

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G323	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/09/2015
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 842 NATIONAL RD RICHMOND, IN 47374
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W 000  Bldg. 00	<p>This visit was for a predetermined full annual recertification and state licensure survey.</p> <p>Survey Dates: March 2, 3, 4, 5 and 9, 2015.</p> <p>Facility Number: 000841 Provider Number: 15G323 AIM Number: 100243670</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed March 18, 2015 by Dotty Walton, QIDP.</p>	W 000		
W 104  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 observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the governing body failed to exercise general policy and operating direction over the facility to ensure:</p> <p>__ The home was wheelchair accessible prior to admitting client #1 to the home.</p> <p>__ To ensure client #1's bedroom was</p>	W 104	<p><b>CORRECTION:</b></p> <p><i>The Governing body must exercise general policy, budget and operating direction over the facility. Specifically:</i></p>	04/08/2015

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>large enough to accommodate a wheelchair allowing client #1 sufficient space to maneuver his wheelchair in and around his room to get in and out of bed and to access all of his belongings.</p> <p>__To ensure the lower level bathroom was large enough to accommodate a wheelchair and provide space and comfort for client #1 while showering and toileting.</p> <p>__The QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored the clients' active treatment programs for clients #1, #2 and #3.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The governing body failed to exercise general policy and operating direction over the facility to ensure the QIDP integrated, coordinated and monitored the clients' active treatment programs for clients #1, #2 and #3. Please see W159.</li> <li>2. The governing body failed to exercise general policy and operating direction over the facility to ensure client #1 was proved a bedroom with sufficient space to maneuver a wheelchair in and about the room. Please see W422.</li> <li>3. The governing body failed to exercise general policy and operating direction</li> </ol>		<p>The governing body has determined that the facility bathrooms cannot be modified to meet Client #1's adaptive needs. Therefore, the facility is working with the Bureau of Developmental disability Services to find an alternative residential placement suited to Client #1's mobility needs.</p> <p>Pursuant to the QIDP's failure to integrate, coordinate and monitor the active treatment program:</p> <p>The nurse will assess Client #1's seating and positioning and the QIDP will assess Client #2's elopement behavior to determine if the use of door alarms and cowbells is still indicated. A review of facility support documents indicated this deficient practice did not affect any additional clients.</p> <p>Client #1 has been assessed by a dietician. A review of facility support documents indicated this deficient practice did not affect any additional clients.</p>		

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	<p>over the facility to ensure the lower level bathroom was large enough to accommodate a wheelchair and provide space and comfort for client #1 while showering and toileting. Please see W424.</p> <p>9-3-1(a)</p>		<p>The QIDP will direct the interdisciplinary team in development of hair care and Leisure skills goals for Client #1 and clothing choice and hair care goals for Client #2. Observation of active treatment and review of support documents indicated this deficient practice did not affect additional clients.</p> <p>The QIDP will lead the team in developing a medication reduction plan to support Client #1 in reducing the need for the use of Zyprexa. A review of facility BSPs indicated this deficient practice did not affect additional clients.</p> <p>Client #1 has received a visual and dental examination. A review of medical records indicated this deficient practice did not affect any additional clients.</p> <p>The QIDP has led the interdisciplinary team in developing formal a training program to address Client #1's oral hygiene deficits.</p> <p><b>PERVENTION:</b></p>	

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			<p>Prior to admitting new clients to the facility, the Clinical Supervisor and the Environmental Services worker assigned to the facility will review the physical environment of the facility to assure it meets the adaptive needs of the prospective client. The Executive Director will convene a meeting of the Admissions committee consisting of the Clinical Supervisors, Program Manager and Nurse Manager to review the physical environment needs of the prospective client prior to approving admission to the facility.</p> <p>The QIDP has been retrained regarding the need to assure that all relevant assessments are completed for clients within 30 days of admission and as needed but no less than annually thereafter. Members of the Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) will follow up with the QIDP no less twice weekly when new clients are admitted to the facility to assure appropriate assessment occurs as required. Prior to admitting new clients, the Clinical Supervisor will assist the QIDP with developing a schedule to assure that all necessary assessments occur.</p>	

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			<p>Additionally, the Clinical Supervisor will review quarterly and annual summaries to assure the need for restrictive programs including but not limited to the use of alarms has been reassessed.</p> <p>The agency will retrain QIDP and facility nurse regarding the need to develop necessary supports and measureable objectives to support clients toward independence. Members of the Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) will incorporate audits of support documents into twice weekly visits to the facility for the next 30 days and Weekly visits for an additional 60 days to assure appropriate supports are included in each client's support plan. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Manager/Director of Operations will determine the level of ongoing support needed at the facility.</p> <p>The QIDP has been retrained regarding the need to incorporate</p>	

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W 153 Bldg. 00	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS 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 1 of 1 allegation of abuse, the facility failed to immediately report the allegation of abuse to the administrator and 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 client #5.</p>	W 153	<p>goals to reduce and eventually eliminate the use of behavior controlling medications into support plans whenever such medications are prescribed. Additionally, members of the Operations Team will review facility Behavior Support Plans no less than monthly and to assure plans for the reduction and eventual elimination of behavior controlling medications are included.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Operations Team</p> <p><b>CORRECTION:</b></p> <p><i>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.</i></p>	04/08/2015	

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	<p>Findings include:</p> <p>Observations were conducted at the group home on 3/4/15 between 6 AM and 8 AM. At 7:45 AM staff #7 was sitting at the dining room table with client #4. Client #6 approached staff #7 and stated, "He (client #5) opened the drawer and hit me in the penis." Client #5 was standing in the living room and heard the allegation made by client #6. Client #5 stated, "He got in my way." Staff #7 stated, "Now you know he didn't mean it. You (client #5) need to apologize to him (client #6)." Client #6 turned and went into the kitchen while client #5 went upstairs.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 3/4/15 at 10 AM the QIDPD indicated all client to client abuse was to be reported immediately to the administrator and to BDDS and APS. The QIDPD stated staff #7 had not reported client #6's allegation of abuse and "She (the staff) should have."</p> <p>9-3-2(a)</p>		<p>Facility staff, including Direct Support Professional staff #7, will be retrained regarding procedures for immediate notification of supervisors and the Operations Team, which will in turn facilitate reporting of incidents to outside state agencies as required. A review of progress notes, behavior tracking and incident documentation confirmed that this deficient practice did not affect other clients.</p> <p><b>PREVENTION:</b></p> <p>Supervisory staff will review all facility documentation to assure incidents are reported as required. Specifically, Team Leads will conduct daily reviews of progress notes and behavior support plan tracking as well as the staff communication log and report findings to the Operations Team, as appropriate. Internal and day service incident reports will be sent directly to the Clinical Supervisor and the Program Manager, who will in turn coordinate and follow-up with the facility QIDP to assure incidents are reported to state agencies as required. If, through investigation, supervisors discover that an employee has failed to report an allegation of</p>	

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W 159	483.430(a) QUALIFIED MENTAL RETARDATION		<p>abuse, neglect, mistreatment or exploitation the governing body will administer written corrective action up to and including termination of employment. Members of the Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) and the QIDP will conduct documentation reviews no less than twice weekly for the next 30 days, and no less than weekly for an additional 60 Days. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Manager/Director of Operations will determine the level of ongoing support needed at the facility. These administrative documentation reviews will focus on identifying potentially reportable incidents, providing opportunities for training and on site coaching of direct support staff to assure all incidents are reported in a timely manner.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>		

