.</p> <p>__ The living room, dining room and kitchen were connected and open.</p> <p>__ The medication cabinet was located in the living room/dining room area next to the kitchen.</p> <p>__ Staff #1 passed the medications during both observation periods.</p> <p>__ Staff #1 used an accordion room</p>		<p>observations to ensure no extra training is needed on attendance with the staff, or the individual clients.</p> <p>7.Ongoing the DSPs will ensure that privacy is offered and maintained for each client while in their home.</p> <p>2.The Direct Support Staff will be retrained on each client's right to privacy during medication administration. This training will include instructing clients not receiving medications at that time, to sit somewhere else, so that the client receiving meds can have privacy and complete medication administration appropriately. This training will also include ensuring that clients and other staff are not in the kitchen during medication administration so full privacy is made available.</p> <p>1.The Program Coordinator will purchase a second screen to encourage the staff to use more privacy when completing medication administration.</p> <p>2.The Direct Support Professionals will encourage the clients to remain in their bedrooms or in the living room area so others can have privacy during medication administration.</p> <p>3.The Program Director, Program Coordinator, and Area Director will review the observations to ensure no extra training is needed on attendance with the staff, or the individual clients.</p>	

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	<p>divider screen that opened out a few feet from the medication cabinet.</p> <p>__ During both observation periods staff #1 used the dining room table to prepare the medications and the clients sat or stood near the dining room table while taking their medications.</p> <p>__ During the evening observation client #5 sat at the dining room table while staff #1 gave clients #4 and #6 their medications. Staff #1 did not ask client #5 to leave the area.</p> <p>__ During the morning observation clients #5 and #6 were in and out of the kitchen and dining room area while medications were being passed to clients #1, #2, #3, #4, #7 and #8.</p> <p>__ On 8/4/15 at 4:55 PM while client #6 was getting her medications, client #6 said to client #5 who was sitting at the kitchen table, "I'm getting my medications here." Client #5 did not leave the area.</p> <p>During interview with the PD and the AD on 8/10/15 at 11 AM, the PD and the AD:</p> <p>__ Indicated the staff were to provide the clients privacy while giving medications.</p> <p>__ Indicated the staff were to ask clients not getting their medications to leave the area to provide privacy to the clients that were getting their medications.</p>		4.Ongoing the DSPs will ensure that privacy is offered and maintained for each client while in their home.				

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W 0140 Bldg. 00	<p>9-3-2(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility failed to provide a full and complete accounting of the clients' personal finances and to ensure the facility financial policies were followed.</p> <p>Findings include:</p> <p>Client #1's, #2's, #3's and #4's financial records for 2014/2015 were reviewed on 8/5/15 at 1 PM and on 8/6/15 at 11 AM with the Program Coordinator (PC). Each client had an individual binder with a zippered pouch to store the clients' money.</p> <p>During the review on 8/5/15 at 1 PM the PC indicated the following: ___ Client #1 had \$38.94 in her money pouch and a receipt dated 7/12/15 for \$5.45. ___ Client #2 had \$5.61 in his money pouch.</p>	W 0140	<p>The Program Coordinator will be retrained on Indiana MENTOR's policy and procedures for ensuring accuracy with each client's finances on a weekly basis, or more. Indiana MENTOR's policy and procedures state that a client should not exceed \$30 at one time in cash on hand. This is meant for a protection from theft and possible exploitation against each client. The Program Coordinator will be retrained on this policy. Indiana MENTOR's policy and procedures state that a client will have up to \$30 in cash, whenever possible, available to them in their home. The cash should be double locked, but must be made available to the clients when wanted or needed. In order for this procedure to be amended, the individualized support plan must address the reasoning and what the new procedure will be, including the agreement of the team for the amendment. The Program Coordinator will be retrained on this policy and procedure. The Program Coordinator will meet</p>	09/13/2015

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	<p>__ Client #3 had \$7.02 in his money pouch.</p> <p>__ Client #4 had \$24.08 in his money pouch and a receipt dated 7/12/15 for \$5.45. The PC indicated she had an additional \$.55 in her cash envelope at the PC's home.</p> <p>Client #1's June 2015 COHR (Cash On Hand Request) indicated a balance of \$44.39.</p> <p>Client #2's June 2015 COHR indicated a balance of \$5.61.</p> <p>Client #3's June 2015 COHR indicated a balance of \$7.02.</p> <p>Client #4's June 2015 COHR indicated a balance of \$24.80.</p> <p>Client #1's, #2's, #3's and #4's financial records indicated no Cash On Hand Records (COHRs) for July and August 2015.</p> <p>Client #1's bank statement dated 6/25/15 to 7/27/15 indicated \$20.00 removed from client #1's checking account on 6/25/15. Client #1's financial records indicated no documentation of the \$20.00 on the COHRs.</p> <p>Client #2's bank statement dated 6/25/15 to 7/27/15 indicated \$20.00 removed from client #2's checking account on 6/25/15. Client #2's financial records</p>		<p>with the Program Director (QIDP) no less than weekly, to review each client's finances for the week. At this meeting, the Program Coordinator must be able to verify all transactions completed by showing receipts and an accurate accounting of each client's funds. The Program Coordinator and the Program Director will document via signature on the finance records that this was reviewed. This procedure will take place for the first 8 weeks. After the initial 8 weeks, the Program Coordinator and Program Director (QIDP) will continue to meet once every two weeks. At this meeting, the Program Coordinator must be able to verify all transactions completed by showing receipts and an accurate accounting of each client's funds. The Program Coordinator and the Program Director will document via signature on the finance records that this was reviewed. This will continue for 8 more weeks.</p> <p>Ongoing, the Program Coordinator will review each client's finances no less than weekly. The expectation is that the PC will document each transaction within 24 business hours.</p> <p>Ongoing, the Program Coordinator will review each client finances no less than weekly. This is to be tracked by weekly signatures/initialing on the client's finance records.</p> <p>Ongoing, the Program Coordinator</p>	

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	<p>indicated no documentation of the \$20.00 on the COHRs.</p> <p>Client #3's bank statement dated 6/25/15 to 7/27/15 indicated \$20.00 removed from client #3's checking account on 6/25/15. Client #3's financial records indicated no documentation of the \$20.00 on the COHRs.</p> <p>Client #1's record was reviewed on 8/6/15 at 3:30 PM. Client #1's Risk Management Assessment and Plan (RMAP) dated 11/10/14 indicated "Petty cash (the COH) account is reconciled at least once weekly by the home manager."</p> <p>Client #2's record was reviewed on 8/6/15 at 11 AM. Client #2's RMAP dated 2/1/15 indicated "His (client #2's) petty cash account is reconciled at least once weekly by the home manager."</p> <p>Client #3's record was reviewed on 8/6/15 at 2:30 PM. Client #3's RMAP dated 2/15/15 indicated "His (client #3's) petty cash account is reconciled at least once weekly by the home manager."</p> <p>Client #4's record reviewed on 8/6/15 at 11 AM. Client #4's RMAP dated 8/13/14 indicated "Her (client #4's) petty cash account is reconciled at least once weekly by the home manager."</p>		<p>and Program Director (QIDP) will meet no less than once a month to review each client's individual finances and sign off on all transactions. The Program Director (QIDP) will review each transaction to ensure a receipt is available and that it is documented correctly. This will include all additions and subtractions being completed correctly. The PD (QIDP) will also review the sheets for the weekly reviews to have been completed by the PC.</p> <p>Ongoing, all monthly finances are turned into the Client Finance Specialist by the 10th of the following month for an extra review. Should errors be found, the CFS will notify the PC, PD, and the Area Director for a plan on making the corrections.</p> <p>Ongoing, the Client Finance Specialist will continue to notify the Area Director when areas of concern are noticed so that additional follow up and retraining can be completed as needed.</p>	

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	<p>Review of the facility's financial policy "Redwood Operating Group Procedure for Managing an Individual's Funds" dated 12/07 reviewed on 8/5/15 at 1 PM indicated "9. Petty Cash is a cash amount that will be available at the individual's home on behalf of the individual and for their use. This money will be under lock and key unless this is not allowed by local regulations. This amount shall not exceed \$30 per person on hand except for special circumstances that will need State Director or designee approval. A running record of expenditures, listing each deposit and expenditure separately, will be maintained and updated on the Individual Petty Cash Record each time a transaction takes place. Money will be deposited into the petty cash account from the 'active' account. 10. Petty cash accounts are to be balanced weekly by the person responsible for primary money management. Saving and checking accounts are to be balanced monthly. Discrepancies or inaccuracies must be reported immediately to the State Director or designee. 11. Checking Account and Savings Account registers will be updated with every transaction."</p> <p>During interview with the PC on 8/5/15 at 1 PM, the PC: __ Indicated she started working at the</p>			
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	<p>facility in January 2015.</p> <p>__ Indicated the facility had a history of missing money from the clients' COH accounts.</p> <p>__ Stated, "I took it upon myself to keep their (client #1's, #2's, #3's, #4's, #5's, #6's, #7's and #8's) money (the COH) at my home."</p> <p>__ Indicated additional money and receipts for clients #1, #2, #3 and #4 were in her home that had not been provided for review.</p> <p>__ Indicated the \$20 withdrawals on 6/25/15 were not recorded on the clients' COHRs and stated, "Because I document all of the receipts once a month when I have to send the clients' financial records into the office."</p> <p>__ Indicated no COHRs for July or August 2015 for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>__ Indicated she did not record each client's financial transactions from their COH accounts and their checking accounts at the time of the transaction.</p> <p>__ Indicated once a month she documented and reconciled the clients' accounts.</p> <p>During interview with the Area Director (AD) 8/6/15 at 11:45 AM, the AD:</p> <p>__ Indicated a history of the clients' money being stolen from the group home.</p> <p>__ Indicated she had given the PC</p>			
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W 0149 Bldg. 00	<p>approval to take the money out of the clients' (clients #1, #2, #3, #4, #5, #6, #7 and #8) home but was not aware the PC was taking it to her personal home.</p> <p>__ Stated, "She could have brought it up here to my office and locked it up."</p> <p>__ Indicated she did not know if the PC was keeping the clients' money secured while at the PC's home.</p> <p>__ Indicated the facility financial policy did not include the storage of the clients' money at PC's home.</p> <p>During interview with the AD on 8/10/15 at 11 AM, the AD:</p> <p>__ Indicated the facility financial policy was to be followed.</p> <p>__ Indicated all client transactions should be recorded in the clients' financial records as soon as possible after the date of the transaction.</p> <p>__ Indicated a complete and accurate financial record of the clients' finances (the clients' COH accounts and checking accounts) were to be maintained at all times.</p> <p>__ Indicated the clients' COH accounts were to be reconciled weekly.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement</p>			

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	<p>written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 3 of 4 sampled clients (#1, #3 and #4) and 2 additional clients (#5 and #6), the facility failed to implement its policy and procedures:</p> <p>__ To prevent the abuse/neglect of clients #3, #4, #5 and #6.</p> <p>__ To ensure the facility staff immediately reported all allegations of abuse/neglect to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) per IAC 9-3-1(b)(5) and Adult Protective Services (APS) per IC 12-10-3 according to state law and to ensure all allegations of abuse/neglect were investigated for clients #3, #4, #5 and #6.</p> <p>__ To ensure all injuries of unknown origin were reported immediately to the administrator and thoroughly investigated for client #1.</p> <p>__ To prevent the misappropriation of client #3's and client #7's medications.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 8/4/15 at 12:30 PM.</p> <p>1. The 7/10/15 BDDS report indicated "Staff [staff #4] documented on a body assessment form that [client #4] had an</p>	W 0149	<p>All Direct Care Staff will be retrained on Indiana MENTOR's reporting procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS.</p> <p>All staff will be retrained on Indiana MENTOR's policy and procedure for abuse, reporting abuse, and documentation and reporting of unknown injuries.</p> <p>Ongoing, the Program Coordinator and/or Program Director (QIDP) will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going. This is to ensure that if any incidents do occur, that staff document and report them appropriately and to the correct person.</p> <p>The Program Director (QIDP) will be retrained on Indiana MENTOR's policy and procedures on internal investigations. The QIDP will ensure that all investigations are completed timely and accurately.</p> <p>The Program Director will be retrained on completing investigations to ensure that all incidents requiring an investigation are completed within the 5 day time period expected.</p> <p>The Program Director will be retrained on Indiana MENTOR's policy and procedures on Investigations. This includes, but is</p>	09/13/2015

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	unknown bruise on her left wrist, left upper arm, right knee and scratches on the back of her right shoulder. On this assessment, staff also wrote that [client #4] reported that another staff dropped her, smacked her and hit her in the head. This staff [staff #4] was immediately brought in to be interviewed and reported that she is unsure of when this incident occurred and can't remember when [client #4] reported it to her. The date on the body check sheet does say 7/8/15 but [staff #4] states that she is not the one that completed this report and that it was the other evening staff. This writer [the Area Director (AD)] interviewed [client #4] and [client #4] reported that this incident did occur but that she (client #4) is unable to give a time or date. [Client #4] did state that she knows it was in the morning. While [client #4] was being interviewed she reported that staff [staff #6] [the overnight staff] hit her in the face and head and has been mean to her when she has accidents in her pants in the past. [Client #4] stated that she had not talked to the Program Coordinator (PC) about it but did talk to staff [staff #5, staff #7 and [staff #4] about it. Staff [staff #5] was interviewed and reported that she is the one that completed the body check sheet that the Program Coordinator was given and that [client #4] also reported to her that [staff #6] hit her in the face and		not limited to <u>what needs to be investigated, and how to complete investigations.</u> Ongoing, the Quality Assurance Specialist will continue to monitor the investigations weekly that are completed by this Program Director. All incomplete investigations will be referred to the Area Director for further follow up. All staff involved in the late reporting of the incident revolving around clients 3, 4, 5, and 6 were retrained on reporting originally and also given Corrective Actions for not following the Indiana MENTOR policy and procedures. Managerial observations were put into place after the incident to ensure that staff were completing accurate documentation and reporting appropriately as needed. All staff involved in the medication administration errors were required to obtain new Core A and B certificates to show proof for retraining. Those who made the errors were given Corrective Action Plans and managerial observations of medication administrations were implemented to ensure that clients were not medically neglected. Ongoing, the Quality Assurance Specialist will continue to monitor the investigations weekly that are completed by this Program Director. All incomplete investigations will be referred to the Area Director for further follow up.	

