

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G453	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/05/2016
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NAME OF PROVIDER OR SUPPLIER  BONA VISTA PROGRAMS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3261 ALMQUIST KOKOMO, IN 46902
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W 0000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 1/19, 1/20, 1/21, 1/22 and 2/5/16.</p> <p>Facility number: 000967 Provider number: 15G453 AIM number: 100235220</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 2/15/16.</p>	W 0000		
W 0125  Bldg. 00	<p>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.</p> <p>Based on observation, interview and record review for 3 of 4 sampled clients ( #1, #3 and #4), the facility failed to ensure the rights of clients in regard to the use of door alarms and chair/bed alarms for monitoring a client with inappropriate sexual behavior. The</p>	W 0125	<p><b>CorrectiveAction(s):</b> <b>Toensure that established plans are written and in place for the clients to gettheir right of freedom of movement back, the following correction actions will beimplemented:</b> 1.TheQualified Intellectual Disabilities Professional (QIDP)</p>	03/06/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>facility failed to ensure the clients had a plan in place which indicated what the clients had to do to get their right of freedom of movement back.</p> <p>Findings include:</p> <p>1. During the 1/20/16 observation periods between 6:09 AM and 8:50 AM and 4:50 PM to 6:06 PM, at the group home, a door alarm sounded when the front and side doors were opened.</p> <p>Interview with staff #1 on 1/20/16 at 1:20 PM indicated the group home had door alarms due to clients #1 and #4's demonstrated elopement behavior. Staff #1 stated "[Client #4] has not eloped since he has been here at this group home."</p> <p>Client #1's record was reviewed on 1/21/16 at 1:27 PM. Client #1's undated Individual Specific Summary indicated "...[Client #1] has a past history and present risk of elopement and requires 24 hour staff supervision to ensure his safety. [Client #1] has a past history of eloping from the facility he lived in and was found in a neighbor's refrigerator eating their food...[Client #1] has an elopement risk plan in place...."</p> <p>Client #1's Revised August 2015</p>		<p>will write and implement titration plans for clients #1, #3, and #4 to get their right of freedom of movement back. The QIDP will obtain approval for these plans from the Human Rights Committee (HRC) prior to implementation. All staff located in the home will be trained on clients #1, #3, and #4's titration plans. Record of Training forms will be completed following staff trainings and will be submitted to the Residential Director for administrative oversight.</p> <p><b>Finding(s):</b></p> <p><b>1. "Client #1's Behavior Support Plan (BSP) did not indicate the use of door alarms had been incorporated, and/or indicate the client had reactive and/or proactive strategies which addressed the client's identified behavior of elopement/need for the use of the door alarms."</b></p> <p><b>Corrective Action(s):</b> To ensure that established plans are written and in place for the client #1 regarding his targeted behavior of elopement, the use of door alarms, and reactive and/or proactive strategies which addresses the reason for the use of the door alarms:</p> <p>1. The Qualified Intellectual Disabilities Professional (QIDP)</p>				

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	<p>Behavior Support Plan (BSP) indicated client #1 had a targeted behavior of "eloping" which was defined as "Taking off from a designated area or taking off from direct support professionals without being prompted to leave." Client #1's 8/15 BSP did not indicate the use of door alarms had been incorporated in the client's BSP, and/or indicate the client had reactive and/or proactive strategies which addressed the client's identified behavior of elopement/need for the use of door alarms. Client #1's BSP also failed to indicate what client #1 had to do to get back his right regarding freedom of movement.</p> <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP), administrative staff #1 and #2, and the RN (registered nurse) on 1/22/16 at 7:32 AM, by phone, indicated client #1 demonstrated the behavior of elopement. Administrative staff #2 and the RN indicated client #1 had a risk plan for elopement that was kept in a book at the group home. Administrative staff #2 and the RN stated if client #1 eloped, staff were to "follow and try to redirect back to house." The facility did not provide any risk plan in regard to client #1's elopement behavior. Administrative staff #2 and the QIDP indicated client #1's BSP did not indicate what client #1 had</p>		<p>will revise theBehavior Support Plan (BSP) to include the incorporation of door alarms,reactive and/or pro-active strategies addressing the identified behavior ofelopement and the need for the use of the door alarms. The QIDP will obtainapproval for these plans from the Human Rights Committee (HRC) prior toimplementation. All staff located in the home will be trained on client's #1'srevised BSP. Record of Training forms will be completed following stafftrainings and will be submitted to the Residential Director for administrativeoversight.</p> <p><b>Finding(s):</b> 1. <b>"The facility did not provide any risk plans in regard to client #1'selopement behavior."</b></p> <p><b>CorrectiveAction(s):</b> <b>Toensure that risk plans are provided for client #1's elopement behavior.</b></p> <p>1. TheQualified Intellectual Disabilities Professional (QIDP) will implement anelopement risk plan for client #1. All staff located in the home will betrained on client's #1's elopement risk plan. Record of Training forms will becompleted following staff trainings and will be submitted to the ResidentialDirector for administrative oversight.</p>	

