STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G719	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 03/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM-INDIANA INC	1406 W TARKINGTON DR GREENSBURG, IN 47240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
W 000 Bldg. 00	This visit was for the post certification revisit (PCR) survey to the investigation of complaint #IN00163122 completed on 2/3/15. This visit was in conjunction with the predetermined full annual recertification and state licensure survey. Complaint #IN00163122: Not corrected. Dates of Survey: March 16, 17, 18, 19 and 20, 2015. Facility Number: 004375 Provider Number: 15G719 Aim Number: 200510170 Surveyor: Vickie Kolb, RN These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed March 29, 2015 by Dotty Walton, QIDP.	W 000		
W 104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, record review and	W 104	QIDP in conjunction with behavioral consultant will	04/17/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	interview for 2 of 2 sampled clients (A and B) and 1 additional client (C), the governing body failed to exercise general policy and operating direction over the facility: __To ensure the DP (Day Program) staff were provided a current copy of client B's BSP (Behavior Support Plan) and were trained to implement the plan and to ensure the facility pharmacy did not leave client medications outside of the home unattended and with client personal and medical information exposed for client C. __To ensure the rights of the clients by not ensuring a legally sanctioned representative or a health care representative for clients A and B when making informed decisions in regard to the clients' medical and psychological needs. __To ensure clients A and B were provided personal privacy while using the bathroom and to ensure the facility pharmacy maintained client C's medications in such a way to safeguard client C's personal information. __To prevent the neglect of client A in regard to staff failure to secure a safety/seat belt on client A while client A was in his wheelchair resulting in client A falling out of his wheelchair and hitting his head and to ensure all injuries of unknown origin were investigated for client B.		ensurethat all day programs have a current copy of client's behavior support plan andare trained on current plan. QIDP will complete monthly observations to day program siteto monitor and ensure that behavior plans are available and are beingimplemented as written. Nurse in conjunction with QIDP will work with pharmacy todevelop a plan for the delivery of all medications when someone is available toreceive medications so they will not be delivered and left unattended outsideof home. Area Director in conjunction with QIDP will seek an outsideperson to become health care representative for clients A and B to assistclients in making informed decisions in regard to their medical and psychologicalneeds. Area Director and QIDP will ensure that any new admissionsto group home will have a representative to assist them in making informeddecisions. Nurse and QIDP will provide a shower chair for clients toutilize while in the shower and remove all audio monitoring devices in order toprotect client's privacy. QIDP and/or Home Manager will	

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	__To ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients' program plans and health care services for clients A, B and C. Findings include: 1. The governing body failed to exercise general policy and operating direction over the facility to ensure the DP staff were provided a current copy of client B's BSP and were trained to implement the plan and to ensure the facility pharmacy did not leave client medications outside of the home unattended and with client personal and medical information exposed for client C. Please see W120. 2. The governing body failed to exercise general policy and operating direction over the facility to ensure the rights of the clients by not ensuring a legally sanctioned representative or a health care representative for clients A and B when making informed decisions in regard to the clients' medical and psychological needs. Please see W125. 3. The governing body failed to exercise general policy and operating direction over the facility to ensure clients A and B were provided personal privacy while using the bathroom and to ensure the		complete weekly observationsfor 3 months to ensure that shower chair is available for clients to use forsafety while in the shower. QIDP and/or Home Manager will complete ongoing observationsmonthly to ensure client's privacy is being protected and that shower chair isavailable for use. QIDP in conjunction with Home Manager will train all staffon the use of safety belts while clients are in wheelchairs to prevent injuryto clients. QIDP and/or Home Manager will complete weekly observationsfor 3 months to ensure that safety belts are being used on client'swheelchairs. QIDP and/or Home Manager will complete ongoing monthlyobservations to ensure that safety belts are being used on client's wheelchairs. Area Director will retrain QIDP on completing investigationsfor all injuries of unknown origin. Area Director will review all incident reports to ensurethat all required investigations are completed by QIDP as required. Quality Assurance Specialist will review monthly incidenttracking to ensure that all required	

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	facility pharmacy maintained client C's medications in such a way to safeguard client C's personal information. Please see W129. 4. The governing body failed to implement its policy and procedures to prevent the neglect of client A in regard to staff failure to secure a safety/seat belt on client A while client A was in his wheelchair resulting in client A falling out of his wheelchair and hitting his head and to ensure all injuries of unknown origin were investigated for client B. Please see W149. 5. The governing body failed to exercise general policy and operating direction over the facility to ensure an investigation was conducted in regard to an injury of unknown origin for client B. Please see W154. 6. The governing body failed to exercise general policy and operating direction over the facility to ensure the QIDP integrated, coordinated and monitored the clients' program plans and health care services for clients A, B and C. Please see W159. This federal tag relates to complaint #IN00163122.		investigations are completed. Area Director will retrain QIDP on integrating, coordinatingand monitoring clients' program plans and health care services. Area Director will complete a monthly review of program plans and health care services forall clients' to ensure they are being integrated, coordinated and monitored by QIDPas required.	

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	This deficiency was cited on 2/3/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-1(a)			
W 120 Bldg. 00	483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based on observation, record review and interview for 1 of 2 sampled clients (client B) and 1 additional client (C) receiving outside services, the facility failed to ensure: __The DP (Day Program) staff were provided a current copy of client B's BSP (Behavior Support Plan) and were trained to implement the plan. __The facility pharmacy did not leave client medications outside of the home unattended and with client personal and medical information exposed for client C. Findings include: 1. Client B's records at the DP were reviewed on 3/16/15 at 2:20 PM. The records indicated: __A 7/26/11 "Behavior Development Program Quick Reference." The reference indicated targeted behaviors of resistance, incontinence, anger control	W 120	QIDP in conjunction with behavioral consultant will ensurethat all day programs have a current copy of client's behavior support plan andare trained on current plan. QIDP will complete monthly observations to day program siteto monitor and ensure that behavior plans are available and are beingimplemented as written. Nurse in conjunction with QIDP will work with pharmacy todevelop a plan for the delivery of all medications when someone is available toreceive medications so they will not be delivered and left unattended outsideof home.	04/17/2015

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	and physical assault. __A 2/9/15 Case Conference Summary indicated "[Name of QIDP (Qualified Intellectual Disabilities Professional)] is working on a behavioral plan for [client B], once it is finished she will get a copy to [name of DPM (Day Program Manager)]." During interview with client B's DPS (Day Program Supervisor) on 3/16/15 at 2:35 PM, the DPS: __Indicated she was new to the facility and had worked with client B two days. __Indicated no incidents of incontinence, anger and/or physical assault and stated, "He's (client B) was a good worker." __Indicated she was not aware of client B having any behaviors and/or a behavior plan. __Indicated she had read over client B's program plans and had taken notes but did not have direct access to his paper work and/or plans in her area. During interview with the DPM on 3/16/15 at 2:50 PM, the DPM: __Indicated client B's program plans were stored in the office of the DP at the entrance of the building and the DPS could access client B's program plans when needed but they were not stored in the work areas with the supervisors. __Indicated the most current version of			

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	client B's behavior plan the DP had been provided was dated 7/26/11. __Stated, "I have been asking [the QIDP] to provide us with a copy of his (client B's) plan (BSP) and to train with my staff ever since January of this year but I still haven't gotten anything." __Indicated she was aware of client B having a history of behaviors and could not remember any specific problems. During interview with the QIDP on 3/19/15 at 3 PM, the QIDP: __Indicated the DPM had not been provided any updated versions to client B's BSP as the QIDP and the group home staff were confused with the plan as written and not sure how the staff were to respond and/or implement client B's behavior plan as currently written by the BC (Behavior Consultant). __Indicated she (the QIDP) had requested the BC come to the group home on 3/20/15 to explain and train with the staff to clarify what the staff were to monitor, interventions to be used and what was to be documented in regard to client B's behaviors. __Indicated after the training with the BC the QIDP would provide a copy of client B's BSP to the DPM. 2. Upon arrival to the group home on 3/16/15 at 1:59 PM there was an open			

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	paper bag sitting on the sidewalk outside of the front door. Inside of the bag were two bottles of MOM (Milk of Magnesia) a laxative and a bottle of liquid Phenytoin (for seizures) all with pharmacy labels with client C's personal information, name, address, medication and dosage on the bottles. This surveyor rang the doorbell several times with no response. No clients and or staff were in the home. During interview with staff #1 on 3/16/15 at 3 PM, staff #1: __Indicated she (staff #1) had just arrived at the group home for her afternoon shift of work. __Indicated upon arrival to the home she had discovered client C's medications in an open paper bag outside of the home. __Stated, "They (the pharmacy delivery staff) usually don't do that. Someone has always been here to receive the medications. That's weird they just left them (client C's medications) like that." During interview with the facility's RN on 3/16/15 at 3:45 PM, the RN: __Indicated the facility pharmacy was not to leave medications unattended outside of the home. __Indicated the delivery pharmacy staff should have made sure the medications were handed directly to a facility staff.			