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	<p>head and dropped her from her wheelchair. This writer (the AD) checked [client #4's] back, wrists and arms and only found one bruise on her left upper arm. [Client #4] reported that she didn't know where this bruise came from and that it didn't hurt but that she thinks it probably came from [staff #6]. [Client #4] was able to report this incident but details and facts were confusing [client #4] and she (client #4) started to get upset during the interview. The interviewer told [client #4] that we could continue at another time and she agreed. For immediate protective measures upon management's knowledge of this incident, staff [staff #6] was suspended on 7/9/15. This writer (the AD) spoke with [client #4] about her safety on 7/9/15. [Client #4] reported that she feels safe in her home and with her other staff as long as [staff #6] is not around anymore. [Client #4] was offered emotional support and she denied it. [Client #4's] Program Director (PD) did call the police to report this crime on 7/10/15 per the Elder Justice Act. Indiana Mentor will continue with the internal investigation to see if facts can be straightened out and details specified."</p> <p>The 7/10/15 investigative report indicated: ___ "DSP (Direct Support Professional),</p>			

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	<p>[staff #5] turned in an undated body assessment form to [the PC] on 7/8/15. [Staff #5] reported that she asked [client #4] about it and [client #4] told her that it was probably from when [staff #6] (another staff) got mad at her and hit her several times."</p> <p>__ Staff #6 was suspended "on 7/9/15 following interviews with clients."</p> <p>__ Staff #4 and #5 "were suspended on 7/10/15 for not reporting an allegation of abuse and providing conflicting information during their interviews."</p> <p>The 7/10/15 investigative report indicated during the interview with staff #4 on 7/10/15, staff #4</p> <p>__ "Said at 7 AM on 7/3/15 [client #4] was crying and emotional and telling her (staff #4) she did not want her to leave. Said [client #4] reported to [staff #4] that she (client #4) fell in the bathroom and that [staff #6] grabbed her arm, used her gait belt and yanked her up. [Client #4] states that she fell... and she [staff #6] hit her 'upside the head' and told her to get up by herself. [Staff #4] says that she wrote a note in the communication log and filled out a body check. She (staff #4) reports that she also took pictures. Said she was going to try to call [the PC] but she and [staff #6] started 'getting into it' and she didn't report to anyone." Said she came in the next day (should be Saturday,</p>			
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	<p>7/4/15) and [client #4] reported that [staff #6] left her in the bed when she told her she had to go to the bathroom. Said every day since the original fall (date unknown) she [client #4] has reported to her that she falls in the bathroom every day."</p> <p>The 7/10/15 investigative report indicated during the first interview with staff #5 on 7/9/15, staff #5: ___ "Said 'yesterday' (7/8/15) she took [client #4] to the restroom and while [client #4] was on the toilet, she observed a bruise. Said she thought this particular incident must have happened a couple of days before that and that she hadn't worked the weekend before so she wasn't exactly sure. Said on either 7/2/15 or 7/3/15 [client #4] reported to her that [staff #6] took [client #4] to the restroom and then [client #4] fell. [Client #4] said she screamed for [staff #6] who then smacked her in the head and dragged her by the gait belt back to her bed. Said 'we' (staff #5 and staff #6) told [the PC], she thinks on 7/3/15 but can't remember for sure. Said she completed the Body Assessment Form and wrote that the bruise was on the hip above or right at the pants line. She was unable to remember what day this was."</p> <p>The 7/10/15 investigative report indicated during the second interview with staff #5</p>			

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	<p>on 7/9/15, staff #5: ___ "Said she worked the weekend of June 27th. Said [client #4] told her that either on June 25th or the 26th [staff #6] took [client #4] to the bathroom where she fell trying to get into her wheelchair. [Client #4] said that she asked [staff #6] to help her up and that [staff #6] was going off on her and she smacked her and hit her head and got the gait belt and dragged her to her bed. Said she did not report the allegation to anyone and she doesn't know why. [Staff #5] stated that she told her [client #4] that she needed to tell [the PD and the PC] what she (staff #6) did to her. I (staff #5) told [the PC] what [client #4] told me (staff #5)."</p> <p>The 7/10/15 investigative report indicated an interview with client #4 on 7/9/15, client #4: ___ "Said she had to go to the bathroom so she called for [staff #6]. Said she called and called for her (staff #6) but she did not come to help and I (client #4) wet the bed. Said she tried to get herself out of the bed and fell to the floor. Said her wheelchair wasn't close enough to the bed so it rolled backwards causing her to fall. Said 'I missed the chair and fell on the ground.' Said [staff #6] was angry at her and told [client #4] that she wasn't going to help her anymore. Said while she was on the floor she (staff #6)</p>			

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	<p>dragged me to the bathroom and then hit me. Said 'She put the gait belt around me and told me to get on my knees and then I got up in the wheelchair when she helped me.' Said she hit me in my face and then in my head. She told me to get up and I told her I couldn't, I kept saying, no, no, no, no. [Client #4] then demonstrated what the hitting looked like. Said 'I don't do anything because I am scared of her...' Said 'I'm sorry I can't remember when it happened.' Said 'I yelled and she told me to stop yelling.' Said everyone heard me yelling. [Client #3, client #5 and client #6] were out there (pointing towards the living room) and I was in the bathroom. Said [staff #6] took me out of the bathroom back to by (sic) my bed. Said she did not tell anyone. Said she could not remember if there were any other staff present, could not remember what time it happened except that it was morning. Said 'I am scared of [staff #6]... and does not want [staff #6] to be her staff anymore'."</p> <p>The 7/10/15 investigative report indicated an interview with client #6 on 7/9/15, client #6: ___ Indicated "[Client #3] has accidents a lot.... the day before yesterday he got up and was wet and dirty and she [staff #6] said '[Client #3], you ain't going to s--t on the floor,' and [client #3] said 'I'm not.'</p>			

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	<p>Said [staff #6] 'she has a deep voice and sometimes it scares me a little bit.' Said she has not heard [staff #6] talk to anyone else like she did [client #3]."</p> <p>The 7/10/15 investigative report indicated an interview with client #5 on 7/9/15, client #5: __ "Said '[Staff #6] is pretty good but sometimes she is mean and yells. The other staff never yell.' Said 'She [staff #6] yells at everyone. Sometimes at [client #8, client #5 or client #3].' Said [staff #6] doesn't get me my tobacco, she told me 'not my job' and I asked her what was her job, sitting on her bum?"</p> <p>The 7/10/15 investigative report indicated an interview with client #3 on 7/9/15, client #3: __ Indicated [staff #6] is okay but not all the time. Said [staff #6], 'She tells me to go to my room'."</p> <p>The 7/10/15 investigative report indicated an interview with staff #5 on 7/13/15, staff #5: __ "Said on 7/2/15 she and [client #4] were in the living room talking when [client #4] reported she had fallen in the bathroom.... [Client #4] said [staff #6] got upset with her and smacked, punched and dragged (sic) her to her bedroom. Said [client #4] demonstrated being hit</p>			

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	<p>on the top of her head with a closed fist.... Said [staff #1 and staff #2] witnessed the conversation. Said she assessed [client #4] and found a bruise on her knee. Said she did not report what [client #4] said that evening because she wanted to tell [the PC] face to face.... Said on 7/9/15 she completed a Body Assessment on [client #4] and found a bruise on her arm near her shoulder. Said the bruise was 2.5 - 3 inches. Said she left the Body Assessment Form beside the other books.... Said incidents such as bruising, med errors, injury, if something happens to the client etc. requires immediate reporting. Said immediate reporting means as soon as it happens."</p> <p>The 7/10/15 investigative report indicated an interview with staff #4 on 7/13/15, staff #4: ___ "Said [client #4] has had a number of bruises on her. Said during the week of June 20, 2015 [staff #5] told her (staff #4) [client #4] reported to [staff #5] that she was dragged to her bed by [staff #6]. Said on 7/1/15 or 7/2/15 [staff #4] asked her (staff #4) if she had heard '[Client #4] had been hit upside the head'.... Said she observed a bruise going down [client #4's] back along with scrapes in her shoulder area. Said she (staff #4) and [staff #5] were in a rage over this. Said she did not contact [the PC] or any other</p>			

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	<p>on-call supervisor after [client #4] confirmed she had been hit. Said she completed Body Assessment on [client #4] each day after this and discovered new bruising on [client #4]. Said she reported the bruising to [the PC], [the PC] said it was because [client #4] was falling..."</p> <p>The 7/10/15 investigative report indicated an interview with staff #7 on 7/13/15, staff #7: ___ "Said 2-3 weeks ago [client #4] told her there was a morning when she was on the toilet and called for help but [staff #6] did not come and help right away. [Client #4] said [staff #6] asked her (client #4) 'What's wrong with you [client #4]? I (staff #6) told you I would be right there. I was doing something else.' [Client #4] said [staff #6] then dragged (sic) her by her feet to her bedroom. Said she completed a Body Assessment when [client #4] told her this. Said she did not see any marks or bruises on [client #4]. Said she did not report what [client #4] told her because she had no injuries."</p> <p>The 7/10/15 investigative report indicated an interview with staff #2 on 7/13/15, staff #2: ___ "Said one day last week (could not recall what date) [client #4] was talking to [staff #5]. Said he heard [client #4] tell</p>			

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	<p>[staff #5] staff was helping her and dropped her (client #4) then the staff raised their voice at her telling her to get up.... Said [client #4] may not remember specifics such as day, time, etc., but she can remember what happened in an event."</p> <p>The 7/10/15 investigative report indicated the following conclusions: ___ "Evidence supports [staff #7, staff #4 and staff #5] state they received an allegation of abuse that they did not report for possibly up to 3 weeks. Evidence [the PC] received a report for an allegation of abuse on 7/8/15 that she reported on 7/9/15."</p> <p>___ The facility records indicated the allegations of abuse made by clients #3, #5 and #6 during the 7/10/15 investigation were not reported to BDDS and/or APS.</p> <p>___ The facility records failed to indicate all facility staff immediately reported allegations of abuse to the administrator.</p> <p>___ The facility records indicated staff #6 and staff #7 were no longer employed with the facility.</p> <p>The 12/15/14 BDDS report indicated on 12/13/14 at 9 PM the on call Program Director (PD) received a call from the on call Home Manager (HM) informing her</p>				

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	<p>of a bruise that was found on the back of client #1's right leg and to tell her that client #1's toes were "a little swollen." The PD told the HM to have staff elevate client #1's leg and provide her with a PRN (as needed) pain medication. The following morning client #1 had made no improvements. The PD told the HM "to give it a couple more hours and if the situation did not improve to take her (client #1) to the emergency room." By 12/14/14 at 4 PM client #1's condition had not improved and client #1 was taken to the ER (Emergency Room). X-rays were taken and the ER doctor indicated client #1 had four broken toes and recommended a soft wrap with a walking boot. The facility records indicated the injury of unknown origin was not reported immediately to the administrator.</p> <p>The 9/1/14 BDDS report indicated on 8/29/14 at 7 PM clients #5 and #6 got into an altercation and client #5 hit client #6 on his right elbow leaving a two inch bruise on client #6. The report indicated the altercation was not witnessed by staff. The report indicated on 9/1/14 staff saw the bruise on client #6's elbow and asked client #6 what had happened. Client #6 told the staff client #5 hit him. The facility records indicated no investigation for the client to client abuse.</p>			

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	<p>The 12/21/14 BDDS report indicated on 12/21/14 client #6 "slapped [client #5] on the face." The facility records indicated no investigation for the client to client abuse.</p> <p>Client #1's nursing notes indicated: ___ On 9/7/14 "Staff reported a bruise on [client #1's] buttocks." The records indicated no cause of the injury. The facility records indicated the injury of unknown origin was not reported immediately to the administrator. ___ On 2/19/15 "Noted large bruise on [client #1's] left upper buttock approx 10 cm (centimeters) in diameter. No swelling. Purple/pink in color. Able to ambulate ad lib (at liberty). Instructed HM to call if noted pain or swelling or change in ambulation." The records indicated no cause of the injury. The facility records indicated the injury of unknown origin was not reported immediately to the administrator. ___ On 3/20/15 "Noted large reddened/abrasion area on left upper buttock, approx (approximately) 8 by 6 cm in diameter. No drainage noted. Also noted several brown bruises on left outer thigh. Notified HM to take her to be seen by a physician today." The records indicated no cause of the injury. The facility records indicated the injury of</p>			

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	<p>unknown origin was not reported immediately to the administrator.</p> <p>During interview with the Area Director (AD) on 8/4/15 at 12:15 PM, the AD indicated: ___ All allegations of abuse/neglect were to be reported immediately to the administrator and to BDDS and APS within 24 hours from the date of knowledge of the abuse and were to be thoroughly investigated. ___ All injuries of unknown origin were to be reported immediately to the administrator and thoroughly investigated.</p> <p>2. The BDDS report dated 11/29/14 indicated on 11/27/14 the on call PD received a call that client #7's Clonazepam (for seizures) was missing from the bubble pack for the day it was to be given and the staff had to punch out the next day medication. The report indicated a police report was filed and an investigation was conducted and a staff was suspended and a staff was written up for failure to report the missing medication.</p> <p>The BDDS report dated 2/12/15 indicated staff discovered client #3's Norco 325 mg (milligrams) 40 tabs were missing. Norco is a schedule II controlled substance</p>				