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	<p>to do to get back his right regarding freedom of movement.</p> <p>2. Client #3's record was reviewed on 1/21/16 at 11:48 AM. Client #3's Revised August 2015 BSP indicated client #3 demonstrated "Sexually Inappropriate behaviors- [Client #3] has a history of masturbating in front of his roommates. [Client #3] will also want to masturbate at the same time as his roommates. It has also been reported that [client #3] has inappropriately touched his roommate. [Client #3] is to be monitored by staff, and are to know his whereabouts at all times. [Client #3] receives 15 minute safety checks and has bed and chair alarms for his safety and the other consumers in the home...." Client #3's 8/15 BSP and/or record did not indicate what client #3 had to do to earn back his right regarding freedom of movement.</p> <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP), administrative staff #1 and #2, and the RN (registered nurse) on 1/22/16 at 7:32 AM, by phone, indicated client #3 demonstrated inappropriate sexual behavior. Administrative staff #2 stated there was "No titration" to decrease and/or eliminate the use of client #3's chair and/or bed alarms due to the client's</p>		<p><b>Finding(s):</b></p> <p><b>1. "Client #4's Behavior Support Plan (BSP) did not indicate the use of door alarms had been incorporated, and/or indicate the client had reactive and/or proactive strategies which addressed the client's identified behavior of elopement/need for the use of the door alarms."</b></p> <p><b>Corrective Action(s):</b> To ensure that established plans are written and in place for the client #4 regarding his targeted behavior of elopement, the use of door alarms, and reactive and/or proactive strategies which addresses the reason for the use of the door alarms:</p> <p>1. The Qualified Intellectual Disabilities Professional (QIDP) will revise the Behavior Support Plan (BSP) to include the incorporation of door alarms, reactive and/or pro-active strategies addressing the identified behavior of elopement and the need for the use of the door alarms. The QIDP will obtain approval for these plans from the Human Rights Committee (HRC) prior to implementation. All staff located in the home will be trained on client's #1's revised BSP. Record of Training forms will be completed following staff trainings</p>	

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	<p>inappropriate sexual behavior.</p> <p>3. Client #4's record was reviewed on 1/21/16 at 1:30pm. Client #4's 1/7/15 risk management assessment indicated client #4 "leaves when he is angry or determined to do something."</p> <p>Client #4's August 2015 BSP (Behavior Support Plan) indicated client #4 had the following targeted behaviors: Verbal Abuse (will include any form of verbal abuse that is directed toward an individual), Physical Aggression including throwing objects (will include any kind of strike or grab that is used as a form of intimidation), Property Destruction (any behavior that results in property damage/abuse or may result in property damage), Resisting Supervision/noncompliance (non-compliance after staff has given several prompts), and Extreme Irritability (highly agitated). Client #4's BSP failed to indicate client #4's targeted behavior of elopement, the use of door alarms, or a titration plan to allow client #4 to have the door alarms removed.</p> <p>Client #4's 1/10/16 Elopement plan indicated "[Client #4] has a history of elopement. Due to [client #4's] history of elopement [client #4] should remain within line of sight of the Direct Support</p>		<p>and will be submitted to the Residential Director for administrative oversight.</p> <p><b>Finding(s):</b> 1. "Client #4's elopement risk plan failed to indicate the use of door alarms, or a titration plan to allow the door alarms to be removed."</p> <p><b>Corrective Action(s):</b> To ensure that established plans are written and in place for the client #4 regarding his targeted behavior of elopement, the use of door alarms, and a titration plan to allow the door alarms to be removed:</p> <p>1. The Qualified Intellectual Disabilities Professional (QIDP) will revise client #4's elopement risk plan to indicate the use of door alarms and revise the Behavior Support Plan (BSP) to include a titration plan to get right of movement off freedom back. All staff located in the home will be trained on client's #4's elopement risk plan and revised BSP. Record of Training forms will be completed following staff trainings and will be submitted to the Residential Director for administrative oversight.</p> <p>-</p>		

