

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G127	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/20/2012
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1031 WEST ST NEW ALBANY, IN 47150
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: July 16, 17, 18 and 20, 2012.</p> <p>Surveyor: Dotty Walton, Medical Surveyor III</p> <p>Facility Number: 000664 AIM Number: 100234310 Provider Number: 15G127</p> <p>The following deficiencies reflect findings in accordance with 460 IAC 9. Quality Review completed 7/26/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0214	<p>483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#3), the facility failed to ensure the client's behavior of seeking staff's attention and resulting escalation of behaviors had been assessed.</p> <p>Findings include:</p> <p>During observations at the facility on the evening of 7/16/12 from 4:00 PM until 6:30 PM an environmental tour was done. The door to the medication room had a crack in it. The door to the bathroom in the staff office area had a hole in it. The door to the closet in the staff office had a hole in it. The doors were hollow core type doors.</p> <p>The facility's incident reports were reviewed on 7/16/12 at 1:45 PM and indicated the following: On 5/03/12, client #3 was seeking staff #4's attention and refused redirection. Client #3 threw a marker at a housemate's head. On 5/23/12 client #3 kicked holes in the bathroom door (in the staff office area) and the medication room door.</p>	W0214	<p>W 214: The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. Corrective Action: (Specific): The QIDP will review client # 3's comprehensive functional assessment to identify specific developmental and behavioral management needs. Assessments will be reviewed in regards to client # 3's focus on a particular staff or how to deal with the attachment so as to avoid the escalation of his behaviors (property destruction, self injury, aggression toward staff/peers). The Behaviorist will revise client # 3's BSP to address the client's attention seeking of a particular staff person's attention. The QDIP will provide evidence that client #3's behaviors of aggression and property destruction have been assessed by the Behaviorist. How others will be identified: (Systemic) Each clients' comprehensive functional assessments will be reviewed annually and as needed throughout the year to identify each client's specific developmental and behavioral management needs. Measures</p>	08/19/2012			

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	<p>On 6/06/12, client #3 kicked a closet door off the hinge.</p> <p>On 6/16/12, client #3 punched a hole in the staff office closet door.</p> <p>On 6/20/12, client #3 kicked the medication room door while wearing sandals and sustained a one/half inch cut to his left great toe.</p> <p>On 6/22/12, client #3 was "yelling" at staff #4 and kicked a six inch crack in a kitchen cabinet door.</p> <p>On 7/04/12, client #3 cursed staff #4 and kicked out panels in the laundry room door.</p> <p>The review of the incident reports indicated client #3's behaviors would escalate if staff #4 attempted to redirect him.</p> <p>Client #3's record review of 7/17/12 at 9:17 AM indicated his behavior support plan/BSP was dated 02/08/12 and addressed the behaviors of verbal aggression, property destruction, and invading others' personal space. The BSP did not have methods to address the client's attention seeking of a particular staff person's attention. The record review indicated no assessment in regards to client #3's focus on a particular staff or how to deal with the attachment so as to avoid the escalation of his behaviors (property destruction, self injury, aggression toward staff/peers.</p>		<p>to be put in place: The QIDP will review client # 3's comprehensive functional assessment to identify specific developmental and behavioral management needs. Assessments will be reviewed in regards to client # 3's focus on a particular staff or how to deal with the attachment so as to avoid the escalation of his behaviors (property destruction, self injury, aggression toward staff/peers). The Behaviorist will revise client # 3's BSP to address the client's attention seeking of a particular staff person's attention. The Program Director will the Behaviorist on assessing client #3's behaviors of aggression and property destruction.</p> <p>Monitoring of Corrective Action: The QDIP will review annually and as needed each client's comprehensive functional assessments to identify each client's specific developmental and behavioral management needs. Completion date: 08/19/2012</p>				

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	<p>Interview with Qualified Intellectual Disabilities Professional designee/QIDPd #1 on 7/17/12 at 12:15 PM indicated client #3 sought staff #4's attention and redirection could sometimes lead to an escalation of his behavior to aggression and property destruction. QIDPd #1 could not provide evidence these behaviors had been assessed by the agency's behaviorist.</p> <p>9-3-4(a)</p>			