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	<p>narcotic and used for pain control. The report indicated the police were notified and an investigation was conducted. The facility was not able to determine what happened to the missing medication.</p> <p>During interview with the AD on 8/4/15 at 12:15 PM, the AD indicated the facility had a history with medication coming up missing in the home.</p> <p>During interview with the PC on 8/5/15 at 8 AM, the PC indicated: ___ The facility staff were responsible for the clients' medications. ___ All schedule II medications were to be double locked within the facility at all times. ___ A history of medication missing from the home.</p> <p>The facility's policy and procedures were reviewed on 8/4/15 at 1 PM. The facility's April 2011 policy and procedure entitled Quality and Risk Management indicated: "A. Indiana Mentor promotes a high quality of service and seeks to protect individuals receiving Indiana Mentor services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk</p>			

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	<p>to which individuals are exposed.</p> <p>B. Indiana Mentor follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS:</p> <p>1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to Adult Protective Services or Child Protective Services as applicable....</p> <p>a. Physical abuse, including but not limited to (not all inclusive):</p> <p style="padding-left: 20px;">i. intentionally touching another person in a rude, insolent or angry manner....</p> <p>e. Failure to provide appropriate supervision, care or training....</p> <p>g. Failure to provide food and medical services as needed....</p> <p>4. h. Injury to an individual when the origin or cause of the injury is unknown and the injury required medical evaluation or treatment....</p> <p>__Activities initiated by Mentor that require mandated investigative components....</p> <p>b. ...alleged abuse, neglect....</p> <p>c. ...injuries of unknown origin...."</p> <p>9-3-2(a)</p>			
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W 0153 Bldg. 00	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 3 of 3 injuries of unknown origin and 4 of 4 allegations of abuse/neglect, the facility failed to ensure all allegations of abuse/neglect were reported immediately to the BDDS (Bureau of Developmental Disabilities Services) per IAC 9-3-1(b)(5) and APS (Adult Protective Services) per IC 12-10-3 according to state law for clients #3, #4, #5 and #6 and to ensure all injuries of unknown origin were reported immediately to the administrator for client #1.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 8/4/15 at 12:30 PM.</p> <p>1. The 7/10/15 BDDS report indicated "Staff [staff #4] documented on a body assessment form that [client #4] had an unknown bruise on her left wrist, left upper arm, right knee and scratches on the back of her right shoulder. On this assessment, staff also wrote that [client</p>	W 0153	<p>All Direct Care Staff will be retrained on Indiana MENTOR's reporting procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS.</p> <p>All staff will be retrained on Indiana MENTOR's policy and procedure for abuse, reporting abuse, and documentation and reporting of unknown injuries.</p> <p>Ongoing, the Program Coordinator and/or Program Director (QIDP) will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going. This is to ensure that if any incidents do occur, that staff document and report them appropriately and to the correct person.</p> <p>The Program Director (QIDP) will be retrained on Indiana MENTOR's policy and procedures on internal investigations. The QIDP will ensure that all investigations are completed timely and accurately.</p> <p>The Program Director will be retrained on completing investigations to ensure that all incidents requiring an investigation</p>	09/13/2015
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	<p>#4] reported that another staff dropped her, smacked her and hit her in the head. This staff [staff #4] was immediately brought in to be interviewed and reported that she is unsure of when this incident occurred and can't remember when [client #4] reported it to her. The date on the body check sheet does say 7/8/15 but [staff #4] states that she is not the one that completed this report and that it was the other evening staff. This writer [the Area Director (AD)] interviewed [client #4] and [client #4] reported that this incident did occur but that she (client #4) is unable to give a time or date. [Client #4] did state that she knows it was in the morning. While [client #4] was being interviewed she reported that staff [staff #6] [the overnight staff] hit her in the face and head and has been mean to her when she has accidents in her pants in the past. [Client #4] stated that she had not talked to the Program Coordinator (PC) about it but did talk to staff [staff #5, staff #7 and staff #4] about it. Staff [staff #5] was interviewed and reported that she is the one that completed the body check sheet that the Program Coordinator was given and that [client #4] also reported to her that [staff #6] hit her in the face and head and dropped her from her wheelchair. This writer (the AD) checked [client #4's] back, wrists and arms and only found one bruise on her left upper</p>		<p>are completed within the <u>5 day time period expected.</u> The Program Director will be retrained on Indiana MENTOR's policy and procedures on Investigations, This includes, but is not limited to <u>what needs to be investigated, and how to complete investigations.</u> Ongoing, the Quality Assurance Specialist will continue to monitor the investigations weekly that are completed by this Program Director. All incomplete investigations will be referred to the Area Director for further follow up. All staff involved in the late reporting of the incident revolving around clients 3, 4, 5, and 6 were retrained on reporting originally and also given Corrective Actions for not following the Indiana MENTOR policy and procedures. Managerial observations were put into place after the incident to ensure that staff were completing accurate documentation and reporting appropriately as needed. All staff involved in the medication administration errors were required to obtain new Core A and B certificates to show proof for retraining. Those who made the errors were given Corrective Action Plans and managerial observations of medication administrations were implemented to ensure that clients were not medically neglected. Ongoing, the Quality Assurance Specialist will continue to monitor</p>	

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	<p>arm. [Client #4] reported that she didn't know where this bruise came from and that it didn't hurt but that she thinks it probably came from [staff #6]. [Client #4] was able to report this incident but details and facts were confusing [client #4] and she started to get upset during the interview. The interviewer told [client #4] that we could continue at another time and she agreed. For immediate protective measures upon management's knowledge of this incident, staff [staff #6] was suspended on 7/9/15. This writer (the AD) spoke with [client #4] about her safety on 9/7/15. [Client #4] reported that she feels safe in her home and with her other staff as long as [staff #6] is not around anymore. [Client #4] was offered emotional support and she denied it. [Client #4's] Program Director (PD) did call the police to report this crime on 7/10/15 per the Elder Justice Act. Indiana Mentor will continue with the internal investigation to see if facts can be straightened out and details specified."</p> <p>The 7/10/15 investigative report indicated: __ "DSP (Direct Support Professional), [staff #5] turned in an undated body assessment form to [the PC] on 7/8/15. [Staff #5] reported that she asked [client #4] about it and [client #4] told her that it was probably from when [staff #6]</p>		<p>the investigations weekly that are completed by this Program Director. All incomplete investigations will be referred to the Area Director for further follow up.</p>				

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	<p>(another staff) got mad at her and hit her several times." __Staff #6 was suspended "on 7/9/15 following interviews with clients." __Staff #4 and #5 "were suspended on 7/10/15 for not reporting an allegation of abuse and providing conflicting information during their interviews." The 7/10/15 investigative report indicated during the interview with staff #4 on 7/10/15, staff #4 __ "Said at 7 AM on 7/3/15 [client #4] was crying and emotional and telling her (staff #4) she did not want her to leave. Said [client #4] reported to [staff #4] that she (client #4) fell in the bathroom and that [staff #6] grabbed her arm, used her gait belt and yanked her up. [Client #4] states that she fell... and she [staff #6] hit her 'upside the head' and told her to get up by herself. [Staff #4] says that she wrote a note in the communication log and filled out a body check. She (staff #4) reports that she also took pictures. Said she was going to try to call [the PC] but she and [staff #6] started 'getting into it' and she didn't report to anyone. Said she came in the next day [should be Saturday, 7/4/15] and [client #4] reported that [staff #6] left her in the bed when she told her she had to go to the bathroom. Said every day since the original fall (date unknown) she [client #4] has reported to her that</p>			

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	<p>she falls in the bathroom every day."</p> <p>The 7/10/15 investigative report indicated during the first interview with staff #5 on 7/9/15, staff #5: ___ "Said 'yesterday' (7/8/15) she took [client #4] to the restroom and while [client #4] was on the toilet, she observed a bruise. Said she thought this particular incident must have happened a couple of days before that and that she hadn't worked the weekend before so she wasn't exactly sure. Said on either 7/2/15 or 7/3/15 [client #4] reported to her that [staff #6] took [client #4] to the restroom and then [client #4] fell. [Client #4] said she screamed for [staff #6] who then smacked her in the head and dragged her by the gait belt back to her bed. Said 'we' (staff #5 and staff #6) told [the PC], she thinks on 7/3/15 but can't remember for sure. Said she completed the Body Assessment Form and wrote that the bruise was on the hip above or right at the pants line. She was unable to remember what day this was."</p> <p>The 7/10/15 investigative report indicated during the second interview with staff #5 on 7/9/15, staff #5: ___ "Said she worked the weekend of June 27th. Said [client #4] told her that either on June 25th or the 26th [staff #6] took [client #4] to the bathroom where she fell</p>			

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	<p>trying to get into her wheelchair. [Client #4] said that she asked [staff #6] to help her up and that [staff #6] was going off on her and she smacked her and hit her head and got the gait belt and dragged her to her bed. Said she did not report the allegation to anyone and she doesn't know why. [Staff #5] stated that she told her [client #4] that she needed to tell [the PD and the PC] what she (staff #6) did to her. I (staff #5) told [the PC] what [client #4] told me (staff #5)."</p> <p>The 7/10/15 investigative report indicated an interview with client #4 on 7/9/15, client #4: ___ "Said she had to go to the bathroom so she called for [staff #6]. Said she called and called for her (staff #6) but she did not come to help and I (client #4) wet the bed. Said she tried to get herself out of the bed and fell to the floor. Said her wheelchair wasn't close enough to the bed so it rolled backwards causing her to fall. Said 'I missed the chair and fell on the ground.' Said [staff #6] was angry at her and told [client #4] that she wasn't going to help her anymore. Said while she was on the floor she (staff #6) dragged me to the bathroom and then hit me. Said 'She put the gait belt around me and told me to get on my knees and then I got up in the wheelchair when she helped me.' Said she hit me in my face and then</p>			

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	<p>in my head. She told me to get up and I told her I couldn't, I kept saying, no, no, no, no. [Client #4] then demonstrated what the hitting looked like. Said 'I don't do anything because I am scared of her...' Said 'I'm sorry I can't remember when it happened.' Said 'I yelled and she told me to stop yelling.' Said everyone heard me yelling. [Client #3, client #5 and client #6] were out there (pointing towards the living room) and I was in the bathroom. Said [staff #6] took me out of the bathroom back to by (sic) my bed. Said she did not tell anyone. Said she could not remember if there were any other staff present, could not remember what time it happened except that it was morning. Said 'I am scared of [staff #6].... and does not want [staff #6] to be her staff anymore'."</p> <p>The 7/10/15 investigative report indicated an interview with client #6 on 7/9/15, client #6: __ Indicated "[Client #3] has accidents a lot.... the day before yesterday he got up and was wet and dirty and she [staff #6] said '[Client #3], you ain't going to s--t on the floor,' and [client #3] said 'I'm not.' Said [staff #6] 'she has a deep voice and sometimes it scares me a little bit.' Said she has not heard [staff #6] talk to anyone else like she did [client #3]."</p>			

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	<p>The 7/10/15 investigative report indicated an interview with client #5 on 7/9/15, client #5: ___ "Said '[Staff #6] is pretty good but sometimes she is mean and yells. The other staff never yell.' Said 'She [staff #6] yells at everyone. Sometimes at [client #8, client #5 or client #3]. Said [staff #6] doesn't get me my tobacco, she told me 'not my job' and I asked her what was her job, sitting on her bum?"</p> <p>The 7/10/15 investigative report indicated an interview with client #3 on 7/9/15, client #3: ___ Indicated "[Staff #6] is okay but not all the time. Said [staff #6], 'She tells me to go to my room'."</p> <p>The 7/10/15 investigative report indicated an interview with staff #5 on 7/13/15, staff #5: ___ "Said on 7/2/15 she and [client #4] were in the living room talking when [client #4] reported she had fallen in the bathroom.... [Client #4] said [staff #6] got upset with her and smacked, punched and dragged (sic) her to her bedroom. Said [client #4] demonstrated being hit on the top of her head with a closed fist.... Said [staff #1 and staff #2] witnessed the conversation. Said she assessed [client #4] and found a bruise on her knee. Said she did not report what</p>			

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	<p>[client #4] said that evening because she wanted to tell [the PC] face to face.... Said on 7/9/15 she completed a Body Assessment on [client #4] and found a bruise on her arm near her shoulder. Said the bruise was 2.5 - 3 inches. Said she left the Body Assessment Form beside the other books.... Said incidents such as bruising, med errors, injury, if something happens to the client etc. requires immediate reporting. Said immediate reporting means as soon as it happens."</p> <p>The 7/10/15 investigative report indicated an interview with staff #4 on 7/13/15, staff #4: __"Said [client #4] has had a number of bruises on her. Said during the week of June 20, 2015 [staff #5] told her (staff #4) [client #4] reported to [staff #5] that she was dragged to her bed by [staff #6]. Said on 7/1/15 or 7/2/15 [staff #4] asked her (staff #4) if she had heard '[Client #4] had been hit upside the head'.... Said she observed a bruise going down [client #4's] back along with scrapes in her shoulder area. Said she (staff #4) and [staff #5] were in a rage over this. Said she did not contact [the PC] or any other on-call supervisor after [client #4] confirmed she had been hit. Said she completed Body Assessment on [client #4] each day after this and discovered new bruising on [client #4]. Said she</p>						

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	<p>reported the bruising to [the PC], [the PC] said it was because [client #4] was falling...."</p> <p>The 7/10/15 investigative report indicated an interview with staff #7 on 7/13/15, staff #7: ___"Said 2-3 weeks ago [client #4] told her there was a morning when she was on the toilet and called for help but [staff #6] did not come and help right away. [Client #4] said [staff #6] asked her (client #4) 'What's wrong with you [client #4]? I (staff #6) told you I would be right there. I was doing something else.' [Client #4] said [staff #6] then dragged (sic) her by her feet to her bedroom. Said she completed a Body Assessment when [client #4] told her this. Said she did not see any marks or bruises on [client #4]. Said she did not report what [client #4] told her because she had no injuries."</p> <p>The 7/10/15 investigative report indicated an interview with staff #2 on 7/13/15, staff #2: ___"Said one day last week (could not recall what date) [client #4] was talking to [staff #5]. Said he heard [client #4] tell [staff #5] staff was helping her and dropped her (client #4) then the staff raised their voice at her telling her to get up.... Said [client #4] may not remember specifics such as day, time, etc., but she</p>			