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Bldg. 00	<p><b>PROFESSIONAL</b></p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, interview and record review for 3 of 3 sampled clients (#1, #2 and #3), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor the clients' active treatment programs.</p> <p>The QIDP failed to ensure          ___ The IDT (Interdisciplinary Team) assessed client #1's seating and positioning needs and reassessed the use of alarms and cow bells on the doors in regard to client #3's AWOL (Absent Without Leave) behaviors.          ___ Client #1's dietary needs were assessed within 30 days after admission.          ___ Client #1's and #2's ISPs (Individual Support Plans) addressed client #1's identified needs in regard to caring for his hair and leisure skills and client #2's identified needs in regard to her personal appearance, dress and care of her hair.          ___ Client #1's use of Zyprexa was included in the client's BSP (Behavior Support Plan) with a specific plan of reduction to reduce and eventually eliminate the behaviors for which the Zyprexa was to target.          ___ Client #2's vision was evaluated annually.</p>	W 159	<p><b>CORRECTION:</b></p> <p><i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically,</i></p> <p>The nurse will assess Client #1's seating and positioning and the QIDP will assess Client #2's elopement behavior to determine if the use of door alarms and cowbells is still indicated. A review of facility support documents indicated this deficient practice did not affect any additional clients.</p> <p>Client #1 has been assessed by a dietician. A review of facility support documents indicated this deficient practice did not affect any additional clients.</p> <p>The QIDP will direct the interdisciplinary team in development of hair care and Leisure skills goals for Client #1 and clothing choice and hair care</p>	04/08/2015			

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	<p>__ Client #1 was provided education and training in the maintenance of his oral health and tooth brushing.</p> <p>__ Client #1 was provided a dental exam within 30 days after admission to the facility.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The QIDP failed to ensure the IDT assessed client #1's seating and positioning needs and reassessed the use of alarms and cow bells on the doors in regard to client #3's AWOL behaviors. Please see W210.</li> <li>2. The QIDP failed to ensure client #1's dietary needs were assessed upon admission to the facility. Please see W217.</li> <li>3. The QIDP failed to ensure client #1's and client #2's ISPs (Individual Support Plans) addressed client #1's identified needs in regard to caring for his hair and leisure skills and client #2's identified needs in regard to her personal appearance, dress and care of her hair. Please see W227.</li> <li>4. The QIDP failed to ensure client #1's use of Zyprexa (an antipsychotic) was included in the client's BSP with a specific plan of reduction to reduce and</li> </ol>		<p>goals for Client #2. Observation of active treatment and review of support documents indicated this deficient practice did not affect additional clients.</p> <p>The QIDP will lead the team in developing a medication reduction plan to support Client #1 in reducing the need for the use of Zyprexa. A review of facility BSPs indicated this deficient practice did not affect additional clients.</p> <p>Client #1 has received a visual and dental examination. A review of medical records indicated this deficient practice did not affect any additional clients.</p> <p>The QIDP has led the interdisciplinary team in developing formal a training program to address Client #1's oral hygiene deficits.</p> <p><b>PREVENTION:</b></p> <p>The QIDP has been retrained regarding the need to assure that all relevant assessments are completed for clients within 30</p>	

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	<p>eventually eliminate the behaviors for which the Zyprexa was to target. Please see W312.</p> <p>5. The QIDP failed to ensure client #2's vision was evaluated annually. Please see W323.</p> <p>6. The QIDP failed to ensure client #1 was provided education and training in the maintenance of his oral health and tooth brushing. Please see W350.</p> <p>7. The QIDP failed to ensure client #1 was provided a dental exam within 30 days after admission to the facility. Please see W351.</p> <p>9-3-3(a)</p>		<p>days of admission and as needed but no less than annually thereafter. Members of the Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) will follow up with the QIDP no less twice weekly when new clients are admitted to the facility to assure appropriate assessment occurs as required. Prior to admitting new clients, the Clinical Supervisor will assist the QIDP with developing a schedule to assure that all necessary assessments occur. Additionally, the Clinical Supervisor will review quarterly and annual summaries to assure the need for restrictive programs including but not limited to the use of alarms has been reassessed.</p> <p>The agency will retrain QIDP and facility nurse regarding the need to develop necessary supports and measureable objectives to support clients toward independence. Members of the Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) will incorporate audits of support documents into twice weekly visits to the facility for the next 30 days and Weekly visits for an</p>		

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W 210	483.440(c)(3) INDIVIDUAL PROGRAM PLAN		<p>additional 60 days to assure appropriate supports are included in each client's support plan. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Manager/Director of Operations will determine the level of ongoing support needed at the facility.</p> <p>The QIDP has been retrained regarding the need to incorporate goals to reduce and eventually eliminate the use of behavior controlling medications into support plans whenever such medications are prescribed. Additionally, members of the Operations Team will review facility Behavior Support Plans no less than monthly and to assure plans for the reduction and eventual elimination of behavior controlling medications are included.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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Bldg. 00	<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 2 of 3 sampled clients (#1 and #3), the facility failed to ensure the IDT (Interdisciplinary Team) assessed client #1's seating and positioning needs and reassessed the use of alarms and cow bells on the doors in regard to client #3's AWOL (Absent Without Leave) behaviors.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 3/2/15 between 3:45 PM and 6:30 PM and on 3/4/15 between 6 AM and 8 AM:          __ Client #1 was a tall thin male with long legs and contractures of both upper and lower extremities.          __ Client #1 utilized a manual wheelchair without foot pedals and/or leg rests.          __ Client #1 sat in his wheelchair with his buttocks on the edge of the seat, leaned backward, his right leg somewhat extended and his left leg bent in a seated position.          __ Client #1's left leg spasmed (bounced and jerked involuntarily) as client #1 propelled his wheelchair using both legs and arms.</p>	W 210	<p><b>CORRECTION:</b></p> <p><i>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. Specifically, the nurse will assess Client #1's seating and positioning and the QIDP will assess Client #2's elopement behavior to determine if the use of door alarms and cowbells is still indicated. A review of facility support documents indicated this deficient practice did not affect any additional clients.</i></p> <p><b>PERVENTION:</b></p> <p>The QIDP has been retrained regarding the need to assure that all relevant assessments are completed for clients within 30 days of admission and as needed but no less than annually thereafter. Members of the Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) will follow up with the QIDP no less twice</p>	04/08/2015			

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	<p>Client #1's record was reviewed on 3/4/15 at 9 AM. Client #1's record indicated client #1 was admitted to the facility on 11/20/14 with a diagnosis of, but not limited to, Cerebral Palsy (a disorder of posture, muscle tone and movement resulting from brain damage).</p> <p>Client #1's OT (Occupational Assessment) evaluation dated 2/9/15 indicated "Pt (patient) currently presents in a manual wheelchair that does not allow for optimal positioning performance of ADL (Activities of Daily Living) and IADL (Instrumental Activities of Daily Living) tasks. In current w/c, patient is at risk for skin breakdown due to improper fit and pressure areas. After OT/PT (Occupational Therapy/Physical Therapy) assessments were completed, patient is currently describing unsafe transfers in the home environment, including transfers to the w/c-&gt; (to) floor for completing a shower and w/c-&gt;floor-&gt;toilet, putting patient at risk for injury while completing tasks. Therefore, therapy is recommending a (1) custom wheelchair assessment for... and positioning and (2) home evaluation to assess safety in patient's group home."</p> <p>Client #1's PT Outpatient Neurology</p>		<p>weekly when new clients are admitted to the facility to assure appropriate assessment occurs as required. Prior to admitting new clients, the Clinical Supervisor will assist the QIDP with developing a schedule to assure that all necessary assessments occur. Additionally, the Clinical Supervisor will review quarterly and annual summaries to assure the need for restrictive programs including but not limited to the use of alarms has been reassessed.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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	<p>Evaluation dated 2/9/15 indicated "Summary of Evaluation: Patient (client #1) presented to outpatient therapy for an assessment required by the group home where he currently resides. He was diagnosed with cerebral palsy shortly after birth and has never been ambulatory. He was in therapy as a child where he learned his transfer skills and adaptations. He currently transfers from his w/c to floor to bed independently and patient reports he has always done it this way. He is independent with all other transfers. He currently has a manual w/c that is not fit for him and unsafe. He is in need of a power chair that fits him appropriately."</p> <p>During interview with client #1 on 3/3/15 at 1 PM, client #1:            ___ Indicated his (client #1's) sister had purchased the wheelchair he was currently using.            ___ Indicated he could not remember when he had gotten the wheelchair he was currently using.            ___ Indicated he has had issues with skin breakdown and pressure sores to his buttocks in the past caused from his wheelchair.            ___ Indicated he has had minor injuries skin injuries due to the way he transfers himself from chair to bed or toilet and back.</p>			

