STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G364	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 05/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM OCCAZIO LLC	10311 E JACKSON SELMA, IN 47383

(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
W000000	This visit was for a predetermined full annual recertification and state licensure survey. Dates of Survey: April 28, 29, 30 and May 9, 2014. Facility Number: 000878 Provider Number: 15G364 AIMS Number: 100249230 Surveyor: Vickie Kolb, RN These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/19/14 by Ruth Shackelford, QIDP.	W000000		
W000102	483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8). The governing body failed to ensure:	W000102	**1. What corrective action will be accomplished?**· Specific plans of care will be developed and implemented for health issues of clients.· Staff will be provided adequate training in implementing specific health plans by the nurse or those adequate to train on the	06/08/2014

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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	__The facility health care services addressed, developed and implemented a specific plan of care in regard to client #3's pressure wounds and client #1's Lymphedema (a blockage in the lymphatic system causing swelling) of the legs and Obstructive Sleep Apnea (a sleep disorder in which breathing repeatedly stops and starts during sleep), to ensure the staff were trained to care for client #3's dressing changes and wound care and to ensure sufficient numbers of direct care staff to supervise and meet the needs of clients #1, #2, #3, #4, #5, #6, #7 and #8. __All allegations of client to client abuse were reported immediately to the facility administrator and to the Bureau of Developmental Disabilities Services (BDDS) and to Adult Protective Services (APS) in accordance with state law for clients #4, #5, #6 and #8, to ensure all allegations of client to client abuse and all injuries of unknown origin were thoroughly investigated for clients #3, #6, #7 and #8 and to ensure all investigations were reported to the administrator within 5 working days from the date of knowledge of the incident/allegation for clients #3, #4, #5, #6, #7 and #8. __The home was maintained and in good repair, to ensure client #3's privacy while taking medications, to ensure client #4's rights of freedom of movement within the		issue.· Staffing numbers have been increased at the home. Sufficient staff will be hired, trained and assigned to the home.· Staff will be re-trained in regards to clients having privacy while taking medication.· Staff will be re-trained in regards to all clients having freedom of movement throughout the home unless otherwise stated in the behavior support plan· Client will be provided opportunity to participate in community activities and sufficient staff provided to do so.· Staff will report all incidents/allegations of abuse, neglect, mistreatment, exploitation or injuries of unknown origin to the house manager immediately. If the house manager is not available the staff will notify the designated Program Director (QIDP). If the incident/allegation involves the house manager the staff will directly report to the designated program director (QIDP). The Program Director (QIDP) will complete all applicable BDDS reports within 24 hours of the incident and consult with the Area Director to assign the investigation to the proper person. The Program Director (QIDP) will follow up with the Area Director on the outcome of the investigation and recommendations. The Program Director (QIDP) will implement recommendations. Quality Assurance will assist in the	

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	group home, to ensure clients #1, #2, #3 and #4 were provided the opportunity to participate in community outings, to ensure sufficient numbers of direct care staff to supervise and care for clients #1, #2, #3, #4, #5, #6, #7 and #8 and to ensure the QIDP/PD (Qualified Intellectual Disabilities Professional/Program Director) integrated, coordinated and monitored client #1's, #2's, #3's, #4's, 5's, #6's, #7's and #8's program plans. Findings include: 1. The governing body failed to exercise general policy and operating direction over the facility to ensure the home was maintained and in good repair, to ensure client #3's privacy while taking medications, to ensure client #4's rights of freedom of movement within the group home, to ensure clients #1, #2, #3 and #4 were provided the opportunity to participate in community outings, to ensure sufficient numbers of direct care staff to supervise and care for clients #1, #2, #3, #4, #5, #6, #7 and #8 and to ensure the QIDP/PD (Qualified Intellectual Disabilities Professional/Program Director) integrated, coordinated and monitored client #1's, #2's, #3's, #4's and #8's program plans. The governing body		investigation process as needed.**2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?**· All residents have the potential to be affected by the same deficient practice.· Specific plans of care will be developed and implemented for health issues of clients.· Staff will be provided adequate training in implementing specific health plans.· Sufficient staff will be trained and provided to the home.· Clients will be provided privacy while taking medication.· Clients will have freedom of movement throughout the home.· Client will be provided opportunity to participate in community activities and sufficient staff provided to do so.All incidents of client to client abuse or injuries of unknown origin will be reported to BDDS and APS within 24 hours of knowledge.**3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice doesnot recur:**· Specific plans of care will be developed and implemented for health issues of clients and trained by the nurse or someone adequate to train on the subject· Staff will be provided adequate training in implementing specific health plans.· Staffing numbers have been added to the	

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	failed to exercise general policy and operating direction over the facility to ensure all allegations of client to client abuse were reported immediately to the facility administrator and to the Bureau of Developmental Disabilities Services (BDDS) and to Adult Protective Services (APS) in accordance with state law for clients #4, #5, #6 and #8, to ensure all allegations of client to client abuse and all injuries of unknown origin were thoroughly investigated for clients #3, #6, #7 and #8 and to ensure all investigations were reported to the administrator within 5 working days from the date of knowledge of the incident/allegation for clients #3, #4, #5, #6, #7 and #8. Please see W104. 2. The governing body failed to ensure the facility met the Condition of Participation: Client Protections for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8). The governing body failed to ensure health care services addressed, developed and implemented a specific plan of care in regard to client #3's pressure wounds and client #1's Lymphedema (a blockage in the lymphatic system causing swelling) of the legs and Obstructive Sleep Apnea (a sleep disorder in which breathing repeatedly stops and starts during sleep), to ensure the staff were trained to care for		home. Sufficient staff will be hired, trained, and provided to the home.· Staff will be re-trained on clients having privacy while taking medication.· Staff will be re-trained on all clients having freedom of movement throughout the home.· An activity calendar will be completed monthly with all the community activities the clients wish to participate in that month. The clients will have the opportunity to decide the activities that they wish to do for that month. The home manager will monitor the daily logs to ensure the clients have the opportunity to participate in the activities on the activity calendar. · The program director/QIDP will be re-trained regarding all incidents of client to client abuse or injuries of unknown origin will be reported to BDDS and APS within 24 hours of knowledge. **4. How will the corrective action be monitored to ensure the deficient practice will not recur?**· The home manager will be re-trained on ensuring all health issues have specific health plans for each client.· Area Director and Program Director/QIDP will work to increase and maintain the number of staff in the home.· Home manager will retrain staff on privacy during medication pass and clients' freedom of movement throughout home and monitor staff compliance daily.· The home manager will monitor daily logs to	

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	client #3's dressing changes and wound care, to ensure sufficient numbers of direct care staff to supervise and meet the needs of clients #1, #2, #3, #4, #5, #6, #7 and #8, to ensure all allegations of client to client abuse were reported immediately to the facility administrator and to the Bureau of Developmental Disabilities Services (BDDS) and to Adult Protective Services (APS) in accordance with state law for clients #4, #5, #6 and #8, to ensure all allegations of client to client abuse and all injuries of unknown origin were thoroughly investigated for clients #3, #6, #7 and #8 and to ensure all investigations were reported to the administrator within 5 working days from the date of knowledge of the incident/allegation for clients #3, #4, #5, #6, #7 and #8. Please see W122. 3. The governing body failed to ensure the facility met the Condition of Participation: Facility Staffing due to the governing body's failure to provide sufficient staff and staff training that affected 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8). Please see W158. 4. The governing body failed to ensure the facility met the Condition of Participation: Health Care Services for 4 of 4 sampled clients (#1, #2, #3 and #4)		ensure staff is completing the community outings on the activity calendar.· Staff will report all incidents/allegations of abuse, neglect, mistreatment, exploitation or injuries of unknown origin to the house manager immediately. If the house manager is not available the staff will notify the designated Program Director (QIDP). If the incident/allegation involves the house manager the staff will directly report to the designated program director (QIDP). The Program Director (QIDP) will complete all applicable BDDS reports within 24 hours of the incident and consult with the Area Director to assign the investigation to the proper person. The Program Director (QIDP) will follow up with the Area Director on the outcome of the investigation and recommendations. The Program Director (QIDP) will implement recommendations. Quality Assurance will assist in the investigation process as needed. The Area Director will monitor BDDS reports and investigations via a tracking sheet for progress of completeness and timeliness.**5. What is the date by which the systematic changes will be completed?**· June 8th, 2014	

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	and 3 additional clients (#6, #7 and #8). The facility's health care services failed to develop and implement a specific plan of care in regard to client #3's pressure wounds and client #1's Lymphedema (a blockage in the lymphatic system causing swelling) of the legs and Obstructive Sleep Apnea (a sleep disorder in which breathing repeatedly stops and starts during sleep), to address client #1's refusals of medical orders, to ensure the staff were trained to care for client #3's dressing changes and wound care and addressed client #1's dietary recommendations made by the dietician. The facility's nursing services failed to ensure the staff collected and documented client #2's and #4's medical data, cleaned the containers used to crush client #2's, #3's and #6's pills and gave client #3's, #4's, #7's and #8's medications without error. Please see W318. 9-3-1(a)			
W000104	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 interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients	W000104	**1. What corrective action will be accomplished?**· Specific plans of care will be developed and implemented for health	06/08/2014

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	(#5, #6, #7 and #8), the governing body failed to exercise general policy and operating direction over the facility to ensure the home was maintained and in good repair, to ensure client #3's privacy while taking medications, to ensure client #4's rights of freedom of movement within the group home, to ensure clients #1, #2, #3 and #4 were provided the opportunity to participate in community outings on a regular and ongoing basis, to ensure sufficient numbers of direct care staff to supervise and care for the clients throughout the day to meet client #1's, #2's, #3's, #4's, #5's, #6's, #7's and #8's needs and to ensure the QIDP/PD (Qualified Intellectual Disabilities Professional/Program Director) integrated, coordinated and monitored client #1's, #2's, #3's, #4's, #5's, #6's and #7's and #8's program plans. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility health care services addressed, developed and implemented a specific plan of care in regard to client #3's pressure wounds, ensured the staff were trained to do client #3's dressing changes and wound care, developed and implemented a specific plan of care in regard client #1's Lymphedema (a blockage in the lymphatic system causing swelling) of		issues of clients.· Staff will be provided adequate training in implementing specific health plans by the nurse or those adequate to train on the issue.· Staffing numbers have been increased at the home. Sufficient staff will be hired, trained and assigned to the home.· Staff will be re-trained in regards to clients having privacy while taking medication.· Staff will be re-trained in regards to all clients having freedom of movement throughout the home unless otherwise stated in the behavior support plan· Client will be provided opportunity to participate in community activities and sufficient staff provided to do so.· Staff will report all incidents/allegations of abuse, neglect, mistreatment, exploitation or injuries of unknown origin to the house manager immediately. If the house manager is not available the staff will notify the designated Program Director (QIDP). If the incident/allegation involves the house manager the staff will directly report to the designated program director (QIDP). The Program Director (QIDP) will complete all applicable BDDS reports within 24 hours of the incident and consult with the Area Director to assign the investigation to the proper person. The Program Director (QIDP) will follow up with the Area Director on the outcome of the	

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	the legs and sleep apnea and addressed client #1's refusals of medical orders. The governing body failed to exercise general policy and operating direction over the facility to ensure all allegations of client to client abuse were reported immediately to the facility administrator and to the Bureau of Developmental Disabilities Services (BDDS) and to Adult Protective Services (APS) in accordance with state law for clients #4, #5, #6 and #8, to ensure all allegations of client to client abuse and all injuries of unknown origin were thoroughly investigated for clients #3, #6, #7 and #8 and to ensure all investigations were reported to the administrator within 5 working days from the date of knowledge of the incident/allegation for clients #3, #4, #5, #6, #7 and #8. Findings include: 1. Observations were conducted at the group home on 4/28/14 between 4 PM and 6:30 PM and on 4/30/14 between 5:30 AM and 8:30 AM. The refrigerator handle was missing with sharp edges at both ends where the handle was broken off. The black plastic baseboard trim around several of the walls in the hallway was pulling away from the walls and curving backward. The paint was chipped		investigation and recommendations. The Program Director (QIDP) will implement recommendations. Quality Assurance will assist in the investigation process as needed.**2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?**· All residents have the potential to be affected by the same deficient practice.· Specific plans of care will be developed and implemented for health issues of clients.· Staff will be provided adequate training in implementing specific health plans.· Sufficient staff will be trained and provided to the home.· Clients will be provided privacy while taking medication.· Clients will have freedom of movement throughout the home.· Client will be provided opportunity to participate in community activities and sufficient staff provided to do so.All incidents of client to client abuse or injuries of unknown origin will be reported to BDDS and APS within 24 hours of knowledge.**3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice doesnot recur:**· Specific plans of care will be developed and implemented for health issues of clients and trained by the nurse or someone	

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	away in large pieces on some of the corners of the walls and several of the door frames were chipped and splintered. On 4/28/14 at 4:35 PM when the RM (Residential Manager) was asked what happened to the refrigerator handle, the RM stated, "That was broken over a year ago by another client that used to live here." The medication room in the home was small with a kitchen counter and cabinets along one wall and a clothes washer, clothes dryer and a wash tub along the opposite wall. With three people in the medication room it was crowded and difficult to turn around. Client #3 utilized a tilt-in-space wheelchair with a head rest, leg rests and a lap tray and required staff to move him from one area to another. During the AM observation at 8:10 AM staff #1 left the medication room to get client #3 for his AM medications. Staff #1 pulled client #3's wheelchair up to the door frame and said, "There's not enough room in here to get his wheelchair in here so I just leave the medication door open and leave him in the hallway and pull him up to the door." Review of the Maintenance Request Forms (MRFs) for October 2013 through March 2014 with the RM on 4/30/14 at 9 AM indicated:		adequate to train on the subject· Staff will be provided adequate training in implementing specific health plans.· Staffing numbers have been added to the home. Sufficient staff will be hired, trained, and provided to the home.· Staff will be re-trained on clients having privacy while taking medication.· Staff will be re-trained on all clients having freedom of movement throughout the home.· An activity calendar will be completed monthly with all the community activities the clients wish to participate in that month. The clients will have the opportunity to decide the activities that they wish to do for that month. The home manager will monitor the daily logs to ensure the clients have the opportunity to participate in the activities on the activity calendar. · The program director/QIDP will be re-trained regarding all incidents of client to client abuse or injuries of unknown origin will be reported to BDDS and APS within 24 hours of knowledge. **4. How will the corrective action be monitored to ensure the deficient practice will not recur?**· The home manager will be re-trained on ensuring all health issues have specific health plans for each client.· Area Director and Program Director/QIDP will work to increase and maintain the number of staff in the home.· Home manager will retrain staff on privacy during	

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	__"Trim busted by office door" reported February 2011 with no completion date. __"Run in living room carpet" reported 2011 with no completion date. __"Run in bedroom 1 carpet" reported 2011 with no completion date. __"Hole in closet door by back door" reported 2012 with no completion date. __"Bedroom 2 door busted by knob" reported June 2012 with no completion date. __"Urgent - handle broken off fridge" reported January 2013 with no completion date. __"Small Bathroom ceiling leaking" reported November 8, 2013 with no completion date. __"Shingle missing off roof (down to the plywood)" reported January 2014 with no completion date. __"Shower head in men's bathroom broke" reported 3/1/14 with no completion date. Interview with the RM on 4/30/14 at 9 AM indicated the MRFs were completed monthly and given to the PD (Program Director). The RM stated the chipped door frames and edges of the wall were from a client's wheelchair in the home "and they (the clients) can be rough on things too." The RM stated someone from maintenance was in the home "a couple of days ago." The RM stated, "I		medication pass and clients' freedom of movement throughout home and monitor staff compliance daily.· The home manager will monitor daily logs to ensure staff is completing the community outings on the activity calendar.· Staff will report all incidents/allegations of abuse, neglect, mistreatment, exploitation or injuries of unknown origin to the house manager immediately. If the house manager is not available the staff will notify the designated Program Director (QIDP). If the incident/allegation involves the house manager the staff will directly report to the designated program director (QIDP). The Program Director (QIDP) will complete all applicable BDDS reports within 24 hours of the incident and consult with the Area Director to assign the investigation to the proper person. The Program Director (QIDP) will follow up with the Area Director on the outcome of the investigation and recommendations. The Program Director (QIDP) will implement recommendations. Quality Assurance will assist in the investigation process as needed. The Area Director will monitor BDDS reports and investigations via a tracking sheet for progress of completeness and timeliness.**5. What is the date by which the systematic changes will be**	

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	just keep reporting things but nothing seems to be getting fixed." The RM indicated staff were to provide the clients privacy while giving the clients their medications by closing the door to the medication room. The RM stated client #3's wheelchair would go through the doorway to the medication room "but it's a tight fit" and "difficult to maneuver." Telephone interview with the PD (Program Director) on 5/5/14 at 4 PM indicated she was not aware of any maintenance issues in the group home. The PD indicated she had only been in the home a few weeks. The PD was asked to provide the Maintenance Log of repairs conducted in the home. E-mail interview with the PD (Program Director) on 5/5/14 at 5 PM indicated the facility maintenance did not keep a log of requests and/or repairs made in the group home. The PD stated the RM "gave you the maintenance request logs." 2. The governing body failed to exercise general policy and operating direction over the facility to ensure client #4's rights in regard to restricting the client from the kitchen. Please see W125. 3. The governing body failed to exercise general policy and operating direction		**completed?**· June 8th, 2014	

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	over the facility to ensure client #3 was provided privacy when taking his medications. Please see W130. 4. The governing body failed to exercise general policy and operating direction over the facility to ensure clients #1, #2, #3 and #4 were provided the opportunity to participate in various social, religious, and community group activities in the community on a regular and ongoing basis. Please see W136. 5. The governing body failed to exercise general policy and operating direction over the facility to ensure nursing services addressed, developed and implemented a specific plan of care in regard to client #3's pressure wounds and client #1's Lymphedema (a blockage in the lymphatic system causing swelling) of the legs and sleep apnea and to ensure the staff were trained to do client #3's dressing changes and wound care. The governing body failed to exercise general policy and operating direction over the facility to ensure sufficient numbers of direct care staff to supervise and meet the needs of clients #1, #2, #3, #4, #5, #6, #7 and #8 and to ensure all allegations of client to client abuse were reported immediately to the facility administrator and to the Bureau of Developmental Disabilities Services (BDDS) and to			

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	Adult Protective Services (APS) in accordance with state law for clients #4, #5, #6 and #8, to ensure all allegations of client to client abuse and all injuries of unknown origin were thoroughly investigated for clients #3, #6, #7 and #8 and to ensure all investigations were reported to the administrator within 5 working days from the date of knowledge of the incident/allegation for clients #3, #4, #5, #6, #7 and #8. Please see W149. 6. The governing body failed to exercise general policy and operating direction over the facility to ensure all allegations of client to client abuse were reported immediately to the facility administrator and to the Bureau of Developmental Disabilities Services (BDDS) and to Adult Protective Services (APS) in accordance with state law for clients #4, #5, #6 and #8. Please see W153. 7. The governing body failed to exercise general policy and operating direction over the facility to ensure all allegations of client to client abuse and all injuries of unknown origin were thoroughly investigated for clients #1, #4, #5, #6 and #8. Please see W154. 8. The governing body failed to exercise general policy and operating direction over the facility to ensure the results of			

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	all investigations were reported to the administrator within 5 working days from the date of knowledge the of incident for clients #3, #4, #5, #6, #7 and #8. Please see W156. 9. The governing body failed to exercise general policy and operating direction over the facility to ensure the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored client #1's, #2's, #3's #4, #5's, #6's, #7's and #8's care. Please see W159. 10. The governing body failed to exercise general policy and operating direction over the facility to ensure sufficient numbers of direct care staff to supervise and care for the clients throughout the day to meet client #1's, #2's, #3's, #4's, #5's, #6's, #7's and #8's needs. Please see W186. 9-3-1(a)			
W000122	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 4	W000122	**1. What corrective action will beaccomplished?** · Specific plans of care will be developed andimplemented for health issues	06/08/2014

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	of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8). The facility failed to implement its written policy and procedures to ensure nursing services addressed, developed and implemented a specific plan of care in regard to client #3's pressure wounds and client #1's Lymphedema (a blockage in the lymphatic system causing swelling) of the legs and Obstructive Sleep Apnea (a sleep disorder in which breathing repeatedly stops and starts during sleep), to ensure the staff were trained to care for client #3's dressing changes and wound care, to ensure sufficient numbers of direct care staff to supervise and meet the needs of clients #1, #2, #3, #4, #5, #6, #7 and #8, to ensure all allegations of client to client abuse were reported immediately to the facility administrator and to the Bureau of Developmental Disabilities Services (BDDS) and to Adult Protective Services (APS) in accordance with state law for clients #4, #5, #6 and #8, to ensure all allegations of client to client abuse and all injuries of unknown origin were thoroughly investigated for clients #3, #6, #7 and #8 and to ensure all investigations were reported to the administrator within 5 working days from the date of knowledge of the incident/allegation for clients #3, #4, #5, #6, #7 and #8.		of clients.· Staff will be provided adequate training inimplementing specific health plans.· Nursing services will be provided to addressspecific health plans.· All incidents of client to client abuse orinjuries of unknown origin will be reported to BDDS and APS in the requiredtime frame. **2. How will we identify other residents havingthe potential to be affected by the same deficient practice and what correctiveaction will be taken?** · All residents have the potential to be affectedby the same deficient practice.· Specific plans of care will be developed andimplemented for health issues of clients.· Staff will be provided adequate training inimplementing specific health plans.· Nursing services will be provided to addressspecific health plans.· All incidents of client to client abuse orinjuries of unknown origin will be reported to BDDS and APS in the requiredtime frame. **3. What measures will be put into place orwhat systemic changes will be made to ensure that the deficient practice doesnot recur:**· Specific plans of care will be developed andimplemented for health issues of clients.· Staff will be provided adequate training inimplementing specific health plans.· Nursing services will be provided to addressspecific health plans.· All incidents of client to client abuse orinjuries of unknown origin will be reported to	

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	Findings include: 1. The facility failed to implement its policy and procedures to ensure nursing services addressed, developed and implemented a specific plan of care in regard to client #3's pressure wounds and client #1's Lymphedema (a blockage in the lymphatic system causing swelling) of the legs and Obstructive Sleep Apnea (a sleep disorder in which breathing repeatedly stops and starts during sleep), to ensure the staff were trained to care for client #1's medical needs, to ensure sufficient numbers of direct care staff to supervise and meet the needs of clients #1, #2, #3, #4, #5, #6, #7 and #8, to ensure all allegations of client to client abuse were reported immediately to the facility administrator and to the Bureau of Developmental Disabilities Services (BDDS) and to Adult Protective Services (APS) in accordance with state law for clients #4, #5, #6 and #8, all allegations of client to client abuse and all injuries of unknown origin were thoroughly investigated for clients #3, #6, #7 and #8 and to ensure all investigations were reported to the administrator within 5 working days from the date of knowledge of the incident/allegation for clients #3, #4, #5, #6, #7 and #8. Please see W149. 2. The facility failed to ensure allegations		BDDS and APS in the requiredtime frame. **4. How will the corrective action be monitoredto ensure the deficient practice will not recur?**· The home manager will be re-trained on ensuringall health issues have specific health plans for each client.· Area Director and Program Director will work toincrease and maintain the number of staff in the home.· Home manager will retrain staff on privacyduring medication pass and clients' freedom of movement throughout home andmonitor staff compliance daily.· The home manager will monitor daily logs toensure staff is completing the community outings on the activity calendar.· Home Manager will report all incidents ofsuspected abuse or neglect to Program Director (QIDP). The program director (QIDP) will complete the incident report and investigation in the required amount of time.The area director will monitor BDDS reports and investigations with a tracking sheet that is completed and submitted monthly. Quality assurance specialist will do quarterly audits to ensure compliance with all requirements.	

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	of client to client abuse for clients #4, #5, #6 and #8 were reported immediately to the facility administrator and to the Bureau of Developmental Disabilities Services (BDDS) and to Adult Protective Services (APS) in accordance with state law. Please see W153. 3. The facility failed to provide evidence a thorough investigation was conducted in regard to injuries of unknown origin for clients #3, #6, #7 and #8 and client to client abuse for clients #1, #4, #5, #6 and #8. Please see W154. 4. The facility failed to ensure the results of all investigations were reported to the administrator within 5 working days from the date of allegation/incident for clients #3, #4, #5, #6, #7 and #8. Please see W156. 9-3-2(a)			
W000125	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, record review and	W000125	**1. What corrective action will**	06/08/2014

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	interview for 1 of 4 sampled clients (#4), the facility failed to ensure client #4's rights in regard to restricting client #4 from the kitchen. Findings include: Observations were conducted at the group home on 4/28/14 between 4 PM and 6:30 PM. At 4:25 PM client #4 started to go into the kitchen. Staff #2 stated, "You know you are not allowed to go into the kitchen." Client #4 stated, "Oh, that's right." When asked why client #4 was not allowed to go into the kitchen, staff #2 looked at client #4 and stated, "You know why you can't go in the kitchen. " Client #4 stated, "Oh, yeah, cause I stole some food a long time ago." The facility's reportable and investigative records were reviewed on 4/29/14 at 11 AM. The facility's reportable records indicated no incidents of food stealing for client #4. Client #4's record was reviewed on 4/30/14 at 3 PM. Client #4's 7/2/13 ISP (Individualized Support Plan) indicated client #4 was to be "supervised at all times around food as he will eat uncontrollably and very fast. Also [client #4] tends to put very large pieces of food in his mouth...." Client #4's ISP and BSP		**beaccomplished?** · Clients will have freedom of movement throughoutthe home.· Staff will be retrained to regardingrestrictions, programs and respecting clients' movement within home. **2. How will we identify other residents havingthe potential to be affected by the same deficient practice and what correctiveaction will be taken?** · All residents have the potential to be affectedby the same deficient practice.· Clients will have freedom of movement throughoutthe home.· Staff will be retrained to regardingrestrictions, programs and respecting clients' movement within home. **3. What measures will be put into place orwhat systemic changes will be made to ensure that the deficient practice doesnot recur:**· Staff will be re-trained on all clients willhaving freedom of movement throughout the home unless otherwise stated in abehavioral support plan.· Staff will be retrained to regardingrestrictions, programs and respecting clients' movement within home. **4. How will the corrective action be monitoredto ensure the deficient practice will not recur?**· The home manager will do weekly observations ofthe home to ensure that no clients are being restricted in the home. · The QIDP/Program Director will do observations twice	

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	(Behavior Support Plan) did not indicate client #4 was to be restricted from the kitchen. Client #4's record indicated client #4 was an emancipated adult. Client #4's record indicated no written informed consent from client #4 in regard to being restricted from the kitchen. The facility's Human Rights Committee (HRC) notes for the previous 12 months were reviewed on 4/30/14 at 6 PM. The HRC notes did not indicate the approval to restrict client #4 from the kitchen. Interview with staff #2 on 4/28/14 at 4:30 PM stated client #4 "steals food, so we try to keep him (client #4) out of the kitchen unless he is with one of us (the staff)." Telephone interview with the PD (Program Director) on 5/5/14 at 4 PM indicated client #4 did not have a program in place that included a restriction from the kitchen. 9-3-2(a)		a month of the home to ensure that no clients are being restricted in the home. These will be documented via Therap. **5. What is the date by which the systematicchanges will be completed?**· June 8th, 2014	
W000130	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.			

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	Based on observation and interview for 1 of 4 sampled clients (#3), the facility failed to ensure the client's privacy while providing the client's medications. Findings include: Observations were conducted at the group home on 4/30/14 between 5:30 AM and 8:30 AM. The medication room in the home was small with a kitchen counter and cabinets along one wall and a clothes washer, clothes dryer and a wash tub along the opposite wall. With three people in the medication room it was crowded and difficult to turn around. Client #3 utilized a tilt-in-space wheelchair with a head rest, leg rests and a lap tray and required staff to move him from one area to another. During the AM observation at 8:10 AM staff #1 left the medication room to get client #3 for his AM medications. Staff #1 pulled client #3's wheelchair up to the door frame and said, "There's not enough room in here to get his wheelchair in here so I just leave the medication door open and leave him in the hallway and pull him up to the door." While giving client #3 his AM medications of a Renal capsule and Oxcarbazepine (for seizures) and explaining to client #3 his medication was for seizures, clients #2 and #4 were in the hallway near client #3. Client #4	W000130	**1. What corrective action will beaccomplished?**· Clients will be provided privacy duringmedication administration.· Staff will be retrained to regarding privacyduring medication administration. **2. How will we identify other residents havingthe potential to be affected by the same deficient practice and what correctiveaction will be taken?**· All residents have the potential to be affectedby the same deficient practice.· Clients will be provided privacy duringmedication administration.· Staff will be retrained to regarding privacyduring medication administration. **3. What measures will be put into place orwhat systemic changes will be made to ensure that the deficient practice doesnot recur:**· Staff will be re-trained on the medicationadministration process that includes ensuring privacy for client's duringmedication administration **4. How will the corrective action be monitoredto ensure the deficient practice will not recur?**· The home manager will do weekly observations of med pass to ensure client privacy. · The QIDP/Program Director will do observations twice a month of the home to ensure	06/08/2014

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	tried to come in the medication room/laundry room to get his clothes and was instructed by staff, "Not now, wait till I'm done with [client #3]. " Client #2 continued to stand near client #3 for a short time and then returned to his bedroom. Interview with the RM (Residential Manager) on 4/30/14 at 9 AM indicated the staff were to provide the clients privacy while giving the clients their medications by closing the door to the medication room. The RM stated client #3's wheelchair would go through the doorway to the medication room "but it's a tight fit" and "difficult to maneuver." 9-3-2(a)		client privacy. These will be documented via Therap. **5. What is the date by which the systematicchanges will be completed?**· June 8th, 2014	
W000136	483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities. Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to ensure the clients were provided the opportunity to participate in various social, religious, and community group activities in the community on a regular	W000136	**1. What corrective action will beaccomplished?** •□□□□□□□Clients will be provided opportunity toparticipate in activities of their choice •□□□□□□□An activity calendar will be completed monthlywith all the community activities the clients	06/08/2014

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	and ongoing basis. Findings include: Observations were conducted at the group home on 4/28/14 between 4 PM and 6:30 PM. At 4:20 PM client #1 was standing in the dining room talking with the RM (Residential Manager). Client #1 stated, "I wish I could go to church." The RM stated, "If they tell me it's ok I'll take you but until then I'm sorry." Review of client #1's, #2's, #3's and #4's financial records for January, February, March and April 2014 on 4/30/14 at 9 AM and at 1 PM indicated: __Client #1 went shopping March 8 and 11, 2014 and out to eat April 22, 2014. __Client #2 made no purchases January through April 2014. __Client #3 made no purchases January through April 2014. __Client #4 went shopping April 22, 2014. Interview with client #1 on 4/28/14 at 5 PM indicated he had moved into his current group home in September 2013. Client #1 indicated he had not gone to church since he moved into the group home and would like to go. Client #1 stated he had asked the staff "several times cause I like going to church" but		wish to participate in thatmonth. The clients will have the opportunity to decide the activities that theywish to do for that month. The home manager will monitor the daily logs toensure the clients have the opportunity to participate in the activities on theactivity calendar. •□□□□□□□□Home Manager will train staff on programs andmonitor compliance weekly. **2. How will we identify other residents havingthe potential to be affected by the same deficient practice and what correctiveaction will be taken?** •□□□□□□□□All residents have the potential to be affectedby the same deficient practice. •□□□□□□□□Clients will be provided opportunity toparticipate in activities of their choice •□□□□□□□□An activity calendar will be completed monthlywith all the community activities the clients wish to participate in thatmonth. The clients will have the opportunity to decide the activities that theywish to do for that month. The home manager will monitor the daily logs toensure the clients have the opportunity to participate in the activities on theactivity calendar. •□□□□□□□□Home Manager will train staff on programs andmonitor compliance weekly.	