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W0262	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#3), the facility failed to ensure the agency's specially constituted committee (Human Rights Committee/HRC) had reviewed and monitored client #3's replacement of agency property destroyed by the client.</p> <p>Findings include:</p> <p>During observations at the facility on the evening of 7/16/12 from 4:00 PM until 6:30 PM an environmental tour was done. The door to the medication room had a crack in it. The door to the bathroom in the staff office area had a hole in it. The door to the closet in the staff office had a hole in it. The doors were hollow core type doors.</p> <p>The facility's incident reports were reviewed on 7/16/12 at 1:45 PM and indicated the following: On 5/23/12 client #3 kicked holes in the bathroom door (in the staff office area) and the medication room door. On 6/16/12, client #3 punched a hole in</p>	W0262	<p>W 262: The committee should review, approve and monitor individual programs designated to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Corrective Action: (Specific): The Agency's specially constituted committee (Human Rights Committee/HRC) will review and monitor client #3's replacement of agency property (medication room door, bathroom door in staff office area, and the staff office closet door) destroyed by client #3. The Human Rights Committee will review and sign the interdisciplinary team meetings records of team meetings held to discuss replacement of the damaged doors and withdraw from his RFMS account to pay for replacement of the damaged doors. The HRC will review for approval of the amount of the invoice for the replacement doors and sign when approved. How others will be identified: (Systemic) The QIDP will ensure that all IDT's for replacement of damaged agency property and the accompanying invoices will be</p>	08/19/2012			

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	<p>the staff office closet door.</p> <p>Review of client finances with Qualified Intellectual Disabilities Professional/QIDP #1 on 7/16/12 at 4:00 PM indicated client #3's Resident Fund Management Service/RFMS Statement for June 2012. The RFMS statement had an expenditure on 6/11/12 from client #3's personal account for \$239.68 for "damaged door." Review of client #3's record on 7/17/12 at 9:21 AM indicated interdisciplinary team meetings/IDTs on 6/05/12 and 7/09/12. The 6/05/12 IDT indicated client #3 had an episode of physical aggression on 5/29/12 and "kicked holes in 2 different doors in the group home." The IDT indicated it was agreed he should pay for the doors at a cost of \$239.68 to be withdrawn from his RFMS account. Attached to the IDT was an invoice which documented two "solid core wood grain hard board door slabs" had been ordered to fit the existing doorways. The IDT had no signature from the HRC members. The 7/09/12 IDT indicated on "6/16/12 [client #3] punched a hole through a hollow door in the office. The I.D.T. feels that [client #3] should pay to replace the door. The cost to replace the door is \$114.49. This amount will be withdrawn from his R.F.M.S. account." Attached to the IDT was an invoice for a "solid core wood grain hard</p>		<p>presented to the Human Right Committee/HRC for approval and HRC signatures.. Measures to be put in place: The Agency's specially constituted committee (Human Rights Committee/HRC) will review and monitor client #3's replacement of agency property (medication room door, bathroom door in staff office area, and the staff office closet door) destroyed by client #3. The Human Rights Committee will review and sign the interdisciplinary team meetings records of team meetings held to discuss replacement of the damaged doors and withdraw from his RFMS account to pay for replacement of the damaged doors. The HRC will review for approval of the amount of the invoice for the replacement doors and sign when approved.</p> <p>Monitoring of Corrective Action: The QIDP will review IDT's and present any that involve replacement of damaged agency property and accompanying invoices to HRC for approval and signature. Completion date: 08/19/2012</p>		

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	<p>board door slab" which was to be prepared to fit the existing doorway at the facility. The IDT had no signature from the HRC members. The vendor of the door slabs was contacted by telephone on 7/17/12 at 12:00 PM. The conversation with the vendor indicated hollow core doors (prehung variety) varied from \$63.99 (24 inches by 80 inches) to \$69.99 (36 inches by 80 inches). A solid core door would be more expensive than a hollow core door of the same dimensions.</p> <p>Client #3's record review of 7/17/12 at 9:17 AM indicated his behavior support plan/BSP was dated 02/08/12. The record review indicated no review or monitoring of client #3's making restitution in regards to the broken facility doors.</p> <p>Interview with Qualified Intellectual Disabilities Professional designee/QIDPd #1 on 7/17/12 at 12:15 PM indicated the restitution of the damaged doors had not been presented to the agency's HRC for their review.</p> <p>9-3-4(a)</p>				