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W 0240 Bldg. 00	<p>Professional when in the community. [Client #4] typically elopes when he becomes angry or feels as though he is not receiving attention. [Client #4] should not ever be unsupervised by staff. In the event that [Client #4] elopes from staff, QIDP (Qualified Intellectual Disability Professional) should be called immediately." Client #4's elopement plan failed to indicate the use of door alarms, or a titration plan to allow client #4 to have the door alarms removed.</p> <p>An interview with the QIDP was conducted on 1/22/16 at 8:30am. The QIDP indicated client #4 did not have a titration plan for the use of the door alarms.</p> <p>9-3-2(a)</p> <p>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, interview and record review for 2 of 4 sampled clients (#1 and #3), the clients' Individual Support Plans (ISPs) failed to indicate what facility staff were to do when the clients demonstrated elopement behavior, self-injurious behavior and/or</p>	W 0240	<p><b>Finding(s):</b> 1. "Based on record review, observation, and interview for 2 of 4 sample clients (#1 and #3), the clients Individual Support Plans (ISPs) failed to indicate what facility staff what to do when the clients demonstrated elopement</p>	03/06/2016

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	<p>inappropriate sexual behavior.</p> <p>Findings include:</p> <p>1. During the 1/20/16 observation periods between 6:09 AM and 8:50 AM and 4:50 PM to 6:06 PM, at the group home, a door alarm sounded when the front and side doors were opened.</p> <p>Interview with staff #1 on 1/20/16 at 1:20 PM indicated the group home had door alarms due to client's #1 demonstrated elopement behavior.</p> <p>Client #1's record was reviewed on 1/21/16 at 1:27 PM. Client #1's undated Individual Specific Summary indicated "...[Client #1] has a past history and present risk of elopement and requires 24 hour staff supervision to ensure his safety. [Client #1] has a past history of eloping from the facility he lived in and was found in a neighbor's refrigerator eating their food...[Client #1] has an elopement risk plan in place...."</p> <p>Client #1's Revised August 2015 Behavior Support Plan (BSP) indicated client #1 had a targeted behavior of "eloping" which was defined as "Taking off from a designated area or taking off from direct support professionals without being prompted to leave." Client #1's</p>		<p><b>behavior,self-injurious behavior and/or inappropriate sexual behavior."</b></p> <p><b>CorrectiveAction(s):</b></p> <p><b>Toensure that client #1 and #3's Individual Support Plans (ISPs) indicate whatfacility staff were to do when clients demonstrate elopement behavior,self-injurious behavior and/or inappropriate sexual behavior:</b></p> <p>1.TheQualified Intellectual Disabilities Professional (QIDP) will revise theBehavior Support Plans (BSPs) of client #1 and #3 to indicate what facilitystaff are to do when clients demonstrated elopement behavior, self-injuriousbehavior and/or inappropriate sexual behavior. The QIDP will obtain approvalfor these plans from the Human Rights Committee (HRC) prior to implementation.All staff located in the home will be trained on client's #1 and #3's revisedBSP. Record of Training will be completed following staff trainings and will besubmitted to the Residential Director for administrative oversight.</p> <p><b>Finding(s):</b></p> <p><b>1. "Client #1's Behavior Support Plan (BSP) did not indicate the use of door alarmshad been incorporated, and/or indicate the client had</b></p>				

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	<p>8/15 BSP did not include any reactive and/or proactive strategies which indicated what facility staff were to do to prevent the client's elopement behavior, and/or indicate what facility staff were to do if the client eloped.</p> <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP), administrative staff #1 and #2, and the RN (registered nurse) on 1/22/16 at 7:32 AM, by phone, indicated client #1 demonstrated the behavior of elopement. Administrative staff #2 and the RN indicated client #1 had a risk plan for elopement that was kept in a book at the group home. Administrative staff #1 and the RN stated if client #1 eloped, staff were to "follow and try to redirect back to house." The facility did not provide any risk plan in regard to client #1's elopement behavior.</p> <p>2. During the 1/20/16 observation between 6:09 AM and 8:50 AM and the 4:09 PM to 6:06 PM observation period at the group home, and the 1/20/16 observation period at the day service program between 10:55 AM and 11:45 AM, client #1 had a blue bandage wrap on his left forearm.</p> <p>Interview with staff #3 on 1/20/16 at 6:23 AM stated client #1 had the blue bandage</p>		<p><b>reactive and/or proactive strategies what facility staff were to do if client #1 eloped which addressed the client's identified behavior of elopement/need for the use of the door alarms, and what facility staff were to do if client #1 eloped"</b></p> <p><b>Corrective Action(s):</b> To ensure that established plans are written and in place for the client #1 regarding his targeted behavior of elopement, the use of door alarms, and reactive and/or proactive strategies which addresses the reason for the use of the door alarms, and what facility staff were to do if client #1 eloped:</p> <p>1. The Qualified Intellectual Disabilities Professional (QIDP) will revise the Behavior Support Plan (BSP) to include the incorporation of door alarms, reactive and/or pro-active strategies addressing the identified behavior of elopement and the need for the use of the door alarms, and what facility staff are to do if client #1 eloped. The QIDP will obtain approval for these plans from the Human Rights Committee (HRC) prior to implementation. All staff located in the home will be trained on client's #1's revised BSP. All Record of Training forms will be completed following staff trainings and will be submitted to the</p>				