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	was always told no because the home did not have sufficient numbers of staff to take him. During interview with client #4 on 4/30/14 at 11:30 AM, client #4 stated, "We haven't gone out much lately." During interview with the RM on 4/30/14 at 9 AM, the RM stated client #1 had not been able to attend church since his admission because "I just haven't had enough staff to be able to take him." The RM stated, "I have had problems trying to find time just to take them shopping." The RM stated the "only" outing the clients would have been on was "possibly a van ride or something like that." The RM indicated she did not have documentation of the facility outings. During interview with the PD (Program Director) on 4/30/14 at 1 PM stated "He (client #1) could have gone to church any time he wanted." The PD stated, "[Name of another facility group home] goes to church and they could have picked him up if he wanted to go." The PD indicated she was not aware client #1 had made the request to go to church. 9-3-2(a)		**3. What measures will be put into place orwhat systemic changes will be made to ensure that the deficient practice doesnot recur:** •Clients will be provided opportunity toparticipate in activities of their choice •An activity calendar will be completed monthlywith all the community activities the clients wish to participate in thatmonth. The clients will have the opportunity to decide the activities that theywish to do for that month. The home manager will monitor the daily logs toensure the clients have the opportunity to participate in the activities on theactivity calendar. •Home Manager will train staff on programs andmonitor compliance weekly. **4. How will the corrective action be monitoredto ensure the deficient practice will not recur?** •An activity calendar will be completed monthlywith all the community activities the clients wish to participate in thatmonth. The clients will have the opportunity to decide the activities that theywish to do for that month. The home manager will monitor the daily logs toensure the clients have the opportunity to participate in the activities on theactivity	

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			calendar. •□□□□□□□□Home Manager will train staff on programs andmonitor compliance weekly. **What is the date bywhich the systematic changes will be completed?** •□□□□□□□□**June 8th,2014**	
W000149	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 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility failed to implement written policy and procedures: __To ensure nursing services addressed, developed and implemented a specific plan of care in regard to client #3's pressure wounds that included a specific positioning schedule, what the staff were to monitor and document, when/what the staff were to report to nursing, to ensure the staff conducted daily skin assessments and to ensure the direct care staff were trained to do client #3's dressing changes and wound care. __To ensure nursing services addressed client #1's Lymphedema (a blockage in the lymphatic system causing swelling) of the legs, to develop and implement a specific plan of care in regard to client #1's Lymphedema that included what the	W000149	**1. What corrective action will beaccomplished?**· Specific plans of care will be developed andimplemented for health issues of clients.· Staff will be provided adequate training inimplementing specific health plans.· Nursing services will be provided to addressspecific health plans.· All incidents of client to client abuse orinjuries of unknown origin will be reported to BDDS and APS in the requiredtime frame. **2. How will we identify other residents havingthe potential to be affected by the same deficient practice and what correctiveaction will be taken?** · All residents have the potential to be affectedby the same deficient practice.· Specific plans of care will be developed andimplemented for health issues of clients.· Staff will be provided adequate training inimplementing specific health plans.· Nursing services will be provided to	06/08/2014

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	staff were to do when client #1 was non compliant with wearing his compression stockings, how the staff were to monitor and care for client #1's legs in regard to the Lymphedema (swelling/redness/dry skin/pain) and when the staff were to notify nursing in regard to client #1's symptoms of Lymphedema. __To ensure nursing services addressed client #1's Obstructive Sleep Apnea (a sleep disorder in which breathing repeatedly stops and starts during sleep), to develop and implement a plan of care in regard to client #1's sleep apnea that included what the staff were to do when client #1 refused to wear the CPAP, who the staff were to notify when the client refused to wear his CPAP and what the staff were to monitor/document. __To ensure sufficient numbers of direct care staff to supervise and meet the needs of clients #1, #2, #3, #4, #5, #6, #7 and #8. __To ensure all allegations of client to client abuse were reported immediately to the facility administrator and to the Bureau of Developmental Disabilities Services (BDDS) and to Adult Protective Services (APS) in accordance with state law for clients #4, #5, #6 and #8. __To ensure all allegations of client to client abuse and all injuries of unknown origin were thoroughly investigated for clients #3, #6, #7 and #8.		addressspecific health plans.· All incidents of client to client abuse orinjuries of unknown origin will be reported to BDDS and APS in the requiredtime frame. **3. What measures will be put into place orwhat systemic changes will be made to ensure that the deficient practice doesnot recur:**· Specific plans of care will be developed andimplemented for health issues of clients.· Staff will be provided adequate training inimplementing specific health plans.· Nursing services will be provided to addressspecific health plans.· All incidents of client to client abuse orinjuries of unknown origin will be reported to BDDS and APS in the requiredtime frame. **Howwill the corrective action be monitored to ensure the deficient practice willnot recur?**· The home manager will be re-trained on ensuring all health issues have specific health plans for each client.· Area Director and Program Director/QIDP will work to increase and maintain the number of staff in the home.· Home manager will retrain staff on privacy during medication pass and clients' freedom of movement throughout home and monitor staff compliance daily.· The home manager will monitor daily logs to ensure staff is completing the community outings on the activity calendar.· Staff will report all incidents/allegations of abuse,	

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	__To ensure all investigations were reported to the administrator within 5 working days from the date of knowledge of the incident/allegation for clients #3, #4, #5, #6, #7 and #8. Findings include: 1. Observations were conducted at the group home on 4/28/14 between 4 PM and 6:30 PM and on 4/30/14 between 5:30 AM and 8:30 AM. During both observation periods a twin size mattress, blankets and pillows were on the living room floor. Client #3 sat in a tilt in space wheel chair with head/foot rests and both feet strapped into cushioned ankle boots. Client #3 did not reposition himself and required staff assistance to meet all of his daily needs. During the PM observation on 4/28/14: __At 4 PM client #3 returned home from the day program. Staff #1 checked client #3 to see if he was incontinent. Client #3 was dry. Client #3 was then wheeled to the dining room table. __At 4:10 PM staff #2 stated "He (client #3) has this area on his right ankle from a pressure sore. We couldn't get it to heal and he finally had to have surgery on it. Then, because we had him tilted back so much, trying to get his foot to heal up, he got a sore on his bottom." Staff #2		neglect, mistreatment, exploitation or injuries of unknown origin to the house manager immediately. If the house manager is not available the staff will notify the designated Program Director (QIDP). If the incident/allegation involves the house manager the staff will directly report to the designated program director (QIDP). The Program Director (QIDP) will complete all applicable BDDS reports within 24 hours of the incident and consult with the Area Director to assign the investigation to the proper person. The Program Director (QIDP) will follow up with the Area Director on the outcome of the investigation and recommendations. The Program Director (QIDP) will implement recommendations. Quality Assurance will assist in the investigation process as needed. The Area Director will monitor BDDS reports and investigations via a tracking sheet for progress of completeness and timeliness. **Whatis the date by which the systematic changes will be completed?**· June 8th, 2014	

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	indicated the twin mattress on the living room floor was for client #3. Staff #2 stated in order to be able to get client #3 off of his buttocks, the staff utilized a twin mattress on the floor in the living room which also enabled the staff to be able to monitor client #3 better when there was "only two of us (staff) in the house." __At 4:50 PM the RM asked client #3, "Are you dry? You want to tilt a little bit?" Client #3 indicated yes and the RM tilted client #3's wheelchair back slightly. The RM did not check physically to see if client #3 was incontinent. __At 5:15 PM client #3 was taken to the living room with clients #6 and #7 to watch television. __At 5:50 PM staff #1 wheeled client #3 back to the dining room for his evening meal. Staff #1 stated, "I'm going to wait till after he eats to give him his shower." __At 6:45 PM client #3 was still sitting at the dining room table finishing his evening meal. __From 4 PM to 6:45 PM client #3 was provided a slight tilt of his wheelchair for repositioning and was not toileted every two hours during the evening observation period. The facility's reportable records were reviewed on 4/29/14 at 11 AM. __ A 7/5/13 BDDS (Bureau of			

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	Developmental Disabilities Services) report indicated "[Client #3] received a new wheelchair. The wheelchair has foot straps that go over his ankle and they fit more snug than the ones on his last wheelchair. The strap caused a, what appears to be, pressure sore on the inside of his right ankle. The incident was not reportable at first, however, when coordinator checked the wound this day the wound itself is not reportable size, but factoring the redness around the wound and the wound itself it is now at reportable size. The area became warm to touch, so [client #3] was taken to urgent care to be evaluated. Plan to Resolve: [Client #3] was prescribed an antibiotic (Bactrim DS 1 tablet BID, twice a day) to aid with any infection that he might have and prevent any infection from occurring. It was advised to keep the area dry with daily dressings. The area is dressed and the antibiotic will start on 7/6/13. Staff will change the dressing as recommended and give the antibiotic as prescribed. [Client #3] will return to the urgent care facility on Monday to assess the progress of the wound...." __The follow up BDDS report dated 7/11/13 indicated "It is clear that the injury is an injury from the straps on his new wheelchair. He went to the Urgent Care and was put on antibiotics to safeguard from infection. He was			

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	prescribed a follow-up appointment where he received an antibiotic shot and was advised to continue the oral antibiotics as prescribed before. He was then given another follow-up appoint (appointment) due to the antibiotic shot being a good 25 hour antibiotic. Upon the additional follow-up he received another antibiotic shot and was told to still continue the oral antibiotics. He was not prescribed an additional follow-up unless the injury worsens. The wound is healing nicely and appears to continue to heal nicely. The redness has subsided and gone away in most areas and is very faint where it is left. The company was called where he got his wheelchair from and they stated that these injuries are common with the type of straps [client #3] has." The report indicated "Even if the straps are loose if he moves his feet a lot, which [client #3] does do, it is possible that he would still develop the same type of injury. There are foam boots that are available to safeguard against this type of injury. [Client #3] does have one. Once the injury heals the foam boot will be place (sic) on his foot and then his foot will be placed in the strap and that should prevent [client #3] from developing any other injuries of this nature. Right now his foot is not being placed in the straps until the injury is completely healed. Staff will continue to			

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	monitor the healing process of the injury and watch for any additional complications...." __The follow up BDDS report dated 9/10/13 indicated "This follow-up is in regard to an incident that was reported and closed already. Due to [client #3] tearing the scab off the area in his sleep the wound became open again. The doctor prescribed [client #3] Tegaderm Dressing on 8/5 (8/5/13) at his quarterly appointment. The doctor said the area was not infected and not to the bone. The area was not healing, but it was not getting worse either. A referral was obtained for the wound care clinic due to the area not healing.... [Client #3] was seen at the wound care clinic on 9/3 (9/3/13). They prescribed wet to dry dressing for the area and Santyl Collagens 250 U/GM (units per grams) 30 GM to treat the area. [Client #3] had a follow-up at the wound care clinic on 9/10 (9/10/13). At this point the area appeared that it might be infected. The open area did not get any larger than it was which is smaller than a dime, but the area around it was red. The wound care clinic said the cultures of the area came back that it was not infected, but he was worried that if it was not already infected that it could get infected. [Client #3] was prescribed Sulfamethoxazole/Trimethoprim 800/160			

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	mg Tablets to aid with the possible infection. The area around the wound was also padded in order to keep from [client #3] causing additional irritation to the wound while he is sleeping. [Client #3] moves his legs a lot during the night and the friction of him moving his legs and his ankle rubbing his bed is hindering the wound from healing. Along with the padding to the area around the wound [client #3] was also prescribed to sleep in his cushioned ankle boots he wears while in his wheelchair and it was ordered that [client #3] not use the straps on his wheelchair even with the cushioned ankle boots in order to speed up the healing process. At this point the follow-up was submitted due to the status of the wound changing and the treatment of the wound changing." __The BDDS report of 10/24/13 indicated "On 7/24/13 [client #3] sustained an injury from the straps on his new wheelchair. [Client #3's] straps on his new wheelchair are different than the straps on his previous wheelchair. The straps caused an injury to his ankle. Client #3 has seen his PCP (Primary Care Physician), Urgent Care Clinic, and The Wound Care extensively for help getting the injury healed. [Client #3] has had antibiotics, cushioned ankle boots, ointments, wet to dry dressings, and other forms of dressing prescribed to him to try			

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	to get the area to fully heal. The above mentioned were not successful because the injury has developed scar tissue and the scar tissue is preventing the injury from healing. The wound care clinic wants to perform a minimal procedure to remove the scar tissue from the area in hopes the removal of the scar tissue will allow the area to fully heal.... The scar tissue was removed and two stitches were placed in the area to aid the healing process and try to prevent any additional scar tissue. Since the injury is on [client #3's] ankle; [client #3] was put in a cast to minimize movement and keep from stretching the healed skin. [Client #3] is also being kept home from workshop to monitor him closely for 7 days. [Client #3] goes back for a follow-up on 10/29. Staff will keep [client #3's] leg elevated as suggested, watch for adverse effects, and monitor [client #3] for any pain or discomfort." __The GER (General Events Report) of 10/24/13 indicated "Start of a possible pressure sore on the tailbone." The report indicated the facility RN was notified and wrote a comment, "I received phone call in regards to this. The area on the tailbone was described as reddened, not an opened area. I recommended to keep [client #3] out of wheelchair as much as possible, since he has a MD order to be off of work for 1 week. Keep in recliner			

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	and re-position at least every 2 hours, place in bed for an hour at a time at least 3 times a day. Ensure adequate fluid intake and proper nutrition. Protect the area with Tegaderm if needed. Use cushions to relieve pressure from the area. Continue to monitor the area, keep skin clean and dry." __The BDDS report of 10/25/13 indicated "[Client #3] had a monitored procedure done on his ankle. One of the recommendations from the procedure was to monitor [client #3's] leg by reclining the seat of his wheelchair and elevating the leg that way being that is the most comfortable way for [client #3]. When staff was doing their daily skin check the morning of 10/24/13 they noticed the very beginning of a pressure sore on his lower back above his tailbone. The pressure sore began to develop due to the added pressure of having [client #3] reclined so his leg could be elevated. Plan to Resolve: The area is just red at this time and not opened due to staff catching the development very early. Staff will continue to elevate [client #3's] leg as recommended, but staff will encourage [client #3] to get out of his chair and elevate the leg such as utilizing the living room chair and ottoman and occasionally laying in bed and elevating the leg there. Staff already repositions [client #3] every two hours, but until the			

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	area is completely healed they will reposition [client #3] every other hour. [Client #3] has a PRN (as needed) cream that is prescribed to him to prevent the beginning of pressure sores from worsening to an actual sore. The cream is being applied and the area is being kept clean and dry. The area is being monitored very closely for any signs of it worsening. Any signs of worsening and opening staff with take [client #3] to his PCP for treatment or referral to the wound care clinic as he is already going there for an injury to his ankle sustained from new wheelchair straps previously. Staff are also monitoring [client #3] for any pain/discomfort which at this time he is not experiencing." __The GER dated 11/18/13 indicated "[Client #3] has had a cast on his right foot for awhile now due to ankle surgery. It appears that the cast has rubbed on his left inner ankle and scratched the skin. There are 3 separate scratches each measuring about 2 cm (centimeters) by 2 cm." The GER indicated the PD documented on 12/3/13 "The cast is off of [client #3's] other foot, so there is no chance of the foot without a cast rubbing the cast while he is getting changed or bathed for the day. The areas are almost healed at this time. The scratches were never reportable size, therefore, the incident was not reported."			

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	__On 1/27/14 "Was changing [client #3] and while washing him up I (the Residential Manager) found a new sore/lesion on his buttock. Previously he had one that was almost gone and now it is also worse." The GER indicated the PD wrote on 1/30/14 "The redness has since healed and there has been no further issues with redness on [client #3's] buttocks at this time." The GER did not indicate nursing services was notified of the pressure area to client #3's buttocks. __The BDDS report of 2/28/14 indicated on 2/28/14 "[Client #3] has a small pressure sore approx (approximately) 1/2" long and 1/4" wide on the right side of his bottom. The sore has opened up, the home manager took [client #3] to the Wound Center for treatment this morning and the center suggested to have [client #3] remain flat except for when eating meals 3x (three times) daily sitting up for no longer than 30 minutes at a time. The wound center wants the wound packed 3x weekly and for [client #3] to return to see the doctor once a week until the wound is completely healed. Plan to Resolve: Staff will continue to monitor, document and report and (sic) changes to [client #3's] condition. RM (Residential Manager) will take [client #3] to his weekly appointments at the Wound Center until wound is healed. Indiana Mentor will report any changes to this wound to BQIS			

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	(Bureau of Quality Improvement Services)." The facility records indicated no further follow up reports to BQIS in regard to the report made on 2/28/14. __The GER dated 2/28/14 indicated "Visit to PCP on 2/7/14. Staff reported that we (the staff) continue to struggle with open area on tailbone. PCP referred [client #3] to the Wound Center.... [Client #3] has a lesion on his tailbone that continues to re-open. Staff asked PCP for a referral to the Wound Center." The GER indicated a note from the RM on 3/21/14, "The wound center said it was new skin and he will be home out of his chair at least 1 more week." Client #3's record was reviewed on 4/30/14 at 1 PM. __Client #3's record indicated diagnoses of, but not limited to, Cerebral Palsy, Quadriplegic (inability to move or feel both arms and both legs), Hypertension, Scoliosis, Seizure Disorder and Bronchial Pulmonary Dysphasia. __Client #3's ISP (Individual Support Plan) dated 5/23/13 indicated "[Client #3] requires total staff support for all of his daily living needs. He requires physical assistance and support for self-care needs including toileting, dressing, eating, bathing, oral and hair care."			

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	Client #3's notes from the urgent care clinic indicated: __7/5/13 "Open draining wound with surrounding erythema. Keep wound clean and dry with daily dressing changes. Recline/prevent any pressure/friction over medial ankle. Return Monday 7/8/13 for recheck." __7/8/13 "Continual erythema (redness) and warmth. Pt (patient) given Rocephin (antibiotic) IM (Intramuscular) 500 mg (milligrams). Continue Bactrim DS (antibiotic) twice a day as written. Return pt in 48 hrs (hours) for re-check. Pt to ER if fever over 100 degrees noted." __7/9/13 "Continual erythema and warmth. No cellulitis at this point. Concern for non healing... Will give another dose of Rocephin today IM 500 mg. Continue Bactrim DS. If not improving in next 2 days go to PCP also can use referral to wound center. If any fever over 100.4 go to ER." __Client #3's 8/5/13 physician's orders/progress note indicated client #3 had a "Pressure Ulcer Stage 1." The note indicated "1.0 cm (centimeter) shallow ulcer with evident granulation tissue (newly formed tissue) over the right medial malleolus (the ankle) without purulent (pus) discharge/erythema (redness) [(except as expected healing at wound borders)]/edema/toxic striation (a			

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	series of ridges) evident." Client #3's Referral/Order Form dated 8/26/13 indicated client #3 was to be referred to the wound care center and had an appointment for 9/3/13. Client #3's notes from the wound care clinic indicated __9/3/13 "Keep padded boots/heel protectors on while pt in bed. Use pillows to keep heels and ankles off surfaces while in bed." Client #3 was given a prescription of Collagenase Santyl Ointment 15 gms and Collagenase Santyl Ointment 30 gms. __9/17/13 "Stop Santyl." The client was to "apply Fibracol (a type of dressing), felt, gauze and Keflex (a roll type cover dressing)." Client #3 was given a prescription for "Fibracol 4 inch by 4 3/8 inch size, apply to ankle ulcer every other day." __10/1/13 "Continue daily cleansing and application Fibracol." __10/15/13 indicated no changes in orders. __10/22/13 indicated client #3 was to elevate his right leg as much as possible and "every shift and med pass, check with fingers for swelling in right leg." Client #3's nursing notes indicated: __7/23/13 "...has a pressure sore on right			

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	inner ankle that is healing. [Client #3] received the sore from new wheelchair foot strap. Staff and [client #3's] mom is working with company to get protective cover for the straps. Also discussed possible boot for protection. Staff deny any further issue at this time. [Client #3] reported doing well." __8/20/13 "...reports feeling 'fine,' denies any current issues. Staff denied any current concerns at this time either. [Client #3's] pressure sore on right ankle was observed with bandage and is reportedly healing better...." __9/12/13 "...remains with pressure ulcer on right inner ankle. [Client #3] is receiving treatment from wound care clinic and is seen weekly for f/u (follow up). [Client #3] is currently on an antibiotic. [Client #3] is ordered dressing changes and wound care BID (twice a day). SM (Site Manager/House Manager) has trained staff on proper wound care...." __10/29/13 "...remains with skin issues - poor healing with pressure sore - he had minor surgery to wound scar tissue with and area was stitched. Cast applied so the wound could heal and not break open with movement. [Client #3] has been off work for 1 week and was ordered another week off. [Client #3] has a reddened area on buttocks, topical cream is being applied. [Client #3] is to be out of the wheelchair and in recliner/bed... turned at			

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	least every two hours...." __11/26/13 "... wound on right ankle is healed nicely. [Client #3] remains with biting hands when he gets upset and there are sores on both hands. Writer talked to RC (Residential Coordinator) possibility of bite-resistant gloves which are not available at this time.... area on buttocks is not an open wound, reddened and staff apply topical cream." __12/20/13 "...foot remains healed - skin intact. No new issues. [Client #3] has a scabbed area on finger from biting self..." __1/22/14 "...foot remains healed. No new areas on feet. Dry red patch on back of neck that is being treated with ointment. Encouraged use of lotion for dry skin..." __2/27/14 "...will be going to the wound center tomorrow to have area on buttocks assessed due to poor healing. [Client #3] has a blister that is healed on left palm of hand from suspected picking at skin. [Client #3] also has a dry patch on back of his head caused from [client #3] scratching area. No skin issues or open wounds, no areas show any signs of infection...." __3/3/14 "Met with [client #3] today to assess wound. [Client #3] has a small wound in the crease of his buttocks near the coccyx area. The wound was pink, wound bed was moist, no drainage, no foul odor, no redness/swelling, no			

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	warmth felt near the area. Wound edges are contracting inward. RM stated the wound showed improvement from the weekend. RM changed the dressing per MD orders. [Client #3's] dressing consists of Prisma (type of dressing) dressing with Exuderm (a cover to keep a dressing dry) to cover. [Client #3] is ordered bed rest, which he is turned at least every 2 hours. [Client #3] is allowed up in chair TID for 30 minutes for meals.... [Client #3] will follow up with wound care weekly and writer will meet with weekly to assess as well." __3/11/14 "Met with [client #3] at his home to assess wound... The wound appears to be healing nicely, no redness, no swelling, no odor, no drainage, no s/s (signs/symptoms) infections. No new skin issues noted. Clean bandage applied, per orders. [Client #3] remains on bed rest, up TID (three times a day) for 30 minutes for meals only.... [Client #3] follows up with wound care weekly at this time...." __3/21/14 "...remains on bed rest per wound care orders. [Client #3] was ordered that he can be up in chair QID (four times a day) for one hour at a time. F/u with wound care bi-weekly, drsg (dressing) changes remains the same daily. [Client #3's] SIB has increased during this process - he had scratches on both hands, left ear and all over abdomen			

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	and chest.... redness noted on ankles today, padded boots were placed - needs to wear daily...." __3/28/14 "Obtained phone contact from RM following [client #3's] wound care appointment. [Client #3's] wound is completely healed and will require no further follow up or treatment from the wound center at this time. Dressing changes have been discontinued...." __4/23/14 "...a decrease in SIB, no scratches were noted on hands today. [Client #3's] wound on coccyx is healed - remains repositioned every two hours. No new skin issues noted - wearing padded boots. Has new mattress. No new areas of concern...." Client #3's 2/26/14 Risk Plan for skin impairment indicated "[Client #3] requires assistance with bathing daily and staff have the opportunity to visually examine his skin daily. [Client #3] uses adult incontinent products. Staff assist him with changing [every two hrs (hours) while awake and every 4 hrs while sleeping] and anytime that he is wet and initial off on the MAR each time. Staff are trained to report anything unusual [including injuries to the skin] to the SM/RC along with how to document in Therap. Body mechanics is training as a part of orientation and good body alignment is included. [Client #3] uses a			

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	wheelchair for mobility and a harness for trunk stability. If the wheelchair or the harness fits poorly and has the potential to cause injury the staff will report it to the SM/RC. Staff provide assistance with repositioning, changing sides every 2 hrs, while up in the wheelchair and it is recorded on the MAR. Staff transfers [client #3] using a Hoyer lift which prevents friction to the skin." A review of client #3's skin assessments from 7/1/13 to present conducted by the DCS (Direct Care Staff) indicated: __7/15/13 "[Client #3's] ankle is looking much better this morning. More pink than red, no drainage." __7/16/13 "[Client #3's] ankle is looking good this morning." __7/17/14 "Ointment and bandage applied. Ankle looking much better." __7/18/13 "No new skin wounds or bruises found today. Old wounds are treated and dry dressing." __7/22/13 "Staff cleaned and applied ointment to [client #3's] ankle. It looks to healing well (sic)." __7/23/13 "Cleaned, applied ointment and bandaged the wound on [client #3's] ankle. The bandage came off during the night and he rubbed the scab off of the wound." __7/24/13 "No new wounds or injuries. The sore on his ankle was treated and			

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	bandaged." __7/25/13 "No new wounds or injuries. Sore on his ankle was treated and bandaged." __7/29/13 "Staff cleaned, applied ointment and clean bandage." __7/30/13 "Staff applied ointment and new bandage, wound is looking better." __7/31/13 "Staff applied ointment and clean bandage, wound is looking good." __8/5/13 "Staff applied ointment and fresh bandage." __8/7/13 "Bandage in place." __8/9/13 "No wounds to report at this time but has area on side from surgery but covered at this time." __8/12/13 "[Client #3's] incision on his stomach looks really good and so does his ankle. There is no redness or seeping on either." __8/14/13 "Covering changed on [client #3's] stomach wound, it is a little red where the tape is touching him but the incision looks great. The wound covering on his ankle was still on, so it did not need a new covering." __8/26/13 "Applied dressing to [client #3's] ankle. The wound was red and irritated looking." __9/16/13 "Wound cleaned and bandaged. Looks about the same as last wee (sic), a little bit of seepage." __9/17/13 "Wound appeared to be the same, a bit of seepage. [Client #3] reports			

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	that it is hurting him. Wound cleaned and redressed." __11/15/13 "Client has red colored sores about two inches above penis." __2/2/14 "[Client #3] still has a couple sores on his bottom in the crease. We have been washing and applying cream every depend change and it is healing nicely." __2/3/14 "Bottom looking good, ointment applied." __2/7/14 "Ointment applied to tailbone, nothing new to report." __2/17/14 "Bottom looking better, ointment applied." __2/18/14 "Nothing to report, ointment applied." __2/19/14 "Only area is the one on his buttocks. We are going to the wound center to have this looked at." __2/20/14 "No new open wounds. Still has open area on tailbone in the crease of bottom." __2/21/14 "Small sore on left palm, GER filed." __2/25/14 "Spot on tailbone remains. We go to the wound center for that spot on Friday. Nothing else to report." __2/26/14 "Nothing to report, ointment applied." __2/27/14 "Nothing to report, ointment applied." __3/3/14 "Nothing new, bandage was still covering wound on his tailbone."			

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	__3/4/14 "Pressure sore on tailbone. Bandage changed again today." __3/5/14 "Wound looks good/bandage replaced." __3/6/14 "Wound still covered with pressure sore material, gauze replaced." __3/7/14 "Wound improving, bandage in place." __3/10/14 "Wound looking good, still covered." __3/11/14 "Wound covered and looking good." __3/12/14 "Wound covered and looking good." Client #3's record failed to indicate daily monitoring and descriptive documentation of client #3's wounds. Client #3's MARs indicated client #3 was to be repositioned every two hours. The MAR indicated "Place wedge under hip when in wheelchair, rotate sides every 2 hrs (hours) and PRN (as needed) for preventative measures." The MAR indicated staff initialed every two hours. The MAR did not indicate if the client was in the chair or bed, the position the client was in or the supports used to reposition client #3 with each repositioning. All staff training in regard to client #3's dressing changes and wound care was			

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	requested from the RN and the PD on 5/5/14 at 3 PM in regard to how the staff were to care for client #3's wounds and dressing changes what the staff were to document and when. No documentation of staff training was provided for review. Staff #2 was interviewed on 4/28/14 at 4:10 PM. When asked why there was a twin mattress on the living room floor in the group home, staff #2 stated "He (client #3) has this area on his right ankle from a pressure sore. We couldn't get it to heal and he finally had to have surgery on it. Then, because we had him tilted back so much in his chair trying to get his foot to heal up he got a sore on his bottom." Staff #2 indicated the twin mattress on the living room floor was used for client #3. Staff #2 stated in order to be able to get client #3 off of his buttocks, the staff utilized a twin mattress on the floor in the living room which also enabled the staff to be able to monitor client #3 better when there were "only two of us (staff) in the house." E-mail interview with the PD (Program Director) on 5/5/14 at 5 PM indicated no documentation of staff training in regard to dressing changes and wound care for client #3. The PD indicated the staff followed the written orders for the dressing changes from the doctor.			

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	Telephone interview with the facility RN on 5/5/14 at 3:30 PM indicated the facility RN visited the home once a month to conduct a physical assessment of client #3. When the RN was asked if she had staged client #3's pressure wounds, the RN indicated she had not. The RN stated client #3's wounds were "slow in healing, especially his ankle wound." The RN indicated client #3 went to the wound care clinic and the direct care staff provided client #3's daily dressing changes and treatments. When asked who trained the staff, the RN stated, "I showed the [RM] and then she showed the rest of the staff." The RN stated she had no documentation of the training other than "what I wrote in my T-logs (the nursing notes)." When asked what and when the staff were to document in regard to client #3's wounds, the RN stated, "They should make a descriptive entry in Therap (the facility's computer system for documentation) every time they changed the dressing or at least daily." The RN indicated the staff were to report any changes to the RM or the PD (Program Director) and if there was an issue /concern the RM would call the doctor or take the client to an urgent care facility. The RN indicated she monitored the staffs' documentation through the computer system and could			

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	log into the computer at any time and read the staff notes. The RN indicated the staff did not document descriptive entries of client #3's pressure wounds in the client's record after each dressing change and/or daily. The RN indicated client #3 was to have daily skin assessments conducted by the direct care staff and documented on the client's MAR (Medication Administration Record). The RN indicated client #3's skin assessments were not conducted daily. The RN indicated the staff initialed in client #3's MAR to signify client #3 was repositioned every two hours. The MAR did not specify if the client was in his chair or bed, the position the client was in and/or the supports used to reposition client #3. The RN indicated client #3 did not currently have any open pressure areas. 2. Client #1's record was reviewed on 4/30/14 at 2 PM. Client #1's record indicated diagnoses of, but not limited to, Depression, Lymphedema (a blockage in the lymphatic system causing swelling) of the legs and Obstructive Sleep Apnea. Client #1's 2014 physician's orders indicated client #1 was to wear a CPAP (Continuous Positive Airway Pressure - a machine that helps a person with Obstructive Sleep Apnea breathe easier at night while sleeping) and compression			

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	stockings to be worn daily from 7 AM to 8 PM. Client #1's nursing notes indicated, not all inclusive: __6/20/13 "Incontinent at times.... [Client #1's] lower extremities remain swollen, red. He has been seen by several MDs about this, awaiting compression stocking to come in..... Has 2 sores on right leg. SM (Site Manager) states its dry skin and they are treating with ointment." __7/25/13 "[Client #1] has urine on his socks today and writer assisted with changing to clean ones.... Lymphedema in both LE (lower extremities), venous stasis (slow blood flow).... He (client #1) is having difficulty adjusting to the group home. He was fearful, somatic, paranoid.... Discussed coping skills with [client #1]. He reports he wants to run away.... Discussed with RC/SM (Residential Coordinator/Site Manager) need for diabetic type socks due to edema and questioned about status of compression stockings." __8/31/13 "Lymphedema, venous stasis both LE.... [Client #1] smelled of urine, he apologized and stated he would shower.... We discussed that he needs to use restroom at first sign he needs to go and not wait. [Client #1] apologized and stated he drank a lot of H2O (water). [Client #1] stated he would shower and			

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	do laundry." __9/12/13 "Incontinent at times.... Writer put compression stockings on [client #1] for the first time today. He was cooperative. SM will put compression stockings on MAR for daily wear." __10/29/13 "Incontinent at times - has UTI (Urinary Tract Infection) currently - on Cipro (an antibiotic).... Lymphedema.... both LE - refuses compression stockings.... [Client #1] has UTI and we discussed importance of getting to restroom in time to avoid accidents. Discussed proper cleaning and importance of good hygiene. Discussed no fluids after 6 pm, decrease caffeine, empty bladder before going to HS (bed). Discussed Lymphedema referral and importance to follow through with their recommendations. [Client #1] refuses compression stockings at this time. States too tight and uncomfortable. [Client #1] was able to reiterate all that was discussed and we stressed importance of asking staff for assistance when needed." __11/26/13 "Enuresis (incontinence).... Lymphedema in both LE.... [Client #1] reports using CPAP machine the past few nights. [Client #1] states he can't tell a difference when he wears it. [Client #1] attended Lymphedema clinic last week for assessment and will be going 3x/week (three times a week) for massage and compression. He was excited about			

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	this.... [Client #1] reports urinary issues have improved...." __12/20/13 "[Client #1] has been attending massage and compression clinic for Lymphedema which has improved his legs greatly. [Client #1] was wearing compression stocking. States he feels better. [Client #1] reports his urinary incontinence has improved as well." __1/22/14 "Not wearing CPAP as ordered. Decrease in incontinent episodes.... BLE (Bilateral Lower Extremities) are worsening due to [client #1] refusing compression stockings over 3 weeks. Legs are reddened, swollen and both are extremely dry and cracked. He's refusing lotion as well.... [Client #1] has been uncooperative with MD orders recently and we discussed this at length. [Client #1] has been refusing compression stockings and as a result legs are more edematous, reddened and feet are very dry from refusal of cream. [Client #1] reported the stockings caused him pain. We discussed risks vs benefits, consequences of continued refusal and importance of following MD orders. [Client #1] agreed to wear them again daily... We addressed CPAP machine - [client #1] made excuses for non compliance and agreed to use it every night as ordered. [Client #1] was tearful at this time. [Client #1] states he wants to move to be closer to his family. We			

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	discussed importance of [client #1] taking responsibility for his health and making better choices." __2/27/14 "Not wearing CPAP as ordered - unable to give reason for non-compliance. Urinary incontinence has improved. No bed wetting incidents currently.... +2 pitting (a depression left in the skin when pressed) edema BLE Lymphedema - Venous stasis.... We discussed [client #1's] non-compliance with MD orders. [Client #1] stated he was upset with himself for not making better choices to improve his health. [Client #1] legs have +2 pitting edema and scabs from the edema. Discussed increased risk of infection related to the increased swelling and skin tears. [Client #1] agreed to wear compression stockings and went to his room for writer to put them on him now. This was [client #1's] choice. He was not pressured to put on the stockings. We also discussed CPAP machine and importance of compliance. Explained benefits of getting a good nights rest and how it will improve his daily functioning. [Client #1] admits to feeling depressed. He wants to live on own and near his family. Discussed importance of showing responsibility by taking care of health care needs. [Client #1] states he will try to 'do better." __3/21/14 "Not wearing CPAP machine as ordered.... Lymphedema BLE - refuses			

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	compression stockings as ordered, +2 pitting.... [Client #1] remains non-compliant with compression stockings and CPAP at night. [Client #1] apologized for this but continues to make the choice to not comply. [Client #1] does not give reason for his non-compliance. States his sister said he didn't have to. We again discussed risks of possible complications that can arise and [client #1] voiced understanding of this. [Client #1] has extreme edema in BLE, +2 pitting. [Client #1] c/o (complained of) 'itchy' skin on legs. Encouraged [client #1] to keep skin moistened. [Client #1] has a recent fall - bruise on right shoulder blade in front. Discussed being safe and taking extra precautions when walking around." Client #1's Risk Plan for Lymphedema of 2/6/14 indicated "Lymphedema refers to swelling that generally occurs in one of your arms or legs. Although Lymphedema tend to affect just one arm or leg, sometimes both arms or both legs may be swollen. Lymphedema symptoms include: Swelling of part of your arm or leg or your entire arm or leg.... A feeling of heaviness or tightness in your arm or leg, Restricted range of motion in your arm or leg. Recurring infections in your affected limb, Hardening and thickening of the skin on your arm or leg.			

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	Lymphedema occurs when your lymph vessels are unable to adequately drain lymph fluid, usually from an arm or leg. Lymphedema in your arm or leg can lead to serious complications, such as: Infections Lymphangiosarcoma (a malignant tumor).... Treatment focuses on reducing the swelling and controlling the pain.... [Client #1] is to wear compression stockings daily as maintenance. [Client #1] also follows up with routine MD visits to evaluate and treat as needed." The Risk Plan did not indicate how the staff were to monitor client #1's legs for edema/swelling and/or infection or how the staff were to assist the client in the care of his feet and legs. Review of client #1's February, March and April 2014 MARs (Medication Administration Records) indicated: __Client #1 refused his CPAP machine every night in February, March and April 2014. __Client #1 refused to wear his compression stockings all of February, March and April 2014 except for one day, February 27, 2014. __Client #1's MARs indicated client #1 had an order for Ibuprofen and Acetaminophen PRN (as needed) for pain. Client #1's MARs indicated client #1 did not receive any medication for pain.			