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	<p>__ Indicated he did not use any supports or pads in his wheelchair.</p> <p>__ Indicated he needed to be fitted for another wheelchair and stated, "I'm going to get an electric wheelchair."</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 3/4/14 at 2 PM, the QIDPD:</p> <p>__ Indicated client #1 required a wheelchair for mobility.</p> <p>__ Indicated client #1's current wheelchair was brought with the client from the transferring facility on 11/20/14</p> <p>__ Indicated client #1 had not had a wheelchair and/or seating assessment prior to his admission to the facility and/or after being admitted to the facility.</p> <p>__ Indicated client #1's wheelchair did not fit him properly and client #1 was in need of a different wheelchair.</p> <p>__ Indicated someone was coming to the group home on 3/11/15 to assess client #1's wheelchair.</p> <p>2. The facility's reportable and investigative records were reviewed on 3/2/15 at 11 AM. The facility records indicated no incidents of client #3 going AWOL (Absent Without Leave) in the past 3 months.</p> <p>Observations were conducted at the</p>			

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	<p>group home on 3/2/15 between 3:45 PM and 6:30 PM and on 3/4/15 between 6 AM and 8 AM. Upon entering the home an audible alarm sounded. Alarms were noted on all egress doors; the front door, the living room door and the back door. A string of cow bells hung from the front door. Alarms sounded each time the egress doors were opened and/or closed.</p> <p>Client #3's record was reviewed on 3/4/15 at 1 PM. Client #3's BSP (Behavior Support Plan) dated 6/26/14 indicated client #3 had a targeted behavior of going AWOL, leaving the home unsupervised.</p> <p>During interview with staff #5 on 3/2/15 at 5 PM, staff #5:            __ Indicated the alarms and the cow bells were on the doors because of client #3's history of leaving the home.            __ Indicated client #3 was on 1:1 (one staff to one client) supervision while awake and was on 15 minute checks during the night.            __ Indicated no memory of client #3's last attempt to leave the home.</p> <p>During interview with staff #6 on 3/3/14 at 3 PM, staff #6:            __ Indicated the alarms and the cow bells were on the doors because of client #3's history of leaving the home.</p>			

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	<p>__ Indicated no memory of client #3's last attempt to leave the home.</p> <p>During interview with staff #7 and staff #8 on 3/4/15 at 6:15 AM, staff #7 and staff #8 indicated: __ Indicated the alarms and the cow bells were on the doors because of client #3's history of leaving the home. __ Indicated no memory of client #3's last attempt to leave the home.</p> <p>E-mail interview with CS (Clinical Supervisor) #2 on 3/4/15 at 4:46 PM indicated no reported incidents of client #3 going AWOL within the past 12 months.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 3/4/15 at 2 PM, the QIDPD: __ Indicated client #3's behavior data tracking sheets for 2014/2015 indicated no incidents of client #3 going AWOL. __ Indicated she did not know the date of client #3's last incident of going AWOL. __ Indicated she had just taken over the home within the past few months as the QIDPD and had also questioned the need for the cow bells, door alarms and the bed alarm with and client #3 also on 1:1 supervision during the day and 15 minute checks at night.</p>			

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W 217 Bldg. 00	<p>___ Indicated a "Fade Plan" in place that involved client #3's bed monitor and the removal of the cow bells and bed alarm.</p> <p>___ Indicated the IDT had not looked at the continued use of the cow bells and alarms in regard to a plan of removal and stated, "Yes, that needs to be looked at" and reassessed.</p> <p>9-3-4(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include nutritional status. Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure client #1's dietary needs were assessed upon admission to the facility.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/2/15 between 3:45 PM and 6:30 PM and on 3/4/15 between 6 AM and 8 AM. Client #1 was a tall thin male with contractures noted in his upper and lower extremities. Client #1 required a wheelchair for all mobility.</p> <p>Client #1's record was reviewed on 3/4/15 at 9 AM.</p>	W 217	<p><b>CORRECTION:</b></p> <p><i>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment. Specifically, the interdisciplinary team will develop hair care and Leisure skills goals for Client #1 and clothing choice and hair care goals for Client #2. Observation of active treatment and review of support documents indicated this deficient practice did not affect additional clients.</i></p> <p><b>PERVENTION:</b></p> <p>The agency will retrain QIDP and</p>	04/08/2015

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	<p>Client #1's record indicated diagnosis of, but not limited to, Cerebral Palsy (a disorder of posture, muscle tone and movement resulting from brain damage).</p> <p>Client #1's NA (Nutritional Assessment) from the dietician dated 2/19/15 indicated "Client (#1) admitted to home on 11/25/14 (sic). Ht (height) 6' 6" (6 feet and 6 inches). Not weighted available at this time (sic). Home does not have scales for w/c (wheelchair). Noted PCP (Primary Care Physician) does not have w/c scales and no weights have been obtained since admission.... Unable to determine nutrition." The NA indicated no diet order from the physician and recommended "Straws to drink with and assisted as needed."</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 3/4/15 at 2 PM, the QIDPD:            ___ Indicated client #1 was not seen by the facility dietician for a nutritional assessment until 2/19/15 and at that time the dietician recommended client #1 be given a straw to drink liquids.            ___ Indicated the facility has since purchased a set of scales to weigh client #1 while in his wheelchair.</p> <p>9-3-4(a)</p>		<p>facility nurse regarding the need to develop necessary supports and measureable objectives to support clients toward independence. Members of the Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) will incorporate audits of support documents into twice weekly visits to the facility for the next 30 days and Weekly visits for an additional 60 days to assure appropriate supports are included in each client's support plan. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Manager/Director of Operations will determine the level of ongoing support needed at the facility.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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W 227  Bldg. 00	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review and interview for 2 of 3 sample clients, (#1 and #2), the clients' ISPs (Individual Support Plans) failed to address: __ Client #1's identified needs in regard to caring for his hair and leisure skills. __ Client #2's identified needs in regard to her personal appearance, dress and care of her hair.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 3/2/15 between 3:45 PM and 6:30 PM and on 3/4/15 between 6 AM and 8 AM. __ Client #1 was a tall thin male with contractures noted in his upper and lower extremities. Client #1's hair was long with a portion of it tied back in a pony tail and a portion hung loosely and unkempt around his face. __ During both observation periods except for the periods of time when client #1 was eating his meals, taking his</p>			W 227	<p><b>CORRECTION:</b></p> <p><i>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment.</i> Specifically, the interdisciplinary team will develop hair care and Leisure skills goals for Client #1 and clothing choice and hair care goals for Client #2. Observation of active treatment and review of support documents indicated this deficient practice did not affect additional clients.</p> <p><b>PERVENTION:</b></p> <p>The agency will retrain QIDP and facility nurse regarding the need to develop necessary supports and measureable objectives to support clients toward independence. Members of the Operations Team (including the Clinical Supervisor, Program</p>		04/08/2015

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	<p>medications, going to the bathroom and/or smoking a cigarette, client #1 sat in his wheelchair in the living room watching television.</p> <p>During interview with client #1 on 3/3/14 at 3 PM, client #1:            ___ Indicated he liked his hair long and did not want it cut.            ___ When asked what type of activities he enjoyed doing in his leisure time client #1 stated, "Well, I like to watch television."            ___ When asked what activities he enjoyed other than television, client #1 paused and then stated, "Well I guess I like checkers."</p> <p>Client #1's record was reviewed on 3/4/15 at 9 AM.</p> <p>Client #1's CFA (Comprehensive Functional Assessment) dated 12/20/14 indicated:            ___ No assessment of client #1's ability to brush and care for his hair.            ___ Client #1 was able to initiate most of his own activities and would participate in organized leisure time activities when arranged for him.</p> <p>Client #1's ISP dated 12/20/14 indicated no objectives to assist client #1 with caring for his hair, dental hygiene, tooth</p>		<p>Manager, Nurse Manager and Executive Director) will incorporate audits of support documents into twice weekly visits to the facility for the next 30 days and Weekly visits for an additional 60 days to assure appropriate supports are included in each client's support plan. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Manager/Director of Operations will determine the level of ongoing support needed at the facility.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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	<p>brushing and/or leisure time skills.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 3/4/15 at 2 PM, the QIDPD:            ___ Indicated client #1 refused to get his hair cut.            ___ Indicated client #1 required assistance from the staff to wash, shampoo and brush his hair.            ___ Indicated she was currently working on an assessment and putting together a list of leisure time activities for the staff to offer client #1.            ___ Indicated client #1's ISP did not include objectives to assist client #1 with hair care or leisure skills.</p> <p>2. Observations were conducted at the group home on 3/2/15 between 3:45 PM and 6:30 PM and on 3/4/15 between 6 AM and 8 AM. During both observation periods client #2 wore baggy blue jeans and an oversized zip up sweat shirt with a fanny pack around her waist. Client #2's hair did not look clean and or brushed.</p> <p>Client #2's record was reviewed on 3/4/15 at 11 AM. Client #2's ISP dated 11/25/14 indicated no objectives to assist client #2 with her personal appearance, dress and care of her hair.</p>			