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	<p>wrap on his arm because "[Client #1] picks arm."</p> <p>Client #1's record was reviewed on 1/21/16 at 1:27 PM. Client #1's Skin Integrity Forms indicated client #1 had scabs on his right hand and finger, a cut which had been picked on his left forearm, and a sore which had been picked on his left leg (below knee) documented on 1/1/16, 1/2, 1/3, 1/4, 1/5, 1/6, 1/7, 1/8, 1/9, 1/10, 1/11, 1/12, 1/13 and on 1/14/16. Client #1's Skin Integrity Forms indicated LPN #1 documented the following on the bottom of the forms:</p> <p>-1/8/16 "tx (treatment) in place all areas listed." -1/15/16 "tx in place all areas."</p> <p>Client #1's 4/15/15 Individual Support Plan (ISP) indicated client #1 had an objective to "I will have zero instances of picking independently 100% of the time for 30 sessions."</p> <p>Client #1's August 2015 BSP indicated client #1 demonstrated the targeted behavior of "SIB (self-injurious behavior)/Picking: Any picking of the skin, fingernails, toenails that could lead to bleeding." Client #1's 4/15/15 ISP and/or August 2015 Behavior Support Plan did not indicate specific guidelines</p>		<p>Residential Director for administrative oversight.</p> <p><b>Finding(s):</b> 1. "The facility did not provide any risk plans in regard to client #1's elopement behavior."</p> <p><b>CorrectiveAction(s):</b> To ensure that risk plans are provided for client #1's elopement behavior. 1. The Qualified Intellectual Disabilities Professional (QIDP) will implement an elopement risk plan for client #1. All staff located in the home will be trained on client's #1's elopement risk plan. Record of Training forms will be completed following staff trainings and will be submitted to the Residential Director for administrative oversight.</p> <p><b>Finding(s):</b> 1. "The facility did not provide any risk plans in regard to client #1's self-injurious (SIB) behavior."</p> <p><b>CorrectiveAction(s):</b> To ensure that risk plans are provided for client #1's self-injurious (SIB) behavior. 1. The Qualified Intellectual Disabilities Professional (QIDP) will implement a self-injurious (SIB) risk plan for client #1. All staff located in the home will be trained on client's #1's Self-Injurious risk plan. Record of Training forms will be completed following staff trainings and will</p>		

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	<p>and/or include any proactive and/or reactive strategies regarding client #1's SIB (self-injurious behavior) of picking. Client #1's 4/15/15 ISP also indicated client #1 did not have a risk plan for SIB.</p> <p>Interview with workshop staff #1 on 1/20/16 at 11:46 AM indicated she did not know why client #1 had a blue bandage on his arm.</p> <p>Interview with administrative staff #2, the QIDP and the RN on 1/22/16 at 7:32 AM, by phone, indicated client #1 demonstrated SIB of picking. The RN indicated facility staff monitored client #1's skin daily. Administrative staff #2 indicated facility staff were to verbally redirect client #1 when he picked. Administrative staff #2 and the RN indicated client #1 did not have any current open areas. Administrative staff #2 stated the blue bandage was placed on the client's arm "to discourage picking, and it was not part of the plan." The RN, the QIDP and administrative #2 indicated client #1 had a risk plan which addressed the client's SIB. The facility did not provide any additional documentation of a risk plan which included reactive and/or proactive strategies in regard to the client's picking behavior.</p> <p>3. Client #3's record was reviewed on</p>		<p>be submitted to the Residential Director for administrative oversight.</p> <p><b>Finding(s):</b> 1. "The facility did not provide documentation that included reactive and/or pro-active strategies in regards to client #1's picking behavior."</p> <p><b>Corrective Action(s):</b> To ensure that established plans are written and in place for the client #1 regarding his targeted behavior of picking (Self-injurious) that included reactive and/or proactive strategies and what facility staff were to do if client #1 displayed this behavior:</p> <p>1. The Qualified Intellectual Disabilities Professional (QIDP) will revise the Behavior Support Plan (BSP) to include reactive and/or pro-active strategies addressing the self-injurious behavior (SIB) of picking. The QIDP will obtain approval for these plans from the Human Rights Committee (HRC) prior to implementation. All staff located in the home will be trained on client's #1's revised BSP. Record of Training forms will be completed following staff trainings and will be submitted to the Residential Director for administrative oversight.</p>		