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	Client #1's IPOP (Individual Plan of Protective Oversight) dated 9/23/13 indicated client #1 was on 15 minute checks "due to a diagnosis of depression and to ensure that he is wearing his c-pap machine at night." Review of client #1's 15 minute check records for April, 2014 indicated the checks were not being documented on a regular basis by the staff. Client #1's record did not indicate staff documentation of why client #1 was refusing the CPAP and the compression stockings, what methods were tried to get client #1 to wear the stockings/the CPAP, who was notified in regard to the refusals or if client #1 was prompted at a later time throughout the day to comply with wearing the compression stockings or later in the night to wear the CPAP. Client #1's record indicated no documentation of pain assessments in regard to the Lymphedema. Client #1's record did not indicate the staff monitored client #1's legs in regard to the Lymphedema. During interview with client #1 on 4/30/14 at 11:05 AM, client #1 stated he didn't like to wear the compression stockings because they were "too tight." Client #1 did not give a reason for not			

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	wearing the CPAP and stated, "I know I should. I will tonight." Interview with staff #1 on 4/30/14 at 8:30 AM indicated the staff did not measure and/or monitor client #1's legs for swelling. Staff #1 stated, "We're supposed to do a skin assessment every night just to see if he has any injuries." During interview with the RM on 4/30/14 at 9 AM, the RM stated client #1 had refused to wear his CPAP machine at night and his compression stockings during the day "for months." When asked what the staff were to do when client #1 refused his CPAP and stockings, the RM stated, "There's not much we can do. He just won't wear them." During telephone interview with the facility RN on 5/5/14 at 3:30 PM the RN indicated client #1 had a history of refusing to wear his CPAP machine at night and of refusal to wear his compression stockings during the day. When asked what the staff were to do when client #1 refused, the RN stated, "The staff should encourage him (client #1) to be compliant." The RN indicated the staff then were to document the refusal in the client's MAR. The RN indicated the staff were to document a reason for refusal and what was			

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	attempted to try to get client #1 to comply. The RN indicated the staff did not document why client #1 was refusing and/or what was tried to get the client to comply or if the staff had tried later in the day to get the client to conform. The RN indicated client #1 had a risk plan for Lymphedema. The RN indicated the plan did not include what the staff were to do when client #1 was non compliant with wearing his compression stockings, how the staff were to monitor and care for client #1's legs in regard to the Lymphedema (swelling/redness/dry skin/pain) or when the staff were to notify nursing in regard to client #1's Lymphedema. The RN indicated the staff did not conduct regular pain assessments in regard to client #1's Lymphedema. The RN indicated client #1 did not have a risk plan/ health care plan in regard to the sleep apnea. The RN stated no IDT (Interdisciplinary Team) meetings in regard to client #1's refusals to comply with medical treatment had been conducted "to my knowledge." 3. Observations were conducted at the group home on 4/28/14 between 4 PM and 6:30 PM and on 4/30/14 between 5:30 AM and 8:30 AM. During both observation periods: __Client #1 required prompting and			

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	direction from staff to complete his ADLS (Adult Daily Living Skills) and participate in leisure activities. __Client #2 walked with a curved forward lean with a wheeled walker and an unsteady gait. Client #2 would occasionally yell out but was otherwise non-verbal. Client #2 bit his right wrist frequently during both observations, required staff redirection, verbal and physical prompting for ADLS and to participate in a leisure activity. Client #2 required 1:1 (one staff to one client) staff assistance while eating his meals. __Client #3 used a tilt in space wheel chair with head and foot rests and a Hoyer lift to get in and out of bed. Client #3 required 1:1 staff supervision while eating and staff assistance to meet all of his basic needs. __Client #4 required prompting and direction from staff to complete his ADLS (Adult Daily Living Skills) and leisure skills. __Client #5 required redirection from staff to complete some of her ADLS (Adult Daily Living Skills). __Client #6 was non verbal and required staff direction and supervision throughout both observation periods. Client #6 walked from the living room to the dining room, wringing her hands, was non verbal and would stand for short periods, not involved in activity. Client #6			

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	required staff redirection and assistance to meet all of her basic daily needs. __Client #7 wore a gait belt during both observations and ambulated with 1:1 staff assistance. Client #7 walked with an unsteady gait and would yell to get the staff's attention when she wanted to go from room to room or to the bathroom. Client #7 required staff assistance and supervision to meet all of her basic needs. __Client #8 walked independently with a walker, was non verbal and was deaf. Client #8 stayed in the bathroom during the AM and PM observation period for long periods of time. __The staff frequently redirected clients #2, #4, #6 and #7 to stay out of arms reach of client #8 due to aggressive behaviors. During the AM observation period, client #8 hit this surveyor in the abdomen. __A twin size mattress with sheets on it, blankets and pillows were on the living room floor. During the evening observation period there were three staff in the home. At the beginning of the observation period, staff #1 began giving showers/baths, staff #2 began the evening meal and the RM (Residential Manager) began the evening medications. __At 4:05 PM client #8 was sitting at the dining room table eating a snack. Client			

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	#6 walked from the living room and stood beside client #8 at the dining room table. Staff #2 stated, "[Client #6] don't go so close to [client #8], you know she'll smack you." Client #4 was standing in the dining room and stated, "Yeah, she does it all the time. She's hit me. I don't think she means to, but we have to stay away from her." __At 4:10 PM staff #2 was asked why there was a mattress on the living room floor. Staff #2 stated "He (client #3) has this area on his right ankle from a pressure sore. We couldn't get it to heal and he finally had to have surgery on and it. Then, because we had him tilted back so much in his chair trying to get his foot to heal up he got a sore on his bottom." Staff #2 indicated the twin mattress on the living room floor was used for client #3 to lay on. Staff #2 stated in order to be able to get client #3 off of his buttocks, the staff utilized a twin mattress on the floor in the living room which also enabled the staff to monitor client #3 easier when there were "only two of us (staff) in the house." __At 4:15 PM staff #1 stated, "The company is short staffed right now, I'm doing a double shift. There is usually four (staff) in the evening." __At 4:20 PM client #1 was standing in the dining room talking to the RM. Client #1 stated, "I wish I could go to church."			

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	The RM stated, "If they tell me it's ok I'll take you but until then I'm sorry." __At 4:30 PM staff #2 walked with client #7 to sit down in the activity room and prompted client #2 to work on a puzzle while the staff began the evening meal. Staff #2 wheeled client #3 to the dining room table. __At 4:40 PM client #7 yelled out, "I want up now." Staff #2 left the kitchen and walked with client #7 to the dining room. Staff #2 directed client #2 to sit down at the dining room table and said, "You want to come sit at the table while I get dinner ready? Here, sit here so I can keep an eye on you." __At 4:45 PM client #2 came out of the bathroom and walked to the dining room. Client #2 stood near the dining room table while biting his right wrist. Staff #2 looked up at client #2 from across the room and stated, "Please don't do that." Staff #2 then turned away from client #2 and continued with the meal preparation. Client #2 walked to his bedroom and lay down in his bed. Client #2 continued to bite on his wrist. Client #4 stated, "He always does that." The RM walked by client #3 and asked client #3, "Do you need changed?" Client #3 shook his head no and the RM returned to the medication room. __At 5:07 PM client #6 came out of the shower with staff #1. Staff #1 stated, "I			

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	still have to shower [client #3] and [client #7]." During the AM observation the following was observed: __At 5:45 AM upon entering the home there were eight clients and two staff. Staff #1 was sitting in the living room, one shoe on, one shoe off, the television on and no clients in the living room with him. Staff #2 was slow to get up and stated "Yeah, I'm really tired." Staff #2 indicated he had worked a double shift. Staff #2 was in the bedroom with another client. Client #5 was alone in the dining room. Client #5 gathered the lunch boxes from the dining room table and took them outside and put them on the facility van. Client #5 stated she had prepared all of the clients' lunch boxes that morning. When asked why she did it and not the staff, client #5 stated, "They're busy." While client #5 was outside putting the lunch boxes on the facility van, the RM arrived at the group home. __Client #8 stayed in the bathroom from 6:30 AM until 7:15 AM unsupervised. __At 6:30 AM clients #1, #2, #3, #4, #5, #6 and #7 were sitting at the dining room table for their AM meal. At 6:38 AM while staff #1 fed client #2, staff #3 fed client #6 and the RM fed client #3, client #7 got up from the table. The RM stated, "Where are you going? You know you			

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	have to have someone with you while you are up walking." Staff #1 stopped feeding client #2 and walked with client #7 to the bathroom near the dining room table. Client #7 went into the bathroom, turned around and closed the door. At 6:45 AM client #7 opened the bathroom door while sitting on the toilet and called for the staff to come and get her. The RM stopped feeding client #3 to go help client #7 get up from the toilet and to walk her back to the table. Client #3 stated, "Help me." Review of the April 2014 15 minute check records for April on 4/30/14 at 8:45 AM with staff #1 indicated clients #1, #2, #3, #4, #7 and #8 were on 15 minute supervision/precautions. The records indicated the 15 minute checks were not being documented on a regular basis by the staff. Staff #1 stated, "Yeah, It's kind of hard to keep track of with so many of them (the clients) on 15 minute checks." Staff #1 indicated six of the eight clients were on 15 minute checks. When asked why the clients were on 15 minute checks, staff #1 stated, "I think" clients #3, #7 and #8 were on 15 minute checks because of seizures, client #4 was on 15 minute checks because of AWOL (Absent Without Leave) behaviors and client #1 was on 15 minute checks because of his blood pressure.			

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	Review of the staffing schedules for March and April on 4/30/14 at 9 AM indicated two staff on the evening shift for most of March and April. The schedules indicated no night shift staff scheduled for the night shift for 4/8/14 and one staff for night shift on April 1, 2, 5, 6, 8, 11, 12 and 15, 2014. Interview with client #1 on 4/28/14 at 5 PM indicated he had moved into his current group home in September 2013. Client #1 indicated he had not gone to church since he moved into the group home and would like to go. Client #1 stated he had asked the staff "several times cause I like going to church" but was always told no because the home did not have sufficient numbers of staff to take him. Interview with staff #3 on 4/30/14 at 8:30 AM indicated the facility was short staffed and was trying to hire. Staff #3 stated, "We do the best we can with what we have." Interview with staff #1 on 4/30/14 at 8:45 AM indicated clients #1, #2, #3, #4, #5, #6, #7 and #8 were on 15 minute checks. Staff #1 stated clients #2, #3, #7 and #8 were on 15 minute checks because of seizures, client #4 because of AWOL (Absent Without Leave) behaviors and			

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	client #1 because of his blood pressure "I think." Staff #1 indicated the group home was short staffed and he had been working a lot of hours. Staff #1 indicated he normally worked the night shift. Interview with the RM on 4/30/14 at 9 AM indicated the group home was currently short staffed. The RM indicated normal staffing for the evening shift was three to four staff not counting herself. The RM indicated on Easter Sunday, because the assigned staff had called in and due to lack of staff, she worked by herself with all eight clients from 4 PM until 10 PM. The RM stated the managers were told "if you don't have the staff then we (the RMs) have to pick up the slack and work it ourselves." The RM stated it was "really hard and I did what I could." When asked how often the clients were taken on outings, the RM stated, "I try to get them out, but we just don't have the staff right now to take them out very often." When asked if the short staffing was the reason client #1 had not been able to go to church, the RM stated, "Yeah, we just don't have the people to take him." Interview with the PD (Program Director) on 4/30/14 at 1 PM stated she had been the PD for the group home for "a couple of weeks." The PD indicated with the			

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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
	recent change of ownership of the company there had been several staffing changes and some of the staff terminated their own employment. Telephone interview with the PD on 5/5/14 at 4 PM indicated the PD was aware the RM had worked alone on Easter Sunday. The PD stated, "But I don't think all the clients were in the home and if they were it was only for a couple of hours." When asked how many clients were gone on Easter Sunday, the PD stated "I don't know." 4. The facility's policy and procedures were reviewed on 4/29/14 at 11 AM. The facility's 12/12 policy and procedure entitled Quality and Risk Management indicated, "Indiana Mentor promotes a high quality of service and seeks to protect individuals receiving Indiana Mentor services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed. __Indiana Mentor follows the DDRS (Division of Disability and Rehabilitative Services) Incident Reporting. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS:			

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	1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to Adult Protective Services or Child Protective Services as applicable.... a. Physical abuse, including but not limited to (not all inclusive): i. intentionally touching another person in a rude, insolent or angry manner.... e. Failure to provide appropriate supervision, care or training.... g. Failure to provide food and medical services as needed.... 4. h. Injury to an individual when the origin or cause of the injury is unknown and the injury required medical evaluation or treatment.... __Activities initiated by Mentor that require mandated investigative components.... b. ...alleged abuse, neglect.... c. ...injuries of unknown origin...." 4.a. For 4 of 9 allegations of client to client abuse for clients #4, #5, #6 and #8, the facility failed to ensure all allegations of client to client abuse were reported immediately to the facility administrator and to the Bureau of Developmental Disabilities Services (BDDS) and to Adult Protective Services (APS) in accordance with state law. Please see W153.			

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	4.b. For 8 of 8 incidents of client to client abuse for clients #1, #4, #5, #6 and #8 and for 9 of 9 injuries of unknown origin for clients #3, #6, #7 and #8, the facility failed to ensure all allegations of client to client abuse and all injuries of unknown origin were thoroughly investigated. Please see W154. 4.c. For 9 of 9 investigations reviewed the facility failed to report the results of the investigations to the administrator within 5 working days from the date of allegation/incident for client #3, #4, #5, #6, #7 and #8. Please see W156. 9-3-2(a)			
W000153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview for 4 of 9 allegations of client to client abuse for clients #4, #5, #6 and #8, the facility failed to ensure all allegations of client to client abuse were reported immediately to the facility administrator and to the Bureau of Developmental Disabilities Services (BDDS) and to Adult Protective	W000153	**1. What corrective action will beaccomplished?**· All staffwill be retrained on protocol for reporting client abuse, neglect or injuriesof unknown origin.· Staff will notify Home Manager of any incidents.· Home Manager will notify Program Director of anyincidents.· Program	06/08/2014

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	Services (APS) in accordance with state law. Findings include: The facility's reportable records were reviewed on 4/29/14 at 11 AM. A 6/3/13 GER (General Events Report) indicated client #4 reported to the staff that client #8 hit him on the back "really hard while he was picking papers up off the van floor. Staff did not see the incident due to assisting other (sic) onto the van. [Client #4] is not a very reliable source. When he was checked, there were no marks on him." The GER indicated a BDDS report was filed. The PD did not provide a copy of the BDDS report for review. A 6/5/13 BDDS report indicated "[Client #5] told staff that she was hit by peer [client #8] on her arm and then she hit [client #8] on the arm back. Staff did not see the incident because [client #5] reported that it happened in her room. [Client #5] did not report this to anyone until 6/4/13 after another peer had been struck by the same peer." The BDDS report indicated APS was not notified of the peer to peer abuse. An 10/9/13 GER indicated while		Director/QIDP will report all incidents ofclient to client abuse or injuries of unknown origin will be reported to BDDS inthe required time frame. **2. How will we identify other residents havingthe potential to be affected by the same deficient practice and what correctiveaction will be taken?** · All residents have the potential to be affectedby the same deficient practice.· All staff will be retrained on protocol forreporting client abuse, neglect or injuries of unknown origin.· Staff will notify Home Manager of any incidents.· Home Manager will notify Program Director of anyincidents.· Program Director/QIDP will report all incidents ofclient to client abuse or injuries of unknown origin will be reported to BDDSand APS within the required time frame. **3. What measures will be put into place orwhat systemic changes will be made to ensure that the deficient practice doesnot recur:**· All staff will be retrained on protocol forreporting client abuse, neglect or injuries of unknown origin.· Staff will notify Home Manager of any incidents.· Home Manager will notify Program Director of anyincidents.· Program Director/QIDP will be re-trained regarding allallegations of mistreatment, neglect or abuse, as well as injuries of	

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	preparing for the evening meal client #4 was standing in front of the stove helping staff "when [client #8] came in behind him and just hit him in the back." The GER indicated client #4 experienced some reddening in the area that he was hit. The facility records did not indicate the allegation of client to client abuse for clients #4 and #8 was reported to BDDS or APS. A 11/18/13 GER report indicated while at the day service program "[Client #6] was sitting on the couch and a peer came over to her and pulled her by the hair to the floor so she would get off the couch. A number of hairs were (sic) pulled out during this incident." The facility records did not indicate the client to client abuse was reported to BDDS or APS. Interview with the PD (Program Director) on 4/29/14 at 11 AM indicated all allegations of neglect/abuse including client to client abuse, were to be reported to BDDS and to APS as indicated by state law. 9-3-2(a)		unknownsource, are reported immediately to the administrator or to other officials inaccordance with State law through established procedures. **4. How will the corrective action be monitoredto ensure the deficient practice will not recur?**· Staff will notify Home Manager of any incidents.· Home Manager will notify Program Director of anyincidents.· Program Director/QIDP will report all incidents ofclient to client abuse or injuries of unknown origin will be reported to BDDSand APS within the required time frame. · The area director will monitor BDDS reports and investigations via a tracking sheet that ensures timeliness. **5. What is the date by which the systemicchanges will be completed?**· June 8th, 2014	
W000154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all			

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	alleged violations are thoroughly investigated. Based on record review and interview for 8 of 8 incidents of client to client abuse for clients #1, #4, #5, #6 and #8 and for 9 of 9 injuries of unknown origin for clients #3, #6, #7 and #8, the facility failed to ensure all allegations of client to client abuse and all injuries of unknown origin were thoroughly investigated. Findings include: The facility's reportable and investigative records were reviewed on 4/29/14 at 11 AM. A 6/3/13 GER (General Events Report) indicated client #4 reported to the staff that client #8 hit him on the back "really hard while he was picking papers up off the van floor. Staff did not see the incident due to assisting other (sic) onto the van. (Client #4) is not a very reliable source. When he was checked, there were no marks on him." The GER indicated a BDDS report was filed and an investigation was conducted. The BDDS report and the investigation were not provided for review. The report indicated the investigation was concluded on 6/7/13. "At this point it was unclear if [client #8] did hit [client #4]. However, [client #8] did hit [client #4] again the	W000154	**1. What corrective action will beaccomplished?**· Program Director/QIDP will be trained by Area Director on completeing investigations in a timely manner. · Quality Assurance will be notified to determine who will do the investigations.· Area Director and Quality Assurance will use tracking sheet to monitor time frames on investigations. **2. How will we identify other residents havingthe potential to be affected by the same deficient practice and what correctiveaction will be taken?** · All residents have the potential to be affectedby the same deficient practice.· Program Director/QIDP will be trained by Area Director on completeing investigations in a timely manner. · Quality Assurance will be notified to determine who will do the investigations.· Area Director and Quality Assurance will use tracking sheet to monitor time frames on investigations. **3. What measures will be put into place orwhat systemic changes will be made to ensure that the deficient practice doesnot recur:**· Program Director/QIDP will be trained by Area Director on completeing investigations in a timely manner. · Quality Assurance will be notified to determine who will do the investigations.· Area Director and Quality Assurance will use	06/08/2014

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	following day and her behaviors have increased." The PD did not provide a copy of the investigation for the surveyor's review. The facility records indicated no investigative records of the client to client abuse reported on 6/3/13. A 6/5/13 BDDS report indicated "[Client #5] told staff that she was hit by peer [client #8] on her arm and then she hit [client #8] on the arm back. Staff did not see the incident because [client #5] reported that it happened in her room. [Client #5] did not report this to anyone until 6/4/13 after another peer had been struck by the same peer." The facility records indicated no investigation was conducted. A 6/29/13 BDDS report indicated on 6/28/13 at 8 PM "Staff observed [client #8] hit [client #5] in the stomach with her hand for no particular reason. There are no injuries.... [Client #8] has physical aggression in her plan and at times will hit people as a form of communication as [client #8] is deaf. Will monitor her behavior." The facility records indicated the peer to peer abuse was investigated. The facility records indicated an interview with client #5. The facility records indicated client #5's housemates were not interviewed. The facility records did not indicate a thorough investigation		tracking sheet to monitor time frames on investigations. **4. How will the corrective action be monitoredto ensure the deficient practice will not recur?**· Program Director/QIDP will be trained by Area Director on completeing investigations in a timely manner. · Quality Assurance will be notified to determine who will do the investigations.· Area Director and Quality Assurance will use tracking sheet to monitor time frames on investigations. Area Director and QA will meet quarterly to discuss investigations and deteremine needs for further training for QIDPs. **5. What is the date by which the systemicchanges will be completed?**· June 8th, 2014	

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	was conducted. A 7/10/13 GER indicated while the staff were changing client #3, the staff noted a small scratch on the right side of client #3's right foot. The facility records indicated an investigation was conducted in regard to the injury of unknown origin for client #3. The investigative records indicated no interviews of staff or clients from the workshop and/or interviews from client #3's housemates. The facility records did not indicate a thorough investigation was conducted. A 7/18/13 GER indicated while the staff were assisting client #7 with her AM hygiene, the staff noted "5 small, thin scratches, all measuring around 1.5 cm (centimeters) long on [client #7's] right chest, just above her breast." The facility records indicated an investigation was conducted in regard to the injury of unknown origin for client #7. The 7/2013 investigative summary indicated "Although staff did not see [client #7] scratch herself in this particular area; they did witness her scratching her back that same morning that the unknown scratches were discovered, therefore, it is probable that the unknown scratches came from [client #7] having dry skin and scratching herself to relieve the itching sensation. Staff was instructed to			

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	apply lotion anytime that it appears [client #7] might have dry skin." The investigative records indicated no interviews of staff or clients from the workshop and/or interviews from client #7's housemates. The facility records did not indicate a thorough investigation was conducted. A 7/26/13 BDDS report indicated "Site manager called this RC (Residential Coordinator) and informed RC that during [client #3's] shower staff discovered a large (half dollar sized bruise on the bottom of his (client #3's) left elbow." The report indicated client #3 reported "he hit his elbow on the doorway today at workshop. [Client #3] also stated that it did not hurt him, he is okay." The facility records indicated no investigation was conducted in regard to client #3's injury. An 8/2/13 GER report indicated client #3 had a "very small scratch above the left ankle." The GER did not indicate the injury was witnessed or how the client was injured. The facility records indicated no investigation was conducted. An 8/22/13 GER report indicated the staff were getting client #6 ready for the day when the staff noted a "small size bruise on the outer left thigh, green in			

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	color." The GER did not indicate the injury was witnessed or how the client was injured. The facility records indicated no investigation was conducted. An 8/29/13 GER report indicated the staff were getting client #6 ready for the day when the staff noted two "black" bruises on client #6's left calf by the bend of her knee, one dime sized bruise on the left upper thigh also "black" in color and one nickel sized bruise on the "upper left thigh/hip" green in color. The facility records indicated an investigation was conducted. The records indicated no day service interviews and/or interviews with client #6's housemates. The facility records did not indicate a thorough investigation was conducted. An 8/31/13 BDDS report indicated client #8 hit client #5 on the arm while on the facility van. The GER dated 8/30/13 indicated client #5 had a small red mark on her arm from client #8 hitting her. The facility records indicated no investigation was conducted. An 10/8/13 BDDS report indicated the day service staff discovered a bruise that was "two inches long by 1 inch wide on the side of [client #8's] right elbow. It was unknown at the time how [client #8] got the bruise." The facility records			

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	indicated an investigation was conducted. The records indicated no day service interviews and/or interviews with client #8's housemates. The facility records did not indicate a thorough investigation was conducted. An 10/9/13 GER report indicated while preparing for the evening meal client #4 was standing in front of the stove helping staff "when [client #8] came in behind him and just hit in the back." The GER indicated client #4 experienced some reddening in the area that he was hit. The facility records indicated an investigation was conducted. The investigative records indicated no client interviews. The facility records did not indicate a thorough investigation was conducted. A 11/13/13 GER report indicated the staff noted "a sore on the left side of his [client #3's] left middle finger. It appears that it is from SIB (Self Injurious Behaviors)." The facility records indicated an investigation was conducted. The records indicated no interviews with client #3's housemates. The facility records did not indicate a thorough investigation was conducted. A 11/18/13 GER report indicated while at the day service program "[Client #6] was sitting on the couch and a peer came			

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	over to her and pulled her by the hair to the floor, so she would get off the couch. A number of hairs were (sic) pulled out during this incident." The facility records indicated a 5 question questionnaire was given to 2 staff at the day services. The facility records indicated no interviews. A 1/13/14 BDDS report indicated " [Client #4] was walking by [client #8] in the hallway when she reached up and smacked him with her left hand catching [client #4] on his left side. Staff report the smack appeared to be unprovoked and for no apparent reason.... [Client #8] had some redness on her palm of her hand but she did not appear to be in any pain...." The facility records indicated no investigation was conducted. A 3/12/14 GER report indicated the staff discovered 1.5 cm "multi-colored bruise" on client #6's left thigh. The report indicated the cause of injury to be "Bumped into." The facility records indicated no investigation was conducted. A 4/7/14 BDDS report indicated on 4/6/14 "[Client #1] was in his bedroom with his roommate [client #4]. [Client #4] opened the bedroom window which is on [client #1's] side of the room. [Client #1] lunged at [client #4] and [client #4] pushed [client #1] down and			

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	[client #1] said he hurt his left ear. No injuries. No treatment necessary at this time.... HM (House Manager) directed staff to keep the two individuals apart from each other for the rest of the day." The facility records indicated no investigation was conducted. Interview with the PD (Program Director) on 4/29/14 at 11 AM indicated all injuries of unknown origin and allegations of abuse, including client to client abuse, were to be investigated. 9-3-2(a)			
W000156	483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 9 of 9 investigations reviewed, the facility failed to report the results of the investigations to the administrator within 5 working days from the date of allegation/incident for clients #3, #4, #5, #6, #7 and #8. Findings include:	W000156	**1. What corrective action will beaccomplished?**· All staffwill be retrained on protocol for reporting client abuse, neglect or injuriesof unknown origin.· Staff will notify Home Manager of any incidents.· Home Manager will notify Program Director of anyincidents.· Program Director/QIDP will report all incidents ofclient to client abuse or injuries of unknown origin will	06/08/2014

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	The facility's reportable and investigative records were reviewed on 4/29/14 at 11 AM. A 6/3/13 GER (General Events Report) indicated client #4 reported to the staff that client #8 hit him on the back "really hard while he was picking papers up off the van floor. Staff did not see the incident due to assisting other (sic) onto the van. (Client #4) is not a very reliable source. When he was checked, there were no marks on him. The GER indicated a BDDS report was filed and an investigation was conducted. The BDDS report and the investigation were not provided for review. The report indicated the investigation was concluded on 6/7/13. "At this point it was unclear if [client #8] did hit [client #4]. However, [client #8] did hit [client #4] again the following day and her behaviors have increased." The GER did not indicate the administrator was notified of the investigative results. __ The facility records did not indicate the administrator was notified of the investigative results within 5 working days from the date of knowledge of the allegation of the peer to peer abuse. A 6/29/13 BDDS report indicated on 6/28/13 at 8 PM "Staff observed [client #8] hit [client #5] in the stomach with her		be reported to BDDSand APS within the required time frame.· Program Director/QIDP will investigate any injuriesof unknown origin and report findings, per policy and state law. **2. How will we identify other residents havingthe potential to be affected by the same deficient practice and what correctiveaction will be taken?** · All residents have the potential to be affectedby the same deficient practice.· All staff will be retrained on protocol forreporting client abuse, neglect or injuries of unknown origin.· Staff will notify Home Manager of any incidents.· Home Manager will notify Program Director/QIDP of anyincidents.· Program Director/QIDP will report all incidents of client to client abuse or injuries of unknown origin will be reported to BDDSand APS within the required time frame.· Program Director/QIDP will investigate any injuriesof unknown origin and report findings, per policy and state law. **3. What measures will be put into place orwhat systemic changes will be made to ensure that the deficient practice doesnot recur:**· All staff will be retrained on protocol forreporting client abuse, neglect or injuries of unknown origin.· Staff will notify Home Manager of any incidents.· Home Manager will notify Program	

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	hand for no particular reason. There are no injuries.... [Client #8] has physical aggression in her plan and at times will hit people as a form of communication as [client #8] is deaf. Will monitor her behavior." The facility records indicated the peer to peer abuse was investigated. __The investigative records did not indicate the administrator was notified of the results of the investigation within 5 working days from the date of knowledge of the allegation of the peer to peer abuse. A 7/10/13 GER indicated while the staff were changing client #3, the staff noted a small scratch on the right side of client #3's right foot. The facility records indicated an investigation was conducted in regard to the injury of unknown origin for client #3. __The investigative records did not indicate the administrator was notified of the investigative results within 5 working days from the date of knowledge of injury of unknown origin. A 7/18/13 GER indicated while the staff were assisting client #7 with her AM hygiene, the staff noted "5 small, thin scratches, all measuring around 1.5 cm (centimeters) long on [client #7's] right chest, just above her breast." The facility records indicated an investigation was conducted in regard to the injury of		Director/QIDP of anyincidents.· Program Director/QIDP will be re-trained on reportall incidents of client to client abuse or injuries of unknown origin will bereported to BDDS and APS within the required time frame.· Area director will monitor BDDS reports and investigations with a tracking sheet to ensure the administrator is notified and a thorough investigation is completed. · Quality Assurance Specialist will communicate recommendations of investigations via email. **4. How will the corrective action be monitoredto ensure the deficient practice will not recur?**· Staff will notify Home Manager of any incidents.· Home Manager will notify Program Director of anyincidents.· Program Director/QIDP will be re-trained on reportall incidents of client to client abuse or injuries of unknown origin will bereported to BDDS and APS within the required time frame.· Area director will monitor BDDS reports and investigations with a tracking sheet to ensure the administrator is notified and a thorough investigation is completed. · Quality Assurance Specialist will communicate recommendations of investigations via email.**5. What is the date by which the systemicchanges will be**	

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	unknown origin for client #7. The 7/2013 investigative summary indicated "Although staff did not see [client #7] scratch herself in this particular area; they did witness her scratching her back that same morning that the unknown scratches were discovered, therefore, it is probable that the unknown scratches came from [client #7] having dry skin and scratching herself to relieve the itching sensation. Staff was instructed to apply lotion anytime that it appears [client #7] might have dry skin." __The investigative records did not indicate the administrator was notified of the investigative results within 5 working days from the date of discovery of the injury of unknown origin. An 8/29/13 GER report indicated the staff were getting client #6 ready for the day when the staff noted two "black" bruises on client #6's left calf by the bend of her knee, one dime sized bruise on the left upper thigh also "black" in color and one nickel sized bruise on the "upper left thigh/hip" green in color. The facility records indicated an investigation was conducted. __The investigative records did not indicate the administrator was notified of the investigative results within 5 working days from the date of discovery of the injury of unknown origin.		**completed?**· June 8th, 2014	

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	An 10/8/13 BDDS report indicated the day program staff discovered a bruise that was "two inches long by 1 inch wide on the side of [client #8's] right elbow. It was unknown at the time how [client #8] got the bruise." The facility records indicated an investigation was conducted. __The investigative records did not indicate the administrator was notified of the investigative results within 5 working days from the date of discovery of the unknown injury of the injury of unknown origin. An 10/9/13 GER report indicated while preparing for the evening meal client #4 was standing in front of the stove helping staff "when [client #8] came in behind him and just hit in the back." The GER indicated client #4 experienced some reddening in the area that he was hit. The facility records indicated an investigation was conducted. __The investigative records did not indicate the administrator was notified of the investigative results within 5 working days from the date of knowledge of the allegation of the peer to peer abuse. A 11/13/13 GER report indicated the staff noted "a sore on the left side of his [client #3's] left middle finger. It appears that it is from SIB (Self Injurious			

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	Behaviors)." The facility records indicated an investigation was conducted. __The investigative records did not indicate the administrator was notified of the investigative results within 5 working days from the date of discovery of the injury of unknown origin. A 11/18/13 GER report indicated while at the day service program "[Client #6] was sitting on the couch and a peer came over to her and pulled her by the hair to the floor, so she would get off the couch. A number of hairs were (sic) pulled out during this incident." The facility records indicated an investigation was conducted. __The investigative records did not indicate the administrator was notified of the investigative results within 5 working days from the date of knowledge of the allegation of the peer to peer abuse. Interview with the PD (Program Director) on 4/29/14 at 11 AM indicated the administrator was to be notified of all investigative results within 5 working days from the date of knowledge of incident. 9-3-2(a)			
W000158	483.430 FACILITY STAFFING			

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	The facility must ensure that specific facility staffing requirements are met. Based on observations, record review and interview, the facility failed to meet the Condition of Participation: Facility Staffing due to the lack of sufficient staff and staff training that affected 4 of 4 sampled clients (#1, #2, #3 and #4) plus 4 additional clients (#5, #6, #7 and #8). Findings include: 1. The facility failed to ensure the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored the clients' care. __The PD failed to ensure client #1's, #2's, #3's and #4's objectives were monitored and documented by the staff and monthly program reviews were conducted by the PD. The PD failed to ensure client #4 was not restricted from the kitchen in the group home, all chemicals were locked for clients #2 and #6, clients #1, #2, #3 and #4 were provided the opportunity to go on community outings and sufficient numbers of direct care staff were provided to supervise and care for the clients throughout the day to meet client #1's, #2,'s, #3's, #4's, #5's, #6's, #7's and #8's needs. __The PD failed to ensure the staff	W000158	**1. What corrective action will be accomplished?** · Adequate staff will be hired, trained and maintained to meet clients' needs in the home. · Area and Program Director/QIDP will reassess staffing needs in the home on a bi-monthly basis and work to hire and maintain adequate staff. · Two shifts were added to the home staffing pattern. **2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All residents have the potential to be affected by the same deficient practice · Adequate staff will be hired, trained and maintained to meet clients' needs in the home. · Area and Program Director/QIDP will reassess staffing needs in the home on a bi-monthly basis and work to hire and maintain adequate staff. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · More staffing hours have been added to the home. · Home manager and program director/QIDP are working to hire and train additional staff **4. How will the corrective action be monitored to ensure the deficient practice will not recur?** · Adequate staff	06/08/2014

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	provided client #1 with his specified diet, the staff followed client #1's and #4's dietary plans, clients #1, #2, #3, #4, #5, #6, #7 and #8 packed their own lunch boxes and client #3 was provided privacy while taking his medications. __The PD failed to ensure client #2's legal representative was involved in the client's program planning, the staff implemented the clients' objectives as indicated in the program plans for clients #1, #2, #3 and #4, client #1's use of Cymbalta (for depression) was included in the client's Behavior Support Plan (BSP) and client #1's medication goal reflected the medication he was taking. __The PD failed to ensure client #1's refusals of medical care were addressed, client #3's motor skills were reassessed, client #8's skin picking was addressed, identified training objectives were addressed for clients #1, #2 and #3 and clients #1, #2, #3, #4 and #8 were provided their adaptive equipment and clients #1 and #4 were provided training to learn how to use/care for their adaptive equipment. __The PD failed to ensure all allegations of client to client abuse were reported immediately to the facility administrator and to the Bureau of Developmental Disabilities Services (BDDS) and to Adult Protective Services (APS) in accordance with state law for clients #4,		will be hired, trained and maintained to meet clients' needs in the home. · The home manager will be re-trained on provided adequate staffing in the home. · The program manager/QIDP will monitor staff schedules bi-monthly to ensure adequate staff are in the home. **5. What is the date by which the systemic changes will be completed?** · June 8th, 2014	

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	#5, #6 and #8, to ensure all allegations of client to client abuse and all injuries of unknown origin were thoroughly investigated for clients #3, #6, #7 and #8 and to ensure all investigations were reported to the administrator within 5 working days from the date of knowledge of the incident/allegation for clients #3, #4, #5, #6, #7 and #8. The PD failed to report to the Bureau of Developmental Disabilities Services (BDDS) regarding an incident requiring client #3 to be taken to an immediate care facility for medical assistance, to provide follow up reports every seven days in regard to client #3's pressure wounds. Please see W159. 2. The facility failed to ensure adequate staffing levels were provided in the group home to supervise and care for the clients throughout the day for clients #1, #2, #3, #4, #5, #6, #7 and #8. Please see W186. 9-3-3(a)			
W000159	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 4 of 4 sample clients (#1, #2, #3 and #4) and 4 additional	W000159	Each client's active treatment program must be integrated, coordinated and monitored by a	06/08/2014

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	clients (#5, #6, #7 and #8), the facility failed to ensure the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored the clients' care. __The PD failed to ensure client #1's, #2's, #3's and #4's objectives were monitored and documented by the staff and monthly program reviews were conducted by the PD. The PD failed to ensure client #4 was not restricted from the kitchen in the group home, all chemicals were locked for clients #2 and #6, clients #1, #2, #3 and #4 were provided the opportunity to go on community outings and sufficient numbers of direct care staff were provided to supervise and care for the clients throughout the day to meet client #1's, #2,'s, #3's, #4's, #5's, #6's, #7's and #8's needs. __The PD failed to ensure the staff provided client #1 with his specified diet, the staff followed client #1's and #4's dietary plans, clients #1, #2, #3, #4, #5, #6, #7 and #8 packed their own lunch boxes and client #3 was provided privacy while taking his medications. __The PD failed to ensure client #2's legal representative was involved in the client's program planning, the staff implemented the clients' objectives as indicated in the program plans for clients		qualified mental retardation professional. **1. What corrective action will be accomplished?** · Program Director/QIDP will be retrained on integrating, coordinating and monitoring all active treatment plans monthly. · Program Director/QIDP will monitor/revise goals on a monthly basis via Therap. **2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All residents have the potential to be affected by the same deficient practice · Program Director/QIDP will be retrained on integrating, coordinating and monitoring all active treatment plans monthly. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Program Director/QIDP will be retrained on integrating, coordinating and monitoring all active treatment plans monthly. · Program Director/QIDP will monitor/revise goals on a monthly basis via Therap. **4. How will the corrective action be monitored to ensure the deficient practice will not recur?** · Program Director/QIDP will be retrained on integrating, coordinating and monitoring all active treatment plans monthly.	