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	Review of the revised 12/2014 "[Name of pharmacy] DELIVERY POLICY (MEDICATIONS)" on 3/16/15 at 5 PM indicated "Medications are not to be left unless authorized by the pharmacy personnel if patient not home. They will obtain the OK from patient or patient representative. If leaving the medication remove any identifying information and seal the bag (staple) to protect the patient or leave in a box or plastic bag." 9-3-1(a)			
W 125 Bldg. 00	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Based on observation, interview and record review for 2 of 2 sampled clients (A and B), the facility failed to ensure the rights of the clients by not ensuring a legally sanctioned representative or a health care representative for client A and client B when making informed decisions in regard to the clients' medical and psychological needs. Findings include:	W 125	Area Director in conjunction with QIDP will seek an outside person to become health care representative for clients A and B to assist clients in making informed decisions in regard to their medical and psychological needs. Area Director and QIDP will ensure that any new admissions to group home will have a representative to assist them in making informed decisions.	04/17/2015

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	1. Observations were conducted at the group home on 3/16/15 between 3 PM and 6:30 PM and on 3/18/15 between 5:15 AM and 7:30 AM. __Client A was a middle aged non verbal male with contractures of the upper and lower extremities and required a wheelchair for mobilization. __Client A required staff assistance to meet all of his daily needs. __Client A's tongue constantly protruded from his mouth and the client would make frequent sounds, smile and make gestures along with occasionally pointing to communicate with those around him. __All of client A's nutrition was delivered via a G-tube (Gastrostomy tube - a tube inserted through the abdomen to deliver nutrition directly to the stomach). __Client A had a colostomy bag covering a stoma (a surgical operation in which a piece of the colon was diverted to an artificial opening in the abdomen) allowing feces to drain into a bag and was emptied and cared for by the staff. Client A's record was reviewed on 3/17/15 at 12 PM. Client A's record indicated diagnoses of, but not limited to, Profound Intellectual Disabilities, Seizure Disorder, Severe Oral Dysphasia (difficulty swallowing) with placement of a G-tube, history of constipation,			

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	Colostomy, Cerebral Palsy (a disorder of posture, muscle tone and movement resulting from brain damage) and Chronic Bronchitis (an inflammation of the air passages between the nose and the lungs). Client A's ISP (Individualized Support Plan) dated 1/22/15 indicated: __Client A was "dependent on staff "for all daily living skills and needs. __Client A's mother had passed away "several years ago." Client A's ICA (Informed Consent Assessment) dated 3/6/15 indicated client A was in need of a legal representative. Client A's record indicated no participation of family and/or a legal representative in regard to client A's medical care. During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 3/19/15 at 3 PM, the QIDP: __Indicated client A's mother had served as client A's legal guardian until her death which was several years prior. __Indicated client A had a father and a sibling the facility would attempt to contact if needed for medical decisions. __Indicated client A's family did not			

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	actively participate in client A's care and/or come to visit client A. __Stated, "They're (client A's family) not really involved" with client A's care. __Indicated the staff at the facility advocated for client A when needed. __Indicated client A was not able to advocate for himself in regard to his medical needs and was in need of a representative. 2. Client B's record was reviewed on 3/17/15 at 1 PM. Client B's record indicated diagnoses of, but not limited to, Schizophrenia Paranoid Type, Moderate Intellectual Disabilities, Depression, Anxiety, Seizure Disorder, GERD (Gastric Esophageal Reflux Disease), Hyperlipidemia (high cholesterol levels in the body), Urinary Incontinence, Obstructive Sleep Apnea (a sleep disorder in which breathing repeatedly stops and starts during sleep) and Muscle Weakness. Client B's quarterly physician's orders for March 2015 indicated client B was to receive the following medications: Klonopin 0.5 mg twice a day for anxiety. Prozac 40 mg every AM for depression. Zyprexa 17.5 mg (an anti-psychotic). Klonopin 0.5 mg as needed or for anxiety with CPAP (Continuous Positive			

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	Airway Pressure - a treatment that uses mild air pressure to keep airways open) machine. Client B's BSP (Behavior Support Plan) dated 8/20/13 indicated targeted behaviors of physical aggression, resistance to instructions, verbal aggression and property disruption. Client B's ISP dated 1/22/15 indicated "[Client B] needs a great deal of 1:1 (one staff to one client) supervision to help him complete all hygiene and programming.... [Client B] does recognize some safety lights or signs, but requires staff to keep him safe. He is total staff assist with pedestrian safety. He cannot be left alone in the community. He cannot give understanding consent in sexual arenas.... He does not understand nor can follow the law or respond to an emergency...." Client B's ICA dated 3/11/15 indicated client B did not understand his own medical problems and/or the implications of the problems. During interview with the QIDP on 3/19/15 at 3 PM, the QIDP: __Indicated client B was emancipated and did not have a legal representative to assist with medical issues.			

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	__Indicated client B was not able to make and/or understand medical decisions on his own. __Indicated the facility staff advocated for client B in regard to medical and programming needs. 9-3-2(a)			
W 129 Bldg. 00	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy. Based on observation, record review and interview for 2 of 2 sampled clients (A and B) and 1 additional client (C), the facility failed to ensure clients A and B were provided personal privacy while using the bathroom and to ensure the facility pharmacy maintained client C's medications in such a way to safeguard client C's personal information. Findings include: 1. Observations were conducted at the group home on 3/16/15 between 3 PM and 6:30 PM. __During this observation period an audio monitor was observed in the clients' bathroom/shower area with a receiver to the monitor in the kitchen.	W 129	Nurse and QIDP will provide a shower chair for clients toutilize while in the shower and remove all audio monitoring devices in order toprotect client's privacy. QIDP and/or Home Manager will complete weekly observationsfor 3 months to ensure that shower chair is available for clients to use forsafety while in the shower. QIDP and/or Home Manager will complete ongoing observationsmonthly to ensure client's privacy is being protected and that shower chair isavailable for use. Nurse in conjunction with QIDP will work with pharmacy todevelop a plan for the delivery of all medications when someone is available toreceive medications	04/17/2015

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	The sounds from the bathroom were audible throughout the dining room, the kitchen, the living room and the staff office. __At 3:20 PM staff #2 assisted client A into the bathroom to urinate. While in the bathroom everything staff #1 said to client A and all sounds in the bathroom could be heard on the receiver in the kitchen. __From 4 PM until 5:15 PM client B was in the bathroom showering and shaving. All sounds made by client B while in the bathroom could be heard through the receiver in the kitchen. __The audio monitor remained on throughout the observation period and all sounds of anyone in the bathroom could be heard through the receiver in the kitchen. During interview with staff #1 on 3/16/15 at 4:30 PM, staff #1: __Indicated the audio monitor was used to monitor client B while in the bathroom due to a history of seizures. __Indicated she (staff #1) did not know when client B last had a seizure. __Indicated the monitor was only to be on while client B was in the bathroom showering but the staff would often forget and leave it on all the time. During interview with the QIDP		so they will not be delivered and left unattended outsideof home.	

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	15G719		03/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	(Qualified Intellectual Disabilities Professional) on 3/17/15 at 1 PM, the QIDP: __Indicated the audio monitor was used to monitor client B while in the bathroom due to a history of seizures. __Indicated client B's last known seizure was sometime in 2009. __Indicated the monitor was only to be used while client B was in the bathroom showering. __Indicated the staff were also to check on client B frequently while he was showering. 2. Upon arrival to the group home on 3/16/15 at 1:59 PM there was an open paper bag on the sidewalk outside of the front door. Inside the bag were two bottles of MOM (Milk of Magnesia - a laxative) and a bottle of liquid Phenytoin (used to control seizures) all with pharmacy labels with client C's personal information, name, address, medication and dosage on the bottles. This surveyor rang the doorbell several times with no response. No clients and or staff were in the home. Review of the revised 12/2014 "[Name of pharmacy] DELIVERY POLICY (MEDICATIONS)" on 3/16/15 at 5 PM indicated "Medications are not to be left unless authorized by the pharmacy			

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	personnel if patient not home. They will obtain the OK from patient or patient representative. If leaving the medication remove any identifying information and seal the bag (staple) to protect the patient or leave in a box or plastic bag." During interview with staff #1 on 3/16/15 at 3 PM, staff #1: __Indicated she (staff #1) had just arrived at the group home for her afternoon shift of work. __Indicated upon arrival to the home she had discovered client C's medications in an open paper bag outside of the home. __Stated, "They (the pharmacy delivery staff) usually don't do that. Someone has always been here to receive the medications. That's weird they just left them (client C's medications) like that." During interview with the facility's RN on 3/16/15 at 3:45 PM, the RN: __Indicated the facility pharmacy was not to leave medications unattended outside of the home. __Indicated the delivery pharmacy staff should have made sure the medications were handed directly to a facility staff. During interview with the QIDP on 3/19/15 at 3 PM, the QIDP indicated the clients' medical information was to be protected at all times and was never to be			