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	<p>can remember what happened in an event."</p> <p>The 7/10/15 investigative report indicated the following conclusions: ___ "Evidence supports [staff #7, staff #4 and staff #5] state they received an allegation of abuse that they did not report for possibly up to 3 weeks. Evidence [the PC] received a report for an allegation of abuse on 7/8/15 that she reported on 7/9/15." ___ The facility records indicated the facility failed to report the allegations of abuse made by clients #3, #5 and #6 during the 7/10/15 investigational interviews to BDDS and/or APS within 24 hours as indicated by state law. ___ The facility records indicated the facility staff failed to immediately report all allegations of abuse to the administrator.</p> <p>2. The 12/15/14 BDDS report indicated on 12/13/14 at 9 PM the on call Program Director (PD) received a call from the on call Home Manager (HM) informing her of a bruise that was found on the back of client #1's right leg and to tell her that client #1's toes were "a little swollen." The PD told the HM to have staff elevate client #1's leg and provide her with a PRN (as needed) pain medication. The</p>			

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	<p>following morning client #1 had made no improvements. The PD told the HM "to give it a couple more hours and if the situation did not improve to take her (client #1) to the emergency room." By 12/14/14 at 4 PM client #1's condition had not improved and client #1 was taken to the ER (Emergency Room). X-rays were taken and the ER doctor indicated client #1 had four broken toes and recommended a soft wrap with a walking boot. The facility records indicated the injury of unknown origin was not reported immediately to the administrator.</p> <p>3. Client #1's nursing notes indicated: ___ On 9/7/14 "Staff reported a bruise on [client #1's] buttocks." The records indicated no cause of the injury. The facility records indicated the injury of unknown origin was not reported immediately to the administrator. ___ On 2/19/15 "Noted large bruise on [client #1's] left upper buttock approx 10 cm (centimeters) in diameter. No swelling. Purple/pink in color. Able to ambulate ad lib (at liberty). Instructed HM to call if noted pain or swelling or change in ambulation." The records indicated no cause of the injury. The facility records indicated the injury of unknown origin was not reported immediately to the administrator.</p>			

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W 0154 Bldg. 00	<p>__ On 3/20/15 "Noted large reddened/abrasion area on left upper buttock, approx (approximately) 8 by 6 cm in diameter. No drainage noted. Also noted several brown bruises on left outer thigh. Notified HM to take her to be seen by a physician today." The records indicated no cause of the injury. The facility records indicated the injury of unknown origin was not reported immediately to the administrator.</p> <p>During interview with the Area Director (AD) on 8/4/15 at 12:15 PM, the AD indicated: __ All allegations of abuse/neglect were to be reported immediately to the administrator and to BDDS and APS within 24 hours from the date of knowledge of the abuse. __ All injuries of unknown origin were to be reported immediately to the administrator.</p> <p>9-3-1(b)(5) 9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on interview and record review for</p>	W 0154	All Direct Care Staff will be retrained	09/13/2015

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	<p>3 of 4 allegations of abuse and 3 of 3 injuries of unknown origin, the facility failed to ensure all allegations of abuse/neglect and all injuries of unknown origin were thoroughly investigated for clients #1, #3, #5 and #6.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 8/4/15 at 12:30 PM.</p> <p>1. The 7/10/15 Bureau of Developmental Disabilities Services (BDDS) report indicated "Staff [staff #4] documented on a body assessment form that [client #4] had an unknown bruise on her left wrist, left upper arm, right knee and scratches on the back of her right shoulder. On this assessment, staff also wrote that [client #4] reported that another staff dropped her, smacked her and hit her in the head."</p> <p>The 7/10/15 investigative report indicated an interview with client #3 on 7/9/15, client #3: <u> </u> Indicated [staff #6] is okay but not all the time. Said [staff #6], 'She tells me to go to my room!'"</p> <p>The 7/10/15 investigative report indicated an interview with client #5 on 7/9/15, client #5:</p>		<p>on Indiana MENTOR's reporting procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS.</p> <p>All staff will be retrained on Indiana MENTOR's policy and procedure for abuse, reporting abuse, and documentation and reporting of unknown injuries.</p> <p>Ongoing, the Program Coordinator and/or Program Director (QIDP) will complete random Active Treatment observations three times per week for the first four weeks, and then once a week on going. This is to ensure that if any incidents do occur, that staff document and report them appropriately and to the correct person.</p> <p>The Program Director (QIDP) will be retrained on Indiana MENTOR's policy and procedures on internal investigations. The QIDP will ensure that all investigations are completed timely and accurately.</p> <p>The Program Director will be retrained on completing investigations to ensure that all incidents requiring an investigation are completed within the <u>5 day time period expected.</u></p> <p>The Program Director will be retrained on Indiana MENTOR's policy and procedures on Investigations. This includes, but is not limited to <u>what needs to be investigated, and how to complete investigations.</u></p>	

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	<p>__ "Said '[Staff #6] is pretty good but sometimes she is mean and yells. The other staff never yell.' Said 'She [staff #6] yells at everyone. Sometimes at [client #8, client #5 or client #3]. Said [staff #6] doesn't get me my tobacco, she told me 'not my job' and I asked her what was her job, sitting on her bum?"</p> <p>The 7/10/15 investigative report indicated an interview with client #6 on 7/9/15, client #6: __ Indicated "[Client #3] has accidents a lot... the day before yesterday he got up and was wet and dirty and she [staff #6] said '[Client #3], you ain't going to s--t on the floor,' and [client #3] said 'I'm not.' Said [staff #6] 'she has a deep voice and sometimes it scares me a little bit.' Said she has not heard [staff #6] talk to anyone else like she did [client #3]."</p> <p>The facility records indicated the allegations of abuse made by clients #3, #5 and #6 during the 7/10/15 investigation were not investigated.</p> <p>2. The 9/1/14 BDDS report indicated on 8/29/14 at 7 PM clients #5 and #6 got into an altercation and client #5 hit client #6 on his right elbow leaving a two inch bruise on client #6. The report indicated the altercation was not witnessed by staff. The report indicated on 9/1/14 staff saw a</p>		<p>Ongoing, the Quality Assurance Specialist will continue to monitor the investigations weekly that are completed by this Program Director. All incomplete investigations will be referred to the Area Director for further follow up.</p> <p>All staff involved in the late reporting of the incident revolving around clients 3, 4, 5, and 6 were retrained on reporting originally and also given Corrective Actions for not following the Indiana MENTOR policy and procedures. Managerial observations were put into place after the incident to ensure that staff were completing accurate documentation and reporting appropriately as needed.</p> <p>All staff involved in the medication administration errors were required to obtain new Core A and B certificates to show proof for retraining. Those who made the errors were given Corrective Action Plans and managerial observations of medication administrations were implemented to ensure that clients were not medically neglected.</p> <p>Ongoing, the Quality Assurance Specialist will continue to monitor the investigations weekly that are completed by this Program Director. All incomplete investigations will be referred to the Area Director for further follow up.</p>	

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	<p>bruise on client #6's elbow and asked client #6 what had happened. Client #6 told the staff client #5 hit him. The facility records indicated no investigation for the client to client abuse.</p> <p>3. The 12/21/14 BDDS report indicated on 12/21/14 client #6 "slapped [client #5] on the face." The facility records indicated no investigation for the client to client abuse.</p> <p>4. Client #1's nursing notes indicated: ___ On 9/7/14 "Staff reported a bruise on [client #1's] buttocks." The records indicated no cause of the injury. The facility records indicated no investigation in regard to the injury of unknown origin. ___ On 2/19/15 "Noted large bruise on [client #1's] left upper buttock approx 10 cm (centimeters) in diameter. No swelling. Purple/pink in color. Able to ambulate ad lib (at liberty). Instructed HM to call if noted pain or swelling or change in ambulation." The records indicated no cause of the injury. The facility records indicated no investigation in regard to the injury of unknown origin. ___ On 3/20/15 "Noted large reddened/abrasion area on left upper buttock, approx (approximately) 8 by 6 cm in diameter. No drainage noted. Also noted several brown bruises on left outer thigh. Notified HM to take her to be seen</p>			

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W 0186 Bldg. 00	<p>by a physician today." The records indicated no cause of the injury. The facility records indicated no investigation in regard to the injury of unknown origin.</p> <p>During interview with the Area Director (AD) on 8/4/15 at 12:15 PM, the AD indicated all allegations of abuse/neglect and injuries of unknown origin were to be thoroughly investigated.</p> <p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure there were sufficient direct care staff at the group home to supervise and meet the needs of the clients.</p> <p>Findings include:</p> <p>Observations were conducted at the</p>	W 0186	The Area Director, Program Director (QIDP), and Program Coordinator will meet to discuss each client's needs each day, and review the staffing schedule. Indiana MENTOR's procedure is to schedule all staffing around the needs of the clients, making note to utilize each staff when needed the most. The Program Coordinator will be retrained on scheduling staffing, and what to do in emergencies when staff call off, or make changes to ensure	09/13/2015

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	<p>group home on 8/5/15 between 5 AM and 8 AM. During this observation the following was observed:</p> <p>At 5 AM: ___ Upon entering the home there was one staff (staff #3) and eight clients. ___ Client #1 was sitting crossed legged in her pajamas on the floor in the hallway outside of client #7's bedroom door. Staff #3 prompted client #1 three times to get up off the floor and go back to her bed. Client #1 did not respond to staff #3's verbal prompts. ___ Clients #4 and #7 were still in bed. ___ Clients #2, #3, #5, #6 and #8 were awake and in their bedrooms in their bed and/or just beginning to get up for the AM.</p> <p>At 5:05 AM: ___ Client #2 went downstairs with his clothing in his hands. ___ Staff #3 indicated clients #2, #5 and #8 shared the shower downstairs.</p> <p>At 5:13 AM: ___ Staff #3 physically assisted client #1 off of the floor and back to her bed. Client #1 sat up in her bed with her legs crossed beneath her while staff #3 removed client #1's pajamas from the waist up in preparation for a bath. Client #1 did not cooperate with staff #3's</p>		<p>that staffing ratios are appropriate for the client's needs. The Program Director and Program Coordinator will convene weekly to review the upcoming schedule for the week. This will be a chance to review the weekly activities that are scheduled for each client and to ensure that there is accurate staffing scheduled at all times. The Program Director, Area Director, Regional Director, and/or Quality Assurance Specialist will complete random observations in the morning and/or evenings to ensure adequate staffing is available at all times. The Program Director, Program Coordinator, and Area Director will review the observations to ensure no extra training is needed on attendance with the staff, or scheduling with the PC.</p>	

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	<p>requests and stayed in her bed.</p> <p>__ Staff #3 prompted client #4 to get up.</p> <p>__ Staff #3 removed a blanket from client #4's bed and indicated the blanket was soiled and took the soiled linen downstairs to the laundry room.</p> <p>At 5:18 AM:</p> <p>__ Staff #3 returned upstairs and assisted client #4 out of her bed, into her wheelchair and then to the bathroom to use the toilet.</p> <p>At 5:25 AM:</p> <p>__ Client #3 was out of bed and ambulating with his walker to the bathroom.</p> <p>__ Client #3 indicated he was going to take a shower.</p> <p>__ Client #3 held onto his walker ambulating and kicking his shower basket along on the floor in front of him.</p> <p>At 5:28 AM:</p> <p>__ Staff #3 ran bath water for client #1 to take a bath.</p> <p>__ Client #5 was standing in the living room, fully dressed and asking staff #3 for a lighter so he could go outside to smoke his pipe. Staff #3 informed client #5 he would have to wait because he (staff #3) was busy.</p> <p>__ Client #2 was fully dressed and sitting in the living room on the couch without</p>			

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	<p>activity.</p> <p>__ Staff #3 prompted client #7 to get out of bed.</p> <p>At 5:33 AM:</p> <p>__ Staff #3 was assisting client #4 to dress. Client #4 was nude from the waist down.</p> <p>__ Client #1 continued to sit in her bed, legs crossed beneath her and no clothing on.</p> <p>__ The telephone rang and staff #3 left clients #1 and #4 to answer the telephone.</p> <p>At 5:35 AM:</p> <p>__ Client #6 was up and dressed and entered client #1's and client #4's bedroom without permission.</p> <p>__ Clients #1 and #4 were not completely dressed and their bedroom door was open.</p> <p>__ Client #5 was standing in the dining room and indicated he was drinking cold coffee. Client #5 stated, "I want a lighter to smoke but he (staff #3) can't get me one."</p> <p>At 5:40 AM:</p> <p>__ Staff #3 assisted client #1 out of bed and into the bathtub to bathe.</p> <p>__ Client #4 continued to sit in her wheelchair, wearing a bra and nude from the waist down. Client #4 was waiting on staff #3 to assist her to finish getting</p>			
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	<p>dressed.</p> <p>__ Client #3 was in the bathroom, the door was partially opened and a large BM (bowel movement) was smeared on the toilet seat. This surveyor knocked on the door and asked client #3 if he was ok. Client #3 stated, "Yes" and indicated he had an accident with his bowels and was going to take a shower. Staff #3 was in the bathroom with client #1 and unaware of client #3's accident.</p> <p>At 5:45 AM: __ Client #1 was standing beside her bed with no clothing on. __ Client #1 got back into her bed and sat rocking with her legs crossed beneath her.</p> <p>At 5:46 AM: __ Staff #3 picked out clothing for client #7 and assisted client #7 to the bathroom in client #1's and #4's bedroom. __ Staff #3 indicated clients #1, #4, #6 and #7 shared the bathroom in client #1's and client #7's bathroom. __ Staff #3 removed the toilet extender seat and stated to client #7 "Use it" while client #7 sat on the toilet.</p> <p>At 5:50 AM: __ Client #4 continued to sit in her wheelchair near her bed and was wearing a bra and nothing below the waist.</p>			