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	#1, #2, #3 and #4, client #1's use of Cymbalta (for depression) was included in the client's Behavior Support Plan (BSP) and client #1's medication goal reflected the medication he was taking. __The PD failed to ensure client #1's refusals of medical care were addressed, client #3's motor skills were reassessed, client #8's skin picking was addressed, identified training objectives were addressed for clients #1, #2 and #3 and clients #1, #2, #3, #4 and #8 were provided their adaptive equipment and clients #1 and #4 were provided training to learn how to use/care for their adaptive equipment. __The PD failed to ensure all allegations of client to client abuse were reported immediately to the facility administrator and to the Bureau of Developmental Disabilities Services (BDDS) and to Adult Protective Services (APS) in accordance with state law for clients #4, #5, #6 and #8, to ensure all allegations of client to client abuse and all injuries of unknown origin were thoroughly investigated for clients #3, #6, #7 and #8 and to ensure all investigations were reported to the administrator within 5 working days from the date of knowledge of the incident/allegation for clients #3, #4, #5, #6, #7 and #8. The PD failed to report to the Bureau of Developmental Disabilities Services (BDDS) regarding		The area director will monitor goals reports monthly via Therap to ensure they are being revised/reviewed appropriately. **5. What is the date by which the systemic changes will be completed?** · June 8th, 2014	

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	an incident requiring client #3 to be taken to an immediate care facility for medical assistance, to provide follow up reports every seven days in regard to client #3's pressure wounds. Findings include: 1. Observations were conducted at the group home on 4/28/14 between 4 PM and 6:30 PM and on 4/30/14 between 5:30 AM and 8:30 AM. During both observation periods the cleaning liquids and supplies were locked in a closet near the kitchen. There were unlocked drawers beneath the medication counter in the medication room. The medication room remained open and unlocked throughout both observation periods and clients #2 and #7 went in and out of the medication room at will. In one of the unlocked drawers below the medication counter were a 32 ounce bottle of Isopropyl Alcohol and a 32 ounce bottle of Hydrogen Peroxide. Both bottles were full and neither bottle was secured/locked. Interview with the RM (Residential Manager) on 4/28/14 at 9 AM stated all hazmats (hazardous materials), chemicals and unsafe liquids were secured and locked in the hall closet near the kitchen because clients #2 and #6 would ingest			

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	"anything liquid." When asked if the Isopropyl Alcohol and the Hydrogen Peroxide were to be secured, the RM stated, "Yes, those need to be locked up. If [client #2] or [client #6] got hold of them, they would drink them thinking they were something else." Telephone interview with the PD (Program Director) on 5/5/14 at 4 PM indicated all hazmats, chemicals and unsafe liquids were to be secured in the home due to a "safety issue because of [clients #2 and #6]." The PD indicated the Isopropyl Alcohol and the Hydrogen Peroxide were to be secured. 2. Client #1's record was reviewed on 4/30/14 at 2 PM. Client #1's ISP (Individual Support Plan) dated 9/1/13 indicated client #1 had the following objectives: To wear his CPAP (Continuous Positive Airway Pressure) machine at night. · To independently comply with his supervision levels. · To understand boundaries with female peers. · Will independently use his key to access the hazmats. · To independently pack his own lunch. · To independently exercise by walking 20 min. a day. · To independently operate the			

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	dishwasher. · To independently pay for a meal at a restaurant. · To identify his Lexapro (antidepressant). · To independently follow his diet. Client #1's record indicated the PD had not reviewed client #1's objectives from December 2013 through February 2014. Client #2's record was reviewed on 4/30/14 at 4 PM. Client #2's ISP dated 1/21/14 indicated client #2 had the following objectives: · To gather his pill crusher and his water for his medications. · To be able to identify a quarter from a group of objects. · To open his mouth and practice for his dental procedure. · To independently take small bites while eating. · To regulate the water temperature with staff assistance. · To independently sit on the toilet. · To use his picture board to signify he wants to go outside. · To independently pack his lunch for workshop. · To independently wipe self after defecating. · To independently dress self each morning. · To bathe daily with staff assistance.			

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	· To independently care for his hair. · To complete personal hygiene with staff assistance. · To independently pass food family style. · To prepare a meal with staff assistance. · To independently brush his teeth. · To choose a healthy snack. · To independently choose a leisure skill to participate in. Client #2's record indicated the PD had not reviewed client #2's objectives from December 2013 through February 2014. Client #3's record was reviewed on 4/30/14 at 1 PM. Client #3's ISP dated 5/23/13 indicated client #3 had the following objectives: · To identify and state the value of a quarter. · To independently state ways he can cope when he is frustrated. · To wear his glasses for 30 minutes a day. · To state why he takes his Lamotrigine. · To regulate the water temperature with the staff. · To use a key to access hazmats. · To request an item to be passed at meal time. · To prepare and pack his lunch. Client #3's record indicated the PD had			

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	not reviewed client #3's objectives from December 2013 through February 2014. Client #4's record was reviewed on 4/30/14 at 3 PM. Client #4's ISP dated 7/2/13 indicated client #4 had the following objectives: · To independently say thank you when opportunity is provided. · To understand the importance of bathing. · To understand the reason he takes Acetaminophen. · To independently make change from a purchase. · To independently state the process for filing a complaint. · To identify abuse/neglect. · To regulate the water temperature. · To independently make appropriate food choices. · To independently follow family style dining. · To independently pack his lunch for work. · To independently access the hazmats. Client #4's record indicated the PD had not reviewed client #4's objectives from December 2013 through February 2014. Interview with the PD on 4/30/14 at 1 PM indicated the PD was to complete monthly reviews of each client's objectives and revise the objectives			

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	depending on each client's progress toward obtaining the objective. The PD indicated she was not able to locate monthly reviews for clients #1, #2, #3 and #4 for December 2013 through February 2014. The PD stated the PDs in the home had changed "several times " over the past year. 3. The PD failed to ensure client #4's rights in regard to restricting client #4 from the kitchen. Please see W125. 4. The PD failed to ensure client #3's privacy while taking his medications. Please see W130. 5. The PD failed to ensure clients #1, #2, #3 and #4 were provided the opportunity to participate in various social, religious, and community group activities in the community on a regular and ongoing basis. Please see W136. 6. The PD failed to ensure all allegations of client to client abuse were reported immediately to the facility administrator and to the Bureau of Developmental Disabilities Services (BDDS) and to Adult Protective Services (APS) in accordance with state law for clients #4, #5, #6 and #8, to ensure all allegations of client to client abuse and all injuries of unknown origin were thoroughly			

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	investigated for clients #3, #6, #7 and #8 and to ensure all investigations were reported to the administrator within 5 working days from the date of knowledge of the incident/allegation for clients #3, #4, #5, #6, #7 and #8. Please see W149. 7. The PD failed to ensure all allegations of client to client abuse were reported immediately to the facility administrator and to the Bureau of Developmental Disabilities Services (BDDS) and to Adult Protective Services (APS) in accordance with state law for clients #4, #5, #6 and #8. Please see W153. 8. The PD failed to ensure all client to client abuse for clients #1, #4, #5, #6 and #8 and all injuries of unknown origin for clients #3, #6, #7 and #8 were thoroughly investigated. Please see W154. 9. The PD failed to ensure the results of all investigations were reported to the administrator within 5 working days from the date of knowledge of the incident/allegation for clients #3, #4, #5, #6, #7 and #8. Please see W156. 10. The PD failed to ensure sufficient numbers of direct care staff to supervise and care for the clients throughout the day to meet client #1's, #2's, #3's, #4's, #5's, #6's, #7's and #8's needs. Please see			

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	W186. 11. The PD failed to provide evidence of written signature from client #2's legal representative to ensure the representative reviewed and participated in the Interdisciplinary Team process and development of the client's ISP (Individual Support Plan). Please see W209. 12. The PD failed to ensure the IDT (Interdisciplinary Team) assessed/reassessed client #1's refusals to wear his CPAP (Continuous Positive Airway Pressure) machine for sleep apnea and to wear his compression stockings for Lymphedema (a blockage in the lymphatic system causing swelling) of the legs and to ensure client #3's fine and gross motor skills were reassessed by PT/OT (Physical Therapy/Occupational Therapy). Please see W210. 13. The PD failed to ensure client #8's BSP (Behavior Support Plan) addressed client #8's identified behavior of skin picking. Please see W227. 14. The PD failed to ensure a planned sequence of objectives for client #1 to be able to meet his objective in regard to his financial needs. Please see W228.			

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	15. The PD failed to ensure client #1's ISP included a specific positioning plan that addressed how the staff were to reposition client #3, the alternate seating positions client #3 was to use and/or the supports the staff were to use for each repositioning when in bed, the wheelchair or an alternate seating and client #1's ISP included what the staff were to do when client #1 refused the use of his CPAP (Continuous Positive Airway Pressure) machine and refused to wear his compression stockings. Please see W240. 16. The PD failed to ensure the clients' ISPs addressed the clients' identified training needs in regard to toileting, hygiene, bathing, tooth brushing, dressing and hand washing for clients #1, #2 and #3. Please see W242. 17. The PD failed to ensure the staff implemented client #1's, #2's, #3's and #4's program plans when formal and informal training opportunities existed. Please see W249. 18. The PD failed to ensure the staff documented the clients' program data as directed for clients #1, #2, #3 and #4. Please see W252. 19. The PD failed to ensure client #1's use of Cymbalta (for depression) was			

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	included in the client's Behavior Support Plan (BSP). Please see W312. 20. The PD failed to develop a medication objective/goal that reflected the medications client #1 was taking to teach the client about his medications. Please see W371. 21. The PD failed to ensure client #1 was provided training to wear and care for his compression stockings, client #2 was provided a protective bite sleeve for SIB (Self Injurious Behaviors), client #3's wheelchair was cleaned, clients #3 and #4 were provided training to wear and care for their eyeglasses and client #8 was provided a boot splint. Please see W436. 22. The PD failed to ensure the staff provided client #1 food in accordance with his 1800 calorie low potassium diet. Please see W460. 23. The PD failed to ensure clients #1, #2, #3, #4, #5, #6, #7 and #8 participated in all aspects of meal preparation and service in regard to packing their own lunch. Please see W488. 24. The PD failed to report to the Bureau of Developmental Disabilities Services (BDDS) regarding an incident requiring			

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	client #3 to be taken to an immediate care facility for medical assistance, to provide follow up reports every seven days in regard to client #3's pressure wounds and to report a medication error for client #4. Please see W9999. 9-3-3(a)			
W000186	483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility failed to provide sufficient direct care staff to supervise and care for the clients throughout the day to meet the clients' needs. Findings include: Observations were conducted at the group home on 4/28/14 between 4 PM and 6:30 PM and on 4/30/14 between	W000186	**1. What corrective action will be accomplished?** · Adequate staff will be hired, trained and maintained to meet clients' needs in the home. · Area and Program Director/QIDP will reassess staffing needs in the home on a bi-monthly basis and work to hire and maintain adequate staff. · Two shifts were added to the home staffing pattern. **2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All residents have the potential to be affected by the same deficient	06/08/2014

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	5:30 AM and 8:30 AM. During both observation periods: __Client #1 required prompting and direction from staff to complete his ADLS (Adult Daily Living Skills) and participate in leisure activities. __Client #2 walked with a curved forward lean with a wheeled walker and an unsteady gait. Client #2 would occasionally yell out but was otherwise non-verbal. Client #2 bit his right wrist frequently during both observations, required staff redirection, verbal and physical prompting for ADLS and to participate in a leisure activity. Client #2 required 1:1 (one staff to one client) staff assistance while eating his meals. __Client #3 used a tilt in space wheel chair with head and foot rests and a Hoyer lift to get in and out of bed. Client #3 required 1:1 staff supervision while eating and staff assistance to meet all of his basic needs. __Client #4 required prompting and direction from staff to complete his ADLS (Adult Daily Living Skills) and leisure skills. __Client #5 required redirection from staff to complete some of her ADLS (Adult Daily Living Skills). __Client #6 was non verbal and required staff direction and supervision throughout both observation periods. Client #6		practice · Adequate staff will be hired, trained and maintained to meet clients' needs in the home. · Area and Program Director/QIDP will reassess staffing needs in the home on a bi-monthly basis and work to hire and maintain adequate staff. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · More staffing hours have been added to the home. · Home manager and program director/QIDP are working to hire and train additional staff **4. How will the corrective action be monitored to ensure the deficient practice will not recur?** · Adequate staff will be hired, trained and maintained to meet clients' needs in the home. · The home manager will be re-trained on provided adequate staffing in the home. · The program manager/QIDP will monitor staff schedules bi-monthly to ensure adequate staff are in the home. **5. What is the date by which the systemic changes will be completed?** · June 8th, 2014	

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	walked from the living room to the dining room, wringing her hands, was non verbal and would stand for short periods, not involved in activity. Client #6 required staff redirection and assistance to meet all of her basic daily needs. __Client #7 wore a gait belt during both observations and ambulated with 1:1 staff assistance. Client #7 walked with an unsteady gait and would yell to get the staff's attention when she wanted to go from room to room or to the bathroom. Client #7 required staff assistance and supervision to meet all of her basic needs. __Client #8 walked independently with a walker, was non verbal and was deaf. Client #8 stayed in the bathroom during the AM and PM observation period for long periods of time. __The staff frequently redirected clients #2, #4, #6 and #7 to stay out of arms reach of client #8 due to aggressive behaviors. During the AM observation period, client #8 hit this surveyor in the abdomen. __A twin size mattress with sheets on it, blankets and pillows were on the living room floor. During the evening observation period there were three staff in the home. At the beginning of the observation period, staff #1 began giving showers/baths, staff #2			

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	began the evening meal and the RM (Residential Manager) began the evening medications. __At 4:05 PM client #8 was sitting at the dining room table eating a snack. Client #6 walked from the living room and stood beside client #8 at the dining room table. Staff #2 stated, "[Client #6] don't go so close to [client #8], you know she'll smack you." Client #4 was standing in the dining room and stated, "Yeah, she does it all the time. She's hit me. I don't think she means to, but we have to stay away from her." __At 4:10 PM staff #2 was asked why there was a mattress on the living room floor. Staff #2 stated "He (client #3) has this area on his right ankle from a pressure sore. We couldn't get it to heal and he finally had to have surgery on it. Then, because we had him tilted back so much in his chair trying to get his foot to heal up he got a sore on his bottom." Staff #2 indicated the twin mattress on the living room floor was used for client #3 to lay on. Staff #2 stated in order to be able to get client #3 off of his buttocks, the staff utilized a twin mattress on the floor in the living room which also enabled the staff to monitor client #3 easier when there were "only two of us (staff) in the house." __At 4:15 PM staff #1 stated, "The company is short staffed right now, I'm			

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	doing a double shift. There is usually four (staff) in the evening." __At 4:20 PM client #1 was standing in the dining room talking to the RM. Client #1 stated, "I wish I could go to church." The RM stated, "If they tell me it's ok I'll take you but until then I'm sorry." __At 4:30 PM staff #2 walked with client #7 to sit down in the activity room and prompted client #2 to work on a puzzle while the staff began the evening meal. Staff #2 wheeled client #3 to the dining room table. __At 4:40 PM client #7 yelled out, "I want up now." Staff #2 left the kitchen and walked with client #7 to the dining room. Staff #2 directed client #2 to sit down at the dining room table and said, "You want to come sit at the table while I get dinner ready? Here, sit here so I can keep an eye on you." __At 4:45 PM client #2 came out of the bathroom and walked to the dining room. Client #2 stood near the dining room table while biting his right wrist. Staff #2 looked up at client #2 from across the room and stated, "Please don't do that." Staff #2 then turned away from client #2 and continued with the meal preparation. Client #2 walked to his bedroom and lay down in his bed. Client #2 continued to bite on his wrist. Client #4 stated, "He always does that." The RM walked by client #3 and asked client #3, "Do you			

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	need changed?" Client #3 shook his head no and the RM returned to the medication room. __At 5:07 PM client #6 came out of the shower with staff #1. Staff #1 stated, "I still have to shower [client #3] and [client #7]." During the AM observation the following was observed: __At 5:45 AM upon entering the home there were eight clients and two staff. Staff #1 was sitting in the living room, one shoe on, one shoe off, the television on and no clients in the living room with him. Staff #2 was slow to get up and stated "Yeah, I'm really tired." Staff #2 indicated he had worked a double shift. Staff #2 was in the bedroom with another client. Client #5 was alone in the dining room. Client #5 gathered the lunch boxes from the dining room table and took them outside and put them on the facility van. Client #5 stated she had prepared all of the clients' lunch boxes that morning. When asked why she did it and not the staff, client #5 stated, "They're busy." While client #5 was outside putting the lunch boxes on the facility van, the RM arrived at the group home. __Client #8 stayed in the bathroom from 6:30 AM until 7:15 AM unsupervised. __At 6:30 AM clients #1, #2, #3, #4, #5, #6 and #7 were sitting at the dining room			

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	table for their AM meal. At 6:38 AM while staff #1 fed client #2, staff #3 fed client #6 and the RM fed client #3, client #7 got up from the table. The RM stated, "Where are you going? You know you have to have someone with you while you are up walking." Staff #1 stopped feeding client #2 and walked with client #7 to the bathroom near the ding room table. Client #7 went into the bathroom, turned around and closed the door. At 6:45 AM client #7 opened the bathroom door while sitting on the toilet and called for the staff to come and get her. The RM stopped feeding client #3 to go help client #7 get up from the toilet and to walk her back to the table. Client #3 stated, "Help me." Review of the April 2014 15 minute check records for April on 4/30/14 at 8:45 AM with staff #1 indicated clients #1, #2, #3, #4, #7 and #8 were on 15 minute supervision/precautions. The records indicated the 15 minute checks were not being documented on a regular basis by the staff. Staff #1 stated, "Yeah, It's kind of hard to keep track of with so many of them (the clients) on 15 minute checks." Staff #1 indicated six of the eight clients were on 15 minute checks. When asked why the clients were on 15 minute checks, staff #1 stated, "I think" clients #3, #7 and #8 were on 15 minute			

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	checks because of seizures, client # 4 was on 15 minute checks because of AWOL (Absent Without Leave) behaviors and client #1 was on 15 minute checks because of his blood pressure. Review of the staffing schedules for March and April on 4/30/14 at 9 AM indicated two staff on the evening shift for most of March and April. The schedules indicated no night shift staff scheduled for the night shift for 4/8/14 and one staff for night shift on April 1, 2, 5, 6, 8, 11, 12 and 15, 2014. Interview with client #1 on 4/28/14 at 5 PM indicated he had moved into his current group home in September 2013. Client #1 indicated he had not gone to church since he moved into the group home and would like to go. Client #1 stated he had asked the staff "several times cause I like going to church" but was always told no because the home did not have sufficient numbers of staff to take him. Interview with staff #3 on 4/30/14 at 8:30 AM indicated the facility was short staffed and was trying to hire. Staff #3 stated, "We do the best we can with what we have." Interview with staff #1 on 4/30/14 at 8:45			

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	AM indicated clients #1, #2, #3, #4, #5, #6, #7 and #8 were on 15 minute checks. Staff #1 stated clients #2, #3, #7 and #8 were on 15 minute checks because of seizures, client #4 because of AWOL (Absent Without Leave) behaviors and client #1 because of his blood pressure "I think." Staff #1 indicated the group home was short staffed and he had been working a lot of hours. Staff #1 indicated he normally worked the night shift. Interview with the RM on 4/30/14 at 9 AM indicated the group home was currently short staffed. The RM indicated normal staffing for the evening shift was three to four staff not counting herself. The RM indicated on Easter Sunday, because the assigned staff had called in and due to lack of staff, she worked by herself with all eight clients from 4 PM until 10 PM. The RM stated the managers were told "if you don't have the staff then we (the RMs) have to pick up the slack and work it ourselves." The RM stated it was "really hard and I did what I could." When asked how often the clients were taken on outings, the RM stated, "I try to get them out, but we just don't have the staff right now to take them out very often." When asked if the short staffing			

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	was the reason client #1 had not been able to go to church, the RM stated, "Yeah, we just don't have the people to take him." The RM stated client #8 had behaviors of picking and "has a couple of open areas on the top of her head. She's going to the dermatologist and we just got a new cream to put on her." When asked does anyone see her picking, the RM stated, "I think she picks when she stays in the bathroom for long periods of time by herself or she's alone in her room. I'm not sure." The RM stated client #8 was on 15 minute checks due to seizures, "But that's really hard to do when we're short staffed and things get busy." Interview with the PD (Program Director) on 4/30/14 at 1 PM stated she had been the PD for the group home for "a couple of weeks." The PD indicated with the recent change of ownership of the company there had been several staffing changes and some of the staff terminated their own employment. Telephone interview with the PD on 5/5/14 at 4 PM indicated the PD was aware the RM had worked alone on Easter Sunday. The PD stated, "But I don't think all the clients were in the			

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	home and if they were it was only for a couple of hours." When asked how many clients were gone on Easter Sunday, the PD stated "I don't know." 9-3-3(a)			
W000209	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 4 sampled clients (#2), the facility failed to provide evidence of written signature from client #2's legal representative to ensure the representative reviewed and participated in the Interdisciplinary Team process and development of the client's ISP (Individual Support Plan). Findings include: Client #2's record was reviewed on 4/30/14 at 4 PM. Client #2's record indicated the client's sister served as the client's legal representative. Client #2's ISP of 1/21/14 did not indicate a written signature indicating client #2's guardian had participated and was knowledgeable of client #2's ISP. Client #2's record did	W000209	1. What corrective action will be accomplished? · The program director will be retrained on involving the client's guardian/healthcare representative in the development of the client's ISP 2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · All residents have the potential to be affected by the same deficient practice except two individuals who are emancipated adults · The program director will be retrained on involving the client's guardian/healthcare representative in the development of the client's ISP. 3. What measures will be put into place or what systemic changes will be made to ensure	06/08/2014

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	not indicate client #2's guardian had participated in the review of the client's ISP. Telephone interview with client #2's guardian on 4/29/14 at 1 PM indicated she had not participated in client #2's ISP and could not remember the last time she gave written consent for client #2's program plans. Client #2's guardian stated, "I think it was a year or so ago when I last signed those papers." E-mail interview with the PD (Program Director) on 5/5/14 at 5 PM indicated she was unable to provide evidence client #2's legal representative had participated in the development of the client's treatment plan. 9-3-4(a)		that the deficient practice does not recur? · The program director will be retrained on involving the client's guardian/healthcare representative in the development of the client's ISP 4. How will the corrective action be monitored to ensure the deficient practice will not recur? · The area director will monitor the yearly ISP paperwork to ensure that the guardian/healthcare representative was involved in the yearly implementation of the ISP 5. What is the date by which the systemic changes will be completed? · June 8th, 2014	
W000210	483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on observation, record review and interview for 2 of 4 sample clients (#1 and #3), the facility failed to ensure the IDT (Interdisciplinary Team) assessed/reassessed client #1's refusals to	W000210	**1. What corrective action will be accomplished?** · Program Director/QIDP will complete assessment s of new clients within 30 days of admission. · The home manager will be	06/08/2014

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	wear his CPAP (Continuous Positive Airway Pressure) machine for sleep apnea and to wear his compression stockings for Lymphedema (a blockage in the lymphatic system causing swelling) of the legs and to ensure client #3's fine and gross motor skills were reassessed by PT/OT (Physical Therapy/Occupational Therapy). Findings include: 1. Client #1's record was reviewed on 4/30/14 at 2 PM. Client #1's record indicated diagnoses of, but not limited to, Depression, Lymphedema of the legs and Obstructive Sleep Apnea (a sleep disorder in which breathing repeatedly stops and starts during sleep). Client #1's 2014 physician's orders indicated client #1 was to wear a CPAP (Continuous Positive Airway Pressure - a machine that helps a person with Obstructive Sleep Apnea breathe easier at night while sleeping) and compression stockings to be worn daily from 7 AM to 8 PM. Client #1's nursing notes indicated, not all inclusive: __6/20/13 "[Client #1's] lower extremities remain swollen, red. He has been seen by several MDs about this,		retrained on completing assessments and reassessments in a timely manner. **2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All new residents have the potential to be affected by the same deficient practice · Program Director/QIDP will complete assessment s of new clients within 30 days of admission. · The home manager will be retrained on completing assessments and reassessments in a timely manner. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** Program Director/QIDP will complete assessment s of new clients within 30 days of admission.· The home manager will be retrained on completing assessments and reassessments in a timely manner. **4. How will the corrective action be monitored to ensure the deficient practice will not recur?** · The home manager will be retrained on completing assessments and reassessments in a timely manner. Program Director/QIDP will complete assessments of new clients within 30 days of admission. Area Director will monitor all new	

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	awaiting compression stocking to come in..... Has 2 sores on right leg. SM (Site Manager) states it's dry skin and they are treating with ointment." __7/25/13 "Lymphedema in both LE (lower extremities), venous stasis (slow blood flow through the veins).... He (client #1) is having difficulty adjusting to the group home. He was fearful, somatic, paranoid.... Discussed coping skills with [client #1]. He reports he wants to run away.... Discussed with RC/SM (Residential Coordinator/Site Manager) need for diabetic type socks due to edema and questioned about status of compression stockings." __8/31/13 "Lymphedema, venous stasis both LE...." __9/12/13 "Writer put compression stockings on [client #1] for the first time today. He was cooperative. SM will put compression stockings on MAR for daily wear." __10/29/13 "Lymphedema.... both LE - refuses compression stockings.... Discussed Lymphedema referral and importance to follow through with their recommendations. [Client #1] refuses compression stockings at this time. States too tight and uncomfortable. [Client #1] was able to reiterate all that was discussed and we stressed importance of asking staff for assistance when needed." __11/26/13 "Lymphedema in both LE....		admissions to ensure all requirements are being met. New admission paperwork will be given to admissions director to ensure compliance.**5. What is the date by which the systemic changes will be completed?** · June 8th, 2014	

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	[Client #1] reports using CPAP machine the past few nights. [Client #1] states he can tell a difference when he wears it. [Client #1] attended Lymphedema clinic last week for assessment and will be going 3x/week (three times a week) for massage and compression. He was excited about this." __12/20/13 "[Client #1] has been attending massage and compression clinic for Lymphedema which has improved his legs greatly. [Client #1] was wearing compression stocking. States he feels better." __1/22/14 "Not wearing CPAP as ordered. BLE (Bilateral Lower Extremities) are worsening due to [client #1] refusing compression stockings over 3 weeks. Legs are reddened, swollen and both are extremely dry and cracked. He's refusing lotion as well.... [Client #1] has been uncooperative with MD orders recently and we discussed this at length. [Client #1] has been refusing compression stockings and as a result legs are more edematous, reddened and feet are very dry from refusal of cream. [Client #1] reported the stockings caused him pain. We discussed risks vs benefits, consequences of continued refusal and importance of following MD orders. [Client #1] agreed to wear them again daily... We addressed CPAP machine - [client #1] made excuses for non			

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	compliance and agreed to use it every night as ordered. [Client #1] was tearful at this time. [Client #1] states he wants to move to be closer to his family. We discussed importance of [client #1] taking responsibility for his health and making better choices." __2/27/14 "Not wearing CPAP as ordered - unable to give reason for non-compliance.... +2 pitting (a depression left in the skin when pressed) edema BLE Lymphedema - Venous stasis.... We discussed [client #1's] non-compliance with MD orders. [Client #1] stated he was upset with himself for not making better choices to improve his health. [Client #1's] legs have +2 pitting edema and scabs from the edema. Discussed increased risk of infection related to the increased swelling and skin tears. [Client #1] agreed to wear compression stockings and went to his room for writer to put them on him now. This was [client #1's] choice. He was not pressured to put on the stockings. We also discussed CPAP machine and importance of compliance. Explained benefits of getting a good nights rest and how it will improve his daily functioning. [Client #1] admits to feeling depressed. He wants to live on own and near his family. Discussed importance of showing responsibility by taking care of health care needs. [Client #1] states he will try			

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	to 'do better'." __3/21/14 "Not wearing CPAP machine as ordered.... Lymphedema BLE - refuses compression stockings as ordered, +2 pitting.... [Client #1] remains non-compliant with compression stockings and CPAP at night. [Client #1] apologized for this but continues to make the choice to not comply. [Client #1] does not give reason for his non-compliance. States his sister said he didn't have to. We again discussed risks of possible complications that can arise and [client #1] voiced understanding of this. [Client #1] has extreme edema in BLE, +2 pitting, [Client #1] c/o (complained of) 'itchy' skin on legs. Encouraged [client #1] to keep skin moistened. [Client #1] has a recent fall - bruise on right shoulder blade in front. Discussed being safe and taking extra precautions when walking around." Review of client #1's February, March, April and May, 2014 MARs (Medication Administration Records) indicated client #1 refused his CPAP machine every night and refused to wear his compression stockings every day all of February, March, April and May, 2014. Client #1's record indicated no IDT meetings to address and/or re-address client #1's continued refusals to wear his			

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	CPAP machine at night and refusals to wear his compression stockings during the day. During telephone interview with the facility RN on 5/5/14 at 3:30 PM, the RN indicated client #1 had a history of refusing his CPAP and compression stockings. The RN stated no IDT meetings had been conducted in regard to client #1's refusals to use his CPAP machine and/or to wear his compression stockings "to my knowledge." E-mail interview with the PD (Program Director) on 5/5/14 at 5 PM indicated client #1 was emancipated and no IDT meetings had been conducted to address client #1's refusals to wear his CPAP machine and/or to wear his compression stockings. 2. Observations were conducted at the group home on 4/28/14 between 4 PM and 6:30 PM and on 4/30/14 between 5:30 AM and 8:30 AM. Client #3 was a young man with contractures of the upper and lower extremities and sat in a tilt in space wheel chair with head/foot rests, a lap tray and both feet strapped into cushioned ankle boots. Client #3 required the use of a Hoyer lift for all transfers. During both observation periods client #3 was fed by the staff with a few attempts			

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	at hand over hand assistance. The staff did not provide client #3 with any OT/PT exercises during either observation period. Client #3 wore a brace on his left hand for a short time during the morning observation period. Client #3's record was reviewed on 4/30/14 at 1 PM. __Client #3's most current PT/OT assessment was conducted on 4/27/11. The PT assessment indicated "Pt (patient) without PT goals, no active mvmt (movement) to strengthen in LEs (lower extremities). Will not follow pt at this time for PT." The OT assessment indicated "Pt assessed for OT today, will attempt to see pt 2 x/wk (two times a week) for 4 - 8 wks (weeks) to address self feeding, ROM (range of motion) strengthening, etc." The OT note of 6/23/11 indicated "[Client #3] has shown excellent progress in therapy. Continue to work on self feeding and getting food off plate with utensils. Also continue to work on arm exercises, recommending 1/2 pound to 1 pound wrist weight to left wrist and have him lift arm several times (10 - 20 x). Also continue to wear splint-start increasing wear time by 15 minutes every two weeks. Also, continue to work on brushing teeth. And, work on balloon toss, grasping with left hand." __Client #3's 2014 MARs (Medication			

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	Administration Records) indicated client #3 was to wear his hand splint 1/2 hour at 5 PM and 1 hour at 10 PM "as nursing measure, OT recommendation." The MARs indicated "OT/PT exercises - Have [client #3] push rolling pin off lap tray, grasp objects off lap tray, flex wrist forward, bring left hand to nose twice a day at 6 AM and 7 PM as nursing measure." The MARS indicated original order date of 8/11/11. __Client #3's record indicated no re-assessment from PT/OT since the assessment of 4/27/11. E-mail interview with the PD (Program Director) on 5/5/14 at 5 PM indicated the assessment of 2011 to be client #3's most current PT/OT assessment. 9-3-4(a)			
W000227	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, interview and record review for 1 additional client (#8), the client's BSP (Behavior Support Plan) and/or ISP (Individual Support Plan)	W000227	1. What corrective action will be accomplished? · The program director/QIDP will be trained on revising goals where the criteria for completion has been met. ·	06/08/2014

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	failed to address client #8's SIB (Self Injurious Behavior) of skin picking. Findings include: Observations were conducted at the group home on 4/28/14 between 4 PM and 6:30 PM and on 4/30/14 between 5:30 AM and 8:30 AM. During both observation periods client #8 ambulated independently with a seated wheeled walker, was non-verbal and used sign language for communication. Client #8 would reach out and smack or grab at the staff to get their attention when she needed something. __During the evening observation period client #8 sat alone in her bedroom working a puzzle for over an hour and was in the bathroom for 45 minutes showering/dressing. __During the morning observation period client #8 was in the bathroom from 6:30 AM until 7:15 AM. __During the medication pass on 4/30/14 at 8:20 AM staff #1 applied a cream to three open areas on client #8's head. One of the areas was approximately two - three centimeters in circumference. Client #8's record was reviewed on 4/30/14 at 3 PM. __Client #8's Office Visit with the dermatologist dated 4/25/14 indicated		All client's will have specific objectives necessary to meet their needs The program director/QIDP revised BSP to include interventions for skin picking.2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · All residents have the potential to be affected by the same deficient practice · The program director/QIDP will be trained on revising goals where the criteria for completion has been met. · The program director/QIDP will be trained regarding all clients have specific objectives necessary to meet their needs. The program director/QIDP will check all client programs to ensure no behaviors need added.3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? · The program director/QIDP will be trained on revising goals where the criteria for completion has been met. · The program director/QIDP will be trained regarding all clients have specific objectives necessary to meet their needs. The program director/QIDP will check all client programs to ensure no behaviors need added.4. How will the corrective action be monitored to ensure the deficient practice will not recur? The program	

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	"...PT (patient) has problems with chronic picking, her body is better. She is now picking at her scalp. The symptoms were first noticed several months ago and are continuous. Currently symptoms include irritation, redness, pain.... She has been treated before for psoriasis and now she has some psoriasis on her scalp as well as some secondary Factitial (self-inflicted) excoriation. She has 2 ulcers on the scalp which she picks. Recommend continuing treatment with Selsun shampoo and Clobetasol (to treat various skin disorders including eczema and psoriasis) solution to the scalp as before. We will increase her Hydroxyzine (an antihistamine) from 10-25 mg (milligrams) 3 times a day. And use some Mupirocin an antibiotic) ointment on the open areas twice a day. Return in 7 weeks." __Client #8's ISP dated 4/24/14 indicated client #8 was deaf. The ISP indicated client #8 had behavior issues of SIB, aggression and agitation. Client #8's ISP did not indicate what behaviors client #8 displayed as SIB. Client #8's BSP dated 4/24/14 indicated targeted behaviors of agitation, property destruction, physical aggression and depression. Client #8's BSP did not indicate SIB or skin picking as a targeted behavior. Client #8's ISP/BSP did not address client #8's behavior of skin picking.		director/QIDP will review behavior data on a monthly basis via therap to ensure all programs are up to date.· The area director will review goals/behavior reports on a monthly basis via therap to ensure compliance. 5. What is the date by which the systemic changes will be completed? · June 8th 2014	

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	During interview with staff #2 on 4/28/14 at 4:15 PM, staff #2 stated "[Client #8] has Eczema (inflamed or irritated skin) and she picks and scratches her skin all the time." Staff #2 stated client #8 currently had "a couple of spots on her head that she picks at." During interview with staff #1 on 4/30/14 at 8:20 AM, staff #1 stated "She (client #8) picks the top of her head and we've been putting a couple of different kinds of cream on it." Staff #1 indicated he hadn't seen client #8 pick and stated "I think she does it when she's in her room at night or when she's in the bathroom for a long time by herself." When asked what are the staff to do when she is picking, staff #1 stated, "I guess we would just redirect her." Staff #1 stated when client #8 was in the bathroom the staff would "check on her from time to time." Staff #1 indicated client #8 was on 15 minute checks. When asked why client #1 was on 15 minute checks staff #1 stated, "I think it's because she has seizures." Interview with the RM (Residential Manager) on 4/30/14 at 9 AM indicated client #8 had been picking at the top of her head and "has a couple of open areas. She's going to the dermatologist and we just got a new cream to put on her."			