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	left out for public display. 9-3-2(a)			
W 149 Bldg. 00	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 2 of 2 sampled clients (A and B), the facility failed to implement its policy and procedures to: __Prevent the neglect of client A in regard to staff failure to secure a safety/seat belt on client A while client A was in his wheelchair resulting in client A falling out of his wheelchair and hitting his head. __Ensure all injuries of unknown origin were investigated for client B. Findings include: 1. Observations were conducted at the group home on 3/16/15 between 3 PM and 6:30 PM and on 3/18/15 between 5:15 AM and 7:30 AM. __Client A was a middle aged non verbal male with a protruding tongue and contractures of the upper and lower extremities. __Client A required a wheelchair for	W 149	QIDP in conjunction with Home Manager will train all staffon the use of safety belts while clients are in wheelchairs to prevent injuryto clients. QIDP and/or Home Manager will complete weekly observationsfor 3 months to ensure that safety belts are being used on client'swheelchairs. QIDP and/or Home Manager will complete ongoing monthlyobservations to ensure that safety belts are being used on client's wheelchairs. Area Director will retrain QIDP on completing investigationsfor all injuries of unknown origin. Area Director will review all incident reports to ensurethat all required investigations are completed by QIDP as required. Quality Assurance Specialist will review monthly incidenttracking to ensure that all required	04/17/2015

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	mobilization and staff assistance with all transfers. __Client A required a safety belt to keep him (client A) from falling forward out of his chair. __While sitting in the wheelchair the staff secured a gait belt around client A's chest and around the back of the wheelchair to keep client A from falling forward and out of his wheelchair. __The seat belts of client A's wheelchair were broken and non functional. The facility's reportable and investigative records were reviewed on 3/17/15 at 3 PM. The 2/26/15 BDDS (Bureau of Developmental Disabilities Services) report indicated on 2/26/15 at 4:45 AM the staff was pushing client A to the bathroom in his wheelchair when client A leaned on the arm rest of his wheelchair and the armrest moved when client A put his feet down resulting in client A tipping out of his wheelchair, falling and hitting the doorway to the restroom. Client A was taken to the emergency room for evaluation and found to have a one inch cut on his upper lip below his nose and a one inch cut on the inside of his upper lip. Client A was treated and released to return to the group home.		investigations are completed.	

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	The follow up BDDS report dated 3/3/15 indicated "Investigation found that staff did not follow training and wheelchair safety with transporting clients within home. Staff reported that she did not have seatbelt on client [A] when she was transporting client [A] into the restroom. Staff was retrained on wheelchair safety on 2/27/15 and was given corrective action." The follow up BDDS report dated 3/5/15 indicated a "contributing factor" to client A's fall was caused by an "unanticipated break" in the wheelchair arm. Also, "staff self reported being late in securing seatbelt which resulted in immediate corrective action and retraining for all staff." During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 3/19/15 at 3 PM, the QIDP: __Indicated the regular seat belt and chest harness on client A's wheelchair was broken and the facility was using a gait belt as instructed by the PT (Physical Therapist) to keep client A safe from falling out of his chair. __Indicated client A leans forward in his wheelchair and would fall from his chair without the gait belt to protect him from falling forward.			

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	__Indicated the morning of 2/26/15 the staff neglected to ensure client A's seatbelt was on while transporting client A to the bathroom from his bedroom resulting in client A falling out of his chair and hitting his head on the frame of the bathroom door. 2. The facility's reportable and investigative records were reviewed on 3/17/15 at 3 PM. The 1/27/15 BDDS (Bureau of Developmental Disabilities Services) report indicated on 1/24/15 at 11:30 PM client B was asleep in his bed. "Staff reported that client [B] rolled off his bed onto the floor." Client B was examined by the staff for injuries and client B reported minor soreness on right hip where he hit the floor. Client B was given an ice bag for his hip and returned to bed. The next morning client B was found to have two purplish one inch bruises on his right hip. No swelling or issues with ambulation. The report indicated staff will continue to do 15 minute checks on client B when in his room and the IDT (Interdisciplinary Team) would discuss the need for placing railing on client B's bed. Client B's record was reviewed on 3/17/15 at 1 PM.			

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	Client B's nursing notes indicated, not all inclusive, the following: 1/29/15 "At home with [client B], he has a 6 inch by 4 inch bruise at the largest area. It is located on his Rt (right) buttocks trailing to his Rt thigh. Staff report it is from when he fell out of bed earlier in the week.... Client B denies any medical concerns but then reports the area of his bruise is tender. He is getting in the shower. Encouraged him to use warm water in the shower to promote healing." 2/9/15 "At home with [client B], staff and [client B] reports that area on buttocks and thigh has healed. [Client B] partially showed this RN the area. No bruising observed." During interview with staff #1 on 3/19/15 at 4 PM, staff #1: __Indicated she and another staff were working the night client B was injured. __Indicated she and the other staff heard a loud noise and discovered client B on the floor. __Stated, "We didn't see him (client B) fall. He said he fell out of bed." __When asked was client B a reliable reporter, staff #1 stated, "Most of the time but not always."			

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	During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 3/19/15 at 3 PM, the QIDP: __Indicated the staff had not witnessed client B's injury. __When asked what are staff to do when a client falls, the QIDP indicated the staff were to complete a Falls Assessment. __Indicated no Falls Assessment had been completed in regard to client B's injury. __Indicated the staff had completed an I/A (Incident/Accident) report. __Indicated she (the QIDP) was unable to provide the I/A report for review. __Indicated no official investigation was conducted in regard to client B's injury and stated, "I just talked to the staff and to [client B] but didn't write anything down." __Indicated all injuries of unknown origin were to be investigated. __Indicated the facility investigated all falls resulting in injury. The facility's policies were reviewed on 3/16/15 at 3 PM. The facility's April 2011 policy and procedure entitled "Quality and Risk Management" indicated: __"A. Indiana Mentor promotes a high quality of service and seeks to protect individuals receiving Indiana Mentor			

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	services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed. __B. Indiana Mentor follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS: 1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to Adult Protective Services... as applicable.... e. Failure to provide appropriate supervision, care or training; f. Failure to provide a safe, clean and sanitary environment; g. Failure to provide food and medical services as needed; h. Failure to provide medical supplies or safety equipment as indicated in the ISP (Individualized Support Plan).... i. Injury to an individual when the origin or cause of the injury is unknown and the injury required medical evaluation or treatment. j. A significant injury to an individual, including:... (4) Bruises larger than 3 inches in any direction or a pattern of bruises or contusions regardless of size...." This federal tag relates to complaint			

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	#IN00163122. This deficiency was cited on 2/3/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-2(a)			
W 154 Bldg. 00	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 1 injury of unknown origin the facility failed to conduct an investigation for client B. Findings include: The facility's reportable and investigative records were reviewed on 3/17/15 at 3 PM. The 1/27/15 BDDS (Bureau of Developmental Disabilities Services) report indicated on 1/24/15 at 11:30 PM client B was asleep in his bed. "Staff reported that client [B] rolled off his bed onto the floor." Client B was examined by the staff for injuries and client B reported minor soreness on right hip where he hit the floor. Client B was given	W 154	W154 Area Director will retrain QIDP on completing incidentreports and investigations for all injuries of unknown origin. Area Director will review all incident reports to ensurethat all required investigations and all components of an incident andinvestigation are completed by QIDP as required. Quality Assurance Specialist will review monthly incidenttracking to ensure that all required investigations are completed.	04/17/2015

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	an ice bag for his hip and returned to bed. The next morning client B was found to have two purplish one inch bruises on his right hip. No swelling or issues with ambulation. The report indicated staff will continue to do 15 minute checks on client B when in his room and the IDT (Interdisciplinary Team) would discuss the need for placing railing on client B's bed. Client B's record was reviewed on 3/17/15 at 1 PM. Client B's nursing notes indicated, not all inclusive, the following: 1/29/15 "At home with [client B], he has a 6 inch by 4 inch bruise at the largest area. It is located on his Rt (right) buttocks trailing to his Rt thigh. Staff report it is from when he fell out of bed earlier in the week.... Client B denies any medical concerns but then reports the area of his bruise is tender. He is getting in the shower. Encouraged him to use warm water in the shower to promote healing." 2/9/15 "At home with [client B], staff and [client B] reports that area on buttocks and thigh has healed. [Client B] partially showed this RN the area. No bruising observed."			