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	<p>__ Client #1 continued to sit up in bed with her legs crossed beneath her, rocking and no clothing on.</p> <p>__ Clients #2, #5 and #6 sat in the dining room and living room without activity.</p> <p>__ Client #8 came upstairs and to the living room and sat in the rocker/recliner.</p> <p>__ Client #3 remained in the bathroom/shower.</p> <p>At 5:55 AM: __ Staff #3 checked on client #3 and asked him if he was ok. Client #3 indicated he was ok. Staff #3 returned to the bathroom with client #7.</p> <p>__ Client #7 finished using the toilet. Staff #3 did not prompt client #7 to wipe herself. __ Staff #3 physically helped client #7 off of the toilet and prompted her to step into the tub.</p> <p>__ Staff #3 stated, "She (client #7) has seizures so we have to wash her."</p> <p>At 6:02 AM: __ Client #3 exited the bathroom leaving a large smear of BM on the toilet seat and on the bathroom floor.</p> <p>__ Client #3 returned to his bedroom, holding onto his walker and pushing his personal basket along on the floor with his feet.</p> <p>At 6:04 AM: __ Staff #3 assisted client #7 out of the</p>			

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	<p>tub. Staff #3 gave client #7 a towel to wrap around herself. The towel was too small for client #7 and a large portion of client #7 was left exposed as staff #3 assisted client #7 back to her bedroom.</p> <p>__Staff #3 assisted client #7 to put on an adult brief and to get dressed.</p> <p>At 6:07 AM: __Someone began knocking on the outside door. __At 6:10 AM staff #3 went to the front door, opened the door for staff #1 then returned to client #4's bedroom to continue helping her with getting dressed.</p> <p>At 6:11 AM: __Staff #3 finished dressing client #4 and wheeled client #4 to the living room. __Staff #3 returned to client #7's bedroom to finish dressing client #7. __Staff #1 began making coffee.</p> <p>At 6:15 AM: __Staff #3 came to the kitchen and asked staff #1, "Is [client #8] up?" Client #8 had been sitting in the recliner in the living room since 5:50 AM. __Client #5 again asked staff #3 for a lighter and was told he would have to wait and staff #3 returned to client #1's bedroom.</p> <p>At 6:18 AM:</p>			

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	<p>__ Staff #1 began preparing the AM medications.</p> <p>At 6:20 AM: __ Staff #3 and staff #1 were asked if they were aware client #3 had an accident in the bathroom and that there was BM smeared on the bathroom toilet seat and on the floor. Both staff #3 and staff #1 indicated they did not know and staff #1 indicated he would clean it up.</p> <p>At 6:37 AM: __ The PC arrived in the home and began preparations for the AM meal. __ Client # 5 was provided a lighter to smoke his pipe.</p> <p>During the AM observation period: __ Clients #2 #3, #5, #6 and #8 were left unsupervised and without activity from 5 AM until the second staff arrived at 6:10 AM. __ While assisting client #1 to bathe clients #2, #3, #4, #5, #6, #7 and #8 were left without supervision. __ While assisting client #7 to bathe clients #1, #2, #3, #4, #5, #6 and #8 were left without supervision. __ Staff #3 failed to supervise and meet the needs of client #3 after being incontinent of a bowel movement. __ Staff #3 failed to meet the needs of client #4 as the client sat in her</p>			

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	<p>wheelchair without clothing from her waist down and only a bra on waiting for staff #3 to return to finish assisting her to get dressed from 5:30 AM until 6:11 AM.</p> <p>__Staff #3 failed to meet the needs of client #5 in that client #5 requested a lighter multiple times from staff #3 and client #5 was told he had to wait.</p> <p>Client #1's record was reviewed on 8/6/15 at 3:30 PM. Client #1's Individualized Support Plan (ISP) dated 11/10/14 indicated client #1 required "In home 24 hour supervision."</p> <p>Client #2's record was reviewed on 8/6/15 at 11 AM. Client #2's ISP dated 2/1/15 indicated client #2 required "In home 24 hour supervision."</p> <p>Client #3's record was reviewed on 8/6/15 at 2:30 PM. Client #3's ISP dated 2/15/15 indicated client #3 required "In home 24 hour supervision."</p> <p>Client #4's record was reviewed on 8/6/15 at 4:30 PM. Client #4's ISP dated 8/13/14 indicated client #4 required "In home 24 hour supervision."</p> <p>Client #5's record was reviewed on 8/6/15 at 4:40 PM. Client #5's ISP dated 1/15/15 indicated client #5 required "In</p>			

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	<p>home 24 hour supervision."</p> <p>Client #6's record was reviewed on 8/6/15 at 4:50 PM. Client #6's ISP dated 8/13/14 indicated client #6 indicated "In home 24 hour supervision."</p> <p>Client #7's record was reviewed on 8/6/15 at 5 PM. Client #7's ISP dated 4/25/15 indicated client #7 required "In home 24 hour supervision."</p> <p>Client #8's record was reviewed on 8/6/15 at 5:10 PM. Client #8's ISP dated 2/1/15 indicated client #8 required "In home 24 hour supervision."</p> <p>During interview with staff #3 on 8/5/15 at 5:30 AM, staff #3: ___ Indicated only one staff worked the overnight shift. ___ Indicated a second staff came in at 6:15 AM. ___ Indicated clients #1, #4 and #7 frequently required bathing in the AM due to incontinence. ___ Indicated clients #1, #4 and #7 required constant staff supervision due to falls and/or seizures. ___ Indicated the clients began getting up at 5 AM and one staff was unable to supervise all eight clients while providing direct care to clients #1, #4 and #7. ___ Indicated a second staff was needed</p>			

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W 0210 Bldg. 00	<p>when clients were getting up.</p> <p>The Program Director (PD), the Area Director (AD) and the PC were interviewed on 8/10/15 at 11 AM.</p> <p>__The PD indicated only one staff worked the overnight shift and a second staff was to arrive at 6 AM to assist getting clients up.</p> <p>__The AD indicated clients were not to be left unsupervised at any time.</p> <p>__The AD indicated the staff were to be aware of the location and activity of all the clients in the home at all times.</p> <p>__The AD indicated there should be sufficient numbers of staff present at all times to supervise and meet the needs of the clients</p> <p>9-3-4(a)</p> <p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN</p> <p>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.</p> <p>Based on observation, interview, and record review for 1 of 4 sampled clients (#3), the facility failed to ensure client #3 ambulatory needs were assessed along with an adaptable walker with a tray</p>	W 0210	The Interdisciplinary Team will convene for client #3 to discuss a different type of adaptive equipment/walker to assist him with continuing to be as independent as possible.	09/13/2015

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	<p>and/or a tray, basket or seat allowing client #3 to transport his personal items without having to drag/push them along on the floor.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/4/15 between 4:40 PM and 7 PM. Client #3 was a tall thin male that used a two wheel walker while ambulating. Client #3's gait was slow and unsteady while slightly dragging his right leg. At 6:45 PM client #3 had finished his evening meal and got up from the table. Client #3 was unable to remove items from the kitchen table after eating while holding onto his walker. Client #3 went to his bed room, retrieved his hygiene basket and headed to the bathroom to shower. Client #3 had both hands on his two wheeled walker while ambulating. Client #3 could not carry his hygiene basket so he used his feet to push the plastic hygiene basket along on the floor as he walked.</p> <p>Observations were conducted at the group home on 8/5/15 between 5 AM and 8 AM. At 5:25 AM client #3 was up and dressed and ambulating from his bedroom to the main bathroom. Client #3 indicated he was incontinent of a bowel movement (BM) and was going to take a</p>		<p>The Program Coordinator will be retrained on keeping the Program Nurse and Program Director (QIDP) informed of changes that are needed with the adaptive equipment.</p> <p>The Program Nurse will work with the appropriate medical professionals to ensure that a Physical Therapy Assessment is completed on client # 3.</p> <p>The Program Director/QIDP will update client # 3's current use of the walker at a higher frequency than before. This change should also include the recent amputation of his toe which may result in an increase of falls from what was previously seen. It will also include the results of the PT assessment once it is completed.</p> <p>The Program Nurse will complete face to face visits with each client no less than monthly to ensure any medical needs are followed up with in a timely manner. These meetings may increase to bi-monthly or more should medical needs increase with particular clients.</p> <p>The Program Nurse will indicate all medical information in her monthlies for each client. A copy of these monthlies will be given to the Program Director and the Area Director for review by the 10th of the following month, along with a list of appointments and outcomes from that month.</p> <p>The Area Director and Program Director will review each nursing</p>	

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	<p>shower. Client #3 had both hands on his two wheeled walker while ambulating. Client #3 could not carry his hygiene basket so he used his feet to push the plastic hygiene basket along on the floor as he walked.</p> <p>Client #3's record was reviewed on 8/6/15 at 2:30 PM. The client's record indicated diagnoses of, but not limited to, Post CVA (Cerebrovascular Accident, stroke), Diabetes Type II, Arthritis, Incontinence and Glaucoma (a condition of increased pressure within the eyeball causing gradual loss of sight).</p> <p>Client #3's Individualized Support Plan (ISP) dated 2/15/15 indicated: __ Client #3 was 6 feet 2 inches tall and weighed 170 pounds. __ Client #3 was able to ambulate independently. "He (client #3) does have a walker that he only has to use as needed for when he feels weak. It is noted that the use of the walker is more frequently with age. He does display some generalized weakness in his right leg.... [Client #3] does not use any orthotic or corrective devises at this time and the IDT did not, at this point, identify a need for such.... Past Experiences - [Client #3] has had some changes in his physical ability to move around and his rolling walker has helped. He also has shoe</p>		<p>monthly to ensure no additional follow up is needed, to ensure no retraining's are needed for the staff to meet the client's needs, and to ensure that no programmatic changes are needed for each client's ISP and High Risks.</p> <p>Ongoing, the Program Nurse, Program Director/QIDP, Program Coordinator, and Area Director will follow up with each client's needs as needed to ensure health and safety.</p>	

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	<p>inserts and AFO brace to the rt (right) ankle. [Client #3] has had no PT/OT evaluations within the past year. [Client #3] is arthritic and this has contributed to changes in his general ability to be mobile."</p> <p>Client #3's nursing notes indicated: __10/10/14 client #3 was taken to an immediate care facility due to a fall resulting in client #3 hitting his face. The note indicated client #3 received 5 sutures to his right lower chin area. __10/17/14 sutures were removed. __12/5/14 client #3 saw his podiatrist. "Infected third right digit tract to bone, possible osteomyelitis (inflammation of bone or bone marrow due to infection)." Client #3 was placed on antibiotics. __1/9/15 client #3 saw his physician for "diabetic foot care." Client #3 continued on antibiotics for his infected toe and the doctor recommended client #3 be fitted for a custom AFO (Ankle Foot Orthosis) for night foot drop. __2/9/15 "MRI (Magnetic resonance imaging - a test that uses a magnetic field and pulses of radio wave energy to take images of organs and structures inside the human body) completed and revealed infection in the bone of the right third toe. Recommend treatment to move forward and amputate and eradicate the infection. Surgery scheduled for 2/12/15.</p>			

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	<p>PRN (as needed) Norco for pain." __2/14/15 "Amputation of tip of 3rd right digit at [name of surgery center] completed by [name of doctor]." __2/28/15 Right foot bandage remains dry and client able to ambulate with walker at liberty. 3/3/15 May resume showers. Bandage to foot removed.</p> <p>Client #3's Risk Management Assessment Plan (RMAP) dated 2/15/15 indicated client #3 used a rolling walker safely. "[Client #3] can ambulate independently but may use a rolling walker while up for safety." The RMAP indicated client #3 had a history of leg weakness that could cause unsteadiness and the staff were to follow client #3's fall risk protocol.</p> <p>Client #3's Annual Healthcare Assessment dated 1/29/15 by the client's physician indicated client #3 was not in need of Physical Therapy (PT).</p> <p>Client #3's record indicated no Physical Therapy assessment in regard to client #3's ambulatory needs and/or the use or need of additional assistive devices to include a tray or basket for client #3's walker to assist client #3 in carrying objects.</p>			

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W 0249 Bldg. 00	<p>During interview with the Program Director (PD) and the facility's LPN on 8/10/15 at 11 AM, the PD and the LPN indicated no PT assessment available for review. The LPN indicated the most current PT assessment had probably been purged from client #3's record. The LPN and the PD indicated no knowledge of the date of client #3's last PT assessment.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure the clients were offered formal and informal training opportunities and/or choices of leisure activities when time permitted, to ensure the clients were provided medication training and to ensure client #1 was provided 1:1 (one staff to one client) supervision while</p>	W 0249	The Direct Support Professionals will be retrained on completing formal and informal training goals for each client. After the retraining occurs, the Program Coordinator will complete two (2) weekly observations to ensure that the goals are being completed with each client as specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs to be addressed. After the	09/13/2015