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	When asked does anyone see her picking, the RM stated, "I think she picks when she stays in the bathroom for long periods of time by herself or she's alone in her room. I'm not sure." The RM indicated client #8 was on 15 minute checks due to seizures. The RM stated the 15 minute checks were to be recorded at the time of the check, "But that's really hard to do when we are short staffed and things get busy." Telephone interview with the PD (Program Director) on 5/5/14 at 4 PM indicated client #8's picking was addressed in her program plan. Email interview with the PD on 5/6/14 at 2:14 PM stated "I stand corrected ....skin picking is not in her [client #8's] plan." 9-3-4(a)			
W000228	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 4 sampled clients (#1), the client's ISP (Individual Support Plan) failed to indicate a planned sequence of objectives for the client to be able to meet his objective in regard to his financial needs.	W000228	**1. What corrective action will be accomplished?** · Client specific objectives and a planned sequence for dealing with objectives will be included in program plan. · Program Director/QIDP will review all	06/08/2014

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	Findings include: Client #1's record was reviewed on 4/30/14 at 2 PM. Client #1's IPOP (Individual Plan of Protective Oversight) of 9/23/13 indicated "[Client #1] has difficulty counting change and is dependent on others for paying bills and for budgeting his money." Client #1's ISP of 9/1/13 indicated client #1 had an objective to independently pay for a meal at a restaurant. Review of client #1's program data indicated client #1 was not offered this objective from December 2013 through April 2014. Telephone interview with the PD (Program Director) on 5/5/14 at 4 PM indicated client #1 required assistance handling money and with his finances. The PD stated client #1's money goal "needs to be revised." 9-3-4(a)		program plans for updates. · Program Director/QIDP will be retrained on writing client specific objectives and sequences into plan. **2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All residents have the potential to be affected by the same deficient practice · Client specific objectives and a planned sequence for dealing with objectives will be included in program plan. · Program Director/QIDP will review all program plans for updates. · Program Director/QIDP will be retrained on writing client specific objectives and sequences into plan. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Client specific objectives and a planned sequence for dealing with objectives will be included in program plan. · Program Director/QIDP will review all program plans for updates on a monthly basis via Therap. · Program Director/QIDP will be retrained on writing client specific objectives and sequences into plan. **4. How will the corrective action be monitored to ensure the deficient practice will not recur?** · Program Director/QIDP will review all program plans for updates on a	

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			monthly basis via Therap.· The area director will monitor program reports via therap monthly to ensure they are adequate and revised appropriately. **5. What is the date by which the systemic changes will be completed?** · June 8th 2014	
W000240	483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview for 2 of 4 sampled clients (#1 and #3), the clients' Individualized Support Plans (ISPs) failed to address: __How the staff were to reposition client #3, the alternate seating positions client #3 was to use and/or the supports the staff were to use for each position when in bed, the wheelchair and/or an alternate seating. __What the staff were to do when client #1 refused the use of his CPAP (Continuous Positive Airway Pressure - a machine that helps a person with Obstructive Sleep Apnea - a sleep disorder in which breathing repeatedly stops and starts during sleep) and refused to wear his compression stockings. Findings include: 1. Observations were conducted at the	W000240	**1. What corrective action will be accomplished?** · Relevant interventions to support individual independence will be included in program plan. · Program Director/QIDP will be retrained on writing relevant interventions in plans. Programming put in place for client 1 on following and complying with medical recommendations. Risk plan updated for client 3 on positioning. Program Director/QIDP to review all programming to ensure programs fit the needs of the clients. Program Director/QIDP to monitor programming monthly via therap to ensure all programs are still needed. **2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All residents have the potential to be affected by the same deficient practice · Relevant	06/08/2014

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	group home on 4/28/14 between 4 PM and 6:30 PM and on 4/30/14 between 5:30 AM and 8:30 AM. During both observation periods a twin size mattress, blankets and pillows were on the living room floor. Client #3 sat in a tilt in space wheel chair with a padded seat, head/foot rests and both feet strapped into cushioned ankle boots. Client #3 did not reposition himself and required staff assistance to meet all of his daily needs. During the PM observation on 4/28/14: __At 4 PM client #3 returned home from the day program. Staff #1 checked client #3 to see if he was incontinent. Client #3 was dry. Client #3 was then wheeled to the dining room table. __At 4:10 PM staff #2 stated "He (client #3) has this area on his right ankle from a pressure sore. We couldn't get it to heal and he finally had to have surgery on and it. Then, because we had him tilted back so much, trying to get his foot to heal up, he got a sore on his bottom." Staff #2 indicated the twin mattress on the living room floor was for client #3. Staff #2 stated in order to be able to get client #3 off of his buttocks, the staff utilized a twin mattress on the floor in the living room which also enabled the staff to be able to monitor client #3 better when there were "only two of us (staff) in the house."		interventions to support individual independence will be included in program plan. Program Director/QIDP to review all programming to ensure programs fit the needs of the clients. Program Director/QIDP to monitor programming monthly via therap to ensure all programs are still needed. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Relevant interventions to support individual independence will be included in program plan. Program Director/QIDP to review all programming to ensure programs fit the needs of the clients. Program Director/QIDP to monitor programming monthly via therap to ensure all programs are still needed. **4. How will the corrective action be monitored to ensure the deficient practice will not recur?** · The area director will monitor the program reports monthly to ensure compliance.Program Director/QIDP to review all programming to ensure programs fit the needs of the clients. Program Director/QIDP to monitor programming monthly via therap to ensure all programs are still needed. **5. What is the date by which the systemic changes will be completed?** June 8th 2014	

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	__At 4:50 PM the RM (Residential Manager) asked client #3, "Are you dry? You want to tilt a little bit?" Client #3 indicated yes and the RM tilted client #3's wheelchair back slightly. The RM did not check physically to see if client #3 was incontinent. __At 5:15 PM client #3 was taken to the living room with clients #6 and #7 to watch television. __At 5:50 PM staff #1 wheeled client #3 back to the dining room for his evening meal. Staff #1 stated, "I'm going to wait till after he eats to give him his shower." __At 6:45 PM client #3 was still sitting at the dining room table finishing his evening meal. __From 4 PM to 6:45 PM client #3 was provided a slight tilt of his wheelchair for repositioning and was not toileted every two hours during the evening observation period. The facility's reportable records were reviewed on 4/29/14 at 11 AM. __ A 7/5/13 BDDS (Bureau of Developmental Disabilities Services) report indicated "[Client #3] received a new wheelchair. The wheelchair has foot straps that go over his ankle and they fit more snug than the ones on his last wheelchair. The strap caused a, what appears to be, pressure sore on the inside of his right ankle...."			

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	__The follow up BDDS report dated 7/11/13 indicated "The wound is healing nicely and appears to continue to heal nicely. The redness has subsided and gone away in most areas and is very faint where it is left.... Once the injury heals the foam boot will be place (sic) on his foot and then his foot will be placed in the strap and that should prevent [client #3] from developing any other injuries of this nature. Right now his foot is not being placed in the straps until the injury is completely healed. Staff will continue to monitor the healing process of the injury and watch for any additional complications...." __The follow up BDDS report dated 9/10/13 indicated "Due to [client #3] tearing the scab off the area in his sleep the wound became open again. The doctor prescribed [client #3] Tegaderm Dressing on 8/5 (8/5/13) at his quarterly appointment. The doctor said the area was not infected and not to the bone. The area was not healing, but it was not getting worse either. A referral was obtained for the wound care clinic due to the area not healing.... [Client #3] was seen at the wound care clinic on 9/3 (9/3/13). They prescribed wet to dry dressing for the area and Santyl Collagens 250 U/GM (units per grams) 30 GM to treat the area. [Client #3] had a follow-up at the wound care clinic on			

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	9/10 (9/10/13). At this point the area appeared that it might be infected. The open area did not get any larger than it was which is smaller than a dime, but the area around it was red. The wound care clinic said the cultures of the area came back that it was not infected, but he was worried that if it was not already infected that it could get infected. [Client #3] was prescribed Sulfamethoxazole/Trimethoprim 800/160 mg Tablets to aid with the possible infection. The area around the wound was also padded in order to keep from [client #3] causing additional irritation to the wound while he is sleeping. [Client #3] moves his legs a lot during the night and the friction of him moving his legs and his ankle rubbing his bed is hindering the wound from healing. Along with the padding to the area around the wound [client #3] was also prescribed to sleep in his cushioned ankle boots he wears while in his wheelchair and it was ordered that [client #3] not use the straps on his wheelchair even with the cushioned ankle boots in order to speed up the healing process." __The BDDS report of 10/24/13 indicated "[Client #3] has seen his PCP (Primary Care Physician), Urgent Care Clinic, and The Wound Care extensively for help getting the injury healed. [Client #3] has had antibiotics, cushioned ankle			

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	boots, ointments, wet to dry dressings, and other forms of dressing prescribed to him to try to get the area to fully heal. The above mentioned were not successful because the injury has developed scar tissue and the scar tissue is preventing the injury from healing. The wound care clinic wants to perform a minimal procedure to remove the scar tissue from the area in hopes the removal of the scar tissue will allow the area to fully heal.... The scar tissue was removed and two stitches were placed in the area to aid the healing process and try to prevent any additional scar tissue. Since the injury is on [client #3's] ankle; [client #3] was put in a cast to minimize movement and keep from stretching the healed skin. [Client #3] is also being kept home from workshop to monitor him closely for 7 days. [Client #3] goes back for a follow-up on 10/29. Staff will keep [client #3's] leg elevated as suggested, watch for adverse effects, and monitor [client #3] for any pain or discomfort." __The GER (General Events Report) of 10/24/13 indicated "Start of a possible pressure sore on the tailbone." The report indicated the facility RN was notified and wrote a comment, "I received phone call in regards to this. The area on the tailbone was described as reddened, not an opened area. I recommended to keep [client #3] out of wheelchair as much as			

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	possible, since he has a MD order to be off of work for 1 week. Keep in recliner and re-position at least every 2 hours, place in bed for an hour at a time at least 3 times a day. Ensure adequate fluid intake and proper nutrition. Protect the area with Tegaderm if needed. Use cushions to relieve pressure from the area. Continue to monitor the area, keep skin clean and dry." __The BDDS report of 10/25/13 indicated "[Client #3] had a monitored procedure done on his ankle. One of the recommendations from the procedure was to monitor [client #3's] leg by reclining the seat of his wheelchair and elevating the leg that way being that is the most comfortable way for [client #3]. When staff was doing their daily skin check the morning of 10/24/13 they noticed the very beginning of a pressure sore on his lower back above his tailbone. The pressure sore began to develop due to the added pressure of having [client #3] reclined so his leg could be elevated. Plan to Resolve: The area is just red at this time and not opened due to staff catching the development very early. Staff will continue to elevate [client #3's] leg as recommended, but staff will encourage [client #3] to get out of his chair and elevate the leg such as utilizing the living room chair and ottoman and occasionally laying in bed and elevating			

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	the leg there. Staff already repositions [client #3] every two hours, but until the area is completely healed they will reposition [client #3] every other hour. [Client #3] has a PRN (as needed) cream that is prescribed to him to prevent the beginning of pressure sores from worsening to an actual sore. The cream is being applied and the area is being kept clean and dry. The area is being monitored very closely for any signs of it worsening. Any signs of worsening and opening staff with take [client #3] to his PCP for treatment or referral to the wound care clinic as he is already going there for an injury to his ankle sustained from new wheelchair straps previously. Staff are also monitoring [client #3] for any pain/discomfort which at this time he is not experiencing." __The GER dated 11/18/13 indicated "[Client #3] has had a cast on his right foot for awhile now due to ankle surgery. It appears that the cast has rubbed on his left inner ankle and scratched the skin. There are 3 separate scratches each measuring about 2 cm (centimeters) by 2 cm." The GER indicated the PD documented on 12/3/13 "The cast is off of [client #3's] other foot, so there is no chance of the foot without a cast rubbing the cast while he is getting changed or bathed for the day. The areas are almost healed at this time. "			

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	__On 1/27/14 "Was changing [client #3] and while washing him up I (the Residential Manager) found a new sore/lesion on his buttock. Previously he had one that was almost gone and now it is also worse." The GER indicated the PD wrote on 1/30/14 "The redness has since healed and there has been no further issues with redness on [client #3's] buttocks at this time." The GER did not indicate nursing services was notified of the pressure area to client #3's buttocks. __The BDDS report of 2/28/14 indicated on 2/28/14 "[Client #3] has a small pressure sore approx (approximately) 1/2" long and 1/4" wide on the right side of his bottom. The sore has opened up, the home manager took [client #3] to the Wound Center for treatment this morning and the center suggested to have [client #3] remain flat except for when eating meals 3x (three times) daily sitting up for no longer than 30 minutes at a time. The wound center wants the wound packed 3x weekly and for [client #3] to return to see the doctor once a week until the wound is completely healed. Plan to Resolve: Staff will continue to monitor, document and report and (sic) changes to [client #3's] condition. RM will take [client #3] to his weekly appointments at the Wound Center until wound is healed. Indiana Mentor will report any changes to this wound to BQIS (Bureau of Quality			

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	Improvement Services)." The facility records indicated no further follow up reports to BQIS in regard to the report made on 2/28/14. __The GER dated 2/28/14 indicated "Visit to PCP on 2/7/14. Staff reported that we (the staff) continue to struggle with open area on tailbone. PCP referred [client #3] to the Wound Center.... [Client #3] has a lesion on his tailbone that continues to re-open. Staff asked PCP for a referral to the Wound Center." The GER indicated a note from the RM on 3/21/14, "The wound center said it was new skin and he will be home out of his chair at least 1 more week." Client #3's record was reviewed on 4/30/14 at 1 PM. Client #3's record indicated diagnoses of, but not limited to, Cerebral Palsy, Quadriplegic (inability to move or feel both arms and both legs), Scoliosis (abnormal curving of the spine), Seizure Disorders and Bronchial Pulmonary Dysphasia (a chronic lung condition). Client #3's notes from the urgent care clinic indicated: __7/5/13 "Open draining wound with surrounding erythema (redness). Keep wound clean and dry with daily dressing changes. Recline/prevent any pressure/friction over medial ankle.			

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	Return Monday 7/8/13 for recheck." __7/8/13 "Continual erythema and warmth. Pt (patient) given Rocephin (antibiotic) IM (Intramuscular) 500 mg (milligrams). Continue Bactrim DS (antibiotic) twice a day as written. Return pt in 48 hrs (hours) for re-check. Pt to ER if fever over 100 degrees noted." __7/9/13 "Continual erythema and warmth. No cellulitis at this point. Concern for non healing... Will give another dose of Rocephin today IM 500 mg. Continue Bactrim DS. If not improving in next 2 days go to PCP also can use referral to wound center. If any fever over 100.4 go to ER." __Client #3's 8/5/13 physician's orders/progress note indicated client #3 had a "Pressure Ulcer Stage 1" The note indicated "1.0 cm (centimeter) shallow ulcer with evident granulation tissue (newly formed tissue) over the right medial malleolus (the ankle) without purulent (pus) discharge/erythema (redness) [(except as expected healing at wound borders)]/edema/toxic striation (a series of ridges) evident." Client #3's notes from the wound care clinic indicated __9/3/13 "Keep padded boots/heel protectors on while pt in bed. Use pillows to keep heels and ankles off surfaces			

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	while in bed." Client #3 was given a prescription of Collagenase Santyl Ointment 15 gms and Collagenase Santyl Ointment 30 gms. __9/17/13 "Stop Santyl." The client was to "apply Fibracol (a type of dressing), felt, gauze and Keflex (a roll type cover dressing)." Client #3 was given a prescription for "Fibracol 4 inch by 4 3/8 inch size, apply to ankle ulcer every other day." __10/1/13 "Continue daily cleansing and application Fibracol." __10/15/13 indicated no changes in orders. __10/22/13 indicated client #3 was to elevate his right leg as much as possible and "every shift and med pass, check with fingers for swelling in right leg." Client #3's 2/26/24 Risk Plan for skin impairment indicated "[Client #3] requires assistance with bathing daily and staff have the opportunity to visually examine his skin daily. [Client #3] uses adult incontinent products. Staff assist him with changing [every two hrs (hours) while awake and every 4 hrs while sleeping] and anytime that he is wet and initial off on the MAR (Medication Administration Record) each time. Staff are trained to report anything unusual [including injuries to the skin] to the SM/RC along with how to document in			

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	Therap. Body mechanics is training as a part of orientation and good body alignment is included. [Client #3] uses a wheelchair for mobility and a harness for trunk stability. If the wheelchair or the harness fits poorly and has the potential to cause injury the staff will report it to the SM/RC. Staff provide assistance with repositioning, changing sides every 2 hrs, while up in the wheelchair and it is recorded on the MAR. Staff transfers [client #3] using a Hoyer lift which prevents friction to the skin." Client #3's ISP (Individual Support Plan) dated 5/23/13 indicated "[Client #3] requires total staff support for all of his daily living needs." Client #3's 2014 MARs indicated client #3 was to be repositioned every two hours. The MAR indicated "Place wedge under hip when in wheelchair, rotate sides every 2 hrs (hours) and PRN (as needed) for preventative measures." The MAR indicated staff initialed every two hours. The MAR did not indicate if the client was in the chair, bed or lying on the mattress on the floor or the position the client was lying in and/or the supports used to reposition client #3 with each repositioning throughout the day. Client #3's record did not indicate a			

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	specific repositioning plan to include the supports needed and the position client #3 was to be placed to prevent further skin breakdown and to encourage healing. Client #3's ISP did not indicate how the staff were to reposition client #3, the alternate seating positions client #3 was to use and/or the supports the staff were to use for each alternate seating position and/or the clients bed and/or wheelchair. The client's record did not indicate the use of a twin mattress on the floor in the living room as an alternate repositioning option. Staff #2 was interviewed on 4/28/14 at 4:10 PM. When asked why there was a twin mattress on the living room floor in the group home, staff #2 stated "He (client #3) has this area on his right ankle from a pressure sore. We couldn't get it to heal and he finally had to have surgery on it. Then, because we had him tilted back so much in his chair trying to get his foot to heal up he got a sore on his bottom." Staff #2 indicated the twin mattress on the living room floor was used for client #3. Staff #2 stated in order to be able to get client #3 off of his buttocks, the staff utilized a twin mattress on the floor in the living room which also enabled the staff to be able to monitor client #3 better when there were "only two of us (staff) in the house."			

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	Telephone interview with the facility RN on 5/5/14 at 3:30 PM indicated client #3 was to be toileted and repositioned every two hours. The RN indicated the staff then initial the MAR to indicate the client had been repositioned. The RN indicated the staff did not document the specific position the client was repositioned to every two hours nor did the staff document the supports used to reposition the client at each change. The RN indicated no specific positioning schedule was utilized other than the client was to be repositioned every two hours. Telephone interview with the PD (Program Director) on 5/5/14 at 4 PM indicated client #3's ISP indicated client #3 was to be toileted and repositioned every two hours as per the MAR. The PD did not indicate a specific positioning plan that included the position the client was to be placed, the supports that were to be used and/or the alternate seating options that were to be used for client #3. 2. Client #1's record was reviewed on 4/30/14 at 2 PM. Client #1's record indicated diagnoses of, but not limited to, Depression, Lymphedema (a blockage in your lymphatic system causing swelling) of the legs and Obstructive Sleep Apnea. Client #1's 2014 physician's orders			

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	indicated client #1 was to wear a CPAP and compression stockings to be worn daily from 7 AM to 8 PM. Client #1's nursing notes indicated, not all inclusive: __6/20/13 "[Client #1's] lower extremities remain swollen, red. He has been seen by several MDs about this, awaiting compression stocking to come in..... Has 2 sores on right leg. SM (Site Manager) states its dry skin and they are treating with ointment." __7/25/13 "Lymphedema in both LE (lower extremities), venous stasis (slow blood flow).... Discussed with RC/SM (Residential Coordinator/Site Manager) need for diabetic type socks due to edema and questioned about status of compression stockings." __8/31/13 "Lymphedema, venous stasis both LE.... __9/12/13 "Writer put compression stockings on [client #1] for the first time today. He was cooperative. SM will put compression stockings on MAR for daily wear." __10/29/13 "Lymphedema.... both LE - refuses compression stockings.... Discussed Lymphedema referral and importance to follow through with their recommendations. [Client #1] refuses compression stockings at this time. States too tight and uncomfortable. [Client #1]			

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	was able to reiterate all that was discussed and we stressed importance of asking staff for assistance when needed." __11/26/13 "Lymphedema in both LE.... [Client #1] reports using CPAP machine the past few nights. [Client #1] states he can't tell a difference when he wears it. [Client #1] attended Lymphedema clinic last week for assessment and will be going 3x/week (three times a week) for massage and compression. He was excited about this...." __12/20/13 "[Client #1] has been attending massage and compression clinic for Lymphedema which has improved his legs greatly. [Client #1] was wearing compression stocking. States he feels better." __1/22/14 "Not wearing CPAP as ordered.... BLE (Bilateral Lower Extremities) are worsening due to [client #1] refusing compression stockings over 3 weeks. Legs are reddened, swollen and both are extremely dry and cracked. He's refusing lotion as well.... [Client #1] has been uncooperative with MD orders recently and we discussed this at length. [Client #1] has been refusing compression stockings and as a result legs are more edematous, reddened and feet are very dry from refusal of cream. [Client #1] reported the stockings caused him pain. We discussed risks vs benefits, consequences of continued refusal and			

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	importance of following MD orders. [Client #1] agreed to wear them again daily... We addressed CPAP machine - [client #1] made excuses for non compliance and agreed to use it every night as ordered. [Client #1] was tearful at this time. [Client #1] states he wants to move to be closer to his family. We discussed importance of [client #1] taking responsibility for his health and making better choices." __2/27/14 "Not wearing CPAP as ordered - unable to give reason for non-compliance.... +2 pitting (a depression left in the skin when pressed) edema, BLE Lymphedema - Venous stasis.... We discussed [client #1's] non-compliance with MD orders. [Client #1] stated he was upset with himself for not making better choices to improve his health. [Client #1] legs have +2 pitting edema and scabs from the edema. Discussed increased risk of infection related to the increased swelling and skin tears. [Client #1] agreed to wear compression stockings and went to his room for writer to put them on him now. This was [client #1's] choice. He was not pressured to put on the stockings. We also discussed CPAP machine and importance of compliance. Explained benefits of getting a good nights rest and how it will improve his daily functioning. [Client #1] admits to feeling depressed.			

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	He wants to live on own and near his family. Discussed importance of showing responsibility by taking care of health care needs. [Client #1] states he will try to 'do better'." __3/21/14 "Not wearing CPAP machine as ordered.... Lymphedema BLE - refuses compression stockings as ordered, +2 pitting.... [Client #1] remains non-compliant with compression stockings and CPAP at night. [Client #1] apologized for this but continues to make the choice to not comply. [Client #1] does not give reason for his non-compliance. States his sister said he didn't have to. We again discussed risks of possible complications that can arise and [client #1] voiced understanding of this. [Client #1] has extreme edema in BLE, +2 pitting. [Client #1] c/o (complained of) 'itchy' skin on legs. Encouraged [client #1] to keep skin moistened." Client #1's Risk Plan for Lymphedema of 2/6/14 indicated "Lymphedema refers to swelling that generally occurs in one of your arms or legs. Although Lymphedema tend to affect just one arm or leg, sometimes both arms or both legs may be swollen. Lymphedema symptoms include: Swelling of part of your arm or leg or your entire arm or leg.... A feeling of heaviness or tightness in your arm or			

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	leg. Restricted range of motion in your arm or leg. Recurring infections in your affected limb, Hardening and thickening of the skin on your arm or leg. Lymphedema occurs when your lymph vessels are unable to adequately drain lymph fluid, usually from an arm or leg. Lymphedema in your arm or leg can lead to serious complications, such as: Infections Lymphangiosarcoma (a malignant tumor).... Treatment focuses on reducing the swelling and controlling the pain.... [Client #1] is to wear compression stockings daily as maintenance. [Client #1] also follows up with routine MD visits to evaluate and treat as needed." Review of client #1's February, March and April 2014 MARs (Medication Administration Records) indicated client #1 refused his CPAP machine every night in February, March and April 2014 and refused to wear his compression stockings all of February, March and April 2014 except for one day, February 27, 2014. Client #1's ISP dated 9/1/13 indicated client #1 had an objective to wear his CPAP. The methodology of the objective indicated: 1. "Staff will ask [client #1] who suggested he wear the c-pap."			

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	2. "Staff will ask [client #1] why it is important to wear his c-pap." 3. "Staff will ask [client #1] what might happen if he does not wear his c-pap." 4. Staff were to verbally prompt client #1 "Can you please put your c-pap on." Client #1's ISP did not indicate what the staff were to do when client #1 refused to wear his CPAP machine and/or to wear his compression stockings. Client #1's BSP (Behavior Support Plan) dated 9/25/13 indicated client #1 had targeted behaviors of anxiety, depression, verbal aggression and non-compliance with supervision. Client #1's BSP did not address what the staff were to do when client #1 refused to wear his compression stockings or what the staff were to do when client #1 refused to wear his CPAP machine at night. Interview with the HM on 4/30/14 at 9 AM stated client #1 had refused to wear his CPAP machine at night and his compression stocking during the day "for months." When asked what the staff were to do when client #1 refused his CPAP and stockings, the HM stated, "There's not much we can do. He just won't wear them." During telephone interview with the			

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	facility RN on 5/5/14 at 3:30 PM, the RN indicated client #1 had a history of refusing to wear his CPAP machine at night and of refusal to wear his compression stockings during the day. When asked what the staff were to do when client #1 refused, the RN stated, "The staff should encourage him (client #1) to be compliant." The RN stated the staff "should" document the refusal in the client's MAR. The RN indicated client #1's health risk plans did not include what the staff were to do when client #1 refused his CPAP at night and refused to wear his compression stocking during the day. 9-3-4(a)			
W000242	483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. Based on observation, record review and interview for 3 of 4 sample clients (#1, #3 and #4), the clients' ISPs (Individual	W000242	**1. What corrective action will be accomplished?** · Relevant interventions to support individual independence will be included in	06/08/2014

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	Support Plans) failed to address: __Client #1's identified training needs in regards to bathing, hygiene and tooth brushing. __Client #3's identified training needs in regards to bathing, hygiene, tooth brushing and dressing. __Client #4's identified training needs in regards to toileting, hygiene, tooth brushing and hand washing. Findings include: Observations were conducted at the group home on 4/28/14 between 4 PM and 6:30 PM and on 4/30/14 between 5:30 AM and 8:30 AM. __Client #1 required staff prompting for hygiene issues, showering and brushing his teeth. __Client #3 required staff assistance for hygiene issues, bathing, dressing and brushing his teeth. __Client #4 required staff prompting for hygiene issues, to flush the toilet, washed his hands after toileting and to brush his teeth. Client #1's record was reviewed on 4/30/14 at 2 PM. Client #1's nursing notes indicated, not all inclusive: __6/20/13 "Incontinent at times...." __7/25/13 "[Client #1] has urine on his		program plan. · Program Director/QIDP will be retrained on writing relevant interventions in plans. Programming put in place for client 1 on hygiene and toothbrushing. Programming put in place for client 3 on hygiene and toothbrushing. Programming put in place for client 4 on hygiene, toothbrushing, and morning routine. Program Director/QIDP to review all programming to ensure programs fit the needs of the clients. Program Director/QIDP to monitor programming monthly via therap to ensure all programs are still needed. **2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All residents have the potential to be affected by the same deficient practice · Relevant interventions to support individual independence will be included in program plan. Program Director/QIDP to review all programming to ensure programs fit the needs of the clients. Program Director/QIDP to monitor programming monthly via therap to ensure all programs are still needed. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Relevant interventions to support	

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	socks today and writer assisted with changing to clean ones...." __8/31/13 "[Client #1] smelled of urine, he apologized and stated he would shower.... We discussed that he needs to use restroom at first sign he needs to go and not wait. [Client #1] apologized and stated he drank a lot of H2O (water). [Client #1] stated he would shower and do laundry." __9/12/13 "Incontinent at times...." __10/29/13 "Incontinent at times - has UTI (Urinary Tract Infection) currently - on Cipro (an antibiotic).... [Client #1] has UTI and we discussed importance of getting to restroom in time to avoid accidents. Discussed proper cleaning and importance of good hygiene. Discussed no fluids after 6 pm, decrease caffeine, empty bladder before going to HS (bed)." __11/26/13 "Enuresis (incontinence).... [Client #1] reports urinary issues have improved...." __12/20/13 "[Client #1] reports his urinary incontinence has improved as well." __2/27/14 "[Client #1] admits to feeling depressed. He wants to live on own and near his family. Discussed importance of showing responsibility by taking care of health care needs. [Client #1] states he will try to 'do better'." Client #1's IPOP (Individual Plan of		individual independence will be included in program plan. Program Director/QIDP to review all programming to ensure programs fit the needs of the clients. Program Director/QIDP to monitor programming monthly via therap to ensure all programs are still needed. **4. How will the corrective action be monitored to ensure the deficient practice will not recur?** · The area director will monitor the program reports monthly to ensure compliance.Program Director/QIDP to review all programming to ensure programs fit the needs of the clients. Program Director/QIDP to monitor programming monthly via therap to ensure all programs are still needed. **5. What is the date by which the systemic changes will be completed?** June 8th 2014	

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	Protective Oversight) dated 9/23/13 indicated "[Client #1] may become engrossed in an activity that he has to be reminded to use the bathroom. He does have an occasional accident due to not getting to the toilet on time. He does not wear depends. He [client #1] needs occasional prompts to complete bathing tasks.... He does have difficulty picking up items that have fallen on the floor in the shower.... He needs supervision with oral hygiene to ensure that he is brushing all areas completely...." Client #1's ISP (Individual Support Plan) dated 9/1/13 indicated no training objectives to assist client #1 with bathing, hygiene and tooth brushing. 2. Client #3's record was reviewed on 4/30/14 at 1 PM. Client #3's IPOP of 7/15/13 indicated client #3 required total assistance and/or hand over hand assistance with bathing, hygiene, tooth brushing and dressing. Client #3's ISP dated 5/23/13 indicated no training objectives to assist client #3 with bathing, hygiene, tooth brushing and dressing. 3. Client #4's record was reviewed on 4/30/14 at 3 PM. Client #4's IPOP of 7/1/13 indicated client #4 required "verbal assistance with all hygiene skills. He can independently toilet, but requires verbal prompts to wash his hands and			

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	flush the toilet." The IPOP indicated client #4 required verbal assistance to "wash up" and to "zip his pants up" after toileting. Client #4's ISP dated 7/2/13 indicated no training objectives to assist client #4 with toileting, hygiene, tooth brushing and hand washing. Interview with staff #2 on 4/28/14 at 5 PM indicated clients #1 and #4 required reminders to bathe, brush their teeth, go to the bathroom and then to wash their hands. Staff #2 indicated client #3 required complete or hand over hand assistance for bathing, hygiene, tooth brushing and dressing. Interview with staff #1 on 4/30/14 at 8:30 AM indicated client #1 had occasional accidents of incontinence and required staff reminders to bathe, brush his teeth and to go to the bathroom. Staff #1 indicated client #3 required total staff assistance with bathing, hygiene, tooth brushing and dressing. Telephone interview with the PD (Program Director) on 5/5/14 at 4 PM indicated client #1 was to be reminded every two hours to go to the bathroom to avoid incontinence. The PD stated, "I don't think" clients #1 and #4 have tooth brushing and hygiene objectives "but I'll have to check." The PD stated client #3			

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	required total staff assistance and "should have" objectives in place for bathing, dressing, hygiene and tooth brushing. E-mail interview with the PD (Program Director) on 5/5/14 at 5 PM indicated client #1 did not have any objectives to assist him with bathing, hygiene and tooth brushing. 9-3-4(a)			
W000249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, interview and record review for 4 of 4 sample clients (#1, #2, #3 and #4), the facility failed to ensure the staff implemented the clients' program plans when formal and informal training opportunities existed. Findings include: 1. Observations were conducted at the group home on 4/28/14 between 4 PM and 6:30 PM and on 4/30/14 between	W000249	**1. What corrective action will be accomplished?** · All individual program plans will include continuous active treatment. · Staff will be retrained on implementing active treatment consistently and sufficiently. · Program Director/QIDP will check all program plans for accuracy and will be retrained on writing continuous active treatment into plan to sufficiently support achievement of objectives. **2. How will we identify other residents having the potential**	06/08/2014

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	5:45 AM and 8:30 AM. Client #2 bit his right wrist multiple times throughout both observation periods. Client #2's right wrist was red, swollen and callused. The staff did not ask the client to stop, touch the client and/or offer a squeeze ball each time client #2 was observed biting his wrist. Client #2's record was reviewed on 4/30/14 at 4 PM. Client #2's BSP (Behavior Support Plan) dated 1/21/14 indicated client #2 had a targeted behavior of SIB (Self Injurious Behavior) of: "Continued chewing on wrist, arm or fingers." The BSP indicated the staff were to: "1. Approach calmly and ask [client #2] to stop. 2. Pair request to stop behavior with a physical touch on arm. Don't pull away. 3. Place the squeeze ball in his hand and say, ' [Client #2] please squeeze the ball. ' 4. Repeat until task is complete." Interview with staff #1 on 4/30/14 at 8:45 AM stated client #2 bites his right wrist, "Off and on all day long every day." Staff #1 indicated when client #2 bit his wrist the staff were to redirect him. Staff #1 stated, "There's not much else we can do."		**to be affected by the same deficient practice and what corrective action will be taken?** · All residents have the potential to be affected by the same deficient practice · All individual program plans will include continuous active treatment. · Staff will be retrained on implementing active treatment consistently and sufficiently. · Program Director/QIDP will check all program plans for accuracy and will be retrained on writing continuous active treatment into plan to sufficiently support achievement of objectives. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · All individual program plans will include continuous active treatment. · Staff will be retrained on implementing active treatment consistently and sufficiently. · Program Director/QIDP will check all program plans for accuracy and will be retrained on writing continuous active treatment into plan to sufficiently support achievement of objectives. **4. How will the corrective action be monitored to ensure the deficient practice will not recur?** · Program Director/QIDP will monitor program plans on a monthly basis to ensure needs are met. Home manager will do weekly home observations to ensure staff are compliant.	