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	During interview with staff #1 on 3/19/15 at 4 PM, staff #1: __Indicated she and another staff were working the night client B was injured. __Indicated she and the other staff heard a loud noise and discovered client B on the floor. __Stated, "We didn't see him (client B) fall. He said he fell out of bed." __When asked was client B a reliable reporter, staff #1 stated, "Most of the time but not always." During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 3/19/15 at 3 PM, the QIDP: __Indicated the staff had not witnessed client B's injury. __When asked what are staff to do when a client falls, the QIDP indicated the staff were to complete a Falls Assessment. __Indicated no Falls Assessment had been completed in regard to client B's injury. __Indicated the staff had completed an I/A (Incident/Accident) report. __Indicated she (the QIDP) was unable to provide the I/A report for review. __Indicated no official investigation was conducted in regard to client B's injury and stated, "I just talked to the staff and to [client B] but didn't write anything			

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	down." 9-3-2(a)			
W 159 Bldg. 00	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL 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 2 of 2 sampled clients (A and B) and 1 additional client (client C), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor the clients' active treatment programs. The QIDP failed: __To review and revise client A's and client B's program objectives. __To provide evidence of participation from the client, a representative and/or a family member in the Interdisciplinary Team process in regard to the development of a program plan for client A. __To ensure the clients' ISPs (Individualized Support Plans) addressed the clients' identified training needs in regard to client A's communication needs and client B's need for training in regard to portion control, weight loss and	W 159	Area Director will retrain QIDP on integrating, coordinatingand monitoring clients' program plans and active treatment programs to includeclient specific training needs as addressed in the ISP and or assessments. QIDP and/or Home Manager will train staff to complete adaily adaptive equipment checklist to ensure that all equipment is present andin good condition. Staff will also betrained on what to do if equipment is not present and/or not in good condition. QIDP and/or Home Manager will complete weekly checks ofadaptive equipment checklist and adaptive equipment to ensure it is present andin good condition. QIDP and/or Home Manager will retrain staff on mealpreparation, family style dining and portion control for all clients at allopportunities. And also that	04/17/2015

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	exercise. __To ensure client A's ISP indicated a planned sequence of objectives for client A to be able to meet his objective in regard to his financial needs. __To ensure the objectives the clients were currently working on were assigned specific completion dates for clients A and B. __To ensure a specific methodology for the staff to follow and be able to implement client B's objective of identifying community resources. __To ensure the staff implemented client A's and client B's formal/informal training objectives when opportunities were available. __To ensure the IDT (Interdisciplinary Team) reviewed and/or updated the clients' CFAs (Comprehensive Functional Assessments) annually for clients A and B. __To ensure the BSP (Behavior Support Plan) that included the use of Klonopin, Prozac and Zyprexa (all behavior modification medications) was conducted with the written informed consent of client B. __To ensure a specific plan of reduction was developed and implemented to reduce and eventually eliminate the behaviors for which each psychoactive medication was to target for client B and to ensure a specific plan was developed		allnecessary adaptive equipment is being implemented at mealtime appropriately. QIDP and/or Home Manager will complete weekly observationsfor 3 months and then monthly ongoing to ensure that mealtime objectives arebeing implemented. The QIDP and Area Director will meet monthly, to reviewprogram plans, active treatment plans and health care plans to ensure progressor lack of progress is addressed and changes to plans are made as needed. The QIDP will meet with the Area Director monthly and will review client plans, includingBehavior Support Plans and medication reduction plans to ensure they are inplace and up to date. The QIDP and Area Director will meet monthly and at thesemeetings will discuss annuals that have been completed to monitor that allassessments are completed or reviewed and revised.	

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	to indicate the criteria for the use of Klonopin as a PRN (as needed) psychoactive medication for client B. __To ensure the IDT conducted a review of the risks of client B taking medications prescribed to control maladaptive behaviors as compared to the risks of the behaviors. __To ensure client A's wheel chair was maintained and in good repair. Please see W436. __To ensure the staff provided training in meal preparation, family style dining and portion control when formal and informal training opportunities existed for clients B and C. __To ensure the staff did not use client C's clothing protector as a napkin during meal times. __To ensure client B packed his own lunch box in preparation for the day program. Findings include: 1. Client A's record was reviewed on 3/17/15 at 12 PM. Client A's ISP dated 1/22/15 indicated client A had an objective to purchase an item from the store at least once a week. Client A's GTS (Goal Tracking Sheets) from September 2014 through March 2015 indicated a straight line documented by the staff			

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	daily. Client A's GTS indicated the staff did not offer client A training in regard to this objective as indicated in client A's ISP and in client A's GTS. Client A's monthly summaries from the QIDP indicated the QIDP reviewed client A's objectives and data for September, October, November and December 2014 on 1/21/15 and January and February 2015 on 3/10/15. Client A's monthly summaries indicated client A's objective to purchase an item from the store at least once a week was completed zero times from September 2014 through February 2015, 6 months. The QIDP monthly reviews indicated no changes in client A's objective in 2014 and/or 2015. Client B's record was reviewed on 3/17/15 at 1 PM. Client B's ISP dated 1/22/15 indicated: __Client B had an objective to shave daily with an electric razor with two or less verbal prompts from the staff for 3 consecutive months. Client B's GTS indicated the staff were to document the prompt level (verbal or physical) when client B used the razor and the number of			

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	prompts client B required to accomplish this goal. The GTS indicated the staff documented a straight line through every day from December 26, 2014 through March 16, 2015. The GTS indicated diagonal marks through the dates and level of prompts from November through September 2014. The GTS indicated the staff did not offer client B training in regard to this objective as indicated in client B's ISP and in client B's GTS. __Client B had an objective to keep track of $5.00 a week and ensure the receipts were given to staff with two or less verbal prompts. Client B's GTS indicated the staff were to document client B was given $5.00 and the prompt level required for client B to give the receipts back to the staff after a purchase. The GTS indicated the staff documented a straight line through every day from December 15, 2014 through March 16, 2015. The GTS indicated diagonal marks through the dates and level of prompts from December 14 through September 1, 2014. The GTS indicated the staff did not offer			

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	client B training in regard to this objective as indicated in client B's ISP and in client B's GTS. __Client B had an objective to identify community resources once a week with three or less verbal prompts from the staff for 3 consecutive months. Client B's GTS indicated the staff were to document yes or no if client B was able to identify a community resource and the number of prompts required. The GTS indicated the staff documented a straight line through every day from December 15, 2014 through March 9, 2015. The GTS indicated the staff did not offer client B training in regard to this objective as indicated in client B's ISP and in client B's GTS. Client B's monthly summaries from the QIDP indicated the QIDP reviewed client B's objectives monthly. The QIDP monthly reviews indicated no changes in client B's objective in 2014 and/or 2015. During interview with the QIDP on 3/19/15 at 3 PM, the QIDP: __Indicated the staff were to implement the clients' objectives as indicated in the clients' ISP and per the GTS. __Indicated she had realized the staff			

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	were not implementing some of the clients' objectives and stated, "I think there was some confusion as to what they were to be doing." __Indicated she needed to revise some of the clients' objectives and the methodology to ensure the staff were running the goals as indicated. 2. The QIDP failed to provide evidence of participation from the client, a representative and/or a family member in the Interdisciplinary Team process in regard to the development of a program plan for client A. Please see W209. 3. The QIDP failed to ensure the clients' ISPs addressed the clients' identified training needs in regard to client A's communication needs and client B's need for training in regard to portion control, weight loss and exercise. Please see W227. 4. The QIDP failed to ensure client A's ISP indicated a planned sequence of objectives for client A to be able to meet his objective in regard to his financial needs. Please see W228. 5. The QIDP failed to ensure the objectives the clients were currently working on were assigned specific completion dates for clients A and B.			

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	Please see W230. 6. The QIDP failed to ensure a specific methodology for the staff to follow to be able to implement client B's objective of identifying community resources. Please see W234. 7. The QIDP failed to ensure the staff implemented client A's and client B's formal/informal training objectives when opportunities were available. Please see W249. 8. The QIDP failed to ensure the IDT reviewed and/or updated the clients' CFAs annually for clients A and B. Please see W259. 9. The QIDP failed to ensure the BSP that included the use of Klonopin, Prozac and Zyprexa was conducted with the written informed consent of client B. Please see W263. 10. The QIDP failed to ensure a specific plan of reduction was developed and implemented to reduce and eventually eliminate the behaviors for which each psychoactive medication was to target for client B and to ensure a specific plan was developed to indicate the criteria for the use of Klonopin as a PRN psychoactive medication for client B. Please see W312.			

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	11. The QIDP failed to ensure the IDT conducted a review of the risks of client B taking medications prescribed to control maladaptive behaviors as compared to the risks of the behaviors. Please see W313. 12. The QIDP failed to ensure client A's wheel chair was maintained and in good repair. Please see W436. 13. The QIDP failed to ensure the staff provided training in meal preparation, family style dining and portion control when formal and informal training opportunities existed for clients B and C, the staff did not use client C's clothing protector as a napkin during meal times and to ensure client B packed his own lunch box in preparation for the day program. Pleases see W488. This federal tag relates to complaint #IN00163122. This deficiency was cited on 2/3/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-3(a)			

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W 209 Bldg. 00	483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Based on record review and interview for 1 of 2 sampled clients (client A), the facility failed to provide evidence of participation from the client, a representative or a family member in the Interdisciplinary Team process in regard to the development of a program plan for client A. Findings include: Client A's record was reviewed on 3/17/15 at 12 PM. Client A's record indicated no evidence of participation from client A and/or client A's family member in regard to the development of client A's ISP (Individualized Support Plan) dated 1/22/15. During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 3/19/15 at 3 PM, the QIDP: __Indicated client A was not able to provide input and/or participate in the development of client A's ISP. __Indicated client A did not have a legal representative. __Indicated client A's family did not	W 209	QIDP will review all ISP's to ensure that participation byclient and or guardian is documented. Area Director will review ISP's annually to ensure thatparticipation by client and or guardian is documented. Area Director in conjunction with QIDP will seek an outsideperson to become health care representative for clients A and B to assistclients in making informed decisions in regard to their medical andpsychological needs. Area Director and QIDP will ensure that any new admissionsto group home will have a representative to assist them in making informeddecisions.	04/17/2015