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	<p>eating her meals.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/4/15 between 4:40 PM and 7 PM. During this observation period the following was observed:</p> <p>At 4:40 PM:</p> <p>__ The home had a small entry area that lead directly to an open room that served as the living room and dining room.</p> <p>__ There were three couches and a rocker/recliner in the living room positioned near and around the television in the shape of a horseshoe.</p> <p>__ Clients #1, #2, #3, #7 and #8 were sitting in the living room, the television (TV) was on but the clients were not activity watching it.</p> <p>__ Client #1 was sitting one of the couches with her legs crossed beneath her, rocking and playing with a small yellow plastic object.</p> <p>__ Client #7 sat on one of the couches with a wooden puzzle in her lap.</p> <p>__ Client #8 sat in the rocker/recliner that was near and to the side of the TV making watching TV difficult with the position of the chair to the TV.</p> <p>__ Staff #2 was in the kitchen preparing the evening meal of Salisbury steak, corn, peas with mushrooms, a lettuce salad and</p>		<p>initial four (4) weeks, the Program Coordinator and/or Program Director will complete weekly medication administration observations ongoing, and will ensure that all needed retrainings will be completed. Ongoing each DSP will work with each client on their specific Individualized Support Plan that states each goal. All staff will be retrained on Active Treatment for all clients. After the retraining occurs, the Program Coordinator will complete two (2) weekly observations to ensure that active treatment is being completed with each client as specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs to be addressed. After the initial four (4) weeks, the Program Coordinator and/or Program Director will complete weekly active treatment observations ongoing, and will ensure that all needed retrainings will be completed. The Direct Support Professionals will be retrained on medication administration; specifically on including the medication goals each time that medication administration is completed with each client. After the retraining occurs, the Program Coordinator will complete two (2) weekly medication administration observations to ensure that the medication goals are being completed with each client as</p>	

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	<p>dinner rolls.</p> <p>Client #1 sat on one of the couches in the living room from 4:40 PM until 6:03 PM at which time the Program Coordinator (PC) verbally and physically prompted client #1 to go to the bathroom. Client #1 was directed to sit down at one of the dining chairs at the table. Client #1 was a short woman. As soon as she got up into the chair, client #1 crossed her legs beneath her and sat on her legs while eating her evening meal. One staff stood behind the table and a few feet away from the clients and another staff stood in front of the table behind the clients and also a few feet away from the table. Client #1 ate her evening meal and returned to the couch for the remainder of the observation period. While client #1 was eating her evening meal, the staff did not sit with client #1 and/or provide client #1 with 1:1 supervision.</p> <p>Client #2 sat on one of the couches in the living room from 4:40 PM until 5:35 PM at which time staff #1 prompted client #2 to play cards with him.</p> <p>Client #3 was in the living room at 4:40 PM sitting on one of the couches. At 4:50 PM client #3 got up and went to his bedroom until 5:06 PM when he returned to the living room and sat back down on</p>		<p>specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs. After the initial four (4) weeks, the Program Coordinator and/or Program Director will complete weekly medication administration observations ongoing, and will ensure that all needed retrainings will be completed.</p>	

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	<p>one of the couches. Client #3 remained in the living room until time for the evening meal at 6:13 PM.</p> <p>Client #7 sat on one of the couches in the living room from 4:40 PM until 4:59 PM with a wooden puzzle in her lap. At 4:59 PM client #7 got up from the couch, went to the medication area, took her medications and then returned to the couch until time for the evening meal at 6:13 PM. While sitting in the living room client #7 held a wooden puzzle on her lap. Client #7 ate her evening meal and returned to sit in the living room through the remainder of the observation period.</p> <p>Client #8 sat in the rocker/recliner in the living room from 4:40 PM until time for the evening meal at 6:13 PM. Client #7 ate her evening meal and returned to sit in the living room through the remainder of the observation period.</p> <p>At 4:55 PM: ___ The medication cabinet was located along the backside of one of the kitchen walls in the dining room and visible to anyone in the living room and dining room. ___ Staff #1 prompted client #6 to come to the dining room to take her evening medications. ___ Staff #1 prepared and gave client #6</p>			

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	<p>Zoloft 100 mg (milligrams) and Seroquel 100 mg for depression.</p> <p>At 4:59 PM: __Staff #1 prepared and gave client #5 his PM medications. Staff #1 gave client #5 Risperdal 0.75 mg for impulse control and depression and Coumadin 5 mg to thin his blood. __Client #5 remained in the dining room area until time for the evening meal.</p> <p>At 5:05 PM: __Staff #1 prompted client #7 to the dining room for her PM medications. Staff #1 prepared and gave client #7 Felbatol 400 mg and Clonazepam 0.5 for seizures. __Client #7 took her medications and returned to the living room to sit without activity until the evening meal was ready.</p> <p>Observations were conducted at the group home on 8/5/15 between 5 AM and 8 AM. During this observation period the following was observed:</p> <p>Upon entering the home at 5 AM: There was one staff (staff #3) and eight clients. Client #1 was awake, in her pajamas and sitting crossed legged on the floor in the hallway outside of client #7's bedroom door. Staff #3 prompted client #1 several times to get up off the floor and go back</p>			

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	<p>to her bed. Client #1 did not respond to staff #3's verbal prompts.</p> <p>__ Clients #4 and #7 were still in bed.</p> <p>__ Clients #2, #3, #5, #6 and #8 were awake and in their bedrooms in their bed and/or just beginning to get up for the AM.</p> <p>From 5 AM until 6:30 AM staff #1 was occupied with assisting clients #1, #4 and #7 to get up, bathed and dressed.</p> <p>Client #2 was up and dressed and sitting in the living room at 5:28 AM. The TV was on but client #2 was not watching the program on the TV. Client #2 remained sitting in the living room without activity until time for his AM medications which he took at 7:10 AM. After taking his medications client #2 returned to the living room until time for breakfast at 7:25 AM.</p> <p>Client #3 was up and dressed at 5:25 AM and was ambulating with his walker to the main bathroom. Client #3 indicated he was incontinent of a bowel movement (BM). While in the bathroom client #3 left the door ajar and smeared BM was noted on the seat of the toilet and on the floor of the bathroom. Client #3 got was in the bathroom from 5:25 AM until 6:02 AM. After showering client #3 returned to the living room and sat until time for</p>			

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	<p>his morning medications which he took at 6:30 AM. After receiving his medications client #3 returned to the living room and sat until time for the morning meal at 7:25 AM.</p> <p>Client #5 was up, dressed and in and out of the living room, kitchen and back porch area from 5:25 AM until 6:37 AM. Client #5 asked staff #3 several times during this time for a light for his pipe and was told he would have to wait because the staff was busy with other clients to get him a light. Client #5 was given a light for his pipe at 6:37 AM.</p> <p>Client #6 was up and dressed by 5:50 AM. Client #6 was in and out of her bedroom, client #1's bedroom and client #7's bedroom and went to the living room and talked with her peers until time for her AM medications at 6:45 AM.</p> <p>Client #8 was up and dressed and sitting in the living room without activity from 5:50 AM until he received his AM medications at 7:17 AM.</p> <p>At 6:30 AM: __Staff #1 gave client #3 the following medications: Oyster Calcium for bone health. Oxybutynin 5 mg for incontinence. Aspirin 81 mg for general health.</p>			

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	<p>Maxzide 25 mg and Felodipine 10 mg for high blood pressure. Piroxicam 20 mg for Arthritis. Loratadine 10 mg for allergies. Prilosec 40 mg acid reflux. Loperamide 2 mg for bowel control. Brimonidine and Dorzolamide eye drops for Glaucoma. Chlorhexidine mouthwash. Triamcinolone cream to his left arm itching.</p> <p>At 6:37 AM: __The PC arrived in the home and began preparations for the AM meal. __Client # 5 was provided a lighter to smoke his pipe.</p> <p>At 6:40 AM: __Staff #1 prepared and gave client #5 the following medications: Risperdal 0.75 mg and Zoloft 150 mg for depression. Diltiazem 120 mg and Isosorbide 30 mg for high blood pressure. Oyster Calcium for bone health. Aspirin 81 mg for general health. Chlorhexidine mouthwash.</p> <p>At 6:45 AM: Staff #1 prepared and gave client #6 the following medications: Metformin 1000 mg to control blood sugars.</p>			

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	<p>Calcium chew for bone health. Oxybutynin 5 mg for incontinence. Seroquel 50 mg for depression. Lisinopril 20 mg for high blood pressure. Chlorhexidine mouthwash.</p> <p>At 6:52 AM: Staff #1 prepared and gave client #1 the following medications: Necon for menstrual regulation. Oyster Calcium for bone health. Levothyroxine for low thyroid levels. Docusate Sodium to soften BMs.</p> <p>At 6:58 AM: Staff #1 prepared and gave client #7 the following medications: Levothyroxine 100 mg for low thyroid hormone levels. Felbatol 400 mg for seizures. Clonazepam 0.5 mg, Levetiracetam 500 mg and Depakote 750 mg for seizures. Vesicare 5 mg for incontinence. Oyster Shell 500 mg with Vitamin D for bone health. Chlorhexidine mouthwash.</p> <p>At 7:05 AM: Staff #1 prepared and gave client #4 the following medications: Depakote 1000 mg and Lamictal 25 mg for seizures. Loratadine 10 mg for allergies.</p>			

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	<p>Zantac 150 mg for heartburn and acid indigestion.</p> <p>Levothyroxine 100 mg for low thyroid levels.</p> <p>Iron 324 mg for dietary supplement.</p> <p>Chlorhexidine mouthwash.</p> <p>Oyster Shell for bone health.</p> <p>Acetaminophen 500 mg for Arthritis pain.</p> <p>At 7:10 AM: Staff #1 prepared and gave client #2 the following medications: Brimonidine and Dorzolamide eye drops. Chlorhexidine mouthwash.</p> <p>At 7:15 AM: Staff #1 prepared and gave client #8 the following medication: Propranolol 20 mg for high blood pressure.</p> <p>During this observation period client #1 was observed sitting at the dining room table with her 7 housemates eating her morning meal. Client #1 refused to eat and only took a couple of bites of her breakfast. While eating her meal, there were three staff in the home, two direct care staff, the PC and the Program Director (PD). While eating client #1 was not provided one to one supervision.</p> <p>Observations were conducted at the day</p>			

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	<p>program (DP) on 8/5/15 between 11 AM and 11:45 AM. During this observation period client #1 was observed sitting at a table eating a lunch meat sandwich with cheese that had been cut into very small squares, a snack fruit cup and cheese curls. While client #1 was eating her meal at the DP, client #1 was not provided one to one assistance and/or supervision.</p> <p>During the AM and PM observation periods the staff failed to provide clients #1, #2, #3, #4, #5, #6, #7 and #8 with formal and/or informal training or a choice of leisure activities when time permitted.</p> <p>Client #1's record was reviewed on 8/6/15 at 3:30 PM. Client #1's Individualized Support Plan (ISP) dated 11/10/14 indicated the following objectives:</p> <ul style="list-style-type: none"> Once a month, client #1 was to hold her hand out for the staff to clip her nails. To alert the staff with gestures or pointing to let them know what she wants. To participate in an exercise three times a week. To take her medications. To place her dirty linen in the hamper 			

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	<p>after bathing/showering. To identify a quarter, nickel and dime.</p> <p>Client #1's Risk Management Assessment Plan (RMAP) dated 11/10/14 indicated client #1 was at risk for choking and edentulous (no teeth) and "Receives 1:1 supervision during meals. Mechanical soft #1 diet."</p> <p>Client #2's record was reviewed on 8/6/15 at 11 AM. Client #2's ISP dated 2/1/15 indicated the following objectives: To complete an exercise of his choice for 15 minutes a day three times a week. To help clean the kitchen after a meal. To make a purchase in the community. To give his street address when asked. To state the reason for his medication Dorzolamide.</p> <p>Client #3's record was reviewed on 8/6/15 at 2:30 PM. Client #3's ISP dated 2/15/15 indicated the following objectives: To clean his room twice a week. To make a purchase of his choice. To brush his teeth two times a day. To get his Glucerna (a nutritional drink) and state the reason why he takes it. To participate in an exercise of his choice for 15 minutes.</p>			

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	<p>Client #4's record was reviewed on 8/6/15 at 4:30 PM. Client #4's ISP dated 8/13/14 indicated the following objectives:</p> <ul style="list-style-type: none"> To identify coins and bills to make a personal purchase. To fold her laundry. To inform staff of the activity she prefers to do. To exercise her upper extremities. <p>Client #5's record was reviewed on 8/6/15 at 4:40 PM. Client #5's ISP dated 1/15/15 indicated the following objectives:</p> <ul style="list-style-type: none"> To state the reason he takes Coumadin. To clean his room. To follow his checklist for personal hygiene. To complete an exercise of his choice three times a week for 15 minutes. To make a purchase in the community. <p>Client #6's record was reviewed on 8/6/15 at 4:50 PM. Client #6's ISP dated 8/13/14 indicated the following objectives:</p> <ul style="list-style-type: none"> To monitor her blood sugars once a week. To make a purchase in the community twice a week. To do her laundry on Thursday and 			

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	<p>Sunday.</p> <p>To complete an exercise of her choice three times a week for 15 minutes.</p> <p>To comb her hair.</p> <p>Client #7's record was reviewed on 8/6/15 at 5 PM. Client #7's ISP dated 4/25/15 indicated the following objectives:</p> <p>To participate in an exercise of her choice for 15 minutes.</p> <p>To throw her used napkin in the waste basket after her meal.</p> <p>To brush her teeth for two minutes.</p> <p>To repeat the first three numbers of her telephone number (297).</p> <p>To bring a cup of water to the medication area for med pass.</p> <p>Client #8's record was reviewed on 8/6/15 at 5:10 PM. Client #8's ISP dated 2/1/15 indicated the following objectives:</p> <p>To change his bed linen.</p> <p>To sanitize his hands and bring a cup of water in preparation for his medication pass.</p> <p>To complete an exercise of his choice three days a week for 15 minutes.</p> <p>To identify coins.</p> <p>To brush his teeth.</p> <p>During interview with the Lead Supervisor (LS) and the Adult</p>			