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W0274	<p>483.450(b)(1) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The facility must develop and implement written policies and procedures that govern the management of inappropriate client behavior.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#3), the facility failed to ensure their written policies/procedures addressed clients making financial restitution to the agency for property destroyed during client behavior episodes.</p> <p>Findings include:</p> <p>During observations at the facility on the evening of 7/16/12 from 4:00 PM until 6:30 PM an environmental tour was done. The door to the medication room had a crack in it. The door to the bathroom in the staff office area had a hole in it. The door to the closet in the staff office had a hole in it. The doors were hollow core type doors.</p> <p>The facility's incident reports were reviewed on 7/16/12 at 1:45 PM and indicated the following: On 5/23/12 client #3 kicked holes in the bathroom door (in the staff office area) and the medication room door. On 6/16/12, client #3 punched a hole in the staff office closet door.</p>	W0274	<p>W 274: The facility must develop and implement written policies and procedures that govern the management of inappropriate client behavior.</p> <p>Corrective Action: (Specific): The agency will ensure written Behavior Support Services Policy contains information or procedure in regards to client #3 making financial restitution to the agency. The agency will put in place guidelines or procedures to protect client #3's rights in regards to replacement value of items.</p> <p>How others will be identified: (Systemic) The QIDP will be retrained on the Behavior Support Services Policy guidelines and procedures to protect each clients rights in regards to replacement of value of items.</p> <p>Measures to be put in place: The agency will ensure written Behavior Support Services Policy contains information or procedure in regards to client #3 making financial restitution to the</p>	08/19/2012			

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	<p>Review of client finances with Qualified Intellectual Disabilities Professional/QIDP #1 on 7/16/12 at 4:00 PM indicated #3's Resident Fund Management Service/RFMS Statement for June 2012. The RFMS statement had an expenditure on 6/11/12 from client #3's personal account for \$239.68 for "damaged door." Review of client #3's record on 7/17/12 at 9:21 AM indicated interdisciplinary team meetings/IDTs on 6/05/12 and 7/09/12. The 6/05/12 IDT indicated client #3 had an episode of physical aggression on 5/29/12 and "kicked holes in 2 different doors in the group home." The IDT indicated it was agreed he should pay for the doors at a cost of \$239.68 to be withdrawn from his RFMS account. Attached to the IDT was an invoice which documented two "solid core wood grain hard board door slabs" had been ordered to fit the existing doorways. The 7/09/12 IDT indicated on "6/16/12 [client #3] punched a hole through a hollow door in the office. The I.D.T. feels that [client #3] should pay to replace the door. The cost to replace the door is \$114.49. This amount will be withdrawn from his R.F.M.S. account." Attached to the IDT was an invoice for a "solid core wood grain hard board door slab" which was to be prepared to fit the existing doorway at the facility. The</p>		<p>agency. The agency will put in place guidelines or procedures to protect client #3's's rights in regards to replacement value of items</p> <p>Monitoring of Corrective Action: The QIDP will monitor IDT's to ensure Behavior Support Services Policy guidelines and procedures are followed to protect each clients' rights in regards to replacement value of items.</p> <p>Completion date: 08/19/2012</p>		

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	<p>vendor of the door slabs was contacted by telephone on 7/17/12 at 12:00 PM. The conversation with the vendor indicated hollow core doors (prehung variety) varied from \$63.99 (24 inches by 80 inches) to \$69.99 (36 inches by 80 inches). A solid core door would be more expensive than a hollow core door of the same dimensions.</p> <p>The agency's Behavior Support Services Policy and Procedure (undated) was reviewed on 7/18/12 at 1:30 PM. The Behavior Support Services policy contained no information or procedure in regards to clients making financial restitution to the agency. There were no guidelines or procedures in place to protect the client's rights in regards to replacement value of items.</p> <p>Interview with Qualified Intellectual Disabilities Professional designee/QIDPd #1 on 7/17/12 at 12:15 PM indicated the doors client #3 had damaged were all hollow core doors but more expensive, solid core door slabs had been ordered to replace them. Qualified Intellectual Disabilities Professional/QIDP #2 was interviewed on 7/17/12 at 12:20 PM regarding the replacement doors. The interview indicated the doors client #3 had paid for on 6/11/12 were solid core doors not hollow core doors of the same</p>			