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	participate in the IDT process and/or the development of client A's ISP. __Indicated she (the QIDP) was unable to provide evidence of written signatures from client A and/or client A's family in regard to the involvement and knowledge of client A's ISP. 9-3-4(a)			
W 227 Bldg. 00	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 2 sample clients (A and B), the facility failed to ensure the clients' ISPs (Individualized Support Plans) addressed the clients' identified training needs in regard to client A's communication needs and client B's need for training in regard to portion control, weight loss and exercise. Findings include: 1. Observations were conducted at the group home on 3/16/15 between 3 PM and 6:30 PM and on 3/18/15 between 5:15 AM and 7:30 AM.	W 227	Area Director will retrain QIDP on integrating, coordinatingand monitoring clients' program plans and active treatment programs to includeclient specific training needs as addressed in the ISP and or assessments. QIDP in conjunction with IDT will meet to assess and developcommunication needs/goals for client A. QIDP will update ISP for client A to include anycommunication needs/goals. QIDP and/or Home Manager will train all staff oncommunication needs/goals for client A. QIDP and/or Home Manager will	04/17/2015

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	__Client A was a middle aged non verbal male with contractures of the upper and lower extremities and required a wheelchair for mobilization and staff assistance to meet all of his daily needs. __Client A's tongue constantly protruded from his mouth and he would make frequent sounds, smile and make gestures along with occasionally pointing in attempting to communicate with those around him. __The staff joked and laughed with client A in a child like voice and manner. __An 8 by 11 piece of paper hung on the wall in the kitchen/dining room with pictures of various items. __During both observation periods client A did not use any communication devices and/or books to express his needs and/or wants. __During the evening observation at 4:50 PM staff #1 and #2 were asked what the piece of paper hanging on the wall was for. Staff #1 stated, "Oh, that's for [client A] to tell us if he wants something. Sometimes he'll go over there and point to that and will want to go outside. Staff #1 indicated client A communicated with the staff with gestures, expressions and occasional pointing. __Client A did not use the paper hanging on the wall independently during both observation periods and the staff only used the paper when this surveyor		complete weekly observationsfor 3 months and then monthly ongoing to ensure that communication needs/goalsare being implemented. QIDP in conjunction with IDT will meet to assess and developportion control, weight loss and exercise needs/goals for client B. QIDP will update ISP for client A to include any portioncontrol, weight loss and exercise needs/goals. QIDP and/or Home Manager willtrain all staff on portion control, weight loss and exercise needs/goals forclient B. QIDP and/or Home Manager will complete weekly observationsfor 3 months and then monthly ongoing to ensure that portion control, weightloss and exercise needs/goals are being implemented.	

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	questioned what it was. Client A's record was reviewed on 3/17/15 at 12 PM. Client A's ISP dated 1/22/15 indicated client A was non verbal and would point and gesture occasionally to make his needs known. Client A's record indicated no objectives to assist client A with his communication skills. During interview with the HM (Home Manager) on 3/19/15 at 11:20 AM, the HM indicated client A was non verbal and stated, "The staff have gotten pretty good at figuring out what [client A] wants." During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 3/19/15 at 3 PM, the QIDP indicated client A did not have any objectives in place to assist the client with his communication skills. 2. Observations were conducted at the workshop on 3/16/15 between 2 PM and 2:55 PM. Client B was a short heavy set male. The DPS (Day Program Supervisor) indicated client B conducted piece work at the day program but required much prompting to be involved with anything that required physical effort.			

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	Observations were conducted at the group home on 3/16/15 between 3 PM and 6:30 PM. __The home was a single story spacious home with open rooms. No exercise equipment was noted in any of the rooms of the home. __At 3:30 PM client B arrived home from the workshop, took off his coat, hung it up and sat down at the dining room table. Staff #2 brought client B a glass of ice tea. Client B got up from the table and got a large bowl of snack chips. Client B took the bowl of chips and his glass of tea and sat down in a recliner in the living room to eat his snacks and watch television. After eating his entire bowl of snack chips client B returned to the kitchen looking for more snacks. Client B returned to the living room with an apple and sat down in the recliner and ate his apple. __At 5:17 PM staff #2 prepared client B's plate of food with pasta, asparagus, two garlic bread sticks and a desert bowl of applesauce. Staff #2 then set the pre-filled plate and bowl with food on the dining room table. Client B came out of his bedroom when staff #2 stated, "It's all ready for you." Client B walked to the dining room table, sat down and began eating his evening meal. __During this observation period the staff did not train with client B in regard to			

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	healthy food choices, portion control and/or exercise. Client B's record was reviewed on 3/17/15 at 1 PM. __Client B's 2015 physician's orders indicated client B was to receive a NCS (No Concentrated Sweets) LF (Low Fat) diet with portion control. __Client B's weight record for 2015 indicated a March 2015 weight of 242 pounds. __Client B's 2015 dietary review from the facility's dietician indicated client B was above his ideal body weight by 84 pounds and was in need of weight loss, to be encouraged portion control and to participate in regular exercises. __Client B's ISP dated 1/22/15 indicated no objectives to assist client B with weight loss, portion control, healthy food choices and/or exercise. During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 3/19/15 at 3 PM, the QIDP: __Indicated client B was in need of weight loss. __Indicated client B was to be encouraged to make healthy choices when choosing food and snacks. __Indicated no objectives in place to assist client B in regard to his identified			

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	need for weight loss, portion control, healthy food choices and/or exercise. 9-3-4(a)			
W 228 Bldg. 00	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs and the planned sequence for dealing with those objectives. Based on record review and interview for 1 of 2 sampled clients (A), the client's ISP (Individual Support Plan) failed to indicate a planned sequence of objectives for the client to be able to meet his goal in regard to his financial needs. Findings include: Observations were conducted at the group home on 3/16/15 between 3 PM and 6:30 PM and on 3/18/15 between 5:15 AM and 7:30 AM. __Client A was a middle aged non verbal male with contractures of the upper and lower extremities. __Client A required a wheelchair for mobilization. __Client A required staff assistance to meet all of his daily needs. Client A's record was reviewed on	W 228	QIDP will update the Camelot Behavioral Checklist for clientA to determine needs/goals related to financial needs. QIDP in conjunction with IDT will review completed CBC todevelop financial training objectives/goals. QIDP will ensure that ISP will be updated to reflect changes tofinancial training objectives/goals. QIDP will ensure that goal tracking sheetsmatch ISP objectives. QIDP and/or Home Manager will train staff on financialtraining/goals for client A. QIDP and/or Home Manager will complete weekly observationsfor 3 months and then monthly ongoing to ensure that financial training/goalsare being implemented.	04/17/2015

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	3/17/15 at 12 PM. Client A's CBC (Camelot Behavioral Checklist) dated 2/20/12 (reviewed 1/28/13) indicated client A did not know the equivalents of money, did not know how to count change and/or money, did not understand sales tax and could not make planned spending purchases. Client A's ISP dated 1/22/15 indicated client A had an objective to identify coins ranging from a penny to a quarter to increase his money skills. Client A's GTS (Goal Tracking Sheets) from September 2014 through March 2015 indicated: __An objective for client A to purchase an item from the store at least once a week. __The staff did not offer client A training in regard to the objective of making a purchase in the store weekly. __No data or objective in regard to client A identifying money and/or coins. During interview with the QIDP on 3/19/15 at 3 PM, the QIDP indicated: __Client A's financial objective was to weekly purchase an item from the store. __Client A did not go out weekly to make a financial purchase. __Client A was not independent with his finances and required verbal and physical			

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	assistance from the staff. __Client A could not identify coins. __Client A's objective would need to be reviewed and revised. 9-3-4(a)			
W 230 Bldg. 00	483.440(c)(4)(ii) INDIVIDUAL PROGRAM PLAN The objectives of the individual program plan must be assigned projected completion dates. Based on record review and interview for 2 of 2 sampled clients (A and B), the facility failed to ensure the objectives the clients were currently working on were assigned specific completion dates. Findings include: Client A's record was reviewed on 3/17/15 at 12 PM. Client A's GTS (Goal Tracking Sheets) from September 2014 through March 2015 indicated the staff were collecting data on the following objectives: To wash different parts of his body daily while showering. "Will be given two different choices for choosing daily." To wash his hands before meals and after using the restroom 75% of the time. To hold his syringe every morning while	W 230	QIDP will review all goal tracking sheets for all clients toensure that all objectives are assigned a specific completion date. QIDP and/or Home Manager will retrain staff on all goal andgoal tracking sheets. QIDP and/or Home Manager will review goal tracking sheetsweekly for 3 months and then monthly ongoing to ensure they are being completedas written.	04/17/2015

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	receiving his medications with 5 or less verbal prompts. To pick out a leisure activity at least once a week during the evening 75% of the time. To wipe his mouth when needed at least 75% of the time. To purchase an item from the store at least once a week. Client A's GTS indicated no completion dates for each objective. Client A's ISP (Individualized Support Plan) dated 1/22/15 indicated no specific completion dates for each individual objective. Client B's record was reviewed on 3/17/15 at 1 PM. Client B's GTS from September 2014 through March 2015 indicated the staff were collecting data on the following objectives: To initiate bathing and gather supplies for bathing 10 out of 30 days for three consecutive months. To shave with an electric razor with two or less verbal prompts from the staff for 3 consecutive months. To learn to identify all or half of his medications by matching with a picture. To keep track of $5.00 a week and ensure the receipts are given to staff with two or less verbal prompts.			