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W 312  Bldg. 00	<p>During interview with client #2 on 3/4/15 at 7:30 AM, client #2 was asked if she was wearing clean clothes. Client #2 stated "I got clean pants on." When asked if she had brushed her hair client #2 indicated she had not and stated, "But I will." Client #2 did not brush her hair prior to leaving the house for the day program.</p> <p>During interview with staff #5 on 3/3/15 at 1 PM, staff #5 indicated client #2 required reminders to change and/or put on clean clothing and to brush her hair.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 3/4/15 at 10 AM the QIDPD indicated client #2's ISP did not include any objectives to address client #2's personal appearance and/or hair care.</p> <p>9-3-4(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for</p>	W 312		04/08/2015

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	<p>1 of 3 sampled clients receiving medications to control behaviors (#1), the facility failed to ensure client #1's use of Zyprexa (an antipsychotic) was included in client #1's BSP (Behavior Support Plan) with a specific plan of reduction to reduce and eventually eliminate the behaviors for which the Zyprexa was to target.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 3/4/15 at 9 AM. Client 1's 2/25/15 physician's orders indicated client #1 was taking Zyprexa 5 milligrams a day. The use of Zyprexa was not included in client #1's BSP dated 11/25/14.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 3/4/14 at 2 PM indicated client #1's BSP would be revised to include the use of the Zyprexa and a plan of reduction for the Zyprexa.</p> <p>9-3-5(a)</p>		<p><b>CORRECTION:</b></p> <p><i>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</i> Specifically the team will develop a medication reduction plan to support Client #1 in reducing the need for the use of Zyprexa. A review of facility BSPs indicated this deficient practice did not affect additional clients.</p> <p><b>PERVENTION:</b></p> <p>The QIDP has been retrained regarding the need to incorporate goals to reduce and eventually eliminate the use of behavior controlling medications into support plans whenever such medications are prescribed. Additionally, members of the Operations Team will review facility Behavior Support Plans no less than monthly and to assure plans for the reduction and eventual elimination of behavior controlling medications are included.</p>		

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W 323 Bldg. 00	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure the client's vision was evaluated annually.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 3/4/15 at 11 AM. Client #2's record indicated a vision evaluation of 10/30/13. The evaluation indicated client #2 had bilateral hyperopia (farsightedness), astigmatism (blurred vision) and presbyopia (nearsightedness) and mild amblyopia (lazy eye) of the right eye. Client #2's record indicated client #2 required eyeglasses for vision. Client #2's record indicated no vision evaluation since the evaluation of 10/30/13.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities</p>	W 323	<p><b>RESPONSIBLE PARTIES:</b></p> <p>Health Services Team, QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b></p> <p><i>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Specifically, client #1 has received a visual examination. A review of medical records indicated this deficient practice did not affect any additional clients.</i></p> <p><b>PREVENTION:</b></p> <p>The Health Services Team will work with The Residential Manager, QIDP and facility Medical coach to assure that all relevant assessments, including but not limited to visual examinations, are completed for</p>	04/08/2015

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W 331 Bldg. 00	<p>Professional Designee) on 3/4/14 at 2 PM, the QIDPD indicated the evaluation of 10/30/13 to be client #2's most current vision evaluation.</p> <p>9-3-6(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on interview and record review for 1 of 3 sampled clients (#1) and 1 additional client (#7), the facility failed to ensure: ___Nursing services developed and implemented a risk/health plan in regard to client #1's skin integrity and risk of</p>	W 331	<p>clients within 30 days of admission and as needed but no less than annually thereafter. Members of the Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) will follow up with the QIDP no less twice weekly when new clients are admitted to the facility to assure appropriate assessment occurs as required. Prior to admitting new clients, the Clinical Supervisor will assist the QIDP with developing a schedule to assure that all necessary assessments occur.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>Health Services Team, QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b> <i>The facility must provide clients with nursing services in accordance with their needs. Specifically: The nurse has developed a Comprehensive High Risk Plan for Client #1 that addresses skin integrity and prevention of skin breakdown. The team will obtain a diet order</i></p>	04/08/2015

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	<p>skin breakdown and risk of injury due to transfers in and out of the wheel chair.</p> <p>__Nursing services included in client #7's HRHP (High Risk Health Plan) for UTIs (Urinary Tract Infections) the parameters of fluid intake and output, included how the staff were to monitor and document client #7's output and the use of depends in regard to client #7's incontinence, included how the staff were to monitor for urinary retention and included specific instructions as to when the staff were to notify nursing in regard to client #7's intake/output and UTI triggers.</p> <p>__The staff documented client #7's medication refusals correctly on client #7's MAR and notified nursing of triggers of a UTI.</p> <p>__Client #1's physician provided a diet order for client #1 upon admission to the facility.</p> <p>Findings include:</p> <p>1. The facility's reportable and investigative records were reviewed on 3/2/15 at 11 AM.</p> <p>__The 1/1/15 BDDS (Bureau of Developmental Disabilities Services) report indicated on 12/31/14 client #7 was verbally and physically aggressive toward the staff throughout the day, was on antibiotics for a UTI and was refusing to take her medication. The report</p>		<p>from Client #1's primary care physician. Upon Client #7's return from hospitalization, the interdisciplinary team will implement supports that address parameters for fluid intake and output and protocols for staff monitoring of input and output as well as urinary tract infection triggers. Additionally all facility staff will be retrained on proper documentation of medication refusals as well as the need to notify nursing personnel of the presence of UTI triggers.</p> <p><b>PERVENTION:</b></p> <p>The QIDP will assure that the nursing team is included in all discussions/decisions relevant to clients' health and safety and modifications will be made to Comprehensive High Risk Plans accordingly. The nurse manager will review all reports of significant health and safety issues and will meet with the Operations Team weekly to discuss health and safety issues including but not limited to needed updates to risk plans. The nurse manager will review all facility risk plan modifications for the next 90 days to assure they contain appropriate detail, and will conduct periodic audits of facility risk plans on an ongoing basis.</p> <p>Members of the Operations Team</p>	

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	<p>indicated the staff called the nurse, the staff was directed to take client #7 to the ER (Emergency Room) and client #7 was admitted on the psychiatric unit of the hospital.</p> <p>__The 2/19/15 FU (Follow Up) BDDS report indicated client #7 was treated with IV (Intravenous) medications of Cipro and Macrobid for a urinary infection and was released from the hospital and returned to the group home.</p> <p>__ I/A (Incident/Accident Report) dated 2/23/15 at 12 PM indicated the staff called client #7's PCP (Primary Care Physician) to report client #7 had refused all medications, meals and supplements Sunday 2/22/15 and on Monday 2/23/15. The staff were instructed to take client #7 back to the hospital for readmission.</p> <p>Client #7's record was reviewed on 3/4/15 at 2 PM.</p> <p>Client #7's record indicated diagnoses of, but not limited to, Bipolar Affective Disorder, Dissociative Disorder, Obsessive Compulsive Disorder (OCD), RLS (Restless Leg Syndrome) and Chronic UTIs.</p> <p>Client #7's Record of Visits (doctor/hospital visits) indicated: 3/20/14 "Diagnosis: Recurrent UTIs, Dysuria (painful urination) and</p>		<p>(including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) will incorporate audits of support documents into twice weekly visits to the facility for the next 30 days and Weekly visits for an additional 60 days to assure appropriate supports are in place for each client –including but not limited to comprehensive physician's orders that include specific diet recommendations. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Manager/Director of Operations will determine the level of ongoing support needed at the facility.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Health Services Team, Operations Team</p>		