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	Interview with the RM (Residential Manager) on 4/30/14 at 9:15 AM indicated whenever client #2 was biting his arm, the staff were to redirect him and offer him an alternate activity whenever he was biting his arm. Interview with the PD (Program Director) on 4/30/14 at 1 PM indicated the staff were to follow client #2's program plans throughout the day. 2. Observations were conducted at the group home on 4/30/14 between 5:45 AM and 8:30 AM. Upon entering the home, staff #1 was sitting in the living room and staff #3 was in the rear of the home. Clients #1 and #2 were up and dressed and in their bedrooms. Clients #3 and #4 were in their beds. __At 5:45 AM client #5 gathered all of the lunch bags that were sitting on the dining room table and took them outside and placed them on the facility van. __The staff did not redirect client #5 from preparing and taking the lunch bags to the facility van for clients #1, #2, #3 and #4 or prompt the clients to prepare their own lunch bags. Client #1's record was reviewed on 4/30/14 at 2 PM. Client #1's ISP (Individual Support Plan) of 9/1/13 indicated client #1 had an objective to		These will be tracked via Therap.· Program Director/QIDP will do bi-monthly home observations to ensure staff are compliant. This will be tracked via therap.· The area director will monitor documentation reports on a monthly basis to ensure they sufficiently support achievement of objects. **5. What is the date by which the systemic changes will be completed?** June 8th 2014	

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	independently prepare his own lunch bag. Review of the methodology for client #1's goal indicated client #1 would get his clean lunch bag, select his menu choices, pack the appropriate utensils and a napkin and take his lunch box to work. Client #2's record was reviewed on 4/30/14 at 4 PM. Client #2's ISP of 1/21/14 indicated client #2 had an objective to independently prepare his own lunch bag. Review of the methodology for client #2's goal indicated client #2 would get his lunch bag, select his menu choices, pack the appropriate utensils and a napkin and take his lunch box to work. Client #3's record was reviewed on 4/30/14 at 1 PM. Client #3's ISP of 5/23/13 indicated client #3 had an objective to independently prepare his own lunch bag. Review of the methodology for client #3's goal indicated client #3 would get his lunch bag, select his menu choices, pack the appropriate utensils and a napkin and take his lunch box to work. Client #4's record was reviewed on 4/30/14 at 3 PM. Client #4's ISP of 7/2/13 indicated client #4 had an objective to independently prepare his own lunch bag. Review of the			

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	methodology for client #4's goal indicated client #4 would get his lunch bag, select his menu choices, pack the appropriate utensils and a napkin and take his lunch box to work. During interview with client #5 on 4/30/14 at 5:45 AM, client #5 was asked who prepared the lunch bags. Client #5 stated, "I did. I do it all the time." Client #5 indicated she had prepared client #1's, #2's, #3's and #4's lunch bags and took them to the van for them. Interview with the RM (Residential Manager) on 4/30/14 at 7 AM stated client #5 "often" prepares all of the clients' lunch boxes and puts them on the facility van. The RM stated, "We've asked her over and over again, to not do that and to let everyone fix their own but she still keeps doing it. Nine out of ten days she already has it done and the lunch boxes on the van before I ever get here." Telephone interview with the PD (Program Director) on 5/5/14 at 4 PM indicated the clients were to prepare their own lunch boxes and take their own lunch boxes to the facility van. 3. Observations were conducted at the group home on 4/28/14 between 4 PM and 6:30 PM. Baked pork chops, rice,			

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	broccoli with cheese and crushed pineapple were prepared for the evening meal. __At 6 PM clients #1 and #4 filled their plates with the provided food. __Client #1 ate one pork chop, a large scoop of rice, a large scoop of broccoli with cheese and a large scoop of crushed pineapple. __Client #4 ate one pork chop, a double scoop of rice, a large scoop of broccoli with cheese and a large scoop of crushed pineapple. __At 6:15 PM client #4 finished his meal and asked for seconds. Staff #2 stated, "Ok." Client #4 placed a second helping of a pork chop, broccoli and cheese, rice and crushed pineapple on his plate and ate all of the second helping. Client #4 used his fingers to pick up and scoop his food, ate fast and took large bites of food while eating. __At 6:20 PM client #1 finished his meal and asked for seconds. Staff #2 stated, "Ok." Client #1 placed a second helping of a pork chop, broccoli and cheese, rice and crushed pineapple on his plate and ate all of the second helping. __The staff did not prompt or encourage clients #1 and #4 in dietary compliance, healthy seconds and/or portion control in regard to the large scoops/portions of food and to the second helpings of all foods. The staff did not prompt client #4			

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	when appropriate to use his utensils, to slow his rate of eating and/or to take smaller bites of food. Client #1's record was reviewed on 4/30/14 at 2 PM. __Client #1's Quarterly Nutrition Review dated 2/10/14 indicated client #1 weighed 241 pounds and was in need of weight loss. The review indicated client #1 was to have an 1800 calorie low potassium diet. The review indicated "Encourage single servings at meals- may have 2nds (seconds) of non starchy vegs (vegetables) if he is still hungry." __Client #1's IPOP (Individual Plan of Protective Oversight) indicated client #1 required "prompts and redirection for dietary compliance.... [Client #1] does not like to be compliant with his diet. He can make snacks, but he needs assistance with making sure they are nutritionally balanced." The IPOP indicated "Very Diet Non-compliant. Must be prompted on proper selections and quantities. [Client #1] will try to eat massive quantities of food." Client #4's record was reviewed on 4/30/14 at 3 PM. __Client #4's Quarterly Nutrition Review dated 1/29/14 indicated client #4 weighed 195 pounds and was in need of weight loss. The review indicated client #4			

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	"Needs consistent encouragement to remain diet compliant. Staff does encourage 2nds of non starchy vegs however he does not do so is to follow regular, NAS (No Added Sugars) diet. Could lose weight if portion control were followed. May need to consider kcal (kilocalorie) control diet in future...." __Client #4's ISP dated 7/2/13 indicated "[Client #4] must be supervised at all times around food as he will eat uncontrollably and very fast. Also [client #4] tends to put very large pieces of food in his mouth and has very poor table manners." Client #4's ISP indicated client #4 had an objective to "Independently make good food choices." __Client #4's IPOP indicated "[Client #4] eats large amounts of food, he requires redirection from staff. He tends to not use silverware and manners while at the table. He will eat all his food and go in search of more food. He tends to eat quickly and will need monitoring to chew his food thoroughly, take small bites, and verbal prompts to slow down and to take drinks." Telephone interview with the PD (Program Director) on 5/5/14 at 4 PM stated the staff were to encourage clients #1 and #4 to follow their diets "But after that we can ' t refuse them if they want more." The PD indicated the staff were to			

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	follow and implement the clients' program plans throughout the day. 9-3-4(a)			
W000252	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to ensure the staff documented the clients' program data as directed. Findings include: 1. Review of client #1's #2's, #3's and #4's PRs (Programmatic Reports) for October and November 2013 and March 2014 were reviewed on 4/29/14 at 4 PM. Client #1's PRS indicated the following objectives and data: No data was collected/reviewed for the following objectives in March 2014. __To independently use his own key to access the hazmats (hazardous materials). . __To independently pay for a meal at a restaurant.	W000252	**1. What corrective action will be accomplished?** · Staff will be retrained on documenting program data accurately and consistently. · Home managers will monitor program data entry daily. · Program Director will monitor program data collection monthly. **2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All residents have the potential to be affected by the same deficient practice · Staff will be retrained on documenting program data accurately and consistently. · Home managers will monitor program data entry daily. · Program Director will monitor program data collection monthly.	06/08/2014

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	No data was collected/reviewed for the following objectives in October 2013. __To independently use his own key to access the hazmats. __To independently pay for a meal at a restaurant. __To understand boundaries with female peers. __To independently operate the dishwasher. __To set the dials on the clothes dryer. __To identify his Lexapro (an antidepressant). __To independently follow his diet. Client #2's PRS indicated the following objectives and data: No data was collected/reviewed for following objectives in March 2014. __To independently pay for a meal at a restaurant. __To open his mouth and practice for his dental procedure. __To independently pack his lunch for workshop. __To choose a healthy snack. __To independently choose a leisure skill to participate in. No data was collected/reviewed for the following objectives in October 2013. __To regulate the water temperature with		**3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Staff will be retrained on documenting program data accurately and consistently. · Home managers will monitor program data entry daily. · Program Director will monitor program data collection monthly. **4. How will the corrective action be monitored to ensure the deficient practice will not recur?** · Home managers will monitor program data entry daily. · Program Director will monitor program data collection monthly **5. What is the date by which the systemic changes will be completed?** June 8th 2014	

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	staff assistance. __To use his picture board to signify he wants to go outside. __To independently care for his hair. __To prepare a meal with staff assistance. __To choose a healthy snack. __To independently choose a leisure skill to participate in. __To open his mouth and practice for his dental procedure. __To gather his pill crusher and his water for his medications. __To be able to identify a quarter from a group of objects. __To use his communication book to signify his needs. Client #3's PRS indicated the following objectives and data: No data was collected/reviewed for the following objectives in March 2014 __To wear his glasses for 30 minutes a day. __To use a key to access hazmats. __To count 15 pennies. No data was collected/reviewed for the following objectives in October 2013 __To use a key to access hazmats. __To indicated what medication he takes for a headache. __To independently identify ways to deal with frustration.			

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	__To identify a dollar bill. __To wear his glasses for 15 minutes a day. __To have a conversation with another person or staff and address staff by their correct name. Client #4's PRS indicated the following objectives and data: No data was collected/reviewed for the following objectives in March 2014. __To independently pack his lunch for work. No data was collected for the following objectives in October 2013 __To independently state the process for filing a complaint. __To identify abuse/neglect. __To independently make appropriate food choices. __To independently access the hazmats. __To identify the consequences of his actions. __To demonstrate appropriate table manners. __To independently count his dollar bills. __To state the time he uses Chlorhexidine (mouthwash). __To write letters A through K in cursive. __To independently put his clean clothes away. __To independently care for his own			

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	eyeglasses. During interview with the PD (Program Director) on 4/30/14 at 1 PM, the PD indicated the PRs had not been competed for December 2013 and January and February 2014. The PD indicated the staff were to offer program training as indicated in each client's ISP and document the results of the training objective in Therap (the facility's computerized record system). 9-3-4(a)			
W000312	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 4 sampled clients receiving medications to control behaviors (#1), the facility failed to ensure client #1's use of Cymbalta was included in the client's Behavior Support Plan (BSP). Findings include: Client #1's record was reviewed on 4/30/14 at 2 PM. Client #1's physician's	W000312	1. **What corrective action will be accomplished?** · Plans of reduction have been developed and will be implemented with all clients. · Staff will be trained on reporting and documenting target behaviors. · Program Directors will review and evaluate quarterly and at yearly ISP meetings. The home manager will discuss any need for reduction with Psychiatrist/Physician at	06/08/2014

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	orders for April 2014 indicated client #1 was to have Cymbalta 30 mg twice a day. Client #1's BSP of 3/31/14 indicated client #1 had targeted behaviors of anxiety, depression, verbal aggression and non-compliance. Client #1's BSP did not include the use of Cymbalta for depression. E-mail interview with the PD (Program Director) on 5/5/14 at 5 PM indicated client #1's BSP did not include the use of the Cymbalta for depression. 9-3-5(a)		appointments. 2. **How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All residents have the potential to be affected by the same deficient practice. · Plans of reduction have been developed and will be implemented with all clients. · Staff will be trained on reporting and documenting target behaviors. · Program Directors will review and evaluate quarterly and at yearly ISP meetings. The home manager will discuss any need for reduction with Psychiatrist/Physician at appointments. 3. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Plans of reduction have been developed and will be implemented with all clients. · Staff will be trained on reporting and documenting target behaviors. · Program Directors will review and evaluate quarterly and at yearly ISP meetings. The home manager will discuss any need for reduction with Psychiatrist/Physician at appointments.	

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			4. **How will the corrective action be monitored to ensure the deficient practice will not recur?** · Program Directors will review and evaluate quarterly and at yearly ISP meetings and discuss any need for reduction with Psychiatrist/Physician at quarterly appointments. · The area director will monitor to ensure the individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. 5. **What is the date by which the systemic changes will be completed?** · June 8th 2014	
W000318	483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Health Care Services for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#6, #7 and #8). The facility's nursing services failed to develop and implement a specific plan of care in regard to client #3's pressure wounds and client #1's Lymphedema (a blockage in	W000318	**1. What corrective action will be accomplished?** · Specific plans of care will be developed and implemented for health issues of clients. · Staff will be provided adequate training in implementing specific health plans. · Nursing services will be provided to address specific health plans. · Home manager will monitor that all medical recommendations and medications will be consistently	06/08/2014

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	the lymphatic system causing swelling) of the legs and Obstructive Sleep Apnea (a sleep disorder in which breathing repeatedly stops and starts during sleep), to address client #1's refusals of medical orders, to ensure the staff were trained to care for client #3's dressing changes and wound care and addressed client #1's dietary recommendations made by the dietician. The facility's nursing services failed to ensure the staff collected and documented client #2's and #4's medical data, cleaned the containers used to crush client #2's, #3's and #6's pills and gave client #3's, #4's, #7's and #8's medications without error. Findings include: The facility's nursing services failed to ensure clients #2's and #3's hearing was evaluated as recommended by the audiologist. Please see W323. The facility's nursing services failed: __To develop and implement a plan of care in regard to client #3's pressure wounds that included a specific positioning schedule, what the staff were to monitor and document, when/what the staff were to report to nursing, to monitor and ensure the staff conducted daily skin assessments and documented thoroughly in Therap (the computer system used by		implemented. **2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All residents have the potential to be affected by the same deficient practice. · Specific plans of care will be developed and implemented for health issues of clients. · Staff will be provided adequate training in implementing specific health plans. · Nursing services will be provided to address specific health plans. · Home manager will monitor that all medical recommendations and medications will be implemented. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Specific plans of care will be developed and implemented for health issues of clients. · Staff will be provided adequate training in implementing specific health plans. · Nursing services will be provided to address specific health plans. · The home manager will be retrained on monitoring all medical recommendations and medications will be implemented. **4. How will the corrective action be monitored to ensure the deficient practice will not recur?** · Nurse will develop specific health plans, for each client in need of one, and	

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	the facility for client records) and to ensure the direct care staff were trained to do client #3's dressing changes and wound care. __To develop and implement a plan of care in regard to client #1's Lymphedema that included what the staff were to do when client #1 was non compliant with wearing his compression stockings, how the staff were to monitor and care for client #1's legs in regard to the Lymphedema (swelling/redness/dry skin/pain) and when the staff were to notify nursing in regard to client #1's symptoms of Lymphedema. __To develop and implement a plan of care in regard to client #1's sleep apnea that included what the staff were to do when client #1 refused to wear his CPAP (Continuous Positive Airway Pressure - a machine that helps a person with Obstructive Sleep Apnea breathe easier at night while sleeping), who the staff were to notify when the client refused to wear his CPAP and what the staff were to monitor/document in regard to client #1's sleep apnea. __To ensure the staff collected and documented the clients' medical data as indicated by the physician's orders for clients #2 and #4. __To ensure the staff cleaned the containers used to crush client #2's, #3's and #6's pills after each use.		train staff. · The program director/QIDP will review doctor notes and other assessments on a weekly basis to ensure health care services requirements are met. The area director will review health care reports via therap on a quarterly basis to ensure all health area are being addressed with programs and plans. **5. What is the date by which the systemic changes will be completed?** · June 8th 2014	

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	__To address the dietary recommendations made by the dietician for client #1 with the client's physician when updating client #1's quarterly physician's orders. Please see W331. The facility's nursing services failed to ensure client #3's, #4's and #8's medications were administered as ordered by the physician. Please see W368. The facility's nursing services failed to ensure all medications were administered to clients #7 and #8 without error in compliance with the physician's orders. Please see W369. The facility's nursing services failed to ensure the staff were trained in regard to client #3's dressing changes and wound care. Please see W342. 9-3-6(a)			
W000323	483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Based on record review and interview for 2 of 4 sampled clients (#2 and #3), the	W000323	**1. What corrective action will be accomplished?**	06/08/2014

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	facility failed to ensure the clients' hearing was evaluated as recommended by the audiologist. Findings include: Client #2's record was reviewed on 4/30/14 at 4 PM. Client #2's hearing evaluation of 3/1/11 indicated "Soundfield speech awareness threshold WNL (within normal limits) for the better ear. Thresholds WNL to mild decrease for the better ear." The evaluation recommended client #2 have a follow up hearing evaluation in 2 to 3 years or as needed. Client #2's record indicated no follow up hearing evaluation since the evaluation of 2011. Client #3's record was reviewed on 4/30/14 at 1 PM. Client #3's hearing evaluation of 3/16/11 indicated "Recommendations: Repeat testing annually or PRN (as needed)." Client #3's record indicated client #3 did not have annual hearing evaluations conducted and no further testing since the hearing evaluation of 2011. Telephone interview with the PD (Program Director) on 5/5/14 at 4 PM indicated client #2's most current hearing evaluation was 3/1/11 and client #3's was 3/16/11.		· All clients will receive annual physical exams that include vision and hearing evaluation. · Home manager will retrained on scheduling and complying with annual exams. · Program Director will monitor compliance with annual exams. **2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All residents have the potential to be affected by the same deficient practice. · All clients will receive annual physical exams that include vision and hearing evaluation. · Home manager will retrained on scheduling and complying with annual exams. · Program Director will monitor compliance with annual exams. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · All clients will receive annual physical exams that include vision and hearing evaluation. · Home manager will retrained on scheduling and complying with annual exams. · Program Director will monitor compliance with annual exams.	

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	Telephone interview with the facility RN on 5/5/14 at 3:30 PM indicated she was not aware of the recommendations for client #2's and #3's repeat hearing evaluations. The RN stated the RM (Residential Manager) "usually makes those appointments." 9-3-6(a)		**4. How will the corrective action be monitored to ensure the deficient practice will not recur?** · Program Director will monitor compliance with annual exams. **5. What is the date by which the systemic changes will be completed?** 6/8/14	
W000331	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 4 of 4 sampled clients (#1, #2, #3 and #4) and 1 additional client (#6), the facility nursing services failed: __To develop and implement a plan of care in regard to client #3's pressure wounds that included a specific positioning schedule, what the staff were to monitor and document, when/what the staff were to report to nursing, to monitor and ensure the staff conducted daily skin assessments and documented thoroughly in Therap (the computer system used by the facility for client records) and to ensure the direct care staff were trained to do client #3's dressing changes and wound care. __To develop and implement a plan of	W000331	1. **What corrective action will be accomplished?** · Nursing services will be provided to all clients based on their need. · Nursing staff will be trained on completing and documenting assessments and providing appropriate level of services. · Program Directors will monitor that nursing services are being provided. 2. **How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All residents have the potential to be affected by the same deficient practice. · Nursing services will be provided to all clients based on their need. · Nursing staff will be trained on completing and documenting	06/08/2014

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	care in regard to client #1's Lymphedema that included what the staff were to do when client #1 was non compliant with wearing his compression stockings, how the staff were to monitor and care for client #1's legs in regard to the Lymphedema (swelling/redness/dry skin/pain) and when the staff were to notify nursing in regard to client #1's symptoms of Lymphedema. __To develop and implement a plan of care in regard to client #1's sleep apnea that included what the staff were to do when client #1 refused to wear his CPAP (Continuous Positive Airway Pressure - a machine that helps a person with Obstructive Sleep Apnea breathe easier at night while sleeping), who the staff were to notify when the client refused to wear his CPAP and what the staff were to monitor/document in regard to client #1's sleep apnea. __To address client #1's refusals to follow medical orders. __To ensure the staff collected and documented the clients' medical data as indicated by the physician's orders for clients #2 and #4. __To ensure the staff cleaned the containers used to crush client #2's, #3's and #6's pills after each use. __To address the dietary recommendations made by the dietician for client #1 with the client's physician		assessments and providing appropriate level of services. · Program Directors will monitor that nursing services are being provided. 3. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Nursing services will be provided to all clients based on their need. · Nursing staff will be trained on completing and documenting assessments and providing appropriate level of services. · Program Directors will monitor that nursing services are being provided. **4. How will the corrective action be monitored to ensure the deficient practice will not recur?** · Nurse will develop specific health plans, for each client in need of one, and train staff. · The program director/QIDP will review doctor notes and other assessments on a weekly basis to ensure health care services requirements are met. The area director will review health care reports via therap on a quarterly basis to ensure all health area are being addressed with programs and plans. 5. **What is the date by which the systemic changes will be completed?** 6/8/14	

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	when updating client #1's quarterly physician's orders. Findings include: 1. Observations were conducted at the group home on 4/28/14 between 4 PM and 6:30 PM and on 4/30/14 between 5:30 AM and 8:30 AM. During both observation periods a twin size mattress, blankets and pillows were on the living room floor. Client #3 sat in a tilt in space wheel chair with head/foot rests and both feet strapped into cushioned ankle boots. Client #3 did not reposition himself and required staff assistance to meet all of his daily needs. During the PM observation on 4/28/14: __At 4 PM client #3 returned home from the day program. Staff #1 checked client #3 to see if he was incontinent. Client #3 was dry. Client #3 was then wheeled to the dining room table. __At 4:10 PM staff #2 stated "He (client #3) has this area on his right ankle from a pressure sore. We couldn't get it to heal and he finally had to have surgery on it. Then, because we had him tilted back so much, trying to get his foot to heal up, he got a sore on his bottom." Staff #2 indicated the twin mattress on the living room floor was for client #3. Staff #2 stated in order to be able to get client #3			

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	off of his buttocks, the staff utilized a twin mattress on the floor in the living room which also enabled the staff to be able to monitor client #3 better when there was "only two of us (staff) in the house." __At 4:50 PM the RM asked client #3, "Are you dry? You want to tilt a little bit?" Client #3 indicated yes and the RM tilted client #3's wheelchair back slightly. The RM did not check physically to see if client #3 was incontinent. __At 5:15 PM client #3 was taken to the living room with clients #6 and #7 to watch television. __At 5:50 PM staff #1 wheeled client #3 back to the dining room for his evening meal. Staff #1 stated, "I'm going to wait till after he eats to give him his shower." __At 6:45 PM client #3 was still sitting at the dining room table finishing his evening meal. __From 4 PM to 6:45 PM client #3 was provided a slight tilt of his wheelchair for repositioning and was not toileted every two hours during the evening observation period. The facility's reportable records were reviewed on 4/29/14 at 11 AM. __ A 7/5/13 BDDS (Bureau of Developmental Disabilities Services) report indicated "[Client #3] received a new wheelchair. The wheelchair has foot			

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	straps that go over his ankle and they fit more snug than the ones on his last wheelchair. The strap caused a, what appears to be, pressure sore on the inside of his right ankle. The incident was not reportable at first, however, when coordinator checked the wound this day the wound itself is not reportable size, but factoring the redness around the wound and the wound itself it is now at reportable size. The area became warm to touch, so [client #3] was taken to urgent care to be evaluated. Plan to Resolve: [Client #3] was prescribed an antibiotic (Bactrim DS 1 tablet BID, twice a day) to aid with any infection that he might have and prevent any infection from occurring. It was advised to keep the area dry with daily dressings. The area is dressed and the antibiotic will start on 7/6/13. Staff will change the dressing as recommended and give the antibiotic as prescribed. [Client #3] will return to the urgent care facility on Monday to assess the progress of the wound...." __The follow up BDDS report dated 7/11/13 indicated "It is clear that the injury is an injury from the straps on his new wheelchair. He went to the Urgent Care and was put on antibiotics to safeguard from infection. He was prescribed a follow-up appointment where he received an antibiotic shot and was advised to continue the oral			

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	antibiotics as prescribed before. He was then given another follow-up appoint (appointment) due to the antibiotic shot being a good 25 hour antibiotic. Upon the additional follow-up he received another antibiotic shot and was told to still continue the oral antibiotics. He was not prescribed an additional follow-up unless the injury worsens. The wound is healing nicely and appears to continue to heal nicely. The redness has subsided and gone away in most areas and is very faint where it is left. The company was called where he got his wheelchair from and they stated that these injuries are common with the type of straps [client #3] has." The report indicated "Even if the straps are loose if he moves his feet a lot, which [client #3] does do, it is possible that he would still develop the same type of injury. There are foam boots that are available to safeguard against this type of injury. [Client #3] does have one. Once the injury heals the foam boot will be place (sic) on his foot and then his foot will be placed in the strap and that should prevent [client #3] from developing any other injuries of this nature. Right now his foot is not being placed in the straps until the injury is completely healed. Staff will continue to monitor the healing process of the injury and watch for any additional complications...."			

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	__The follow up BDDS report dated 9/10/13 indicated "This follow-up is in regard to an incident that was reported and closed already. Due to [client #3] tearing the scab off the area in his sleep the wound became open again. The doctor prescribed [client #3] Tegaderm Dressing on 8/5 (8/5/13) at his quarterly appointment. The doctor said the area was not infected and not to the bone. The area was not healing, but it was not getting worse either. A referral was obtained for the wound care clinic due to the area not healing.... [Client #3] was seen at the wound care clinic on 9/3 (9/3/13). They prescribed wet to dry dressing for the area and Santyl Collagens 250 U/GM (units per grams) 30 GM to treat the area. [Client #3] had a follow-up at the wound care clinic on 9/10 (9/10/13). At this point the area appeared that it might be infected. The open area did not get any larger than it was which is smaller than a dime, but the area around it was red. The wound care clinic said the cultures of the area came back that it was not infected, but he was worried that if it was not already infected that it could get infected. [Client #3] was prescribed Sulfamethoxazole/Trimethoprim 800/160 mg Tablets to aid with the possible infection. The area around the wound was also padded in order to keep from			

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	[client #3] causing additional irritation to the wound while he is sleeping. [Client #3] moves his legs a lot during the night and the friction of him moving his legs and his ankle rubbing his bed is hindering the wound from healing. Along with the padding to the area around the wound [client #3] was also prescribed to sleep in his cushioned ankle boots he wears while in his wheelchair and it was ordered that [client #3] not use the straps on his wheelchair even with the cushioned ankle boots in order to speed up the healing process. At this point the follow-up was submitted due to the status of the wound changing and the treatment of the wound changing." __The BDDS report of 10/24/13 indicated "On 7/24/13 [client #3] sustained an injury from the straps on his new wheelchair. [Client #3's] straps on his new wheelchair are different than the straps on his previous wheelchair. The straps caused an injury to his ankle. Client #3 has seen his PCP (Primary Care Physician), Urgent Care Clinic, and The Wound Care extensively for help getting the injury healed. [Client #3] has had antibiotics, cushioned ankle boots, ointments, wet to dry dressings, and other forms of dressing prescribed to him to try to get the area to fully heal. The above mentioned were not successful because the injury has developed scar tissue and			

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	the scar tissue is preventing the injury from healing. The wound care clinic wants to perform a minimal procedure to remove the scar tissue from the area in hopes the removal of the scar tissue will allow the area to fully heal.... The scar tissue was removed and two stitches were placed in the area to aid the healing process and try to prevent any additional scar tissue. Since the injury is on [client #3's] ankle; [client #3] was put in a cast to minimize movement and keep from stretching the healed skin. [Client #3] is also being kept home from workshop to monitor him closely for 7 days. [Client #3] goes back for a follow-up on 10/29. Staff will keep [client #3's] leg elevated as suggested, watch for adverse effects, and monitor [client #3] for any pain or discomfort." __The GER (General Events Report) of 10/24/13 indicated "Start of a possible pressure sore on the tailbone." The report indicated the facility RN was notified and wrote a comment, "I received phone call in regards to this. The area on the tailbone was described as reddened, not an opened area. I recommended to keep [client #3] out of wheelchair as much as possible, since he has a MD order to be off of work for 1 week. Keep in recliner and re-position at least every 2 hours, place in bed for an hour at a time at least 3 times a day. Ensure adequate fluid			

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	intake and proper nutrition. Protect the area with Tegaderm if needed. Use cushions to relieve pressure from the area. Continue to monitor the area, keep skin clean and dry." __The BDDS report of 10/25/13 indicated "[Client #3] had a monitored procedure done on his ankle. One of the recommendations from the procedure was to monitor [client #3's] leg by reclining the seat of his wheelchair and elevating the leg that way being that is the most comfortable way for [client #3]. When staff was doing their daily skin check the morning of 10/24/13 they noticed the very beginning of a pressure sore on his lower back above his tailbone. The pressure sore began to develop due to the added pressure of having [client #3] reclined so his leg could be elevated. Plan to Resolve: The area is just red at this time and not opened due to staff catching the development very early. Staff will continue to elevate [client #3's] leg as recommended, but staff will encourage [client #3] to get out of his chair and elevate the leg such as utilizing the living room chair and ottoman and occasionally laying in bed and elevating the leg there. Staff already repositions [client #3] every two hours, but until the area is completely healed they will reposition [client #3] every other hour. [Client #3] has a PRN (as needed) cream			

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	that is prescribed to him to prevent the beginning of pressure sores from worsening to an actual sore. The cream is being applied and the area is being kept clean and dry. The area is being monitored very closely for any signs of it worsening. Any signs of worsening and opening staff with take [client #3] to his PCP for treatment or referral to the wound care clinic as he is already going there for an injury to his ankle sustained from new wheelchair straps previously. Staff are also monitoring [client #3] for any pain/discomfort which at this time he is not experiencing." __The GER dated 11/18/13 indicated "[Client #3] has had a cast on his right foot for awhile now due to ankle surgery. It appears that the cast has rubbed on his left inner ankle and scratched the skin. There are 3 separate scratches each measuring about 2 cm (centimeters) by 2 cm." The GER indicated the PD documented on 12/3/13 "The cast is off of [client #3's] other foot, so there is no chance of the foot without a cast rubbing the cast while he is getting changed or bathed for the day. The areas are almost healed at this time. The scratches were never reportable size, therefore, the incident was not reported." __On 1/27/14 "Was changing [client #3] and while washing him up I (the Residential Manager) found a new			

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	sore/lesion on his buttock. Previously he had one that was almost gone and now it is also worse." The GER indicated the PD wrote on 1/30/14 "The redness has since healed and there has been no further issues with redness on [client #3's] buttocks at this time." The GER did not indicate nursing services was notified of the pressure area to client #3's buttocks. __The BDDS report of 2/28/14 indicated on 2/28/14 "[Client #3] has a small pressure sore approx (approximately) 1/2" long and 1/4" wide on the right side of his bottom. The sore has opened up, the home manager took [client #3] to the Wound Center for treatment this morning and the center suggested to have [client #3] remain flat except for when eating meals 3x (three times) daily sitting up for no longer than 30 minutes at a time. The wound center wants the wound packed 3x weekly and for [client #3] to return to see the doctor once a week until the wound is completely healed. Plan to Resolve: Staff will continue to monitor, document and report and (sic) changes to [client #3's] condition. RM (Residential Manager) will take [client #3] to his weekly appointments at the Wound Center until wound is healed. Indiana Mentor will report any changes to this wound to BQIS (Bureau of Quality Improvement Services)." The facility records indicated no further follow up reports to BQIS in			

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	regard to the report made on 2/28/14. __The GER dated 2/28/14 indicated "Visit to PCP on 2/7/14. Staff reported that we (the staff) continue to struggle with open area on tailbone. PCP referred [client #3] to the Wound Center.... [Client #3] has a lesion on his tailbone that continues to re-open. Staff asked PCP for a referral to the Wound Center." The GER indicated a note from the RM on 3/21/14, "The wound center said it was new skin and he will be home out of his chair at least 1 more week." Client #3's record was reviewed on 4/30/14 at 1 PM. __Client #3's record indicated diagnoses of, but not limited to, Cerebral Palsy, Quadriplegic (inability to move or feel both arms and both legs), Hypertension, Scoliosis, Seizure Disorder and Bronchial Pulmonary Dysphasia. __Client #3's ISP (Individual Support Plan) dated 5/23/13 indicated "[Client #3] requires total staff support for all of his daily living needs. He requires physical assistance and support for self-care needs including toileting, dressing, eating, bathing, oral and hair care." Client #3's notes from the urgent care clinic indicated: __7/5/13 "Open draining wound with			

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	surrounding erythema. Keep wound clean and dry with daily dressing changes. Recline/prevent any pressure/friction over medial ankle. Return Monday 7/8/13 for recheck." __7/8/13 "Continual erythema (redness) and warmth. Pt (patient) given Rocephin (antibiotic) IM (Intramuscular) 500 mg (milligrams). Continue Bactrim DS (antibiotic) twice a day as written. Return pt in 48 hrs (hours) for re-check. Pt to ER if fever over 100 degrees noted." __7/9/13 "Continual erythema and warmth. No cellulitis at this point. Concern for non healing... Will give another dose of Rocephin today IM 500 mg. Continue Bactrim DS. If not improving in next 2 days go to PCP also can use referral to wound center. If any fever over 100.4 go to ER." __Client #3's 8/5/13 physician's orders/progress note indicated client #3 had a "Pressure Ulcer Stage 1." The note indicated "1.0 cm (centimeter) shallow ulcer with evident granulation tissue (newly formed tissue) over the right medial malleolus (the ankle) without purulent (pus) discharge/erythema (redness) [(except as expected healing at wound borders)]/edema/toxic striation (a series of ridges) evident." Client #3's Referral/Order Form dated			

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	8/26/13 indicated client #3 was to be referred to the wound care center and had an appointment for 9/3/13. Client #3's notes from the wound care clinic indicated __9/3/13 "Keep padded boots/heel protectors on while pt in bed. Use pillows to keep heels and ankles off surfaces while in bed." Client #3 was given a prescription of Collagenase Santyl Ointment 15 gms and Collagenase Santyl Ointment 30 gms. __9/17/13 "Stop Santyl." The client was to "apply Fibracol (a type of dressing), felt, gauze and Keflex (a roll type cover dressing)." Client #3 was given a prescription for "Fibracol 4 inch by 4 3/8 inch size, apply to ankle ulcer every other day." __10/1/13 "Continue daily cleansing and application Fibracol." __10/15/13 indicated no changes in orders. __10/22/13 indicated client #3 was to elevate his right leg as much as possible and "every shift and med pass, check with fingers for swelling in right leg." Client #3's nursing notes indicated: __7/23/13 "...has a pressure sore on right inner ankle that is healing. [Client #3] received the sore from new wheelchair foot strap. Staff and [client #3's] mom is			

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	working with company to get protective cover for the straps. Also discussed possible boot for protection. Staff deny any further issue at this time. [Client #3] reported doing well." __8/20/13 "...reports feeling 'fine,' denies any current issues. Staff denied any current concerns at this time either. [Client #3's] pressure sore on right ankle was observed with bandage and is reportedly healing better...." __9/12/13 "...remains with pressure ulcer on right inner ankle. [Client #3] is receiving treatment from wound care clinic and is seen weekly for f/u (follow up). [Client #3] is currently on an antibiotic. [Client #3] is ordered dressing changes and wound care BID (twice a day). SM (Site Manager/House Manager) has trained staff on proper wound care...." __10/29/13 "...remains with skin issues - poor healing with pressure sore - he had minor surgery to wound scar tissue with and area was stitched. Cast applied so the wound could heal and not break open with movement. [Client #3] has been off work for 1 week and was ordered another week off. [Client #3] has a reddened area on buttocks, topical cream is being applied. [Client #3] is to be out of the wheelchair and in recliner/bed... turned at least every two hours...." __11/26/13 "... wound on right ankle is healed nicely. [Client #3] remains with			

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	biting hands when he gets upset and there are sores on both hands. Writer talked to RC (Residential Coordinator) possibility of bite-resistant gloves which are not available at this time.... area on buttocks is not an open wound, reddened and staff apply topical cream." __12/20/13 "...foot remains healed - skin intact. No new issues. [Client #3] has a scabbed area on finger from biting self..." __1/22/14 "...foot remains healed. No new areas on feet. Dry red patch on back of neck that is being treated with ointment. Encouraged use of lotion for dry skin..." __2/27/14 "...will be going to the wound center tomorrow to have area on buttocks assessed due to poor healing. [Client #3] has a blister that is healed on left palm of hand from suspected picking at skin. [Client #3] also has a dry patch on back of his head caused from [client #3] scratching area. No skin issues or open wounds, no areas show any signs of infection...." __3/3/14 "Met with [client #3] today to assess wound. [Client #3] has a small wound in the crease of his buttocks near the coccyx area. The wound was pink, wound bed was moist, no drainage, no foul odor, no redness/swelling, no warmth felt near the area. Wound edges are contracting inward. RM stated the wound showed improvement from the			

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	weekend. RM changed the dressing per MD orders. [Client #3's] dressing consists of Prisma (type of dressing) dressing with Exuderm (a cover to keep a dressing dry) to cover. [Client #3] is ordered bed rest, which he is turned at least every 2 hours. [Client #3] is allowed up in chair TID for 30 minutes for meals.... [Client #3] will follow up with wound care weekly and writer will meet with weekly to assess as well." __3/11/14 "Met with [client #3] at his home to assess wound... The wound appears to be healing nicely, no redness, no swelling, no odor, no drainage, no s/s (signs/symptoms) infections. No new skin issues noted. Clean bandage applied, per orders. [Client #3] remains on bed rest, up TID (three times a day) for 30 minutes for meals only.... [Client #3] follows up with wound care weekly at this time...." __3/21/14 "...remains on bed rest per wound care orders. [Client #3] was ordered that he can be up in chair QID (four times a day) for one hour at a time. F/u with wound care bi-weekly, drsg (dressing) changes remains the same daily. [Client #3's] SIB has increased during this process - he had scratches on both hands, left ear and all over abdomen and chest.... redness noted on ankles today, padded boots were placed - needs to wear daily...."			