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9-3-4(a)	<p>Developmental Manager (ADM) at the DP on 8/5/15 at 11:25 AM:</p> <p>__ The LS stated, "I have always cut her (client #1's) food up because she doesn't have any teeth and I thought it would help her."</p> <p>__ The ADM indicated she was not aware of any special precaution in regard to client #1's dining needs.</p> <p>__ The LS indicated client #1 was not provided 1:1 supervision while eating.</p> <p>During interview with the facility's LPN on 8/10/15 at 11 AM, the LPN indicated client #1 was at risk of choking and was to have 1:1 staff supervision while eating. The LPN stated, "I think that's what it says on her Risk Management Assessment Plan."</p> <p>During interview with the Area Director (AD) on 8/10/15 at 11 AM, the AD indicated:</p> <p>__ Staff were to offer the clients training at every available opportunity.</p> <p>__ Clients sitting idle for more than fifteen minutes were to be offered training and/or a choice of a leisure activity.</p> <p>__ Clients were to be provided medication training at every medication pass.</p>			

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W 0331 Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observations, record review and interview for 1 of 4 sampled clients (#1) the facility failed:</p> <p>__ To ensure nursing services developed and implemented a plan of care in regard to client #1's skin integrity needs and to ensure the plan included client #1's toileting, incontinence and repositioning needs in regard to skin integrity.</p> <p>__ To ensure nursing services developed and implemented a plan of care to address client #1's insomnia, to ensure the plan included how the staff were to monitor client #1's sleep patterns and what was to be documented.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/4/15 between 4:40 PM and 7 PM.</p> <p>__ From 4:40 PM to 6:03 PM client #1 sat on her buttocks on the couch with her legs crossed.</p> <p>__ At 5:59 PM the PC (Program Coordinator) assisted client #1 off the couch and walked with her to go to the bathroom. The PC indicated client #1 was incontinent of urine and wore an</p>	W 0331	<p>A protocol was added to client #1 individualized plan to address the skin integrity.</p> <p>Client #1's RMAP will be revised to address this high risk.</p> <p>All staff will be retrained on her new protocol(s) and the updated RMAP. Ongoing, the Program Nurse will turn in copies of monthly and quarterly reviews for each client to the appropriate Program Director/QIDP and Area Director/Administrator for review of accuracy and to ensure no concerns go unreported or unnoticed.</p> <p>The Program Director, with the assistance of the Program Nurse, will put a sleep tracking form in place for Client #1.</p> <p>Staff will be trained on the sleep tracking document.</p> <p>Staff will appropriately document client #1's sleep patterns to ensure that the adding of trazadone is appropriate. This documentation tracking will be reviewed with the client's physician.</p> <p>Client #1's RMAP will be revised to address this high risk.</p> <p>All staff will be retrained on her new protocol(s) and the updated RMAP.</p>	09/13/2015

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	<p>adult brief at all times.</p> <p>Observations were conducted at the group home on 8/5/15 between 5 AM and 8 AM.</p> <p>__At 5 AM client #1 was sitting on the floor in the hallway outside of client #7's bedroom door. Client #7 sat with her legs crossed and was rocking.</p> <p>__At 5:13 staff #3 assisted client #1 back to her bed. Client #1 sat on her buttocks with her legs crossed.</p> <p>__At 5:28 AM staff #3 ran bath water for client #1 and then began undressing client #1 for her bath. Staff #3 indicated client #1 was incontinent of urine. Staff #3 indicated client #1 was incontinent frequently in the AM and client #1 wore an adult brief at all times.</p> <p>Observations were conducted at the Day Program (DP) on 8/5/15 between 11 AM and 11:45 AM.</p> <p>__From 11 AM to 11:35 AM client #1 sat on the floor with her legs crossed and flipping through a magazine.</p> <p>__At 11:35 AM one of the DP staff helped client #1 up off the floor into a chair at the table for her afternoon meal.</p> <p>Client #1's record was reviewed on 8/6/15 at 3:30 PM.</p> <p>Client #1's quarterly physician's orders</p>			

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	<p>dated 8/1/15 indicated client #1 was to have Trazodone 50 mg (milligrams) at bedtime for insomnia (inability to sleep).</p> <p>Client #1's nursing notes indicated: ___9/7/14 "Staff reported a bruise on [client #1's] buttocks. No noted c/o (complaint of) pain or discomfort. No difficulty ambulating." ___1/12/15 "[Client #1] saw [name of physician] for problems sleeping at night. New order for Trazodone 50 mg (milligrams) at bedtime PRN (as needed)." ___1/15/15 "HM (Home Manager) [name of HM] stated that the Trazodone is helping [client #1] and she is sleeping better. Requested [name of physician] schedule the med for every night." ___2/19/15 "Noted large bruise on [client #1's] left upper buttock approx 10 cm (centimeters) in diameter. No swelling. Purple/pink in color. Able to ambulate ad lib (at liberty). Instructed HM to call if noted pain or swelling or change in ambulation." ___2/28/15 "Medical condition stable at this time. No difficulty ambulating. No noted c/o pain or discomfort." ___3/20/15 "Noted large reddened/abrasion area on left upper buttock, approx (approximately) 8 by 6 cm in diameter. No drainage noted. Also noted several brown bruises on left outer</p>			
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	<p>thigh. Notified HM to take her to be seen by a physician today.</p> <p>__3/20/15 "[Client #1] went to [name of urgent care] for red bruise on left lateral side of buttock. Clindamycin 75m/5ml (milliliters) oral solution. Take 10 mg TID (three times a day) PO (orally) x 7 days. If not better in 2 days, follow up at ER."</p> <p>3/27/15 "Left buttock bruise better, clearing. Dry with no drainage. Redness gone. Scabs noted."</p> <p>4/9/15 "No noted c/o pain or discomfort. Will monitor left buttock area."</p> <p>__4/3/15 - "Left buttock area noted to be reddened. Scabbed areas opened. Appears that [client #1] 'scoted' and reopened scabs. Instructed HM to make appt (appointment) with physician for follow up since it's not healed yet. Appt scheduled for 4/7/15. Instructed to take to [name of urgent care facility] if symptoms worsen."</p> <p>__4/7/15 "[Client #1] saw [name of physician] for left buttocks follow up. 'Surrounding dermatitis seems better.' 'Continue on current antibiotics for now.' Triamcinolone 0-170 cream BID (twice a day) topically."</p> <p>__4/29/15 "Left buttocks cleared. No redness, swelling or drainage."</p> <p>Client #1's record indicated no plan of care to include client #1's skin integrity</p>						

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	<p>and/or client #1's insomnia.</p> <p>During interview with the DP Adult Developmental Manager (ADM) on 8/5/15 at 11:30 AM, the ADM: ___ Stated client #1 "constantly sits on the floor with her legs crossed while at the DP." ___ Indicated client #1 scoots on her bottom at times to get from place to place. ___ Indicated client #1 had gotten abrasions and pressure areas on her buttocks from sitting and scooting on the floor. ___ Indicated client #1 requires "a lot of prompting" to get up off the floor. ___ Indicated client #1 wears an adult brief at all times. ___ Indicated while at the DP the staff try to take client #1 to the bathroom several times.</p> <p>During interview with the facility's LPN on 8/10/15 at 11 AM, the LPN: ___ Indicated client #1 had a history of issues with abrasions and bruises to her buttocks. ___ Indicated no health care and/or risk plans to address client #1's skin integrity. ___ Indicated the staff did not monitor or document client #1's sleep. ___ Indicated no health care and/or risk plans to address client #1's insomnia.</p>			

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W 0368 Bldg. 00	<p>9-3-6(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 3 of 4 sampled clients (#2, #3 and #4) and 1 additional client (#6), the facility failed to ensure all drugs were administered to the clients in compliance with the clients' physician's orders.</p> <p>Findings include:</p> <p>The facility's reportable records were reviewed on 8/4/15 at 12:30 PM.</p> <p>The 6/18/15 BDDS (Bureau of Developmental Disabilities Services) report indicated "During a routine weekly Medication Administration Sheet review, the Home Manager (HM) discovered that the weekend morning staff on June 13 and 14th (2015) marked on the MAR (Medication Administration Record) that she (the staff) didn't pass the 7 am eye drops for [client #2]. She (the staff) indicated on the MAR that eye drops were not available in the group home for her to administer. When the Home</p>	W 0368	All staff were retrained at the time of the incident(s) on medication administration, and reporting missing, inaccurate, and incorrect medications as they become aware. The Program Coordinator was retained on ordering medications appropriately from the pharmacy as needed to ensure timely delivery. After the retraining occurs, the Program Coordinator, Program Director, and/or Program Nurse will complete two (2) weekly medication administration observations to ensure that the administration is being completed according to Indiana MENTOR policy and procedures for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs. After the initial four (4) weeks, the Program Coordinator, Program Director, and/or Program Nurse will complete weekly medication administration observations ongoing, and will ensure that all needed future retrainings will be completed. Ongoing, the	09/13/2015

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4002 N MOLLER RD INDIANAPOLIS, IN 46254
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	<p>Manager came to the home on Monday, staff [name of staff], told her that the eye drops were missing. The Home Manager went and checked the medication cabinet and found them. Since this was a little later in the day, [client #2] did not receive his morning eye drops on the 15th either. Then on June 16th (2015), the same staff called the Home Manager and reported the eye drops were missing again. The Home Manager immediately went to the house and checked around and did not find the eye drops anywhere. She (the HM) decided to check the trash can and found the full bottle. She then checked the MAR again and found that staff had documented that they were given. It was also documented that these same drops were given at the correct time by other staff at the 9 pm med pass. During the investigation the morning staff, [name of staff], maintains that she did not administer the eye drops and that they were not in the house. [Client #2] is unable to report whether he received the eye drops or not. An internal investigation has been started and it was discovered that the Home Manager has copies of the delivery sheets for these eye drops and that she is ordering these as needed. This same staff also reported that she did not call anyone over the weekend to report that these eye drops were missing. This is not Indiana Mentor</p>		<p>Williams' Brother's Pharmacy conducts quarterly audits to ensure that all errors are addressed and corrected. Ongoing, the Program Nurse will complete random audits of the med cabinets to ensure that all appropriate medications are in the house as needed and prescribed. Ongoing each DSP will complete Medication Administration as expected by Indiana MENTOR's policy and procedures.</p>	

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	<p>policy and procedure, so some form of corrective action will be given to the staff for not-reporting."</p> <p>The 6/21/15 BDDS report indicated "During a routine weekly Medication Administration Sheet review, the Home Manager discovered that the weekend morning staff on June 13 and 14th (2015), marked on the MAR that she (the staff) didn't pass the 7 am eye drops for [client #3]. She (the staff) indicated on the MAR that eye drops were not available in the group home for her to administer. When the Home Manager came to the home on Monday, staff [name of staff], told her that the eye drops were missing. The Home Manager went and checked the medication cabinet and found them. Since this was a little later in the day, [client #3] did not receive his morning eye drops on the 15th either. Then on June 16th (2015), the same staff called the Home Manager and reported that the eye drops were missing again. The Home Manager immediately went to the house and checked in the lock box in the refrigerator (where these particular eye drops are stored) and found them. During the investigation, the morning staff [name of staff], maintains that she did not administer the eye drops and that they were not in the house. [Client #3] is unable to report whether he</p>			

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	<p>received the eye drops or not. An internal investigation has been started and it was discovered that the Home Manager has copies of the delivery sheets for these eye drops and that she is ordering these as needed. This same staff also reported that she did not call anyone over the weekend to report that these eye drops were missing. This is not Indiana Mentor policy and procedure, so some form of corrective action will be given to the staff for not reporting."</p> <p>The 5/24/15 BDDS report indicated on 5/23/15 and 5/24/15 client #3 did not receive his Dorzolamide (eye drops for glaucoma) because the medication was not available to give. The report indicated the facility staff failed to report the lack of medication.</p> <p>The 2/17/15 BDDS report indicated on 2/15/15 client #6 did not receive her AM Metformin (for control of blood sugar).</p> <p>The 2/17/15 BDDS report indicated on 2/14/15 client #4 did not receive her 6 AM Divalproex and Lamotrigine (medications to control seizures.)</p> <p>The 2/17/15 BDDS report indicated on 2/12/15 client #3 did not receive "two dosages of his (client #3's) Doxycycline (an antibiotic) prior to his surgical</p>			

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W 0369 Bldg. 00	<p>procedure and four dosages of his Doxycycline post his procedure."</p> <p>The 11/8/14 BDDS report indicated "On 10/7/14 (sic), [client #6] took her 5 pm medication twice, once at 5 pm, and the other time at 9 pm. Staff [name of staff] mistakenly given (sic) the medication at 9 pm as she (the staff) misread the MAR.... [Client #6's] medications at 5 pm were 100 mg (milligrams) Zoloft and 100 mg Quetiapine." Both medications are for behavior modification. The report indicated the nurse called the on-call physician, got no reply and then called poison control. The nurse was informed the double dose would "just make [client #6] sleepy, but she still needs to be check (sic) regularly throughout the night."</p> <p>During interview with the facility's RN on 8/10/15 at 11 AM, the RN indicated all clients were to receive their medications as ordered by their physician.</p> <p>9-3-6(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered</p>				

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	<p>without error.</p> <p>Based on observation, record review and interview for 10 of 49 medications observed being administered, the facility failed to ensure all medications were administered without error to clients #2, #3, #4, #6 and #7.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/5/15 between 5 AM and 8 AM.</p> <p>__At 6:23 AM staff #1 gave client #3 Piroxicam (for Arthritis pain) 20 mg (milligrams) with water. Staff #1 did not give this medication with food.</p> <p>__At 6:25 AM staff #1 instilled one drop of Brimonidine eye drops (for Glaucoma) into each of client #3's eyes.</p> <p>__At 6:26 AM staff #1 instilled one drop of Dorzolamide-Timolol eye drops (for Glaucoma) into each of client #3's eyes.</p> <p>__At 6:30 AM staff #1 poured 15 ml (milliliters) of Chlorhexidine Gluconate mouth rinse into a medicine cup and gave it to client #3. Client #3 took the mouth rinse to the bathroom and rinsed his mouth. Review of the label on the bottle of Chlorhexidine Gluconate indicated the rinse was to be used after eating breakfast.</p> <p>__At 6:45 AM staff #1 gave client #6 Seroquel (for depression) 50 mg. After</p>	W 0369	<p>The Direct Support Professionals will be retrained on medication administration. This training will include the times that medication administration is completed, which must be according to the Med Sheets. After the retraining occurs, the Program Coordinator will complete two (2) weekly medication administration observations to ensure that the administration is being completed according to Indiana MENTOR policy and procedures for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs. After the initial four (4) weeks, the Program Coordinator and/or Program Director will complete weekly medication administration observations ongoing, and will ensure that all needed future retrainings will be completed. Ongoing each DSP will complete Medication Administration as expected by Indiana MENTOR's policy and procedures.</p>	09/13/2015