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	To assist in making breakfast with making appropriate independent choice for breakfast and assisting with preparing the meal five out of seven days per week for three consecutive months. To choose a leisure activity three times a week To identify community resources once a week with three or less verbal prompts from the staff for 3 consecutive months. Client B's GTS indicated no completion dates for each objective. Client B's ISP dated 1/22/15 indicated no specific completion dates for each individual objective. During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 3/19/15 at 3 PM, the QIDP indicated: __Client A's and client B's program plans were reviewed and updated on 1/22/15. __The clients' objectives were reviewed monthly and the ISPs were reviewed annually. __No specific completion dates for each individual objective for clients A and B. 9-3-4(a)			

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W 234 Bldg. 00	483.440(c)(5)(i) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the methods to be used. Based on record review and interview for 1 of 2 sampled clients (client B), the facility failed to ensure the specific methodology for the staff to implement client B's objective of identifying community resources. Findings include: Client B's record was reviewed on 3/17/15 at 1 PM. Client B's ISP (Individualized Support Plan) dated 1/22/15 indicated client B had an objective to identify community resources once a week with three or less verbal prompts from the staff for 3 consecutive months. The methodology sheet indicated the following instructions to meet this objective: Environment: any Schedule: weekly Materials needed: none Steps: Staff are to ask question about community resources and document. Client B's GTS (Goal Tracking Sheets)	W 234	QIDP in conjunction with IDT will develop methodologies forall client goals/objectives. QIDP and/or Home Manager will retrain staff on allmethodologies. QIDP and/or Home Manager will complete weekly observationsfor 3 months and then monthly ongoing to ensure that the methodologies arebeing implemented appropriately.	04/17/2015

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	indicated: __The staff were to document yes or no if client B was able to identify a community resource and the number of prompts required. __The staff documented a straight line through every day from December 15, 2014 through March 9, 2015. __The staff did not offer client B training in regard to this objective from December 15, 2014 through March 9, 2015. During interview with the QIDP on 3/19/15 at 3 PM, the QIDP: __Indicated every objective was to have a methodology sheet that explained step by step how the staff were to implement each of the clients' objectives. __Indicated she had realized the staff were not implementing client B's objective in regard to the community resources. __Stated, "I think there was some confusion as to what they (the staff) were to be doing." __Indicated she needed to revise the methodology to client B's objective to ensure the staff were implementing the goal correctly. 9-3-4(a)			
W 249	483.440(d)(1)			

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Bldg. 00	PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review and interview for 2 of 2 sampled clients (A and B), the facility failed to implement formal/informal training objectives when opportunities were available. Findings include: 1. Observations were conducted at the group home on 3/18/15 between 5:15 AM and 7:30 AM. At 7:25 AM staff #4 gave client B his AM medications of an antacid 30 ml (milliliters), Prozac 40 mg (milligrams) (for depression), Clonazepam 0.25 mg (for anxiety), Lamictal 150 mg (for seizures), Oxybutynin 5 mg (for incontinence) and Bactrim 800-160 tab (for urinary tract infections). Staff #4 did not provide client B with any medication training while giving client B his AM medications. Client B's record was reviewed on 3/17/15 at 1 PM. Client B's ISP (Individualized Support Plan) dated 1/22/15 indicated client B had an	W 249	QIDP and/or Home Manager will retrain staff on implementingactive treatment and programs at all formal and informal opportunities. QIDP and/or Home Manager will complete weekly observationsfor 3 months and then monthly ongoing to ensure that active treatment is beingcompleted for all programs during all formal and informal opportunities.	04/17/2015

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	objective to learn to identify all or half of his medications by matching with a picture. During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 3/19/15 at 3 PM, the QIDP indicated the staff were to provide client B with medication training at every available opportunity during each medication pass. 2. Client A's record was reviewed on 3/17/15 at 12 PM. Client A's ISP dated 1/22/15 indicated client A had an objective to purchase an item from the store at least once a week. Client A's GTS (Goal Tracking Sheets) from September 2014 through March 2015 indicated a straight line documented by the staff daily. Client A's GTS indicated the staff did not offer client A training in regard to this objective as indicated in client A's ISP and in client A's GTS. Client B's record was reviewed on 3/17/15 at 1 PM. Client B's ISP dated 1/22/15 indicated: __Client B had an objective to shave daily with an electric razor with two or less verbal prompts from the staff for 3			

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	consecutive months. Client B's GTS indicated the staff were to document the prompt level (verbal or physical) when client B used the razor and the number of prompts client B required to accomplish this goal. The GTS indicated the staff documented a straight line through every day from December 26, 2014 through March 16, 2015. The GTS indicated diagonal marks through the dates and level of prompts from November through September 2014. The GTS indicated the staff did not offer client B training in regard to this objective as indicated in client B's ISP and in client B's GTS. __Client B had an objective to keep track of $5.00 a week and ensure the receipts were given to staff with two or less verbal prompts. Client B's GTS indicated the staff were to document client B was given $5.00 and the prompt level required for client B to give the receipts back to the staff after a purchase. The GTS indicated the staff documented a straight line through every day from December 15, 2014 through March 16, 2015.			

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	The GTS indicated diagonal marks through the dates and level of prompts from December 14 through September 1, 2014. The GTS indicated the staff did not offer client B training in regard to this objective as indicated in client B's ISP and in client B's GTS. __Client B had an objective to identify community resources once a week with three or less verbal prompts from the staff for 3 consecutive months. Client B's GTS indicated the staff were to document yes or no if client B was able to identify a community resource and the number of prompts required. The GTS indicated the staff documented a straight line through every day from December 15, 2014 through March 9, 2015. The GTS indicated the staff did not offer client B training in regard to this objective as indicated in client B's ISP and in client B's GTS. During interview with the QIDP on 3/19/15 at 3 PM, the QIDP indicated the staff were to implement the clients' objectives as indicated in the clients' ISP and per the GTS. 9-3-4(a)			

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W 259 Bldg. 00	483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 2 of 2 sampled clients (A and B), the facility failed to ensure the IDT (Interdisciplinary Team) reviewed and/or updated the clients' CFAs (Comprehensive Functional Assessments) annually. Findings include: Client A's record was reviewed on 3/17/15 at 12 PM. Client A's record indicated a CFA dated 2/13/13. The record indicated the IDT had not reviewed and/or updated client A's CFA since the assessment of 2013. Client B's record was reviewed on 3/17/15 at 1 PM. Client B's record indicated a CFA dated 2/13/13. The record indicated the IDT had not reviewed and/or updated client B's CFA since the assessment of 2013. During interview with the QIDP (Qualified Intellectual Disabilities	W 259	Area Director will retrain QIDP on completing annualassessments for all clients. QIDP will update annual assessments for all clients todetermine needs/goals. QIDP in conjunction with IDT will review completed CBC todevelop financial training objectives/goals. QIDP will ensure that ISP will be updated to reflect changes tofinancial training objectives/goals. QIDP will ensure that goal tracking sheets match ISP objectives. The QIDP and Area Director will meet monthly and at thesemeetings will review that all assessments are completed and/or revised for allclients to ensure needs/goals are being addressed.	04/17/2015

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	Professional) on 3/19/15 at 3 PM, the QIDP: __Indicated the Camelot assessment was the equivalent of the CFA. __Indicated she (the QIDP) was given client A's and client B's packets of assessments to update and the Camelot/CFA was not one of the assessments to be updated. __Indicated she was not aware the Camelot/CFA was to be updated annually. __Indicated client A's and client B's CFA had not been updated within the past 365 days. 9-3-4(a)			
W 263 Bldg. 00	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on record review and interview for 1 of 2 sampled clients (B), the facility's HRC (Human Rights Committee) failed to ensure the BSP (Behavior Support Plan) that included the use of Klonopin, Prozac and Zyprexa (all behavior modification medications) was conducted with the written informed consent of client B.	W 263	The QIDP will be retrained on process of getting clientsand/or guardians approvals prior to HRC approval. The QIDP will continue to monitor the HRC process for allclients on an ongoing basis. HRCcommittee will ensure that clients and/or guardians have been notified prior tosigning off on HRC approvals. QIDP andArea Director will meet monthly to	04/17/2015

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	Findings include: Client B's record was reviewed on 3/17/15 at 1 PM. Client B's record indicated diagnoses of, but not limited to, Schizophrenia Paranoid Type, Moderate Intellectual Disabilities, Depression and Anxiety. Client B's quarterly physician's orders for March 2015 indicated client B was to receive the following medications: Clonazepam 0.5 mg (milligrams) twice a day for Anxiety. Prozac 40 mg every AM for depression. Zyprexa 17.5 mg Klonopin 0.5 mg as needed or for anxiety with CPAP (Continuous Positive Airway Pressure - a treatment that uses mild air pressure to keep airways open) machine. Client B's BSP dated 8/20/13 indicated targeted behaviors of physical aggression, resistance to instructions, verbal aggression and property disruption. Client B's record indicated client B was emancipated. Client B's record indicated no written informed consent from client B for the BSP that included the use of Klonopin, Prozac and Zyprexa.		review request for HRC and approvals ofHRC.	