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	<p>incomplete bladder emptying. Recommendations for treatment: Increase Flomax to BID (twice a day), will send urine for C&amp;S (culture and sensitivity test)...."</p> <p>3/22/14 - UTI. "Pyridium (Phenazopyridine) best to use for pain from UTI." Client #3 was started on Cipro. "...plenty of fluids, water preferably and limit caffeine...."</p> <p>3/25/14 - UTI, d/c (discontinue) the Cipro and Gentamicin (antibiotics) and start Fortaz (antibiotic). Follow up with a CBC with differential and BMP (Basal Metabolic Panel) on 3/29/14 and 4/2/14.</p> <p>"3/25/14 the infectious disease doctor indicated "(gram negative bacteria) UTI. Change ASAP (as soon as possible) to Fortaz (an antibiotic) 2 times a day for 7 days...."</p> <p>4/8/14 - "Pt. (patient) with recurrent UTI hx (history) and incomplete bladder emptying.... Recommendations: Continue Flomax BID (twice a day).</p> <p>4/22/14 - "Continue hydration and frequent urination. Report urinary retention.... Follow up on 7/31/14."</p> <p>8/20/14 - "Possible UTI." A urinalysis</p>			

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	<p>and C/S (Culture and Sensitivity) testing conducted.</p> <p>Client #7's staff progress notes from 2/19/15 to 2/23/15 indicated:</p> <p>__2/19/15 at 7 PM client #7 was returned to the group home from the hospital.</p> <p>__2/20/15 "[Client #7] has been laughing and smiling at staff all day."</p> <p>__2/21/15 "[Client #7] became agitated right before lunch, started yelling at staff and peers. She continued this throughout the meal, was cussing at staff while in the bathroom, was refusing walks around the house and refused goals. She took a short nap and was feeling better."</p> <p>__2/22/15 "[Client #7] cussed, yelled, refused meds and meals all day. She did go to the bathroom but with a lot of reluctance. Staff attempted several times to give [client #7] her meds but she refused both verbally and slightly physically. After staff got her ready for bed, she said she was hungry. Staff heated her dinner and sat down with her. [Client #7] spooned up some food, put it in her hand and squeezed it repeatedly. [Client #7] was cleaned up then taken to bed." The note indicated client #7 refused her lunch and dinner meals.</p> <p>__2/23/15 "While assisting [client #7] to the bathroom to get her shower she [client #7] was screaming at and hitting staff. She held her walker off the ground</p>			

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	<p>in front of her and was using it as a battering ram. Staff asked her to put it down. She (client #7) did not want to get dressed after her shower and yelled the entire time staff was assisting her." The progress note indicated client #7 had refused all meds and meals and was returned to the hospital on the evening of 2/23/15.</p> <p>Client #7's MARs (Medication Administration Records) for February 2015 indicated client #7 was to receive the following medications:</p> <p>__ Celexa 10 mg (milligrams) at 7 AM for OCD.</p> <p>__ Anafranil 25 mg at HS (bedtime) for OCD.</p> <p>__ Clonidine 0.1 mg at HS for postural hypotension (low blood pressure).</p> <p>__ Clozapine 100 mg at HS for Dissociative Disorder.</p> <p>__ Neurontin 250 mg/5 ml (milliliters) at HS for RLS (Restless Leg Syndrome)</p> <p>__ Lamictal 100 mg at 7 AM and HS for Bipolar Disorder.</p> <p>__ Eskalith 300 mg at 7 AM and at HS for Bipolar Disorder.</p> <p>__ Singulair 10 mg at 4 PM for Allergic Rhinitis (allergies).</p> <p>__ Multi-Vitamin at 7 AM for nutritional supplement.</p> <p>__ Corgard 20 mg at 7 AM for "Rage control."</p>			

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	<p>__ Trileptal 300 mg at 7 AM and at HS for mood stabilization and Bipolar Disorder.</p> <p>__ Miralax powder at 7 AM and at HS for constipation.</p> <p>__ Flomax 0.4 mg at 7 AM and at 9 PM (HS) for incomplete bladder emptying/recurrent urinary tract infections.</p> <p>__ Effexor XR 75 mg at 7 AM and 37.5 mg at 4 PM for OCD.</p> <p>Client #7's February MARs indicated client #7 received all of her 7 PM (HS) medications on 2/22/15.</p> <p>Client #7's Medication Error Reports for 2015 indicated:            __ On 2/22/15 at 4 PM client #7 refused all of her 4 PM medications. The report indicated recommendations from the facility's nurse for the staff to try to give client #7 her medications three more times and if client #7 continued to refuse the staff were to file a refusal to take medications.            __ On 2/22/15 at 7 PM client #7 refused all of her HS medications. The report indicated recommendations from the facility's nurse for the staff to try to give client #7 her medications three more times and if client #7 continued to refuse the staff were to file a refusal to take medications.</p>			

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	<p>__ Client #7's Medication Error Reports for 2015 indicated no report of medication refusals for 7 AM on 2/23/15.</p> <p>Client #7's record indicated:</p> <p>__ Client #7 was incontinent of urine and wore an adult depends for incontinence.</p> <p>__ Client #7's HRHP for UTI indicated client #7 was to utilize a bedside commode at night and was to be toileted every two hours.</p> <p>__ Client #7's HRHP for UTI did not indicate how the staff were to monitor and document client #7's output and use of depends in regard to incontinence, urinary retention and fluid output.</p> <p>Client #7's February 2015 quarterly physician's orders indicated client #7 was to receive "53 - 63 fluid ounces of liquids per day."</p> <p>Client #7's Fluid consumption record for Feb 2015 indicated:</p> <p>__ Client #7 returned to the group home from the hospital the evening of 2/19/15.</p> <p>__ Indicated on 2/22/15 client #7 consumed only 28 ounces of fluid and was refusing all fluids on 2/23/15.</p> <p>Client #7's HRHP for UTIs dated 2/19/15 indicated:</p> <p>__ The staff were to "encourage at least 8 ounces of water" with each medication</p>			

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	<p>pass and with each meal.</p> <p>__ Indicated "Staff will monitor for noted, record and report to nurse immediately any of the TRIGGERS TO NOTIFY LISTED (sic)."</p> <p>__ Indicated triggers, not all inclusive, included: "Eats less, not interested in food,... Moaning, whining, whimpering, screaming/yelling... Not cooperating, cranky, irritable, unhappy...."</p> <p>Client #7's record indicated the staff failed to notify nursing services in regard to client #1's refusals to eat, refusals to drink and/or client #7's increased behaviors on 2/22/15 and 2/23/15.</p> <p>Client #7's HRHP for UTIs indicated no parameters of fluid intake and/or output, how the staff were to monitor for urinary retention and/or output and specific instructions as to when the staff were to notify nursing in regard to client #7's intake and output.</p> <p>During interview with staff #6 on 3/3/14 at 3 PM, staff #6:</p> <p>__ Indicated client #7 had returned to the group home from a long hospitalization on 2/19/15 due to UTIs and increased behaviors.</p> <p>__ On 2/23/15 client #7 was readmitted back to the hospital due to increased behaviors and refusals to take</p>			

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	<p>medications, fluids and foods.</p> <p>__ Indicated no documentation of the staff calling and/or notifying the nurse in regard to client #7's increased behaviors and refusal to take food and fluids.</p> <p>__ Indicated since it was after hours on 2/22/14 at 4 PM and 7 PM the staff called the on-call nurse and informed the facility nurse that client #7 was refusing her 4 PM and HS medications.</p> <p>__ Stated, "The on call nurse probably doesn't know [client #7's] history of UTIs and her (client #7's behaviors when she has a UTI."</p> <p>__ Indicated on 2/22/15 the facility on call nurse instructed the staff to try giving client #7 her medications three more times and if client #7 still did not take her medications the staff were to document a medication refusal.</p> <p>__ Indicated after refusing again the morning of 2/23/15 the staff called client #7's PCP and was instructed to take client #7 to the hospital for readmission.</p> <p>During interview with the facility's LPN on 3/4/15 at 2 PM, the LPN:</p> <p>__ Indicated she (the LPN) was new to the facility and group home as of October 2014.</p> <p>__ Indicated she was familiar with client #7's long history of UTIs.</p> <p>__ Indicated the staff had spoke with an on call nurse on 2/22/15.</p>			