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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	
	1/21/16 at 11:48 AM. Client #3's Revised August 2015 BSP indicated client #3 demonstrated "Sexually Inappropriate behaviors- [Client #3] has a history of masturbating in front of his roommates. [Client #3] will also want to masturbate at the same time as his roommates. It has also been reported that [client #3] has inappropriately touched his roommate. [Client #3] is to be monitored by staff, and are to know his whereabouts at all times. [Client #3] receives 15 minute safety checks and has bed and chair alarms for his safety and the other consumers in the home. [Client #3] needs to have private alone time to do these things alone. Direct support professionals will ensure that [client #3] does not partake in these behaviors while his roommate is in the room...." Client #3's 8/15 BSP "INTERVENTION" section indicated "...If [client #3] wants alone time in his room that will be arranged for him. DSP (Direct Support Professional) will report any incident of sexually inappropriate behavior to the QIDP immediately." Client #3's 8/15 BSP and/or 2015 risk plans did not indicate/include any specific guidelines/interventions which indicated what facility staff were to do when client #3 demonstrated inappropriate sexual behavior.		<p><b>Finding(s):</b></p> <p><b>1. "The clients Individual Support Plans (ISPs) failed to indicate what facility staff were to do when client #3 demonstrated inappropriate sexual behavior."</b></p> <p><b>Corrective Action(s):</b></p> <p><b>To ensure that established plans are written and in place for the client #3 regarding his targeted sexual behavior and what facility staff were to do if client #3 displayed this behavior:</b></p> <p>1. The Qualified Intellectual Disabilities Professional (QIDP) will revise the Behavior Support Plans (BSP) of client #3 to indicate what facility staff were to do when clients demonstrated inappropriate sexual behavior. The QIDP will obtain approval for these plans from the Human Rights Committee (HRC) prior to implementation. All staff located in the home will be trained on client #3's revised BSP. Record of Training forms will be completed following staff trainings and will be submitted to the Residential Director for administrative oversight.</p>		

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W 0249 Bldg. 00	<p>Interview with the Qualified Intellectual Disabilities Professional (QIDP), administrative staff #1 and #2, and the RN (registered nurse) on 1/22/16 at 7:32 AM, by phone, indicated client #3 demonstrated inappropriate sexual behavior. Administrative staff #2 and the RN indicated facility staff were to redirect client #3 when he demonstrated inappropriate sexual behavior.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 2 of 4 sampled clients (#3 and #4), the facility failed to implement the clients' program plans when formal and/or informal training opportunities existed.</p> <p>Findings include:</p> <p>1. During the 1/20/16 observation periods between 6:09 AM and 8:50 AM and 4:50 PM to 6:06 PM, at the group</p>	W 0249	<p><b>W249 Finding(s):</b></p> <p><b>1. "Based on observation, interview and record review for 2 of 4 sample clients (#3 and #4), the facility failed to implement the clients' program plans when formal and/or informal training opportunities existed."</b></p> <p><b>Corrective Action(s): To ensure clients #3 and #4's formal and informal programming plans are being followed when opportunities exist.</b></p> <p>1. All staff located in the home</p>	03/06/2016