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	<p>giving client #6 her oral medications staff #1 poured 15 ml of Chlorhexidine Gluconate mouth rinse into a medicine cup and gave it to client #6. Client #6 took the mouth rinse to the bathroom and rinsed her mouth. Review of the label on the bottle of Chlorhexidine Gluconate indicated the rinse was to be used after eating breakfast.</p> <p>__At 6:58 AM staff #1 poured 15 ml of Chlorhexidine Gluconate mouth rinse into a medicine cup and gave it to staff #3 to give to client #7. Staff #3 escorted client #7 to the bathroom and client #7 rinsed her mouth. Review of the label on the bottle of Chlorhexidine Gluconate indicated the rinse was to be used after eating breakfast.</p> <p>__At 7:05 AM staff #1 poured 15 ml of Chlorhexidine Gluconate mouth rinse into a medicine cup and gave it to staff #3 to give to client #4. Staff #3 escorted client #4 to the bathroom and client #4 rinsed her mouth. Review of the label on the bottle of Chlorhexidine Gluconate indicated the rinse was to be used after eating breakfast.</p> <p>__At 7:11 AM staff #1 placed one drop of Brimonidine eye drops into each of client #2's eyes.</p> <p>__At 7:12 AM staff #1 placed one drop of Dorzolamide-Timolol eye drops into each of client #2's eyes. Staff #1 did not wait 3 minutes between eye drops.</p>			

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	<p>__ At 7:15 AM staff #1 poured 15 ml of Chlorhexidine Gluconate mouth rinse into a medicine cup and gave it to client #2. Review of the label indicated the Chlorhexidine Gluconate bottle belonged to client #3. Staff #1 was asked if it was ok to use another clients' medication bottle and staff #1 stated, "No, but he (client #2) doesn't have a bottle of his own right now because he ran out yesterday." Staff #1 was asked what the staff were to do when a client was out of their medication. Staff #1 stated, "I probably should have called the nurse first." Review of the label on the bottle of Chlorhexidine Gluconate indicated the rinse was to be used after eating breakfast.</p> <p>__ Client #2 did not receive Artificial Tears eye ointment during this observation period.</p> <p>__ Client #3 did not receive his Atrovent inhaler for Asthma during this observation period.</p> <p>__ Client #4 did not receive Econazole Nitrate cream (for Athletes feet) or Fluticasone (for allergies) nasal spray during this observation period.</p> <p>__ Client #7 did not receive Betadine solution between her toes during this observation period.</p> <p>__ Clients #2, #3, #4, #6 and #7 ate their breakfast at 7:40 AM after receiving their</p>			

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	<p>medications.</p> <p>Client #2's, #3's, #4's, #6's and #7's Medication Administration Records (MARs) for August 2015 was reviewed on 8/5/15 at 8:02 AM. The MARs indicated the following:</p> <p>__ Client #2 was to have Dorzolamide-Timolol eye drops one drop in each eye at 6:30 AM and Brimonidine eye drops one drop in each eye at 7 AM for Glaucoma. The MAR indicated "wait at least 3 mins (minutes) in between drops."</p> <p>__ Client #2 was to have Artificial Tears eye ointment "apply to each eye two times a day (7 AM and 5 PM) Dx (Diagnosis) dry eyes."</p> <p>__ Client #3 was to have Dorzolamide-Timolol eye drops one drop in each eye at 6:30 AM and Brimonidine eye drops one drop in each eye at 7 AM for Glaucoma.</p> <p>__ Client #3 was to have Piroxicam 20 mg at 7 AM with food.</p> <p>__ Client #3 was to have Atrovent inhaler two puffs at 7 AM for Asthma.</p> <p>__ Client #4 was to have Econazole Nitrate cream to her feet every three to four days for Athletes feet. The MAR indicated staff #1 had initialed on the MAR he had given client #4 her Econazole Nitrate cream.</p> <p>__ Client #4 was to have Fluticasone</p>			
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W 0382 Bldg. 00	<p>nasal spray two sprays in each nostril at 7 AM.</p> <p>__ Client #6 was to take her Seroquel after breakfast.</p> <p>__ Client #7 was to have Betadine Solution between her toes daily in the AM. The MAR indicated staff #1 initialed client #6's MAR that he had provided client #6 the Betadine Solution.</p> <p>During interview with the facility's LPN on 8/10/15 at 11 AM, the RN indicated: __ The staff were to report to the LPN all medications that were not available to give and the staff were not to give the medication from another client's supply. __ The staff were to follow the directions provided on the medication labels. __ All medications were to be given as ordered by the physician and as indicated on the client's MAR.</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview for 4 of 4 sample client (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure the clients'</p>	W 0382	All staff will be retrained on medication administration, including ensuring that medications are secured at all times. For the first four weeks,	09/13/2015

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	<p>medications/treatments were secured at all times.</p> <p>Findings include:</p> <p>Observations were conducted at the group home of clients #1, #2, #3, #4, #5, #6, #7 and #8 on 8/5/15 between 5 AM and 8 AM. During this observation period the following was observed:</p> <p>Client #1's, #2's, #3's, #4's, #5's, #6's, #7's and #8's medications were stored in a tall large metal cabinet with two doors and secured with a pad lock. The cabinet was located along the backside of one of the kitchen walls facing the dining room and visible to anyone in the living room and dining room. The dining room table and chairs were only two feet away from the medication cabinet.</p> <p>At 6:52 AM staff #1 pulled all of client #1's medications out of the medication cabinet and placed them on the dining room table. Staff #1 then proceeded to extract client #1's pills from their individual pill packs. Staff #1 placed all of client #1's medications into a small cup of applesauce and walked to the living room to give client #1 her AM medications. In doing so, staff #1 left the medication cabinet unlocked, both doors open and the medication cabinet was</p>		<p>the Program Director, and/or Program Nurse will complete three (3) weekly medication administration observations to ensure that the medication goals are being completed with each client as specified for four (4) weeks. These will then be reviewed by the Program Director ensuring that there are no further training needs. After the initial four (4) weeks, the Program Director, and/or Program Nurse will complete two (2) weekly medication administration observations for four (4) additional weeks, and will ensure that all needed retrainings will be completed. After the additional four (4) weeks, the Program Director, and/or Program Nurse will complete weekly medication administration observations ongoing, and will ensure that all needed retrainings will be completed.</p>	

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	<p>unsupervised. Clients #5 and #6 were in the kitchen and dining room and within a few feet from the open medication cabinet and client #1's medications were left out on the table. Staff #1 gave client #1 her medications and returned to the medication cabinet to put client #1's medications back into the cabinet.</p> <p>At 6:58 AM staff #1 had called client #7 to come to the dining room for her medications. Staff #1 got out a small metal locked box from the large metal medication cabinet and set it on the table. Staff #1 began looking for his keys, checking his pockets, the medication cabinet and the dining room table. Staff #1 indicated he was not able to find the medication keys for the locked box. Staff #1 then found the keys lying on the dining room table. Client #5 also was sitting at the dining room table while staff #1 was looking for his keys and was passing medications. Staff #1 prepared and gave client #7 her AM medications.</p> <p>At 7:05 AM client #4 was sitting in a wheelchair in the living room. Staff #1 prepared client #4's medications and then stepped into the living room to retrieve client #4 for her AM medications. In doing so, staff #1 left the medication cabinet both doors opened and medications lying on the dining room</p>			

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W 0488 Bldg. 00	<p>table. Staff #1 pushed client #4 in her wheelchair to the dining room and proceeded to give her the AM medications he had prepared for her.</p> <p>During interview with the facility's LPN on 8/10/15 at 11 AM, the LPN indicated all medications were to be returned to the medication cabinet and the medication cabinet secured prior to staff walking away from the medication cabinet.</p> <p>9-3-6(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure the staff provided training in meal preparation when formal and informal training opportunities existed.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/4/15 between 4:40 PM and 7 PM. Salisbury steak, corn, peas with mushrooms, a lettuce salad and</p>	W 0488	The Direct Support Professionals will be retrained on completing formal and informal active treatment opportunities for each client at any given teaching moment, including but not limited to meal time. The Direct Support Professionals will be retrained on each client's specific dining protocol and training goals. The Program Director and/or Program Coordinator will complete 2 weekly active treatment observations for 4 weeks, and then 1 per week afterwards to ensure that the privacy policy is being instructed and utilized as expected. Ongoing, the Area	09/13/2015

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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4002 N MOLLER RD INDIANAPOLIS, IN 46254			
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	<p>dinner rolls were served for the evening meal.</p> <p>At 4:40 PM staff #2 was in the kitchen preparing the meal. The Salisbury steaks were frying and the corn and peas were heating on the stove. Staff #2 indicated he had arrived at 2:30 PM to begin the evening meal preparation.</p> <p>During the preparation of the meal, client #5 walked in and out of the kitchen a few times and clients #1, #2, #3, #4, #5, #6, #7 and #8 did not actively participate in the meal preparation.</p> <p>__At 5:45 PM the Program Coordinator (PC) got plates and dinnerware from the kitchen cabinets and set them on the kitchen counter.</p> <p>__At 5:50 PM staff #2 retrieved the silverware from the kitchen drawers and placed them with the dinnerware on the kitchen counter.</p> <p>__At 5:53 PM the PC prompted clients #5 and #6 to wash their hands and to set the table for the evening meal. Client #6 began placing the plates on the table and client #5 began placing drinking cups on the table.</p> <p>__At 5:55 PM staff #1 finished setting the table with silverware and napkins.</p> <p>__At 6:09 PM staff #1 placed a bowl of kernel corn, a bowl of peas and</p>		Director will complete quarterly pop in visits to ensure that all policies and procedures are being followed.				

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	<p>mushrooms and a platter of Salisbury steaks on the table. The PC escorted client #1 to the table.</p> <p>__ At 6:10 PM clients #2, #3, #4, #5, #6, #7 and #8 were prompted to wash their hands and come to the dining room table for their evening meal.</p> <p>Between 6:13 PM and 6:20 PM the following was observed:</p> <p>__ The PC placed a platter of rolls on the table.</p> <p>__ Staff #1 placed a scoop of peas and a roll on client #7's plate.</p> <p>__ Staff #1 placed a steak on client #7's plate and cut the meat into small pieces.</p> <p>__ Staff #2 placed two scoops of peas and a roll on client #1's plate. Client #1 immediately began eating the peas with her hands</p> <p>__ The PC placed a steak on client #1's plate and cut the meat into small pieces.</p> <p>__ Staff #2 placed two scoops of peas, a steak and a roll onto client #4's plate and then buttered client #4's roll for her.</p> <p>__ Staff #2 placed lettuce/salad in a bowl for client #4 and poured salad dressing over her salad and cut client #4's meat into small pieces.</p> <p>__ Staff #2 poured a colored liquid into cups for clients #1, #2, #7 and #8.</p> <p>At 6:20 PM:</p> <p>__ After the clients had received their</p>			

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	<p>meal, staff #1 and the PC stood around the table and behind the clients supervising while the clients ate their meal. The staff did not sit with the clients while the clients ate their evening meal and/or promote casual conversation while eating. Staff #2 retreated to the living room to sit at a small wooden table and was not within eyesight of the clients. Staff #2 was not in the dining room while the clients consumed their meal.</p> <p>During interview with the Program Director (PD) and the Area Director (AD) on 8/10/15 at 11 AM, the AD indicated:</p> <p>__ The staff were to provide the clients with training in meal preparation and family style dining at every available opportunity.</p> <p>__ Clients were to participate in the meal preparation.</p> <p>__ All clients were to be assisted when needed with hand over hand assistance.</p> <p>__ The staff were not to serve the clients.</p> <p>__ The staff were to sit with the clients when possible to further encourage and provide training of family style dining.</p> <p>__ All staff present in the home was to be in the dining room and sitting with the clients while dining.</p> <p>9-3-8(a)</p>			

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W 9999 Bldg. 00	<p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-3 Facility Staffing</p> <p>(e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on interview and record review for 1 of 3 employees records reviewed (#2),</p>	W 9999	<p>All staff are given reminders as to when their annual training requirements are due to expire. Those that fail to keep them up to date receive suspension until completed according to the Indiana MENTOR policy and procedure. Ongoing, the Administrative Assistant, with the help of HR, will keep the Home Manager and Direct Care staff up to date with the staff annual training expiration dates, including but not limited to annual Mantoux tests, or xrays. Ongoing the Area Director will review the staff development bi monthly to ensure that staff stay up to date.</p>	09/13/2015

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	<p>the facility failed to obtain an annual Mantoux and/or chest x-ray for employee #2.</p> <p>Findings include:</p> <p>The facility's personnel records were reviewed on 8/4/15 at 2:30 PM with the Program Director (PD). Staff #2's personnel record indicated staff #2 was hired 11/3/14. Staff #2's record indicated no Mantoux exam and or chest x-ray.</p> <p>During interview with the Program Director (PD) on 8/4/15 at 2:30 PM, the PD indicated no Mantoux or chest x-ray results were found in staff #2's employee record.</p> <p>9-3-3(e)</p>				