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	<p>__ Indicated client #7's HRHP did not indicate specific parameters of fluid intake and/or output and when the staff should call the nurse in regard to the client's output.</p> <p>__ Indicated the staff's documentation of client #7's fluid consumption failed to indicate when client #7 was offered and consumed and/or refused fluids, and the form would "need to be revised."</p> <p>__ Indicated since client #7 wore adult briefs it was difficult to monitor client #7's urine output.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 3/4/14 at 2 PM, the QIDPD:</p> <p>__ Indicated she was new to the group home and was familiar with client #7's long history of UTIs.</p> <p>__ Indicated the staff should document the time fluids were offered to client #7 and if client #7 refused and/or consumed the liquids.</p> <p>__ Indicated the current form the staff were using to document intake for client #7 did not include the time and/or the parameters of intake and/or output.</p> <p>__ Stated the staff "should have" notified nursing the evening of 2/22/15 when client #7's behaviors had changed and she (client #7) began refusing food and fluids.</p>			

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	<p>__ Stated client #7's HRHP for UTI "needs to be more specific as to what the staff are monitoring and documenting."            __ Indicated she was informed by staff #9 that client #7 had not taken her HS medications on 2/22/15 and staff #9 had documented client #7's medications as being given and staff #9 should have circled her initials on client #7's MAR for the 7 PM/HS medications on 2/22/15 and then documented on the back of the MAR client #7's refusal to take her HS medications.</p> <p>2. Observations were conducted at the group home on 3/2/15 between 3:45 PM and 6:30 PM and on 3/4/15 between 6 AM and 8 AM. Client #1 was a tall thin male with contractures noted in his upper and lower extremities and required a wheelchair for all mobility. Client #1 utilized a manual wheelchair and propelled the wheelchair using both legs and arms. Throughout both observation periods, client #1 sat on the edge of the seat of his wheelchair. When going to the downstairs bathroom, client #1 would wheel himself to the kitchen as far as the freezer, would lock his wheels and then slide and/or throw himself onto the floor and would crawl and/or slide on his buttocks to the bathroom and then pull himself up to the toilet. Client #1 would then reverse the process after going to the</p>			

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	<p>bathroom and would get back up into his wheelchair. When going to bed, client #1 would wheel himself to the end of his bed next to his dresser and then would slide and/or throw himself to the floor and climb up into his bed.</p> <p>Client #1's record was reviewed on 3/4/15 at 9 AM. Client #1's record indicated diagnosis of, but not limited to, Cerebral Palsy (a disorder of posture, muscle tone and movement resulting from brain damage).</p> <p>Client #1's transfer records from the previous facility dated 10/23/14 indicated client #1 was seen by a PT (Physical Therapist) "Patient with significant spasticity impacting functional mobility and poor postural control. Therapist discussed with patient considering other medical interventions... to aid with decreasing spasticity (stiffness and involuntary muscle movements) that would make physical therapy prognosis better.... Pt (patient) also educated on potential functional decline, skin break down, effects of potential falls without further intervention. Discussed use of wheel chair cushion, using electric wheelchair to aid with pressure relief....prognosis for functional improvement is poor secondary to significant spasticity."</p> <p>Client #1's NA (Nutritional Assessment) from the dietician dated 2/19/15 indicated "Client (#1) admitted to home on 11/25/14 (sic). Ht (height) 6' 6" (6 feet and 6 inches). Not weighted available at this time (sic). Home does not have scales for w/c (wheelchair). Noted PCP (Primary Care Physician) does not have w/c scales and no weights have been obtained since admission.... Unable to determine nutrition." The NA indicated no diet order from the physician and</p>			

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	<p>recommended "Straws to drink with and assisted as needed."</p> <p>Client #1's record indicated</p> <p><input type="checkbox"/> No HRHP in regard to client #1's skin integrity and/or risk of skin breakdown due to transfers in and out of the wheelchair and/or risk of pressure wounds on client #1's buttocks.</p> <p><input type="checkbox"/> No diet/nutrition order from the physician for client #1 upon admission to the facility.</p> <p>During interview with client #1 on 3/3/15 at 1 PM, client #1:</p> <p><input type="checkbox"/> Indicated he (client #1) has had issues with skin breakdown and pressure sores to his buttocks in the past caused from his wheelchair.</p> <p><input type="checkbox"/> Indicated he has had minor injuries skin injuries due to the way he transfers himself from chair to bed or toilet and back.</p> <p><input type="checkbox"/> Indicated his sister had purchased the wheelchair he was currently using.</p> <p><input type="checkbox"/> Indicated he needed to be fitted for a better wheelchair.</p> <p><input type="checkbox"/> Indicated he was going to get an electric wheelchair.</p> <p>During interview with the facility's LPN on 3/4/15 at 2 PM, the LPN:</p> <p><input type="checkbox"/> Indicated a HRHP had not been developed and/or implemented for client #1 in regard to client #1's skin integrity and positioning needs.</p> <p><input type="checkbox"/> Stated client #1's wheelchair was not a "good fit" for client #1.</p> <p><input type="checkbox"/> Indicated client #1 was at risk for injury due to the way client #1 transfers himself in and out of his wheelchair and/or was at risk for skin breakdown due to pressure areas to his buttocks due to poor fit of the client's wheelchair for client #1's needs.</p> <p><input type="checkbox"/> Indicated client #1's admission orders from client #1's physician did not include the diet client</p>			

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W 350 Bldg. 00	<p>#1 was to be provided by the facility.                      ___ Stated client #1's physician had told her (the LPN) client #1 "did not need a diet order" and the physician would not write one.                      ___ Indicated in 2/2015 when the dietician recommended client #1 use a straw for fluid consumption, client #1's physician then wrote client #1 a diet order.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 3/4/15 at 2 PM, the QIDPD:                      ___ Indicated the facility did not know client #1 utilized a floor to bed/toilet procedure to transfer in and out of his wheelchair prior to admission.                      ___ Indicated when client #1 came to the facility the previous facility staff dropped client #1 off and gave them no verbal report in regard to client #1's needs.                      ___ Indicated client #1 was not seen by the facility dietician for a nutritional assessment until 2/19/14 and at that time the dietician recommended a regular diet and for client #1 be given a straw to drink liquids.                      ___ Indicated the facility has since purchased a set of weight scales to accommodate weighing client #1 while in his w/c.</p> <p>9-3-6(a)</p> <p>483.460(e)(3) DENTAL SERVICES</p> <p>The facility must provide education and training in the maintenance of oral health. Based on observation, record review and interview for 1 of 3 sample clients, (#1), the facility failed to provide client #1 education and training in the maintenance</p>	W 350	<p><b>CORRECTION:</b>  <i>The facility must provide education and training in the maintenance of oral health.</i></p>	04/08/2015

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	<p>of oral health and tooth brushing.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/2/15 between 3:45 PM and 6:30 PM and on 3/4/15 between 6 AM and 8 AM. Client #1's teeth were broken, crooked and yellowish brown in color with a milky coating on his teeth and in his mouth. During both observation periods client #1 went outside to smoke a cigarette.</p> <p>Client #1's record was reviewed on 3/4/15 at 9 AM.</p> <p>Client #1's Dental Summary Progress Report dated 2/12/15 indicated client #1 would require four additional dental appointments to care for all of the decay in client #1's mouth. The report indicated "Please help patient (client #1) with daily brushing."</p> <p>Client #1's CFA (Comprehensive Functional Assessment) dated 12/20/14 indicated client #1 "Makes no attempt to brush his teeth."</p> <p>Client #1's ISP (Individualized Support Plan) dated 12/20/14 indicated no objectives to assist client #1 with dental hygiene, oral health and/or tooth</p>		<p>Specifically, the interdisciplinary team has developed a formal training program to address Client #1's oral hygiene deficits.</p> <p><b>PREVENTION:</b> The agency will retrain QIDP and facility nurse regarding the need to develop necessary supports and measureable objectives to support clients toward independence and develop and maintain health and well-being. Members of the Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) will incorporate audits of support documents into twice weekly visits to the facility for the next 30 days and Weekly visits for an additional 60 days to assure appropriate supports are included in each client's support plan. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Manager/Director of Operations will determine the level of ongoing support needed at the facility.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Health Services Team, Operations Team</p>	