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	__3/28/14 "Obtained phone contact from RM following [client #3's] wound care appointment. [Client #3's] wound is completely healed and will require no further follow up or treatment from the wound center at this time. Dressing changes have been discontinued...." __4/23/14 "...a decrease in SIB, no scratches were noted on hands today. [Client #3's] wound on coccyx is healed - remains repositioned every two hours. No new skin issues noted - wearing padded boots. Has new mattress. No new areas of concern...." Client #3's 2/26/14 Risk Plan for skin impairment indicated "[Client #3] requires assistance with bathing daily and staff have the opportunity to visually examine his skin daily. [Client #3] uses adult incontinent products. Staff assist him with changing [every two hrs (hours) while awake and every 4 hrs while sleeping] and anytime that he is wet and initial off on the MAR each time. Staff are trained to report anything unusual [including injuries to the skin] to the SM/RC along with how to document in Therap. Body mechanics is training as a part of orientation and good body alignment is included. [Client #3] uses a wheelchair for mobility and a harness for trunk stability. If the wheelchair or the harness fits poorly and has the potential			

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	to cause injury the staff will report it to the SM/RC. Staff provide assistance with repositioning, changing sides every 2 hrs, while up in the wheelchair and it is recorded on the MAR. Staff transfers [client #3] using a Hoyer lift which prevents friction to the skin." A review of client #3's skin assessments from 7/1/13 to present conducted by the DCS (Direct Care Staff) indicated: __7/15/13 "[Client #3's] ankle is looking much better this morning. More pink than red, no drainage." __7/16/13 "[Client #3's] ankle is looking good this morning." __7/17/14 "Ointment and bandage applied. Ankle looking much better." __7/18/13 "No new skin wounds or bruises found today. Old wounds are treated and dry dressing." __7/22/13 "Staff cleaned and applied ointment to [client #3's] ankle. It looks to healing well (sic)." __7/23/13 "Cleaned, applied ointment and bandaged the wound on [client #3's] ankle. The bandage came off during the night and he rubbed the scab off of the wound." __7/24/13 "No new wounds or injuries. The sore on his ankle was treated and bandaged." __7/25/13 "No new wounds or injuries. Sore on his ankle was treated and			

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	bandaged." __7/29/13 "Staff cleaned, applied ointment and clean bandage." __7/30/13 "Staff applied ointment and new bandage, wound is looking better." __7/31/13 "Staff applied ointment and clean bandage, wound is looking good." __8/5/13 "Staff applied ointment and fresh bandage." __8/7/13 "Bandage in place." __8/9/13 "No wounds to report at this time but has area on side from surgery but covered at this time." __8/12/13 "[Client #3's] incision on his stomach looks really good and so does his ankle. There is no redness or seeping on either." __8/14/13 "Covering changed on [client #3's] stomach wound, it is a little red where the tape is touching him but the incision looks great. The wound covering on his ankle was still on, so it did not need a new covering." __8/26/13 "Applied dressing to [client #3's] ankle. The wound was red and irritated looking." __9/16/13 "Wound cleaned and bandaged. Looks about the same as last wee (sic), a little bit of seepage." __9/17/13 "Wound appeared to be the same, a bit of seepage. [Client #3] reports that it is hurting him. Wound cleaned and redressed." __11/15/13 "Client has red colored sores			

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	about two inches above penis." __2/2/14 "[Client #3] still has a couple sores on his bottom in the crease. We have been washing and applying cream every depend change and it is healing nicely." __2/3/14 "Bottom looking good, ointment applied." __2/7/14 "Ointment applied to tailbone, nothing new to report." __2/17/14 "Bottom looking better, ointment applied." __2/18/14 "Nothing to report, ointment applied." __2/19/14 "Only area is the one on his buttocks. We are going to the wound center to have this looked at." __2/20/14 "No new open wounds. Still has open area on tailbone in the crease of bottom." __2/21/14 "Small sore on left palm, GER filed." __2/25/14 "Spot on tailbone remains. We go to the wound center for that spot on Friday. Nothing else to report." __2/26/14 "Nothing to report, ointment applied." __2/27/14 "Nothing to report, ointment applied." __3/3/14 "Nothing new, bandage was still covering wound on his tailbone." __3/4/14 "Pressure sore on tailbone. Bandage changed again today." __3/5/14 "Wound looks good/bandage			

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	replaced." __3/6/14 "Wound still covered with pressure sore material, gauze replaced." __3/7/14 "Wound improving, bandage in place." __3/10/14 "Wound looking good, still covered." __3/11/14 "Wound covered and looking good." __3/12/14 "Wound covered and looking good." Client #3's record failed to indicate daily monitoring and descriptive documentation of client #3's wounds. Client #3's MARs indicated client #3 was to be repositioned every two hours. The MAR indicated "Place wedge under hip when in wheelchair, rotate sides every 2 hrs (hours) and PRN (as needed) for preventative measures." The MAR indicated staff initialed every two hours. The MAR did not indicate if the client was in the chair or bed, the position the client was in or the supports used to reposition client #3 with each repositioning. All staff training in regard to client #3's dressing changes and wound care was requested from the RN and the PD on 5/5/14 at 3 PM in regard to how the staff were to care for client #3's wounds and			

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	dressing changes what the staff were to document and when. No documentation of staff training was provided for review. Staff #2 was interviewed on 4/28/14 at 4:10 PM. When asked why there was a twin mattress on the living room floor in the group home, staff #2 stated "He (client #3) has this area on his right ankle from a pressure sore. We couldn't get it to heal and he finally had to have surgery on it. Then, because we had him tilted back so much in his chair trying to get his foot to heal up he got a sore on his bottom." Staff #2 indicated the twin mattress on the living room floor was used for client #3. Staff #2 stated in order to be able to get client #3 off of his buttocks, the staff utilized a twin mattress on the floor in the living room which also enabled the staff to be able to monitor client #3 better when there were "only two of us (staff) in the house." E-mail interview with the PD (Program Director) on 5/5/14 at 5 PM indicated no documentation of staff training in regard to dressing changes and wound care for client #3. The PD indicated the staff followed the written orders for the dressing changes from the doctor. Telephone interview with the facility RN on 5/5/14 at 3:30 PM indicated the			

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	facility RN visited the home once a month to conduct a physical assessment of client #3. When the RN was asked if she had staged client #3's pressure wounds, the RN indicated she had not. The RN stated client #3's wounds were "slow in healing, especially his ankle wound." The RN indicated client #3 went to the wound care clinic and the direct care staff provided client #3's daily dressing changes and treatments. When asked who trained the staff, the RN stated, "I showed the [RM] and then she showed the rest of the staff." The RN stated she had no documentation of the training other than "what I wrote in my T-logs (the nursing notes)." When asked what and when the staff were to document in regard to client #3's wounds, the RN stated, "They should make a descriptive entry in Therap (the facility's computer system for documentation) every time they changed the dressing or at least daily." The RN indicated the staff were to report any changes to the RM or the PD (Program Director) and if there was an issue /concern the RM would call the doctor or take the client to an urgent care facility. The RN indicated she monitored the staffs' documentation through the computer system and could log into the computer at any time and read the staff notes. The RN indicated the staff did not document descriptive entries			

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	of client #3's pressure wounds in the client's record after each dressing change and/or daily. The RN indicated client #3 was to have daily skin assessments conducted by the direct care staff and documented on the client's MAR (Medication Administration Record). The RN indicated client #3's skin assessments were not conducted daily. The RN indicated the staff initialed in client #3's MAR to signify client #3 was repositioned every two hours. The MAR did not specify if the client was in his chair or bed, the position the client was in and/or the supports used to reposition client #3. The RN indicated client #3 did not currently have any open pressur e areas. 2. Client #1's record was reviewed on 4/30/14 at 2 PM. Client #1's record indicated diagnoses of, but not limited to, Depression, Lymphedema (a blockage in the lymphatic system causing swelling) of the legs and Obstructive Sleep Apnea. Client #1's 2014 physician's orders indicated client #1 was to wear a CPAP (Continuous Positive Airway Pressure - a machine that helps a person with Obstructive Sleep Apnea breathe easier at night while sleeping) and compression stockings to be worn daily from 7 AM to 8 PM.			

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	Client #1's nursing notes indicated, not all inclusive: __6/20/13 "Incontinent at times.... [Client #1's] lower extremities remain swollen, red. He has been seen by several MDs about this, awaiting compression stocking to come in..... Has 2 sores on right leg. SM (Site Manager) states its dry skin and they are treating with ointment." __7/25/13 "[Client #1] has urine on his socks today and writer assisted with changing to clean ones.... Lymphedema in both LE (lower extremities), venous stasis (slow blood flow).... He (client #1) is having difficulty adjusting to the group home. He was fearful, somatic, paranoid.... Discussed coping skills with [client #1]. He reports he wants to run away.... Discussed with RC/SM (Residential Coordinator/Site Manager) need for diabetic type socks due to edema and questioned about status of compression stockings." __8/31/13 "Lymphedema, venous stasis both LE.... [Client #1] smelled of urine, he apologized and stated he would shower.... We discussed that he needs to use restroom at first sign he needs to go and not wait. [Client #1] apologized and stated he drank a lot of H2O (water). [Client #1] stated he would shower and do laundry." __9/12/13 "Incontinent at times.... Writer put compression stockings on [client #1]			

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	for the first time today. He was cooperative. SM will put compression stockings on MAR for daily wear." __10/29/13 "Incontinent at times - has UTI (Urinary Tract Infection) currently - on Cipro (an antibiotic).... Lymphedema.... both LE - refuses compression stockings.... [Client #1] has UTI and we discussed importance of getting to restroom in time to avoid accidents. Discussed proper cleaning and importance of good hygiene. Discussed no fluids after 6 pm, decrease caffeine, empty bladder before going to HS (bed). Discussed Lymphedema referral and importance to follow through with their recommendations. [Client #1] refuses compression stockings at this time. States too tight and uncomfortable. [Client #1] was able to reiterate all that was discussed and we stressed importance of asking staff for assistance when needed." __11/26/13 "Enuresis (incontinence).... Lymphedema in both LE.... [Client #1] reports using CPAP machine the past few nights. [Client #1] states he can't tell a difference when he wears it. [Client #1] attended Lymphedema clinic last week for assessment and will be going 3x/week (three times a week) for massage and compression. He was excited about this.... [Client #1] reports urinary issues have improved...." __12/20/13 "[Client #1] has been			

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	attending massage and compression clinic for Lymphedema which has improved his legs greatly. [Client #1] was wearing compression stocking. States he feels better. [Client #1] reports his urinary incontinence has improved as well." __1/22/14 "Not wearing CPAP as ordered. Decrease in incontinent episodes.... BLE (Bilateral Lower Extremities) are worsening due to [client #1] refusing compression stockings over 3 weeks. Legs are reddened, swollen and both are extremely dry and cracked. He's refusing lotion as well.... [Client #1] has been uncooperative with MD orders recently and we discussed this at length. [Client #1] has been refusing compression stockings and as a result legs are more edematous, reddened and feet are very dry from refusal of cream. [Client #1] reported the stockings caused him pain. We discussed risks vs benefits, consequences of continued refusal and importance of following MD orders. [Client #1] agreed to wear them again daily... We addressed CPAP machine - [client #1] made excuses for non compliance and agreed to use it every night as ordered. [Client #1] was tearful at this time. [Client #1] states he wants to move to be closer to his family. We discussed importance of [client #1] taking responsibility for his health and making better choices."			

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	__2/27/14 "Not wearing CPAP as ordered - unable to give reason for non-compliance. Urinary incontinence has improved. No bed wetting incidents currently.... +2 pitting (a depression left in the skin when pressed) edema BLE Lymphedema - Venous stasis.... We discussed [client #1's] non-compliance with MD orders. [Client #1] stated he was upset with himself for not making better choices to improve his health. [Client #1] legs have +2 pitting edema and scabs from the edema. Discussed increased risk of infection related to the increased swelling and skin tears. [Client #1] agreed to wear compression stockings and went to his room for writer to put them on him now. This was [client #1's] choice. He was not pressured to put on the stockings. We also discussed CPAP machine and importance of compliance. Explained benefits of getting a good nights rest and how it will improve his daily functioning. [Client #1] admits to feeling depressed. He wants to live on own and near his family. Discussed importance of showing responsibility by taking care of health care needs. [Client #1] states he will try to 'do better." __3/21/14 "Not wearing CPAP machine as ordered.... Lymphedema BLE - refuses compression stockings as ordered, +2 pitting.... [Client #1] remains non-compliant with compression			

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	stockings and CPAP at night. [Client #1] apologized for this but continues to make the choice to not comply. [Client #1] does not give reason for his non-compliance. States his sister said he didn't have to. We again discussed risks of possible complications that can arise and [client #1] voiced understanding of this. [Client #1] has extreme edema in BLE, +2 pitting. [Client #1] c/o (complained of) 'itchy' skin on legs. Encouraged [client #1] to keep skin moistened. [Client #1] has a recent fall - bruise on right shoulder blade in front. Discussed being safe and taking extra precautions when walking around." Client #1's Risk Plan for Lymphedema of 2/6/14 indicated "Lymphedema refers to swelling that generally occurs in one of your arms or legs. Although Lymphedema tend to affect just one arm or leg, sometimes both arms or both legs may be swollen. Lymphedema symptoms include: Swelling of part of your arm or leg or your entire arm or leg.... A feeling of heaviness or tightness in your arm or leg, Restricted range of motion in your arm or leg. Recurring infections in your affected limb, Hardening and thickening of the skin on your arm or leg. Lymphedema occurs when your lymph vessels are unable to adequately drain lymph fluid, usually from an arm or leg.			

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	Lymphedema in your arm or leg can lead to serious complications, such as: Infections Lymphangiosarcoma (a malignant tumor).... Treatment focuses on reducing the swelling and controlling the pain.... [Client #1] is to wear compression stockings daily as maintenance. [Client #1] also follows up with routine MD visits to evaluate and treat as needed." The Risk Plan did not indicate how the staff were to monitor client #1's legs for edema/swelling and/or infection or how the staff were to assist the client in the care of his feet and legs. Review of client #1's February, March and April 2014 MARs (Medication Administration Records) indicated: __Client #1 refused his CPAP machine every night in February, March and April 2014. __Client #1 refused to wear his compression stockings all of February, March and April 2014 except for one day, February 27, 2014. __Client #1's MARs indicated client #1 had an order for Ibuprofen and Acetaminophen PRN (as needed) for pain. Client #1's MARs indicated client #1 did not receive any medication for pain. Client #1's IPOP (Individual Plan of Protective Oversight) dated 9/23/13			

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	indicated client #1 was on 15 minute checks "due to a diagnosis of depression and to ensure that he is wearing his c-pap machine at night." Review of client #1's 15 minute check records for April, 2014 indicated the checks were not being documented on a regular basis by the staff. Client #1's record did not indicate staff documentation of why client #1 was refusing the CPAP and the compression stockings, what methods were tried to get client #1 to wear the stockings/the CPAP, who was notified in regard to the refusals or if client #1 was prompted at a later time throughout the day to comply with wearing the compression stockings or later in the night to wear the CPAP. Client #1's record indicated no documentation of pain assessments in regard to the Lymphedema. Client #1's record did not indicate the staff monitored client #1's legs in regard to the Lymphedema. During interview with client #1 on 4/30/14 at 11:05 AM, client #1 stated he didn't like to wear the compression stockings because they were "too tight." Client #1 did not give a reason for not wearing the CPAP and stated, "I know I should. I will tonight."			

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	Interview with staff #1 on 4/30/14 at 8:30 AM indicated the staff did not measure and/or monitor client #1's legs for swelling. Staff #1 stated, "We're supposed to do a skin assessment every night just to see if he has any injuries." During interview with the RM on 4/30/14 at 9 AM indicated, the RM stated client #1 had refused to wear his CPAP machine at night and his compression stockings during the day "for months." When asked what the staff were to do when client #1 refused his CPAP and stockings, the RM stated, "There's not much we can do. He just won't wear them." During telephone interview with the facility RN on 5/5/14 at 3:30 PM the RN indicated client #1 had a history of refusing to wear his CPAP machine at night and of refusal to wear his compression stockings during the day. When asked what the staff were to do when client #1 refused, the RN stated, "The staff should encourage him (client #1) to be compliant." The RN indicated the staff then were to document the refusal in the client's MAR. The RN indicated the staff were to document a reason for refusal and what was attempted to try to get client #1 to comply. The RN indicated the staff did			

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	not document why client #1 was refusing and/or what was tried to get the client to comply or if the staff had tried later in the day to get the client to conform. The RN indicated client #1 had a risk plan for Lymphedema. The RN indicated the plan did not include what the staff were to do when client #1 was non compliant with wearing his compression stockings, how the staff were to monitor and care for client #1's legs in regard to the Lymphedema (swelling/redness/dry skin/pain) or when the staff were to notify nursing in regard to client #1's Lymphedema. The RN indicated the staff did not conduct regular pain assessments in regard to client #1's Lymphedema. The RN indicated client #1 did not have a risk plan/ health care plan in regard to the sleep apnea. The RN stated no IDT (Interdisciplinary Team) meetings in regard to client #1's refusals to comply with medical treatment had been conducted "to my knowledge." 3. Client #2's record was reviewed on 4/30/14 at 4 PM. Client #2's physician's orders for 2013/2014 indicated client #2 was to be weighed every other Tuesday, vital signs (blood pressure, pulse, respirations and temperature) were to be taken the 1st of every month and a skin assessment conducted daily.			

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	Client #2's Health Care Reports (HCRs) from the RN indicated: __The staff failed to weigh client #2 every other Tuesday in February __The staff failed to document client #2's skin assessments on December 1, 2, 3, 6, 7, 9, 10, 12, 13, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 2013, January 1, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 20, 21, 22, 23, 24, 26, 27, 28, 29, 30, 31, February 4, 5, 6, 8, 9, 11, 12, 13, 15, 22, 23, 28, March 1, 2, 8, 13, 14, 15, 16, 17, 18, 29, 20, 21, 23, 24, 25, 26, 28, 30 and 31, 2014. __The staff failed to document client #2's vital signs in December 2013 and February 2014. The nursing notes in regard to the review of client #2's HCRs indicated: 1/6/14 "Report reviewed, Documentation missing. Recommendations 1. Encourage adequate fluid intake and high fiber foods to allow for more normal BMs. Monitor for s/s constipation. Report concerns per protocol. 2. SM/RC will ensure that skin checks are completed daily and documented in Therap. Report any new skin issues, open areas and changes per protocol...." 2/3/14 "Report reviewed. Documentation missing. Recommendations 1.			

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	SM/RC will ensure that staff are monitoring and documenting all BM information daily. Monitor for s/s (signs/symptoms) constipation and report concerns per protocol. 2. SM/RC will ensure that staff are completing skin checks daily as ordered and document in Therap. Report any new skin issues, open areas and changes per protocol...." 2/28/14 "Report reviewed. Documentation missing. Weight documented at 104.2 is inaccurate. Recommendations: 1. Complete skin checks daily as ordered and document in Therap. Report any new skin issues, open areas and changes per protocol. 2. Obtain vital signs monthly and document in Therap." 4/1/14 Report reviewed. "Recommendations: 1. Monitor skin checks daily as ordered and document in Therap. Report any new skin issues, open areas and changes per protocol...." Client #4's record was reviewed on 4/30/14 at 3 PM. __Client #4's physician's orders for 2013/2014 indicated client #4 was to be weighed every other Tuesday and vital signs were to be taken daily.			

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	__Client #4's HCRs from the RN indicated the staff failed to document the client's vital signs December 1, 2, 3, 4, 5, 6, 7, 8, 12, 13, 16, 18, 20, 21, 22, 23, 25, 26, 27, 28, 30, February 1, 12, 14, 15, 16, 17, 18, 20, 21, 22, 28, March 3, 8, 9, 14, 15, 254, 25, 26, 28, 29, 2014. The January 2014 HCRs for client #4 was not provided for review. The nursing notes in regard to the review of client #4's HCRs indicated: 1/6/14 "Report reviewed. Documentation missing. 1. Encourage adequate fluid intake and high fiber foods to allow for more normal BMs. Monitor for s/s constipation. Encourage prune juice PRN (as needed) as ordered. Report concerns per protocol...." 2/28/14 "Report reviewed. Documentation missing. 1. Encourage adequate fluid intake and high fiber foods to allow for more normal BMs. Monitor for s/s constipation ie: infrequent bowel movements and/or difficulty having bowel movements. Swollen abdomen or abdominal pain, pain, vomiting. Report concerns to SM who will consult with MD/nurse. Utilize PRN prune juice as ordered. Consult with PCP (Primary Care			

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	Physician) about possible PRN medication for constipation. Ensure staff are monitoring and documenting all BM information daily and accurately." 4/1/14 "Report reviewed. 187 weight is likely an error. Recommendations: 1. continue bi-weekly weights, monitor and document accurately. Encourage adequate fluid intake and high fiber foods to allow for more normal BMs. Monitor for s/s constipation and report per protocol. Encourage prune juice PRN (as needed) as ordered." Telephone interview with the facility RN on 5/5/14 at 3:30 PM indicated she reviewed the clients' data monthly. The RN stated the staff have an "ongoing problem" with conducting "vital signs, weights, BMs and skin assessments" as ordered by the physician. The RN indicated she had reported these issues to the PDs in the past. 4. Observation of the medication administration pass was conducted at the group home on 4/30/14 between 7:15 AM and 8:30 AM. __At 7:35 AM staff #1 crushed client #2's Calcium tablet in a pill crusher, gave the medication to client #2 in applesauce then			

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	put the pill crusher back into the metal filing cabinet in the medication room. Staff #1 did not clean the pill crusher after using it and before storing it back in the filing cabinet with all the clients' medications. __At 7:44 AM staff #1 crushed client #6's Primidone (for seizures) tablet in a pill crusher, gave the medication to client #6 in applesauce and put the pill crusher back into the metal filing cabinet in the medication room. Staff #1 did not clean the pill crusher after using it and before storing it back in the filing cabinet with all the clients' medications. __At 8 AM staff #1 crushed client #3's Oxcarbazepine (for seizures) tablet in a pill crusher, gave the medication to client #3 in applesauce and put the pill crusher back into the metal filing cabinet in the medication room. Staff #1 did not clean the pill crusher after using it and before storing it back in the filing cabinet with all the clients' medications. __At 8:20 AM staff #1 was asked to retrieve the pill crushers. Staff #1 produced 3 plastic pill crushers, one for each client (clients #2, #3 and #6). All of the pill crushers were coated with medication residue/powder and had pieces of different colored medications in them. Staff #1 was asked when the pill crushers were to be cleaned. Staff #1 indicated he didn't know. When asked			

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	when they were last cleaned, staff #1 stated, "I have no idea." E-mail interview with the facility RN on 5/6/14 at 10 AM indicated the pill crushers were to be washed after each use. 5. Client #1's record was reviewed on 4/30/14 at 2 PM. __Client #1's 2/10/14 Nutritional Assessment from the dietician indicated client #1 was to have a "1800kcal (kilocalorie), low potassium" diet. The dietician indicated "clarify if he is following low potassium diet." __Client #1's quarterly physician's orders signed 4/22/14 indicated client #1 was to have an 1800 calorie diet. Telephone interview with the facility RN on 5/5/14 at 3:30 PM indicated client #1 was to have an 1800 calorie low potassium diet. The RN indicated client #1's physician had addressed the recommendation for the low potassium diet in November 2013. The RN indicated client #1's current orders did not reflect the diet change that was made in November. The RN stated, "I'll have to get that clarified." 9-3-6(a)			

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W000342	483.460(c)(5)(iii) NURSING SERVICES Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients. Based on record review and interview for 1 of 4 sample clients (#3), nursing services failed to ensure the staff were trained in regard to client #3's dressing changes and wound care. Findings include: The facility's reportable records were reviewed on 4/29/14 at 11 AM. __ A 7/5/13 BDDS (Bureau of Developmental Disabilities Services) report indicated "[Client #3] received a new wheelchair. The wheelchair has foot straps that go over his ankle and they fit more snug than the ones on his last wheelchair. The strap caused a, what appears to be, pressure sore on the inside of his right ankle. The incident was not reportable at first, however, when coordinator checked the wound this day the wound itself is not reportable size, but factoring the redness around the wound and the wound itself it is now at	W000342	**1. What corrective action will be accomplished?** · Nursing services will include members of the IDT in implementing protective and preventative health measures. · Nursing staff will be retrained by Area Director on including IDT. · Program Directors/QIDP will monitor that IDT is included in implementing protective and preventative measures. 2. **How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All residents have the potential to be affected by the same deficient practice. · Nursing services will include members of the IDT in implementing protective and preventative health measures. · Nursing staff will be retrained on including IDT. · Program Directors will monitor that IDT is included in implementing protective and preventative measures. 3. **What measures will be put into place or what**	06/08/2014

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	reportable size. The area became warm to touch, so [client #3] was taken to urgent care to be evaluated. Plan to Resolve: [Client #3] was prescribed an antibiotic (Bactrim DS 1 tablet BID, twice a day) to aid with any infection that he might have and prevent any infection from occurring. It was advised to keep the area dry with daily dressings. The area is dressed and the antibiotic will start on 7/6/13. Staff will change the dressing as recommended and give the antibiotic as prescribed. [Client #3] will return to the urgent care facility on Monday to assess the progress of the wound...." __The follow up BDDS report dated 7/11/13 indicated "It is clear that the injury is an injury from the straps on his new wheelchair. He went to the Urgent Care and was put on antibiotics to safeguard from infection. He was prescribed a follow-up appointment where he received an antibiotic shot and was advised to continue the oral antibiotics as prescribed before. He was then given another follow-up appoint (appointment) due to the antibiotic shot being a good 25 hour antibiotic. Upon the additional follow-up he received another antibiotic shot and was told to still continue the oral antibiotics. He was not prescribed an additional follow-up unless the injury worsens. The wound is healing nicely and appears to continue to heal		**systemic changes will be made to ensure that the deficient practice does not recur:** · Nursing services will include members of the IDT in implementing protective and preventative health measures. · Nursing staff will be retrained by Area Director on including IDT. Nursing staff will utilize documentation in therap to ensure health needs are being met including dressing changes.· Program Directors/QIDP will monitor that IDT is included in implementing protective and preventative measures. 4. **How will the corrective action be monitored to ensure the deficient practice will not recur?** · Program Directors/QIDP will monitor that IDT is included in implementing protective and preventative measures. 5. **What is the date by which the systemic changes will be completed?** June 8th 2014	

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	nicely. The redness has subsided and gone away in most areas and is very faint where it is left. The company was called where he got his wheelchair from and they stated that these injuries are common with the type of straps [client #3] has." The report indicated "Even if the straps are loose if he moves his feet a lot, which [client #3] does do, it is possible that he would still develop the same type of injury. There are foam boots that are available to safeguard against this type of injury. [Client #3] does have one. Once the injury heals the foam boot will be place (sic) on his foot and then his foot will be placed in the strap and that should prevent [client #3] from developing any other injuries of this nature. Right now his foot is not being placed in the straps until the injury is completely healed. Staff will continue to monitor the healing process of the injury and watch for any additional complications...." __The follow up BDDS report dated 9/10/13 indicated "This follow-up is in regard to an incident that was reported and closed already. Due to [client #3] tearing the scab off the area in his sleep the wound became open again. The doctor prescribed [client #3] Tegaderm Dressing on 8/5 (8/5/13) at his quarterly appointment. The doctor said the area was not infected and not to the bone. The			

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	area was not healing, but it was not getting worse either. A referral was obtained for the wound care clinic due to the area not healing.... [Client #3] was seen at the wound care clinic on 9/3 (9/3/13). They prescribed wet to dry dressing for the area and Santyl Collagens 250 U/GM (units per grams) 30 GM to treat the area. [Client #3] had a follow-up at the wound care clinic on 9/10 (9/10/13). At this point the area appeared that it might be infected. The open area did not get any larger than it was which is smaller than a dime, but the area around it was red. The wound care clinic said the cultures of the area came back that it was not infected, but he was worried that if it was not already infected that it could get infected. [Client #3] was prescribed Sulfamethoxazole/Trimethoprim 800/160 mg Tablets to aid with the possible infection. The area around the wound was also padded in order to keep from [client #3] causing additional irritation to the wound while he is sleeping. [Client #3] moves his legs a lot during the night and the friction of him moving his legs and his ankle rubbing his bed is hindering the wound from healing. Along with the padding to the area around the wound [client #3] was also prescribed to sleep in his cushioned ankle boots he wears while in his wheelchair and it was ordered that			

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	[client #3] not use the straps on his wheelchair even with the cushioned ankle boots in order to speed up the healing process. At this point the follow-up was submitted due to the status of the wound changing and the treatment of the wound changing." __The BDDS report of 10/24/13 indicated "On 7/24/13 [client #3] sustained an injury from the straps on his new wheelchair. [Client #3's] straps on his new wheelchair are different than the straps on his previous wheelchair. The straps caused an injury to his ankle. Client #3 has seen his PCP (Primary Care Physician), Urgent Care Clinic, and The Wound Care extensively for help getting the injury healed. [Client #3] has had antibiotics, cushioned ankle boots, ointments, wet to dry dressings, and other forms of dressing prescribed to him to try to get the area to fully heal. The above mentioned were not successful because the injury has developed scar tissue and the scar tissue is preventing the injury from healing. The wound care clinic wants to perform a minimal procedure to remove the scar tissue from the area in hopes the removal of the scar tissue will allow the area to fully heal.... The scar tissue was removed and two stitches were placed in the area to aid the healing process and try to prevent any additional scar tissue. Since the injury is on [client			

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	#3's] ankle; [client #3] was put in a cast to minimize movement and keep from stretching the healed skin. [Client #3] is also being kept home from workshop to monitor him closely for 7 days. [Client #3] goes back for a follow-up on 10/29. Staff will keep [client #3's] leg elevated as suggested, watch for adverse effects, and monitor [client #3] for any pain or discomfort." __The GER (General Events Report) of 10/24/13 indicated "Start of a possible pressure sore on the tailbone." The report indicated the facility RN was notified and wrote a comment, "I received phone call in regards to this. The area on the tailbone was described as reddened, not an opened area. I recommended to keep [client #3] out of wheelchair as much as possible, since he has a MD order to be off of work for 1 week. Keep in recliner and re-position at least every 2 hours, place in bed for an hour at a time at least 3 times a day. Ensure adequate fluid intake and proper nutrition. Protect the area with Tegaderm if needed. Use cushions to relieve pressure from the area. Continue to monitor the area, keep skin clean and dry." __The BDDS report of 10/25/13 indicated "[Client #3] had a monitored procedure done on his ankle. One of the recommendations from the procedure was to monitor [client #3's] leg by			

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	reclining the seat of his wheelchair and elevating the leg that way being that is the most comfortable way for [client #3]. When staff was doing their daily skin check the morning of 10/24/13 they noticed the very beginning of a pressure sore on his lower back above his tailbone. The pressure sore began to develop due to the added pressure of having [client #3] reclined so his leg could be elevated. Plan to Resolve: The area is just red at this time and not opened due to staff catching the development very early. Staff will continue to elevate [client #3's] leg as recommended, but staff will encourage [client #3] to get out of his chair and elevate the leg such as utilizing the living room chair and ottoman and occasionally laying in bed and elevating the leg there. Staff already repositions [client #3] every two hours, but until the area is completely healed they will reposition [client #3] every other hour. [Client #3] has a PRN (as needed) cream that is prescribed to him to prevent the beginning of pressure sores from worsening to an actual sore. The cream is being applied and the area is being kept clean and dry. The area is being monitored very closely for any signs of it worsening. Any signs of worsening and opening staff with take [client #3] to his PCP for treatment or referral to the wound care clinic as he is already going			

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	there for an injury to his ankle sustained from new wheelchair straps previously. Staff are also monitoring [client #3] for any pain/discomfort which at this time he is not experiencing." __The GER dated 11/18/13 indicated "[Client #3] has had a cast on his right foot for awhile now due to ankle surgery. It appears that the cast has rubbed on his left inner ankle and scratched the skin. There are 3 separate scratches each measuring about 2 cm (centimeters) by 2 cm." The GER indicated the PD (Program Director) documented on 12/3/13 "The cast is off of [client #3's] other foot, so there is no chance of the foot without a cast rubbing the cast while he is getting changed or bathed for the day. The areas are almost healed at this time. The scratches were never reportable size, therefore, the incident was not reported." __On 1/27/14 "Was changing [client #3] and while washing him up I (the Residential Manager) found a new sore/lesion on his buttock. Previously he had one that was almost gone and now it is also worse." The GER indicated the PD wrote on 1/30/14 "The redness has since healed and there has been no further issues with redness on [client #3's] buttocks at this time." The GER did not indicate nursing services was notified of the pressure area to client #3's buttocks.			

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	__The BDDS report of 2/28/14 indicated on 2/28/14 "[Client #3] has a small pressure sore approx (approximately) 1/2" long and 1/4" wide on the right side of his bottom. The sore has opened up, the home manager took [client #3] to the Wound Center for treatment this morning and the center suggested to have [client #3] remain flat except for when eating meals 3x (three times) daily sitting up for no longer than 30 minutes at a time. The wound center wants the wound packed 3x weekly and for [client #3] to return to see the doctor once a week until the wound is completely healed. Plan to Resolve: Staff will continue to monitor, document and report and (sic) changes to [client #3's] condition. RM (Residential Manager) will take [client #3] to his weekly appointments at the Wound Center until wound is healed. Indiana Mentor will report any changes to this wound to BQIS (Bureau of Quality Improvement Services)." The facility records indicated no further follow up reports to BQIS in regard to the report made on 2/28/14. __The GER dated 2/28/14 indicated "Visit to PCP on 2/7/14. Staff reported that we (the staff) continue to struggle with open area on tailbone. PCP referred [client #3] to the Wound Center.... [Client #3] has a lesion on his tailbone that continues to re-open. Staff asked PCP for a referral to the Wound Center."			