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	During interview with the QIDP on 3/19/15 at 3 PM, the QIDP: __Indicated client B was emancipated and did not have a legal representative to assist with medical issues. __Indicated client B was not able to make and/or understand medical decisions on his own. __Indicated the facility staff advocated for client B in regard to medical and programming needs. __Indicated she was unable to find evidence of written informed consent from client B for the BSP that included the use of Klonopin, Prozac and Zyprexa. 9-3-4(a)			
W 312 Bldg. 00	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 1 of 1 sampled client receiving medications to control behaviors (client B), the facility failed: __To develop and implement a specific plan of reduction to reduce and eventually eliminate the behaviors for which each psychoactive medication was to target.	W 312	Client B's medication reduction plan will be revised, basedon behavior data and updated in order to ensure it contains criteria that makesit attainable. The Program Director and Area Director will review anyupdates of behavior support plans that occurred during annual meetings held, atmonthly meetings to ensure compliance.	04/17/2015

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	__To develop and implement a specific plan of use to indicate the criteria for the use of Klonopin as a PRN (as needed) psychoactive medication. Findings include: Client B's record was reviewed on 3/17/15 at 1 PM. Client B's record indicated diagnoses of, but not limited to, Schizophrenia Paranoid Type, Moderate Intellectual Disabilities, Depression and Anxiety. Client B's quarterly physician's orders for March 2015 indicated client B was to receive the following medications: Clonazepam 0.5 mg (milligrams) twice a day for Anxiety. Prozac 40 mg every AM for depression. Zyprexa 17.5 mg (an antipsychotic). Lamictal 150 mg twice a day for seizures, Topamax 100 mg twice a day for seizures, Klonopin 0.5 mg as needed or for anxiety with CPAP (Continuous Positive Airway Pressure - a treatment that uses mild air pressure to keep airways open). __Client B's BSP (Behavior Support Plan) dated 8/20/13: __Indicated targeted behaviors of physical aggression, resistance to			

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	instructions, verbal aggression and property disruption. __Indicated client B was taking Zyprexa, Klonopin, Prozac, Topamax and Lamictal. Client B's ISP (Individualized Support Plan) dated 1/22/15 and client B's BSP indicated no specific plan for the use of Klonopin PRN. Client B's BSP failed to indicate the targeted behaviors for which each medication was to address. Client B's BSP indicated no specific plan of reduction to reduce and eventually eliminate the behaviors for which each psychoactive medication was to target. During interview with the QIDP on 3/19/15 at 3 PM, the QIDP: __Indicated client B's most recent BSP was dated 8/20/13. __Indicated client B was seen by a BC (Behavior Clinician) who had written client B's BSP. __Indicated client B's BSP did not address which targeted behaviors each medication was to address. __Indicated client B's BSP did not include a plan of reduction for any/all of client B's psychoactive medications __Indicated client B's ISP and/or BSP did			

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	not include a plan for the use of a PRN for anxiety. __Indicated she had been with the facility since June of 2014 and to her knowledge client B had never had a PRN for anxiety. 9-3-5(a)			
W 313 Bldg. 00	483.450(e)(3) DRUG USAGE Drugs used for control of inappropriate behavior must not be used until it can be justified that the harmful effects of the behavior clearly outweigh the potentially harmful effects of the drugs. Based on record review and interview for 1 of 1 sampled client (client B) with medications prescribed to control maladaptive behaviors, the IDT (Interdisciplinary Team) failed to conduct a review of the risks of client B taking the medications as compared to the risks of the behaviors. Findings include: Client B's record was reviewed on 3/17/15 at 1 PM. Client B's record indicated diagnoses of, but not limited to, Schizophrenia Paranoid Type, Moderate Intellectual Disabilities, Depression and Anxiety.	W 313	QIDP in conjunction with IDT will review the risks of clientB's risks from behaviors compared to the risk of side effects of medicationsused to control behaviors. QIDP in conjunction with the Nurse will review IDT'sdetermination with the Psychiatrist. QIDP in conjunction with behavior consultant will develop amed reduction plan for all medications used to control behaviors to reduce therisk of harmful side effects. The QIDP and Area Director will meet monthly and at thesemeetings will review that all BSP's contain a med reduction plan to reduce therisk of harmful	04/17/2015

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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
	Client B's quarterly physician's orders for March 2015 indicated client B was to receive the following medications: Clonazepam 0.5 mg (milligrams) twice a day for Anxiety. Prozac 40 mg every AM for depression. Zyprexa 17.5 mg (an antipsychotic). Klonopin 0.5 mg as needed or for anxiety with CPAP (Continuous Positive Airway Pressure - a treatment that uses mild air pressure to keep airways open). Client B's BSP dated 8/20/13 indicated targeted behaviors of physical aggression, resistance to instructions, verbal aggression and property disruption. Client B's record did not indicate the IDT had reviewed the risks of taking the medications as compared to the risks of the client's behaviors. During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 3/19/15 at 3 PM, the QIDP indicated she did not have documentation the IDT had reviewed the risks of client B taking the medications as compared to the risks of the behaviors for client B. 9-3-5(a)		side effects of medications used to control behaviors.	

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	15G719		03/20/2015

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W 331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 2 sampled clients (B), the facility nursing services failed to ensure staff conducted a triple check when giving client B's medications and informed the facility nurse when unable to read the dosage of client B's medications on the pharmacy label. Findings include: 1. Observations were conducted at the group home on 3/18/15 between 5:15 AM and 7:45 AM. __At 7:25 AM staff #4 opened a packet of medication from the facility pharmacy with client B's name on it. Staff #4 placed the medication in a cup and gave the medications to client B. __Review of the label on the packet of medication given to client B indicated one of the medications client B received was Sulfamethoxazole (given for urinary tract infections). __The dosage of the Sulfamethoxazole was blacked out and blurry. Review of client B's MAR (Medication Administration Record) for 3/2015 on	W 331	Nurse will retrain all staff in the home on administeringclient medications according to the prescriptions listed on Physicians Ordersand appropriate completion of buddy checks to prevent errors. Further incidents of medication errors willresult in corrective action for staff. The QIDP and/or Home Manager and/or Nurse will completeobservations weekly for 3 months and then monthly on an on-going basis toensure that all medications are administered properly.	04/17/2015

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	3/18/15 at 7:30 AM indicated client B was to receive one Sulfamethoxazole 800 - 160 tab daily. During interview with staff #4 on 3/18/14 at 7:30 AM, staff #4: __Indicated she (staff #4) could not read the dosage of the Sulfamethoxazole on client B's medication packet. __Indicated verifying the dosage on the pharmacy packet of medication with the client's MAR was part of the triple check of the medication. __Indicated when not able to verify the medication while doing a triple check the staff were to call the HM (Home Manager) prior to giving the medication to the client for direction of what to do. __Indicated she had not called the HM and/or the RN in regard to the blurred medication packet. During telephone interview with the facility's RN on 3/20/15 at 9 AM, the RN: __Indicated the staff were to verify the medication and the dosage on the medication pharmacy label with the MAR with every medication given. __Indicated when the medication and or the dosage could not be verified when doing a triple check then the staff was not to give the medication and was to call the RN for further instructions.			

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	This federal tag relates to complaint #IN00163122. This deficiency was cited on 2/3/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-6(a)			
W 368 Bldg. 00	483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 2 of 2 sampled clients (A and B) and 1 additional client (C), the facility failed to ensure all medications were administered in compliance with the clients' physician's orders. Findings include: The facility's reportable records were reviewed on 3/17/15 at 3 PM. The 2/13/15 BDDS (Bureau of Developmental Disabilities Services) report for client B indicated on 2/13/15 at 7 AM "Medication Clonazepam (an antipsychotic) .25 mg (milligrams) was documented on MAR (Medication Administration Record) and on	W 368	Nurse will retrain all staff in the home on administeringclient medications according to the prescriptions listed on Physicians Ordersand appropriate completion of buddy checks to prevent errors. Further incidents of medication errors willresult in corrective action for staff. The QIDP and/or Home Manager and/or Nurse will completeobservations weekly for 3 months and then monthly on an on-going basis toensure that all medications are administered properly.	04/17/2015

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	controlled medication inventory as being given, but recount by Program director indicates that medication was still in package. RN was notified and indicated too late to give missed medication.... RN retraining group home staff on medication administration and med counting of controlled substance. Continue to have staff report incidents to HM/PD (Home Manager/Program Director) immediately." The 3/3/15 BDDS report indicated on 3/1/15 "Client [A] was given medication Clotrimazole Troche (for fungal infections of the mouth and throat) 10 mg doses incorrectly. Client [A] is to have 3 doses once a week and staff administered two days instead of one day.... Staff involved in medication error were given corrective action. All staff have been trained on medication administration. Staff were retrained on medication and how to administer as prescribed by doctor's order. Staff are to continue to report any incidents to HM/PD immediately." The 3/17/15 BDDS report indicated on 3/14/15 "Client [C] did not receive her Milk of Magnesium (a laxative) 30 ml (milliliters) due to being out of the medication at group home. Supervisors were contacted by staff. Refill order was			