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	type he had damaged 5/23/12. 9-3-5(a)			

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W0289	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#3), the facility failed to ensure the client's program contained methodology regarding restitution for agency property destroyed by the client.</p> <p>Findings include:</p> <p>During observations at the facility on the evening of 7/16/12 from 4:00 PM until 6:30 PM an environmental tour was done. The door to the medication room had a crack in it. The door to the bathroom in the staff office area had a hole in it. The door to the closet in the staff office had a hole in it. The doors were hollow core type doors.</p> <p>The facility's incident reports were reviewed on 7/16/12 at 1:45 PM and indicated the following: On 5/23/12 client #3 kicked holes in the bathroom door (in the staff office area) and the medication room door. On 6/16/12, client #3 punched a hole in the staff office closet door.</p>	W0289	<p>W 289: The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with methodology regarding restitution for agency property destroyed by the client.</p> <p>Corrective Action: (Specific): Client #3's Individual Support Plan will be revised to contain methodology regarding restitution for agency property destroyed by client #3. Restitution will be included in the methodology of the property destruction component of client #3's BSP.</p> <p>How others will be identified: (Systemic) Behavior Support Plans for each client will be reviewed to ensure systematic interventions to manage inappropriate client behavior have been included in the client's individual program plan in accordance with methodology regarding restitution for agency property destroyed by each client when appropriate. Measures to be put in place: Client #3's Individual Support Plan will be revised to contain methodology regarding restitution for agency property destroyed by client #3.</p>	08/19/2012			

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	<p>Review of client finances with Qualified Intellectual Disabilities Professional/QIDP #1 on 7/16/12 at 4:00 PM indicated #3's Resident Fund Management Service/RFMS Statement for June 2012. The RFMS statement had an expenditure on 6/11/12 from client #3's personal account for \$239.68 for "damaged door." Review of client #3's record on 7/17/12 at 9:21 AM indicated interdisciplinary team meetings/IDTs on 6/05/12 and 7/09/12. The 6/05/12 IDT indicated client #3 had an episode of physical aggression on 5/29/12 and "kicked holes in 2 different doors in the group home." The IDT indicated it was agreed he should pay for the doors at a cost of \$239.68 to be withdrawn from his RFMS account. Attached to the IDT was an invoice which documented two "solid core wood grain hard board door slabs" had been ordered to fit the existing doorways. The 7/09/12 IDT indicated on "6/16/12 [client #3] punched a hole through a hollow door in the office. The I.D.T. feels that [client #3] should pay to replace the door. The cost to replace the door is \$114.49. This amount will be withdrawn from his R.F.M.S. account." Attached to the IDT was an invoice for a "solid core wood grain hard board door slab" which was to be prepared to fit the existing doorway at the facility. The</p>		<p>Restitution will be included in the methodology of the property destruction component of client #3's BSP. Monitoring of Corrective Action: The QIDP will review each Behavior Support Plan to ensure each BSP that addresses the behaviors of verbal aggression, property destruction and invading others' personal space includes restitution in the methodology of the property destruction component of the BSP. Completion date: 08/19/2012</p>				

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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1031 WEST ST NEW ALBANY, IN 47150
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	<p>vendor of the door slabs was contacted by telephone on 7/17/12 at 12:00 PM. The conversation with the vendor indicated hollow core doors (prehung variety) varied from \$63.99 (24 inches by 80 inches) to \$69.99 (36 inches by 80 inches). A solid core door would be more expensive than a hollow core door of the same dimensions.</p> <p>Client #3's record review of 7/17/12 at 9:17 AM indicated his behavior support plan/BSP was dated 02/08/12 and addressed the behaviors of verbal aggression, property destruction, and invading others' personal space. Restitution was not included in the methodology of the property destruction component of the BSP.</p> <p>Interview with Qualified Intellectual Disabilities Professional designee/QIDPd #1 on 7/17/12 at 12:15 PM indicated the doors client #3 had damaged were all hollow core doors but more expensive, solid core door slabs had been ordered to replace them. Qualified Intellectual Disabilities Professional/QIDP #2 was interviewed on 7/17/12 at 12:20 PM regarding the replacement doors. The interview indicated the doors client #3 had paid for on 6/11/12 were solid core doors not hollow core doors of the same type he had damaged 5/23/12. The</p>			