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W 351 Bldg. 00	<p>brushing.</p> <p>During interview with client #1 on 3/3/14 at 3 PM, client #1 indicated he could brush his teeth but required some assistance from the staff because of his contractures. Client #1 indicated he did not brush his teeth daily and/or after meals.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 3/4/15 at 2 PM, the QIDPD indicated client #1's ISP did not include objectives to assist client #1 with dental hygiene, oral health and/or tooth brushing.</p> <p>9-3-6(a)</p> <p>483.460(f)(1) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include a complete extraoral and intraoral examination, using all diagnostic aids necessary to properly evaluate the client's condition not later than one month after admission to the facility (unless the examination was completed within twelve months before admission).</p> <p>Based on record review and interview for 1 of 1 client (#1), the facility failed to ensure client #1 was provided a dental</p>	W 351	<p><b>CORRECTION:</b></p> <p>Specifically, client #1 has</p>	04/08/2015

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	<p>exam within one month of admission to the facility.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 3/4/15 at 9 AM. The record indicated the following:            ___ Client #1 was admitted to the facility on 11/20/14.            ___ Client #1 was not scheduled for a dental exam until 1/22/15 at which time client #1 refused to go.            ___ Client #1 was seen for a dental examination on 2/12/15. The dentist noted client #1 would need four more dental appointments to address the amount of decay in client #1's mouth.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee)            On 3/4/14 at 2 PM, the QIDPD:            ___ Indicated client #1 was admitted to the facility on 11/20/14.            ___ Indicated client #1 did not have a dental evaluation within 30 days from his admission date of 11/20/14.</p> <p>9-3-6(a)</p>		<p>received a dental examination and additional restorative dental appointments have been scheduled. A review of medical records indicated this deficient practice did not affect any additional clients.</p> <p><b>PREVENTION:</b></p> <p>The Health Services Team will work with The Residential Manager, QIDP and facility Medical coach to assure that all relevant assessments, including but not limited to dental examinations, are completed for clients within 30 days of admission and as needed but no less than annually thereafter. Members of the Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) will follow up with the QIDP no less twice weekly when new clients are admitted to the facility to assure appropriate assessment occurs as required. Prior to admitting new clients, the Clinical Supervisor will assist the QIDP with developing a schedule to assure that all necessary assessments occur.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team</p>		

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W 369  Bldg. 00	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview for 1 of 22 medications observed being administered, the facility failed to ensure all medications were administered without error to client #5.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/4/15 between 6 AM and 8 AM. At 7:15 AM staff #7 used a disposable plastic spoon and measured out 2 teaspoons of Metamucil powder and placed it in a cup with water, stirred the powder and water and gave the mixture to client #5. Staff #7 was asked what size was the spoon he used to measure client #5's Metamucil. Staff #7 stated, "It's a teaspoon." Staff #7 was asked how much Metamucil was client #5 to receive. Staff #7 stated, "One teaspoon." Review of the label on the container of Metamucil indicated client #5 was to get 1 tablespoon of Metamucil in eight ounces of liquid.</p>	W 369	<p>Leader, Direct Support Staff, Health Services Team, Operations Team</p> <p><b>CORRECTION:</b></p> <p><i>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Specifically, facility staff, including direct support staff #7, will receive training toward proper implementation of the agency's medication administration procedures to assure that all medications are administered as prescribed, with emphasis on measurement of powdered medications.</i></p> <p><b>PREVENTION:</b></p> <p>The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week and the Team Leader will be required to observe and participate in active treatment</p>	04/08/2015

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	<p>Interview with the facility's LPN on 3/4/15 at 2 PM indicated the plastic disposable spoons the staff used in the medication room were teaspoons. The LPN indicated when measuring out one tablespoon the staff were to use the disposable medicine cups that have the measuring lines to ensure the client received one tablespoon.</p> <p>9-3-6(a)</p>		<p>sessions on varied shifts no less than five times per week. During Active Treatment observations, supervisors will observe medication administration providing retraining and follow-up as needed to assure medications are administered without error.</p> <p>Additionally, members of the Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) and the QIDP will conduct active treatment observations no less than twice weekly for the next 30 days, and no less than weekly for an additional 60 Days. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Manager/Director of Operations will determine the level of ongoing support needed at the facility. These administrative observations will include observation of medication administration to facilitate corrective measures and hands-on coaching as needed.</p> <p><b>RESPONSIBLE PARTIES:</b> Health Services Team, Residential Manager, Team Leader, direct</p>	

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W 422 Bldg. 00	<p>483.470(c)(1) STORAGE SPACE IN BEDROOMS</p> <p>The facility must provide space for equipment for daily out-of-bed activity for all clients who are not yet mobile, except those who have a short-term illness or those few clients for whom out-of-bed activity is a threat to health and safety.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients, the facility failed to provide client #1 a bedroom with sufficient space to easily maneuver a wheelchair in and about the room.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/2/15 between 3:45 PM and 6:30 PM and on 3/4/15 between 6 AM and 8 AM.</p> <p>__ The group home was a two story older home with two bedrooms and one bathroom downstairs.</p> <p>__ Client #1 was a tall thin male with contractures in his upper and lower extremities.</p> <p>__ Client #1 utilized a manual wheelchair for mobility and propelled the wheelchair using both legs and arms.</p> <p>__ The floors of the home in the living room and dining rooms were hard wood</p>	W 422	<p>support staff, QIDP, Operations Team</p> <p><b>CORRECTION:</b></p> <p><i>The facility must provide space for equipment for daily out-of-bed activity for all clients who are not yet mobile, except those who have a short-term illness or those few clients for whom out-of-bed activity is a threat to health and safety. Specifically, the governing body has determined that the facility bathrooms cannot be modified to meet Client #1's adaptive needs. Therefore, the facility is working with the Bureau of Developmental disability Services to find an alternative residential placement suited to Client #1's mobility needs.</i></p> <p><b>PERVENTION:</b></p> <p>Prior to admitting new clients to the facility, the Clinical Supervisor and the Environmental Services worker assigned to the facility will</p>	04/08/2015

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	<p>and the kitchen and bathroom floors were covered in linoleum.</p> <p>__ Client #1's bedroom was L shaped and contained a tall wooden wardrobe, a twin size bed and a tall chest of drawers with five drawers that faced client #1's bed. Client #1 could not completely open the bottom two drawers of the dresser because the bed blocked the drawers from being opened completely.</p> <p>__ When going to bed client #1 would wheel himself to the end of his bed next to his dresser, lower himself to the floor and then climb up into his bed. Client #1 would then reverse the process when getting back up into his wheelchair.</p> <p>__ Client #1 had to remove one of his hands from the wheels of his wheelchair to keep from bumping his hands on the door frame when entering his bedroom.</p> <p>__ After maneuvering through the doorway in his wheelchair, client #1 would wheel himself forward 5 1/2 feet where client #1 had to made a 90 degree right turn that placed client #1 in his wheelchair beside his dresser and at the end of his bed.</p> <p>__ Due to the width of the room client #1's wheelchair did not fit between the wall and client #1's bed (a space of 18 inches) and did not allow client #1 to directly transfer from his chair to his bed without lowering himself to the floor first and then up into his bed.</p>		<p>review the physical environment of the facility to assure it meets the adaptive needs of the prospective client. The Executive Director will convene a meeting of the Admissions committee consisting of the Clinical Supervisors, Program Manager and Nurse Manager to review the physical environment needs of the prospective client prior to approving admission to the facility.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team, Environmental Services Team</p>	

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	<p>Client #1's record was reviewed on 3/4/15 at 9 AM. Client #1's record indicated diagnosis of, but not limited to, Cerebral Palsy (a disorder of posture, muscle tone and movement resulting from brain damage).</p> <p>Client #1's PT (Physical Therapy) Outpatient Neurology Evaluation dated 2/9/15 indicated "Summary of Evaluation: Patient (client #1) presented to outpatient therapy for an assessment required by the group home where he currently resides. He was diagnosed with cerebral palsy shortly after birth and has never been ambulatory. He was in therapy as a child where he learned his transfer skills and adaptations. He currently transfers from his w/c to floor to bed independently and patient reports he has always done it this way. He is independent with all other transfers. He currently has a manual w/c (wheelchair) that is not fit for him and unsafe. He is in need of a power chair that fits him appropriately."</p> <p>During interview with staff #5 on 3/2/15 at 5 PM, staff #5: __ Indicated client #1 transferred himself to and from the floor out of his wheelchair to get in and out of bed, onto and off of the toilet and in and out of the</p>			