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	faxed in immediately to pharmacy. RN was notified of missed doses. BM (bowel movements) monitored closely and tracked. No issues noted. Medication received on 3/16/15 and given to client [C] as prescribed. Home Manager is to check medications to ensure that all medications are being refilled prior to need. Staff are to fax in refill orders as needed. Staff are to continue to report any incidents to HM/PD immediately." During telephone interview with the facility's RN on 3/20/15 at 9 AM, the RN indicated all clients were to receive their medications as ordered by their physician and indicated on the clients' MARs. This deficiency was cited on 2/3/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-6(a)			
W 436 Bldg. 00	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review and	W 436	QIDP and/or Home Manager will	04/17/2015

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	interview for 1 of 2 clients with adaptive equipment (client A), the facility failed to ensure client A's wheel chair was maintained and in good repair. Findings include: Observations were conducted at the group home on 3/16/15 between 3 PM and 6:30 PM and on 3/18/15 between 5:15 AM and 7:30 AM. __Client A was a middle aged non verbal male with a protruding tongue and contractures of the upper and lower extremities. __Client A required a wheelchair for mobilization and staff assistance with all transfers. __Client A required a belt and/or chest harness to keep him (client A) from falling forward out of his chair. __While sitting in the wheelchair the staff secured a gait belt around client A's chest and around the back of client A's wheelchair to keep client A from falling forward and out of his wheelchair. __The lap seat belt of client A's wheelchair was broken and non functional. __Client A's wheelchair did not have a chest harness to keep client A from falling forward, a lap seat belt to secure client A into the wheelchair and/or leg rests to support client A's feet and/or legs.		train staff to complete adaily adaptive equipment checklist to ensure that all equipment is present andin good condition. Staff will also betrained on what to do if equipment is not present and/or not in good condition. QIDP and/or Home Manager will complete weekly checks ofadaptive equipment checklist and adaptive equipment to ensure it is present andin good condition. QIDP and/or HomeManager will complete monthly ongoing checks to ensure equipment is present andin working condition.	

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	__The right arm rest was taped and worn. The facility's reportable and investigative records were reviewed on 3/17/15 at 3 PM. The 2/26/15 BDDS (Bureau of Developmental Disabilities Services) report indicated on 2/26/15 at 4:45 AM the staff was pushing client A to the bathroom in his wheelchair when client A leaned on the arm rest of his wheelchair and the armrest moved when client A put his feet down resulting in client A tipping out of his wheelchair, falling and hitting the doorway to the restroom. Client A was taken to the emergency room for evaluation and found to have a one inch cut on his upper lip below his nose and a one inch cut on the inside of his upper lip. Client A was treated and released to return to the group home. The follow up BDDS report dated 3/3/15 indicated "Investigation found that staff did not follow training and wheelchair safety with transporting clients within home. Staff reported that she did not have seatbelt on client [A] when she was transporting client [A] into the restroom. Staff was retrained on wheelchair safety on 2/27/15 and was given corrective action. The follow up BDDS report dated 3/5/15 indicated a "contributing factor" to client			

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	A's fall was caused by an "unanticipated break" in the wheelchair arm. Also, "staff self reported being late in securing seatbelt which resulted in immediate corrective action and retraining for all staff." Client A's ISP dated 1/22/15 indicated "Safety precautions need in place for [client A] when is (sic) being pushed by staff. His seatbelt needs to be on at all times and foot rests need to be in place. [Client A] has a history of taking his feet out of the footrests and putting his feet on the ground. He has actually broken the footrest straps trying to get his foot on the floor so he can put it on the ground. He has outgrown his harness due to recent weight gain. Mentor is working with OT (Occupational Therapy) to get his wheelchair adjusted to fit his current body shape for safety. When staff are pushing [client A] they need to make sure to monitor his feet to try to prevent him from undoing feet straps." During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 3/19/15 at 3 PM, the QIDP: __Indicated the regular seat belt and chest harness on client A's wheelchair was broken and the facility was using a gait belt as instructed by the PT (Physical			

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	Therapist) to keep client A safe from falling out of his chair. __Stated the seat belts had been broken for "some time" and did not know for sure how long the facility had been using a gait belt in lieu of a seat belt for client A. __Indicated client A leans forward in his wheelchair and would fall from his chair without the gait belt to protect him from falling forward. __Indicated client A did not use the foot rests as the client put his feet on the floor to propel himself throughout the home. __Indicated client A was seen on 3/11/15 by a seating/wheelchair company to acquire a new wheelchair for client A. This deficiency was cited on 2/3/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-7(a)			
W 488 Bldg. 00	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview for 1 of 2 sampled clients (client B) and 1 additional client (client C), the facility failed to ensure:	W 488	QIDP and/or Home Manager will retrain staff on mealpreparation, family style dining and portion control for all clients at allopportunities. And also that	04/17/2015

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	__The staff provided training in meal preparation, family style dining and portion control when formal and informal training opportunities existed for clients B and C. __The staff did not use client C's clothing protector as a napkin during meal times. __Client B packed his own lunch box in preparation for the day program. Findings include: Observations were conducted at the group home on 3/16/15 between 3 PM and 6:30 PM. __At 3 PM client C arrived home from the day program. Clients C required a wheelchair for transportation and staff assistance to meet all of her daily needs. __At 3:30 client B arrived home from the workshop, took off his coat, hung it up and sat down at the dining room table. Staff #2 brought client B a glass of ice tea. Client B got up from the table and walked to the kitchen to get a large bowl of snack chips. Client B took the bowl of chips and his glass of tea and sat down in a recliner in the living room to eat his snack and watch television. After eating the large bowl of snack chips client B returned to the kitchen looking for more snacks. Client B returned to the living room with an apple and sat down in the recliner and ate his apple.		allnecessary adaptive equipment is being implemented at mealtime appropriately. QIDP and/or Home Manager will complete weekly observationsfor 3 months and then monthly ongoing to ensure that mealtime objectives arebeing implemented. QIDP and/or Home Manager will retrain staff on implementingactive treatment and programs at all formal and informal opportunities. QIDP and/or Home Manager will complete weekly observationsfor 3 months and then monthly ongoing to ensure that active treatment is beingcompleted for all programs during all formal and informal opportunities.	

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	__From 4 PM through 5:15 PM client B was in the bathroom showering and then in his bedroom dressing. During this time staff #1 and staff #2 prepared client B and C's evening meal of pasta, asparagus, garlic bread and applesauce. __At 5 PM client C was brought into the kitchen area and a large clothing protector that covered the client's chest and lap was placed around client C's neck. At 5:15 PM: __Staff #1 pureed client C's food and placed the pureed food into a divided deep sided dish. Staff #1 then placed the plate of pureed food onto the table. Client C was positioned at the table in her wheelchair and staff #1 began feeding client C. Staff #1 used client C's clothing protector to wipe client C's face when food spillage occurred. __Staff #2 prepared client B's plate of food with a serving of pasta, a serving of asparagus, two garlic bread sticks and a desert bowl of applesauce. Staff #2 then took client B's pre-filled plate and bowl of food to the table and set the plate, the bowl and a fork down on the dining room table. __At 5:20 PM staff #1, who was sitting across the table from client B and feeding client C her evening meal, noticed client B had experienced food spillage and had			

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	wiped his hands on his clothing. Staff #1 asked staff #2 to get client B a napkin. __Once client B had finished eating his evening meal the staff cleared client B's dishes from the table and cleaned up the kitchen. __Once client C was finished eating staff #1 wiped client C's face with the clothing protector and cleared client C's dishes from the table. During this observation period the staff did not prompt client B to assist with the meal preparation and or provide training in family style dining. Observations were conducted at the group home on 3/18/15 between 5:15 AM and 7:30 AM. At 6:20 AM client B entered the kitchen with staff #4. Client B poured himself a large bowl of cereal and got a banana and sat down at the dining room table. Staff #4 poured client B a glass of liquid and brought it to the table and set the cup in front of client B. Client C's breakfast was prepared, pureed and fed to her by the staff. While feeding client C the staff again used client C's clothing protector as a napkin. __At 6:30 AM staff #1 packed client B's and C's lunch boxes for the day program. Client B watched staff #1 and stated, "What's that?" Staff #1 stated, "You know what that is. It's a fruit bar." Staff			

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	#1 smiled and stated, "I (staff #1) pack your (client B's) lunch for you every day." During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 3/19/15 at 3 PM, the QIDP: __Indicated the staff were to provide the clients with training in meal preparation and family style dining at every available opportunity. __Indicated client C required the staff to prepare her meal and was not physically able to assist. __Stated the staff "should not" use client C's clothing protector as a napkin. __Indicated due to client C's contractures the staff fed client C her meals. __Indicated the staff were to be in the kitchen with client B and assist client B with his PM snack choices and portion sizes. __Indicated the staff were to assist client B in packing his own lunch and not pack it for him. 9-3-8(a)			