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	interviews indicated the client's BSP did not contain a restitution plan for replacing damaged property. 9-3-5(a)				

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W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#2), the facility's nursing services failed to ensure the client's skin integrity was monitored.</p> <p>Findings include:</p> <p>Review of client #2's record on 7/17/12 at 8:44 AM indicated his diagnoses included, but were not limited to, hypertension, seasonal allergies, elevated cholesterol, and insulin dependent diabetes mellitus (IDDM). The review indicated a nursing quarterly assessment dated 7/6/12 which indicated client #2 had been treated for MRSA (methicillin resistant Streptococcus aureus) in April 2012. The record review indicated client #2 had been seen at an urgent care center for an infection on his upper thigh area and the attending physician had documented the reddened area was "as big as my hand." The infection was found to be MRSA and the client was treated with antibiotics. The record review indicated health care plans dated 7/16/12 by the LPN but there was no plan for skin integrity monitoring due to his diabetes diagnosis and his history of MRSA.</p>	W0331	<p>W 331: The facility must provide clients with nursing services in accordance with their needs.</p> <p>Corrective Action: (Specific): Client #3's Health Care Plans will be revised to include a plan for skin integrity monitoring due to his diabetes diagnosis and history of MRSA. A Skin Assessment form will be put in place for weekly monitoring of client #3's skin integrity. Staff and Nurse will be retrained on accurate observation of his skin condition and on documenting client #3's Skin Assessment form. How others will be identified: (Systemic) The nurse will develop health care plans for skin integrity monitoring of clients who are at risk for decreased skin integrity. Measures to be put in place:): Client #3's Health Care Plans will be revised to include a plan for skin integrity monitoring due to his diabetes diagnosis and history of MRSA. A Skin Assessment form will be put in place for weekly monitoring of client #3's skin integrity. Staff and Nurse will be retrained on accurate observation of his skin condition and on documenting client #3's Skin Assessment form.</p> <p>Monitoring of Corrective Action: The Nurse will review the Skin Assessment Forms and document in the Nursing Notes.</p>	08/19/2012			

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	<p>Interview with Qualified Intellectual Disabilities Professional designee/QIDPd #1 on 7/17/12 at 11:30 AM indicated the facility nurse had not written/implemented a skin integrity plan for client #2. An interview with QIDPd #1 on 7/20/12 at 12:35 PM indicated client #2 had not told staff he had an issue with his thigh until the area had gotten "hand" size.</p> <p>9-3-6(a)</p>				<p>The Director of Nursing Services will review Nursing Notes regularly to ensure each client receives nursing services in accordance with their needs. Completion date: 08/19/2012</p>		

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W0440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</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 facility failed to ensure evening shift sleeptime evacuation drills were conducted at least quarterly.</p> <p>Findings include:</p> <p>Fire evacuation drills from 7/11 to 7/12 with clients #1, #2, #3, #4, #5, #6, #7 and #8, as participants were reviewed on 7/16/12 at 4:30 PM.</p> <p>The review indicated no night shift fire drill (12:00 AM until 8:00 AM) for the second quarter of 2012 (April, May and June).</p> <p>Interview with the Program Coordinator on 7/16/12 at 4:35 PM and on 7/17/12 at 11:00 AM indicated no additional drill records for the facility.</p> <p>9-3-7(a)</p>	W0440	<p>W 440: The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Corrective Action: (Specific): The Program Coordinator will be retrained that evacuation drills must be completed at least quarterly for each shift of personnel.</p> <p>How others will be identified: (Systemic) The Program Coordinator will be retrained that evacuation drills must be completed at least quarterly for each shift of personnel</p> <p>Measures to be put in place: The Program Coordinator will be retrained that evacuation drills must be completed at least quarterly for each shift of personnel</p> <p>Monitoring of Corrective Action: The Operations Manager for Supervised Group Living will review each drill to ensure that they completed as indicated by regulation</p> <p>Completion date: 08/19/2012</p>	08/19/2012	