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	The GER indicated a note from the RM on 3/21/14, "The wound center said it was new skin and he will be home out of his chair at least 1 more week." Client #3's record was reviewed on 4/30/14 at 1 PM. Client #3's notes from the urgent care clinic indicated: __7/5/13 "Open draining wound with surrounding erythema (redness). Keep wound clean and dry with daily dressing changes. Recline/prevent any pressure/friction over medial ankle. Return Monday 7/8/13 for recheck." __7/8/13 "Continual erythema and warmth. Pt (patient) given Rocephin (antibiotic) IM (Intramuscular) 500 mg (milligrams). Continue Bactrim DS (antibiotic) twice a day as written. Return pt in 48 hrs (hours) for re-check. Pt to ER if fever over 100 degrees noted." __7/9/13 "Continual erythema and warmth. No cellulitis at this point. Concern for non healing... Will give another dose of Rocephin today IM 500 mg. Continue Bactrim DS. If not improving in next 2 days go to PCP also can use referral to wound center. If any fever over 100.4 go to ER." __Client #3's 8/5/13 physician's orders/progress note indicated client #3			

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	had a "Pressure Ulcer Stage 1." The note indicated "1.0 cm (centimeter) shallow ulcer with evident granulation tissue (newly formed tissue) over the right medial malleolus (the ankle) without purulent (pus) discharge/erythema (redness) [(except as expected healing at wound borders)]/edema/toxic striation (a series of ridges) evident." Client #3's Referral/Order Form dated 8/26/13 indicated client #3 was to be referred to the wound care center and had an appointment for 9/3/13. Client #3's notes from the wound care clinic indicated __9/3/13 "Keep padded boots/heel protectors on while pt in bed. Use pillows to keep heels and ankles off surfaces while in bed." Client #3 was given a prescription of Collagenase Santyl Ointment 15 gms and Collagenase Santyl Ointment 30 gms. __9/17/13 "Stop Santyl." The client was to "apply Fibracol (a type of dressing), felt, gauze and Keflex (a roll type cover dressing)." Client #3 was given a prescription for "Fibracol 4 inch by 4 3/8 inch size, apply to ankle ulcer every other day." __10/1/13 "Continue daily cleansing and application Fibracol." __10/15/13 indicated no changes in			

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	orders. __10/22/13 indicated client #3 was to elevate his right leg as much as possible and "every shift and med pass, check with fingers for swelling in right leg." Client #3's nursing notes indicated: __7/23/13 "...has a pressure sore on right inner ankle that is healing. [Client #3] received the sore from new wheelchair foot strap. Staff and [client #3's] mom is working with company to get protective cover for the straps. Also discussed possible boot for protection. Staff deny any further issue at this time. [Client #3] reported doing well." __8/20/13 "...reports feeling 'fine,' denies any current issues. Staff denied any current concerns at this time either. [Client #3's] pressure sore on right ankle was observed with bandage and is reportedly healing better...." __9/12/13 "...remains with pressure ulcer on right inner ankle. [Client #3] is receiving treatment from wound care clinic and is seen weekly for f/u (follow up). [Client #3] is currently on an antibiotic. [Client #3] is ordered dressing changes and wound care BID (twice a day). SM (Site Manager/House Manager) has trained staff on proper wound care...." __10/29/13 "...remains with skin issues - poor healing with pressure sore - he had minor surgery to wound scar tissue with			

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	and area was stitched. Cast applied so the wound could heal and not break open with movement. [Client #3] has been off work for 1 week and was ordered another week off. [Client #3] has a reddened area on buttocks, topical cream is being applied. [Client #3] is to be out of the wheelchair and in recliner/bed... turned at least every two hours...." __11/26/13 "... wound on right ankle is healed nicely. [Client #3] remains with biting hands when he gets upset and there are sores on both hands. Writer talked to RC (Residential Coordinator) possibility of bite-resistant gloves which are not available at this time.... area on buttocks is not an open wound, reddened and staff apply topical cream." __12/20/13 "...foot remains healed - skin intact. No new issues. [Client #3] has a scabbed area on finger from biting self..." __1/22/14 "...foot remains healed. No new areas on feet. Dry red patch on back of neck that is being treated with ointment. Encouraged use of lotion for dry skin..." __2/27/14 "...will be going to the wound center tomorrow to have area on buttocks assessed due to poor healing. [Client #3] has a blister that is healed on left palm of hand from suspected picking at skin. [Client #3] also has a dry patch on back of his head caused from [client #3] scratching area. No skin issues or open			

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	wounds, no areas show any signs of infection...." __3/3/14 "Met with [client #3] today to assess wound. [Client #3] has a small wound in the crease of his buttocks near the coccyx area. The wound was pink, wound bed was moist, no drainage, no foul odor, no redness/swelling, no warmth felt near the area. Wound edges are contracting inward. RM stated the wound showed improvement from the weekend. RM changed the dressing per MD orders. [Client #3's] dressing consists of Prisma (type of dressing) dressing with Exuderm (a cover to keep a dressing dry) to cover. [Client #3] is ordered bed rest, which he is turned at least every 2 hours. [Client #3] is allowed up in chair TID for 30 minutes for meals.... [Client #3] will follow up with wound care weekly and writer will meet with weekly to assess as well." __3/11/14 "Met with [client #3] at his home to assess wound... The wound appears to be healing nicely, no redness, no swelling, no odor, no drainage, and no s/s (signs/symptoms) infections. No new skin issues noted. Clean bandage applied, per orders. [Client #3] remains on bed rest, up TID (three times a day) for 30 minutes for meals only.... [Client #3] follows up with wound care weekly at this time...." __3/21/14 "...remains on bed rest per			

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	wound care orders. [Client #3] was ordered that he can be up in chair QID (four times a day) for one hour at a time. F/u with wound care bi-weekly, drsg (dressing) changes remains the same daily. [Client #3's] SIB has increased during this process - he had scratches on both hands, left ear and all over abdomen and chest.... redness noted on ankles today, padded boots were placed - needs to wear daily...." __3/28/14 "Obtained phone contact from RM following [client #3's] wound care appointment. [Client #3's] wound is completely healed and will require no further follow up or treatment from the wound center at this time. Dressing changes have been discontinued...." A review of client #3's skin assessments from 7/1/13 to present conducted by the DCS (Direct Care Staff) indicated: __7/15/13 "[Client #3's] ankle is looking much better this morning. More pink than red, no drainage." __7/16/13 "[Client #3's] ankle is looking good this morning." __7/17/14 "Ointment and bandage applied. Ankle looking much better." __7/18/13 "No new skin wounds or bruises found today. Old wounds are treated and dry dressing." __7/22/13 "Staff cleaned and applied ointment to [client #3's] ankle. It looks to			

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	healing well (sic)." __7/23/13 "Cleaned, applied ointment and bandaged the wound on [client #3's] ankle. The bandage came off during the night and he rubbed the scab off of the wound." __7/24/13 "No new wounds or injuries. The sore on his ankle was treated and bandaged." __7/25/13 "No new wounds or injuries. Sore on his ankle was treated and bandaged." __7/29/13 "Staff cleaned, applied ointment and clean bandage." __7/30/13 "Staff applied ointment and new bandage, wound is looking better." __7/31/13 "Staff applied ointment and clean bandage, wound is looking good." __8/5/13 "Staff applied ointment and fresh bandage." __8/7/13 "Bandage in place." __8/9/13 "No wounds to report at this time but has area on side from surgery but covered at this time." __8/12/13 "[Client #3's] incision on his stomach looks really good and so does his ankle. There is no redness or seeping on either." __8/14/13 "Covering changed on [client #3's] stomach wound, it is a little red where the tape is touching him but the incision looks great. The wound covering on his ankle was still on, so it did not need a new covering."			

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	__8/26/13 "Applied dressing to [client #3's] ankle. The wound was red and irritated looking." __9/16/13 "Wound cleaned and bandaged. Looks about the same as last wee (sic), a little bit of seepage." __9/17/13 "Wound appeared to be the same, a bit of seepage. [Client #3] reports that it is hurting him. Wound cleaned and redressed." __11/15/13 "Client has red colored sores about two inches above penis." __2/2/14 "[Client #3] still has a couple sores on his bottom in the crease. We have been washing and applying cream every depend change and it is healing nicely." __2/3/14 "Bottom looking good, ointment applied." __2/7/14 "Ointment applied to tailbone, nothing new to report." __2/17/14 "Bottom looking better, ointment applied." __2/18/14 "Nothing to report, ointment applied." __2/19/14 "Only area is the one on his buttocks. We are going to the wound center to have this looked at." __2/20/14 "No new open wounds. Still has open area on tailbone in the crease of bottom." __2/21/14 "Small sore on left palm, GER filed." __2/25/14 "Spot on tailbone remains. We			

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	go to the wound center for that spot on Friday. Nothing else to report." __2/26/14 "Nothing to report, ointment applied." __2/27/14 "Nothing to report, ointment applied." __3/3/14 "Nothing new, bandage was still covering wound on his tailbone." __3/4/14 "Pressure sore on tailbone. Bandage changed again today." __3/5/14 "Wound looks good/bandage replaced." __3/6/14 "Wound still covered with pressure sore material, gauze replaced." __3/7/14 "Wound improving, bandage in place." __3/10/14 "Wound looking good, still covered." __3/11/14 "Wound covered and looking good." __3/12/14 "Wound covered and looking good." All staff training in regard to client #3's dressing changes and wound care was requested from the RN and the PD on 5/5/14 at 3 PM in regard to how the staff were to care for client #3's wounds and dressing changes what the staff were to document and when. No documentation of staff training was provided for review. E-mail interview with the PD on 5/5/14 at 5 PM indicated no documentation of			

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	staff training in regard to dressing changes and wound care for client #3. The PD indicated the staff followed the written orders for the dressing changes from the doctor. Telephone interview with the facility RN on 5/5/14 at 3:30 PM indicated the direct care staff provided client #3's daily dressing changes and treatments. When asked who trained the staff to do the dressing changes and to care for client #3's pressure wounds, the RN stated, "I showed the [RM/Residential Manager] and then she showed the rest of the staff." The RN stated she had no documentation of the training other than "what I wrote in my T-logs (the nursing notes)." 9-3-6(a)			
W000368	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 4 sampled clients (#3 and #4) and 1 additional client (#8), the facility failed to ensure all medications were administered to the clients in compliance with the physician's orders.	W000368	**1. What corrective action will be accomplished?** · All medication will be administered per doctor's orders. · Staff will be retrained on medication administration protocol. · Home manager will monitor medication and medication administration record twice a week. Home	06/08/2014

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	Findings include: The facility's reportable records were reviewed on 4/29/14 at 11 AM. A 5/14/13 BDDS (Bureau of Developmental Disabilities Services) report indicated "[Client #8] is prescribed Renal Caps as a nutritional supplement. On Saturday 5/11/13 this medication was omitted and not passed to [client #8] This was not discovered until Monday 5/13/13. [Client #8] suffered no negative side effects from missing this medication therefore the PCP (Primary Care Physician) was not notified. Staff will be trained on the medication administration process...." A 5/21/13 BDDS report indicated "[Client #8] is prescribed Renal Caps (a dietary supplement) soft gel, Aspirin (for pain, fever, and inflammation) EC 81 mg (milligrams) tablet, and Vesicare (to reduce muscle spasms in the bladder and urinary tract) 5 mg tablet among other medications as part of her health care plan. The renal caps soft gel, aspirin EC 81 mg tablet and Vesicare 5 was omitted from her PM medication pass on 5/19/13. These medications are packaged separately from the rest of her medications and that was the reason for omission. The rest of her PM medications		manager will do a medication administration observation weekly and document it via Therap. Program Director/QIDP will do a medication administration observation monthly and document it via Therap. 2. **How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All residents have the potential to be affected by the same deficient practice. · All medication will be administered per doctor's orders. · Staff will be retrained on medication administration protocol. · Home manager will monitor medication and medication administration record twice a week. Home manager will do a medication administration observation weekly and document it via Therap. Program Director/QIDP will do a medication administration observation monthly and document it via Therap. 3. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · All medication will be administered per doctor's orders. · Staff will be retrained on medication administration protocol. · Home manager will monitor medication and medication administration record twice a week. Home manager will do a medication	

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	were administered correctly and on time. [Client #8's] PCP was not notified being there was no adverse effects from missing the medications." The report indicated the staff responsible would receive additional training. A 10/2/13 BDDS report indicated "Staff was getting prepared to administer [client #3's] 8 AM medication and realized that [client #3's] medication was still in the pill crusher that staff utilize (sic) to crush [client #3's] pills. [Client #3] is prescribed Enalapril Maleate (for high blood pressure) 10 mg tab, Lamotrigine (for seizures) 100 mg tablet, and Oxcarbazepine (for seizures) 600 mg tablet at 8 PM. There were no negative side effects from [client #3's] missing the medication; therefore, the PCP was not notified. The staff that signed for administering the medications will receive disciplinary action and will re-read the medication administration policy." A 2/11/14 GER (General Events Report) indicated the staff were getting out medications for the evening medication pass and discovered client #4 had not been given his 7 AM medications of Topiramate (for seizures) 50 mg, Invega (for Schizophrenia) 9 mg and Lisinopril (for high blood pressure) 10 mg. The		administration observation weekly and document it via Therap. Program Director/QIDP will do a medication administration observation monthly and document it via Therap. 4. **How will the corrective action be monitored to ensure the deficient practice will not recur?** · Home manager will monitor medication and medication administration record twice a week. Home manager will do a medication administration observation weekly and document it via Therap. Program Director/QIDP will do a medication administration observation monthly and document it via Therap. **What is the date by which the systemic changes will be completed?** June 8th 2014	

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	report indicated the facility staff called the home manager. The facility records did not indicate staff training or re-training. Telephone interview with the facility RN on 5/5/14 at 3:30 PM indicated all medications were to be given as directed by the physician and as indicated on the clients' MARs. 9-3-6(a)			
W000369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review and interview for 2 of 26 medications observed being administered, the facility failed to ensure all medications were administered without error to clients #7 and #8. Findings include: Observation of the medication administration pass was conducted at the group home on 4/30/14 between 7:15 AM and 8:30 AM. __During this time staff #1 did not apply	W000369	**1. What corrective action will be accomplished?** · All medication will be administered per doctor's orders. · Staff will be retrained on medication administration protocol. · Home manager will monitor medication and medication administration record twice a week. Home manager will do a medication administration observation weekly and document it via Therap. Program Director/QIDP will do a medication administration observation monthly and document it via Therap. 2. **How will we identify other residents having the potential to be**	06/08/2014

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	Halobetasol Propionate (a steroid) ointment to client #8's affected areas - arms, legs and/or trunk. __At 7:18 AM staff #1 handed client #7 an Advair inhaler. Client #7 sucked in on the inhaler three times and handed the inhaler back to staff #1. Client #7 did not rinse or spit after using the inhaler. Staff #1 did not prompt client #7 to rinse her mouth and/or spit after using the inhaler. Review of the April 2014 MARs (Medication Administration Records) on 4/30/14 at 8:35 AM indicated: __Client #7 was to take one puff of the Advair inhaler at 8 AM. The MAR indicated client #7 was to rinse her mouth and to spit after using the inhaler. __Client #8 was to have Halobetasol Propionate ointment to affected areas (arms, legs and trunk) at 8 AM for Psoriasis. Client #8's record was reviewed on 4/30/14 at 3 PM. Client #8's physician's orders indicated client #8 was to have Halobetasol Propionate to affected areas - arms, legs and trunk twice a day for Psoriasis. During interview with staff #1 on 4/30/14 at 9:15 AM staff #1 indicated he had not applied client #8's Halobetasol Propionate ointment.		**affected by the same deficient practice and what corrective action will be taken?** · All residents have the potential to be affected by the same deficient practice. · All medication will be administered per doctor's orders. · Staff will be retrained on medication administration protocol. · Home manager will monitor medication and medication administration record twice a week. Home manager will do a medication administration observation weekly and document it via Therap. Program Director/QIDP will do a medication administration observation monthly and document it via Therap. 3. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · All medication will be administered per doctor's orders. · Staff will be retrained on medication administration protocol. · Home manager will monitor medication and medication administration record twice a week. Home manager will do a medication administration observation weekly and document it via Therap. Program Director/QIDP will do a medication administration observation monthly and document it via Therap. 4. **How will the corrective action be monitored to ensure the deficient practice will not**	

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	Telephone interview with the facility RN on 5/5/14 at 3:30 PM indicated all medications were to be given as directed by the physician and as indicated on the client's MAR. 9-3-6(a)		**recur?** · Home manager will monitor medication and medication administration record twice a week. Home manager will do a medication administration observation weekly and document it via Therap. Program Director/QIDP will do a medication administration observation monthly and document it via Therap. **What is the date by which the systemic changes will be completed?** June 8th 2014	
W000371	483.460(k)(4) DRUG ADMINISTRATION The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to develop a training objective/goal that reflected the medications client #1 was taking to teach the client about his medications. Findings include: Client #1's record was reviewed on 4/30/14 at 2 PM. Client #1's ISP (Individual Support Plan) dated 9/1/13 indicated client #1 had a medication goal/objective to identify his Lexapro. Review of client #1's record and	W000371	**1. What corrective action will be accomplished?** · Clients will be trained on administering their own medication, when appropriate. · Home manager will monitor medication and medication administration record twice a week. Home manager will do a medication administration observation weekly and document it via Therap. Program Director/QIDP will do a medication administration observation monthly and document it via Therap. 2. **How will we identify other residents having the potential to be affected by the same deficient practice and what corrective**	06/08/2014

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	physician's orders for 2014 indicated client #1 did not take Lexapro. Telephone interview with the PD (Program Director) on 5/5/14 at 4 PM stated client #1's medication goal/objective "should" reflect the medications client #1 was currently taking. The PD indicated client #1 was not on Lexapro and client #1's medication objective would have to be reassessed and rewritten. 9-3-6(a)		**action will be taken?** · All residents have the potential to be affected by the same deficient practice. · Clients will be trained on administering their own medication, when appropriate. · Home manager will monitor medication and medication administration record twice a week. Home manager will do a medication administration observation weekly and document it via Therap. Program Director/QIDP will do a medication administration observation monthly and document it via Therap. 3. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** · Clients will be trained on administering their own medication, when appropriate. · Home manager will monitor medication and medication administration record twice a week. Home manager will do a medication administration observation weekly and document it via Therap. Program Director/QIDP will do a medication administration observation monthly and document it via Therap. 4. **How will the corrective action be monitored to ensure the deficient practice will not recur?** · Home manager will monitor medication and medication administration record twice a week. Home manager	

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			will do a medication administration observation weekly and document it via Therap. Program Director/QIDP will do a medication administration observation monthly and document it via Therap. 5. **What is the date by which the systemic changes will be completed?** June 8th 2014	
W000436	483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review, and interview for 4 of 4 sampled clients with adaptive equipment (#1, #2, #3 and #4) and 1 additional client (#8), the facility failed to ensure: __Client #1 was encouraged to wear his compression stockings. __Client #2 was provided a protective sleeve for his arm in regard to SIB (Self Injurious Behaviors). __Client #3's wheel chair was cleaned. __Clients #3 and #4 were encouraged to wear and take care of their eyeglasses. __Client #8 was provided a boot splint. Findings include: 1. Client #1's record was reviewed on	W000436	**1. What corrective action will be accomplished?** o Staff will encourage client #1 to wear his compression stockings o A new protective bite sleeve will be ordered for client #2 o Staff will clean client #3's wheelchair as indicated on the MAR o Staff will encourage client #3 and #4 to wear and take care of their eyeglasses 2. **How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** o All residents have the potential to be effected by the same deficient practice o Staff will encourage client #1 to	06/08/2014

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	4/30/14 at 2 PM. Client #1's record indicated diagnoses of, but not limited to, Lymphedema (a blockage in your lymphatic system causing swelling) of the legs). Client #1's 2014 physician's orders indicated client #1 was to wear his compression stockings daily from 7 AM to 8 PM. Review of client #1's February, March and April 2014 MARs (Medication Administration Records) indicated client #1 refused to wear his compression stockings daily in February, March and April 2014 except for February 27, 2014. Client #1's ISP (Individual Support Plan) dated 9/1/13 indicated no objectives in place to assist client #1 to wear and care for his compression stockings. During interview with client #1 on 4/30/14 at 11:05 AM, client #1 stated he didn't like to wear the compression stockings because they were "too tight." E-mail interview with the PD (Program Director) on 5/5/14 at 5 PM indicated client #1 did not have any objectives to assist the client to learn to wear and care for his compression stockings. The PD stated "It is being addressed informally at this point."		wear his compression stockings o A new protective bite sleeve will be ordered for client #2 o Staff will clean client #3's wheelchair as indicated on the MAR o Staff will encourage client #3 and #4 to wear and take care of their eyeglasses 3. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** o Staff will be re-trained on prompting/encouraging client #1 to wear his compression stockings o A new protective bite sleeve has been ordered for client #2 o Staff will be re-trained on cleaning client #3's wheelchair o Staff will be re-trained on prompting/encouraging clients #3 and #4 to wear and take care of their eyeglasses 4. **How will the corrective action be monitored to ensure the deficient practice will not recur?** o The home manager will monitor the MAR to monitor if client #1 is wearing his compression stockings o The staff will be re-trained to make the home manager aware of any adaptive equipment that is missing or that is not in good repair o The home manager will monitor the MAR to ensure that client #3's wheelchair is cleaned as stated on the MAR o A goal will be implemented for	

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	2. Observations were conducted at the group home on 4/28/14 between 4 PM and 6:30 PM and on 4/30/14 between 5:45 AM and 8:30 AM. Client #2 bit his right wrist on multiple occasions throughout both observations. Client #2's right wrist was red, swollen and callused. Client #2 did not wear a protective bite sleeve. Review of client #2's February, March and April 2014 MARs (Medication Administration Records) on 4/30/14 at 8:35 AM indicated client #2 had not been provided a protective bite sleeve February 1 through April 30, 2014. Client #2's record was reviewed on 4/30/14 at 4 PM. Client #2's 1/21/14 BSP (Behavior Support Plan) indicated client #2 had a targeted behavior and history of biting himself on his wrist. Client #2's BSP indicated "(Client #2) wears a bite protective sleeve to safeguard himself from injury do to biting his arm." Interview with staff #1 on 4/30/14 at 8:45 AM indicated client #2 was to wear a protective bite sleeve on his right forearm and wrist. Staff #1 stated, "He had two of them, but I don't know what happened to them. They just disappeared one day." When asked how long client #2 ' s bite sleeve has been missing, staff #2 stated,		clients #3 and #4 to wear and take care of their glasses. The program director will monitor the goal data 5. **What is the date by which the systemic changes will be completed?** o June 8th 2014	

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	"Oh, it's been a long time, I would say a few months." When asked how often client #2 bites his right wrist, staff #2 stated, "Off and on all day long every day." Staff #1 indicated when client #2 used the bite sleeves, client #2 did not bite his arm as much. Interview with the HM (House Manger) on 4/30/14 at 9:15 AM stated client #2 had two bite sleeves "at one point in time but they disappeared. Nobody knows what happened to them." The HM stated client #2 used the bite sleeves for "a few months and they seemed to be helping him." Interview with the PD (Program Director) on 4/30/14 at 1 PM stated client #2's bite sleeve had been ordered and "They (the facility) only let me order one and it's not in yet." The PD indicated she did not know what had happened to client #2's bite sleeves. 3. Observations were conducted at the group home on 4/30/14 between 5:45 AM and 8:30 AM. At 6:10 AM staff #3 was changing client #3 while in his bed. Client #3's wheelchair had dried crumbs of unidentifiable substance and dirt on the seat and the chest harness. Staff #3 continued to get client #3 out of bed and into the wheelchair. Client #3's			

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	wheelchair was not cleaned prior to or after client #3 was placed in it. Review of client #3's April 2014 MAR on 4/30/14 at 8:35 AM indicated "Staff will deep clean [client #3's] wheelchair from top to bottom daily. This includes all wheelchair accessories (i.e.: harness, foot rests) to ensure wheelchair cleanliness." The April MAR indicated the staff had cleaned client #3's wheelchair on 4/2/14 and 4/19/14. During interview with staff #3 on 4/30/14 at 6:15 AM, staff #3 stated client #3's wheelchair was to be cleaned "once or twice a week, I think." E-mail interview with the PD on 5/5/14 at 5 PM indicated the frequency of cleaning the client's equipment was on the client's MAR (Medication Administration Record). 4. Observations were conducted at the group home on 4/28/14 between 4 PM and 6:30 PM and on 4/30/14 between 5:45 AM and 8:30 AM. __During both observation periods client #3 did not wear eyeglasses. __Client #4 did not wear his eyeglasses during the PM observation period. During the AM observation period, client #4 did not wear his eyeglasses until time			

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	to leave for the day program. __ Throughout both observation periods the staff did not prompt clients #3 or #4 to wear their eyeglasses. Client #3's record was reviewed on 4/30/14 at 1 PM. Client #3's ISP dated 5/23/13 indicated client #3 had an objective for client #3 to wear his glasses for 30 minutes a day. Client #3's Individual Plan of Protective Oversight (IPOP) dated 7/15/13 indicated "In the past he (client #3) has not liked to wear his glasses but since moving to the group home he is tolerating his glasses more." Client #4's record was reviewed on 4/30/14 at 3 PM. Client #4's IPOP dated 7/1/13 indicated "[Client #4] has glasses but chooses to not wear them. [Client #4] breaks his glasses often or leaves his glasses at home or other places. He does not like to wear his glasses. He requires several verbal prompts to wear his glasses." Client #4's ISP (Individual Support Plan) of 7/2/13 indicated no objectives to assist client #4 to wear and take care of his eyeglasses. During interview with client #4 on 4/30/14 at 11:15 AM, client #4 stated, "I don't like wearing my glasses. They always get broken or something."			

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	Telephone interview with the PD on 5/5/14 at 4 PM stated the staff were to prompt client #3 "about every 25 or 30 minutes" to wear his glasses. The PD indicated if the staff were to prompt the client to wear his glasses more often the client would become upset. An email interview with the PD on 5/5/14 at 5:15 PM indicated client #4 did not have a program in place to assist the client with taking care of his eyeglasses and/or to wear his eyeglasses. 5. Review of client #8's February, March and April 2014 MARs on 4/30/14 at 8:35 AM indicated client #8 was to be provided a boot splint to wear from 8 AM - 12 PM for Cerebral Palsy. The MARs indicated client #8 had not been provided the boot splint from February 1, 2014. Interview with the HM (House Manager) on 4/30/14 at 9:15 AM indicated client #8's boot splint was broken. The HM indicated she had tried to notify the company that supplied the boot splint, but the company was refusing to fix it. The HM stated she had not reported the broken boot splint to the PD, "I just called the company and tried to get it repaired." When asked was there an alternate for the splint, the HM stated,			

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	"No, she just goes without." Telephone interview with the PD on 5/5/14 at 4 PM indicated she was not aware client #8's boot splint was broken. The PD stated, "If the company won't fix it, then we need to have it replaced." 9-3-7(a)			
W000460	483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, interview and record review for 1 of 1 sampled clients (#1) receiving a specially prescribed diet, the facility failed to ensure the staff provided client #1 food in accordance with his 1800 calorie low potassium diet. Findings include: Observations were conducted at the group home on 4/28/14 between 4 PM and 6:30 PM. __Baked pork chops, rice, broccoli with cheese and crushed pineapple were prepared for the evening meal and served with milk and water. __At 5 PM staff #2 indicated the facility did not have all of the ingredients to	W000460	**1. What corrective action will be accomplished?** o All ingredients to make the food on the menu will be available at the group home o Client #1 will be encouraged/prompted to follow his diet 2. **How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** o All residents have the potential to be effected by the same deficient practice o All ingredients to make the food on the menu will be available at the group home o Client #1 will be encouraged/prompted to follow his diet 3. **What measures will be put into place or what systemic changes will be made to ensure that the deficient**	06/08/2014

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	make the casserole that was on the menu and she substituted with the pork chops. __Client #1 ate double portions of pork chop, rice, broccoli with cheese and pineapple and drank two glasses of milk and a glass of water with his evening meal. Client #1 was not encouraged or prompted on single portions, dietary compliance and/or offered substitution for the foods high in potassium content. Review of the undated facility menu Fall/Winter Low Potassium week #5 on 4/28/14 at 5:30 PM indicated client #1 was to have: 1 1/2 cups of Spanish bean casserole 1 cup of wax beans 1 slice of bread with 1 teaspoon of margarine 1/2 cup of unsweetened fruit cocktail 1 cup of water 8 to 12 ounces of sugar free punch Client #1's record was reviewed on 4/30/14 at 2 PM. Client #1's IPOP (Individual Plan of Protective Oversight) indicated "Very Diet Non-compliant. Must be prompted on proper selections and quantities. [Client #1] will try to eat massive quantities of food." Client #1's dietary assessment of 2/10/14 indicated client #1 was on an 1800 calorie low potassium diet. The		**practice does not recur?** o The home manager will be re-trained on having all ingredients for all meals to be available o Staff will be re-trained regarding dietary compliance for all residents 4. **How will the corrective action be monitored to ensure the deficient practice will not recur?** o The home manager will complete a weekly meal observation documented via Therap to ensure that staff are encouraging dietary compliance o The program director/QIDP will complete a meal observation twice a month documented via Therap and will monitor the food at the group home to ensure all ingredients for meals are available. 5. **What is the date by which the systemic changes will be completed?** o June 8th 2014	

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	assessment indicated "Encourage single servings at meals - may have 2nds (seconds) of non starchy vegs (vegetables) if he is still hungry." Client #1's dietary guide of foods high/low in potassium dated 11/2/13 indicated dairy products and broccoli to be foods high in potassium. Telephone interview with the facility RN on 5/5/14 at 3:30 PM indicated client #1 was to receive a low potassium diet. The RN indicated the staff were to follow client #1's dietary recommendations and diet orders. The RN indicated client #1's physician ' s prescribed diet was a low potassium diet. Telephone interview with the PD (Program Director) on 5/5/14 at 4 PM indicated the staff were to follow the facility menus and provide the clients' food in accordance with their specific dietary orders and recommendations. 9-3-8(a)			
W000488	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.			

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	Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and for 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure the clients participated in all aspects of meal preparation and service in regard to packing their own lunches. Findings include: Observations were conducted at the group home on 4/30/14 between 5:45 AM and 8:30 AM. Upon entering the home at 5:45 AM client #5 was gathering all of the clients' (#1's, #2's, #3's, #4's, #5's, #6's, #7's and #8's) lunch bags from the dining room table and taking them outside and placing them on the facility van. When asked who prepared the lunch bags, client #5 stated, "I did. I do it all the time." Two staff were in the home at the time. Staff #1 was sitting in the living room, one shoe on and one shoe off, the television on and no other clients were in the living room and staff #3 was in the back of the home with another client. Clients #3, #7 and 8 were still in bed and clients #1, #2, #4 and #6 were in their bedrooms. Interview with client #1 on 4/30/14 at 11:05 AM indicated client #5 had prepared his lunch bag. Client #1 stated client #5 "likes to do it, so I just let her. I	W000488	1. **What corrective action will be accomplished?** o All residents will have a part in packing their lunch boxes 2. **How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** o All residents have the potential to be effected by the same deficient practice o All residents will have a part in packing their lunch boxes 3. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?** o Staff will be re-trained that all clients are to have a part in packing their own lunches 4. **How will the corrective action be monitored to ensure the deficient practice will not recur?** o The home manager will complete weekly observations to ensure that all clients are having a part in packing their own lunches documented via therap. 5. **What is the date by which the systemic changes will be completed?** o June 8th 2014	06/08/2014

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	don't want to cause any problems." Client #1 indicated he did not participate in the preparation of his lunch bag the morning of 4/30/14. Interview with client #3 on 4/30/14 at 11:20 AM indicated he did not know who prepared his lunch bag for him the morning of 4/30/14. Client #3 indicated he was not a morning person and did not always get up early to put things into his lunch box. Telephone interview with the PD (Program Director) on 5/5/14 at 4:15 PM indicated the clients were to prepare their own lunches and fill their lunch boxes with the assistance of the staff. Telephone interview with the RM (Residential Manager) on 5/5/14 at 4:45 PM stated client #5 has been told not to be fixing the clients' lunch boxes and that each client was to prepare their own, "but she just goes ahead and does it. Nine out of ten days she has the lunch boxes prepared and on the van before I even get to the home." 9-3-8(a)			
W009999				

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	1. State Findings The following Community Residential Facilities for Persons with Developmental Disabilities rules were not met: 460 IAC 9-3-1 Governing body: (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division: an emergency intervention for the individual resulting from a physical symptom. This state rule was not met as evidenced by: Based on record review and interview for 2 of 4 sample clients (#3 and #4), the facility failed to report to the Bureau of Developmental Disabilities Services (BDDS) regarding an incident requiring client #3 to be taken to an immediate care facility for medical assistance, to provide follow up reports every seven days in regard to client #3's pressure wound and to report a medication error for client #4. Findings include:	W009999	**1. What corrective action will be accomplished?** · All staff will be retrained on protocol for reporting incidents to BDDS. · Staff will notify Home Manager of any incidents. · Home Manager will notify Program Director of any incidents. · Program Director will report all incidents to BDDS within the required time frame. All staff will be have TB test on a yearly basis. **2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** · All residents have the potential to be affected by the same deficient practice. · All staff will be retrained on protocol for reporting incidents to BDDS and yearly TB tests. · Staff will notify Home Manager of any incidents. · Home Manager will notify Program Director of any incidents. · Program Director will report all incidents to BDDS within the required time frame. **3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** ·	06/08/2014

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	The facility's reportable records were reviewed on 4/29/14 at 11 AM. 1. The BDDS (Bureau of Developmental Disabilities Services) report of 2/28/14 indicated on 2/28/14 "[Client #3] has a small pressure sore approx (approximately) 1/2" (inch) long and 1/4" wide on the right side of his bottom. The sore has opened up, the home manager took [client #3] to the Wound Center for treatment this morning and the center suggested to have [client #3] remain flat except for when eating meals 3x (three times) daily sitting up for no longer than 30 minutes at a time. The wound center wants the wound packed 3x weekly and for [client #3] to return to see the doctor once a week until the wound is completely healed. Plan to Resolve: Staff will continue to monitor, document and report and (sic) changes to [client #3's] condition. HM will take [client #3] to his weekly appointments at the Wound Center until wound is healed. Indiana Mentor will report any changes to this wound to BQIS (Bureau of Quality Improvement Services)." The facility records indicated no further follow up reports to BQIS in regard to the report made on 2/28/14 or indicate the indicant was closed. 2. The GER (General Events Report) of		All staff will be retrained on protocol for reporting incidents to BDDS and yearly TB test. · Staff will notify Home Manager of any incidents. · Home Manager will notify Program Director of any incidents. · Program Director will be retrained on report incidents to BDDS within the required time frame. · Area director will monitor BDDS reports and investigations to ensure the administrator is notified and a thorough investigation is completed. **4. How will the corrective action be monitored to ensure the deficient practice will not recur?** · Staff will notify Home Manager of any incidents. · Home Manager will notify Program Director of any incidents. · Program Director will be retrained on report incidents to BDDS within the required time frame. · Area director will monitor BDDS reports and investigations to ensure the administrator is notified and a thorough investigation is completed.	

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	12/27/13 indicated client #3 woke up with a red and swollen eye. The GER indicated client #3 was taken to a local urgent care facility and was diagnosed with "conjunctivitis, acute (Pink Eye)." Client #3 was given medication and was returned home. The facility records indicated client #3's emergency trip to urgent care on 12/27/13 was not reported BDDS/BQIS (Bureau of Quality Improvement Services). 3. The 2/11/14 GER indicated the staff were getting out medications for the evening medication pass and discovered client #4 had not been given his 7 AM medications of Topiramate (for seizures) 50 mg (milligrams), Invega (for Schizophrenia) 9 mg and Lisinopril (for high blood pressure) 10 mg. The report indicated the facility staff called the home manager. The facility records did not indicate the error was reported to BDDS/BQIS. Interview with the PD (Program Director) on 4/30/14 at 1 PM indicated she had been in the home for only a couple of weeks and had provided all of the facility reportable records for review. The PD provided no further reports or follow up reports in regard to client #3's pressure wound reported on 2/28/14, client #3's incident requiring emergency services on		**5. What is the date by which the systemic changes will be completed?** · June 8th, 2014	

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	12/27/13 and client #4's omission of medications on 2/11/14. Review of the 3/1/11 BQIS: Incident Reporting and Management policy on 4/30/14 at 1 PM indicated: __"Reportable Incidents: #16. A medication error or medical treatment error as follows: c. missed medication - not given." __"Reportable Incident Follow-up: 2. If an incident is not closed upon BQIS' receipt and processing, BQIS shall forward an email notification to the person responsible for incident follow-up reporting. 3. The person responsible for incident follow-up reporting shall: a. submit an electronic incident follow-up report within 7 days of the date of the incident initial report; b. continue to submit incident follow-up reports on an every 7 day schedule, until such time as the incident is resolved to the satisfaction of all entities...." 2. STATE FINDINGS: The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.			

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	460 IAC 9-3-3 Facility Staffing: (e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin (TB) test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician. This state rule was not met as evidenced by: Based on record review and interview for 1 of 4 sampled staff (staff #4) personnel records reviewed, the facility failed to obtain a yearly PPD and/or a chest x-ray and/or PPD screening checklist for employed staff. Findings include: Review of the facility personnel records on 4/29/14 at 3 PM indicated staff #4's			

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	most recent TB/PPD testing was conducted on 1/16/13. Staff #4's record did not indicate a yearly PPD, chest x-ray or screening checklist had been completed since 1/16/13. During interview with the HRC (Human Resources Coordinator) on 4/29/14 at 3 PM, the HRC stated staff #4's testing was "out of compliance and outdated." The HRC indicated staff #4 would be contacted immediately and required to have a testing done. 9-3-3(e) 9-3-1(b)			