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	<p>tub and stated, "It's more like he throws himself on the floor. It's scary."            ___ Indicated client #1 did not like the staff helping him and wanted to do it his way.</p> <p>During interview with client #1 on 3/3/15 at 1 PM, client #1:            ___ Indicated there was not enough room in his bedroom for him to maneuver his wheelchair up to the side of his bed and transfer himself to the bed.            ___ Stated, "I think they're going to put some more grab bars in for me in my bedroom which will help."</p> <p>During interview with staff #7 on 3/4/15 at 6:30 AM, staff #7:            ___ Stated, "One morning when he (client #1) was getting up he got stuck trying to get turned around to get into his wheelchair. We had to step over him and pull him up by his arm to get him into his chair."            ___ Stated client #1's bedroom was "too small for him and his wheelchair."            ___ Stated, "He scares me the way he just throws himself on the floor."            ___ Indicated concern that client #1 was going to injure himself the way he gets in and out of his wheelchair.</p> <p>During interview with client #1 on 3/4/15 at 1 PM, client #1:            ___ Indicated he had gotten stuck one</p>			

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	<p>morning and the staff did have to step over him and pull him up by his arm.</p> <p>__ Stated, "That was before I learned how to do it (transfer from bed to chair) cause I wasn't used to it in this house."</p> <p>__ Indicated he was supposed to be right beside his bed and that would be easier for him but due to the size of his bedroom he could not get his wheelchair beside his bed.</p> <p>__ Indicated the staff had to assist him with the bottom two drawers of his dresser because there was not enough room for him to open them all the way.</p> <p>__ Indicated the staff assisted him with the top drawers of his dresser because he could not reach them.</p> <p>__ Indicated he could get clothes out of his wardrobe with the staff assistance but could not get to everything in the wardrobe because there wasn't enough room for him and his wheelchair.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 3/4/15 at 2 PM, the QIDPD:</p> <p>__ Indicated the facility did not know client #1 utilized a floor to bed/toilet procedure to transfer in and out of his wheelchair prior to admission.</p> <p>__ Indicated when client #1 came to the facility the previous facility staff dropped client #1 off and gave them no verbal</p>			

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W 424 Bldg. 00	<p>report in regard to client #1's needs.            ___ Stated client #1's bedroom was "too small" for client #1 to maneuver around his room while in his wheelchair.            ___ Indicated other than the outside ramp the home was not designed to accommodate a client in a wheelchair.</p> <p>During e-mail interview with the QIDPD on 3/6/15 at 12 PM, the QIDPD indicated the facility's maintenance man had measured client #1's bedroom and client #1's bed, dresser and wardrobe occupied a space that was 14.4 feet by 5.2 feet.</p> <p>9-3-7(a)</p> <p>483.470(d)(1) CLIENT BATHROOMS The facility must provide toilet and bathing facilities appropriate in number, size, and design to meet the needs of the clients. Based on observation, interview and record review for 1 of 3 sampled clients (#1), the facility failed to provide toileting and bathing facilities to accommodate client #1 and his wheelchair.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/2/15 between 3:45 PM</p>	W 424	<p><b>CORRECTION:</b></p> <p><i>The facility must provide toilet and bathing facilities appropriate in number, size, and design to meet the needs of the clients. Specifically, the governing body has determined that the facility bathrooms cannot be modified to meet Client #1's adaptive needs. Therefore, the facility is working with the Bureau</i></p>	04/08/2015			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G323	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  03/09/2015
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	<p>and 6:30 PM and on 3/4/15 between 6 AM and 8 AM.</p> <p>__ The group home was a two story older home with one bathroom downstairs that was located off of the kitchen and down a hallway approximately five or six feet.</p> <p>__ Client #1 was a tall thin male with contractures in his upper and lower extremities.</p> <p>__ Client #1 utilized a manual wheelchair for mobility and propelled the wheelchair using both legs and arms.</p> <p>__ When going to the bathroom client #1 would wheel himself to the kitchen as far as the freezer, stop, lock his wheelchair wheels, lower himself onto the floor and then pull himself on his knees and buttocks down the short hallway to the bathroom. Once there, client #1 would pull himself up to the toilet. After using the toilet client #1 would reverse the process in getting back into his wheelchair.</p> <p>__ The downstairs bathroom was not large enough for client #1 to enter the bathroom while sitting in his wheelchair and then to maneuver himself out of his wheelchair and onto the toilet and/or into the tub/shower.</p> <p>Client #1's record was reviewed on 3/4/15 at 9 AM. Client #1's record indicated diagnosis of, but not limited to, Cerebral Palsy (a disorder of posture,</p>		<p>of Developmental disability Services to find an alternative residential placement suited to Client #1's mobility needs.</p> <p><b>PERVENTION:</b></p> <p>Prior to admitting new clients to the facility, the Clinical Supervisor and the Environmental Services worker assigned to the facility will review the physical environment of the facility to assure it meets the adaptive needs of the prospective client. The Executive Director will convene a meeting of the Admissions committee consisting of the Clinical Supervisors, Program Manager and Nurse Manager to review the physical environment needs of the prospective client prior to approving admission to the facility.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team, Environmental Services Team</p>	

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	<p>muscle tone and movement resulting from brain damage).</p> <p>Client #1's PT (Physical Therapy) Outpatient Neurology Evaluation dated 2/9/15 indicated "Summary of Evaluation: Patient (client #1) presented to outpatient therapy for an assessment required by the group home where he currently resides. He was diagnosed with cerebral palsy shortly after birth and has never been ambulatory. He was in therapy as a child where he learned his transfer skills and adaptations. He currently transfers from his w/c to floor to bed independently and patient reports he has always done it this way. He is independent with all other transfers. He currently has a manual w/c (wheelchair) that is not fit for him and unsafe. He is in need of a power chair that fits him appropriately."</p> <p>During interview with staff #5 on 3/2/15 at 5 PM, staff #5:            ___ Indicated client #1 transferred himself to and from the floor out of his wheelchair to get in and out of the bathroom, onto and off of the toilet and in and out of the tub and stated, "It's more like he throws himself on the floor. It's scary."            ___ Indicated client #1 did not like the staff helping him and wanted to do it his way.</p>			

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	<p>__ Indicated client #1 did not use a shower chair and would sit in the tub to shower.</p> <p>__ Indicated insufficient room in the bathroom for client #1 and his wheelchair.</p> <p>During interview with client #1 on 3/3/15 at 1 PM, client #1:</p> <p>__ Indicated the downstairs bathroom did not provide enough room for client #1 to remain in his wheelchair and wheel himself into the bathroom and then be able to transfer himself onto the toilet and/or get into the tub/shower unless he lowered himself to the floor first and crawled into the bathroom.</p> <p>__ Stated, "It (the bathroom) needs to be bigger."</p> <p>During interview with staff #7 on 3/4/15 at 6:30 AM, staff #7:</p> <p>__ Stated, "He scares me the way he just throws himself on the floor."</p> <p>__ Indicated client #1 climbs into the tub and sits on the tub floor to take a shower.</p> <p>__ Indicated concern that client #1 was going to injure himself the way he gets in and out of his wheelchair.</p> <p>During interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 3/4/15 at 2 PM, the QIDPD:</p>			

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	<p>__ Indicated the facility did not know client #1 utilized a floor to bed/toilet procedure to transfer in and out of his wheelchair prior to admission.</p> <p>__ Indicated when client #1 came to the facility the previous facility staff dropped client #1 off and gave them no verbal report in regard to client #1's needs.</p> <p>__ Stated the downstairs bathroom was "too small" to accommodate a client in a wheelchair.</p> <p>__ Indicated other than the outside ramp the home was not designed to accommodate a client in a wheelchair.</p> <p>9-3-7(a)</p>			