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	<p>home, client #3 utilized a roller walker and/or wheelchair for ambulation/mobilization. Specifically during the evening observation period (4:50 PM to 6:06 PM) and during the 1/20/16 observation period between 10:55 AM and 11:45 AM, at the day service program, client #3 did not utilize a wheelchair alarm when sitting in his wheelchair.</p> <p>Client #3's record was reviewed on 1/21/16 at 11:48 AM. Client #3's Revised August 2015 BSP indicated client #3 demonstrated "Sexually Inappropriate behaviors- [Client #3] has a history of masturbating in front of his roommates. [Client #3] will also want to masturbate at the same time as his roommates. It has also been reported that [client #3] has inappropriately touched his roommate. [Client #3] is to be monitored by staff, and are to know his whereabouts at all times. [Client #3] receives 15 minute safety checks and has bed and chair alarms for his safety and the other consumers in the home...." The facility staff did not place the alarm on client #3's wheelchair to ensure the protection of others.</p> <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP), administrative staff #1 and #2, and the</p>		<p>will beretrained on client #3 and #4's informal and formal programs and implementingthose programs through active treatment when training opportunities exist. Allstaff located in the home will be trained on client #3's revised BSP. Record ofTraining forms will be completed following staff trainings and will besubmitted to the Residential Director for administrative oversight.</p> <p>2.The Residential Qualified Disabilities Professional (QIDP) will review all informal and formal programs on a monthly basis and submit a report to the Residential Director for additional administrative oversight</p> <p>3.The Residential House Manager or the Qualified Disabilities Professional will do a shift observation monthly with direct care staff to evaluate active treatment and using teachable moments to do formal and informal programming</p> <p><b>Finding(s):</b> <b>1. "The facility failed to ensure that client#3's wheelchair alarms where on to ensure the protection of others."</b></p> <p><b>CorrectiveAction(s): Toensure that client #3's approved wheelchair alarms are on and being implementedto ensure the protection of others.</b></p> <p>1.Allstaff located in the home and in day service programs will</p>		

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	<p>RN (registered nurse) on 1/22/16 at 7:32 AM, by phone, indicated client #3 demonstrated inappropriate sexual behavior. Administrative staff #2 and the RN indicated a chair alarm was being used due to client #3's falls and inappropriate sexual behavior toward others. Administrative staff #2 indicated the chair alarm was to alert staff when the client attempted to get up out of his wheelchair. Administrative staff #1 and the RN indicated the chair alarm should have been in place on client #3's wheelchair.</p> <p>2. During 1/20/16 observation period from 11:00am to 11:48am at the facility owned day program client #4 had lunch in the dining area at day services. Client #4 ate independently at his table with no staff sitting with him or standing next to his table. When client #4 finished eating an item out of his lunch bag he got up and threw it away. Client #4 did not drink any of his red drink until after he completed his entire meal.</p> <p>Client #4's record was reviewed on 1/21/16 at 1:30pm. Client #4's 1/16 Dysphasia/choking plan indicated "[Client #4] needs staff assistance to cut his food into bite size pieces. [Client #4] needs verbal reminders to eat at a slow rate. Staff is to sit near [client #4] at the</p>		<p>be retrained on these and implementation of client #3's wheelchair alarms. Staff will do a safetychecks to ensure the alarms are on and working properly. Record of Training forms will be completed following staff trainings and will be submitted to the Residential Director for administrative oversight.</p> <p>2. The Residential House Manager will review the wheelchair safety checks weekly to ensure they are being completed appropriately 3) The Lead DSP will monitor that the wheelchair alarms are being used according to the plans. If there are issues or concerns the Lead DSP will inform the Residential House Manager so that further training or disciplinary measures can be put in place.</p> <p><b>Finding(s):</b> <b>1. "Day service programming failed to ensure that client #4's Dysphasia/choking risk plan was being implemented and followed."</b></p> <p><b>Corrective Action(s): To ensure that client #4's Dysphasia/choking risk plan is implemented and followed during day service programming.</b></p> <p>1. All day service programming staff will be retrained on client #4's Dysphasia/choking risk plan. Record of Training forms will be completed following staff trainings and will be submitted to the Residential Director for</p>				

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W 0255  Bldg. 00	<p>table and verbally redirect him to slow down while eating."</p> <p>An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 1/22/16 at 8:30am. The QIDP indicated staff at day services should be sitting at client #4's table while he is eating.</p> <p>9-3-4(a)</p> <p>483.440(f)(1)(i) PROGRAM MONITORING &amp; CHANGE</p> <p>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>Based on interview and record review for 3 of 4 sampled clients (#1, #2 and #3), the Qualified Intellectual Disabilities Professional (QIDP) failed to revise the clients' Individual Support Plan (ISP) objectives when the clients had achieved the objectives.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 1/21/16 at 1:27 PM. Client #1's 4/15/15 ISP and/or Bona Vista Participant Status</p>	W 0255	<p>administrative oversight.</p> <p><b>W255</b> <b>Finding(s):</b> <b>1. "Based on interview and record review for 3 of 4 sampled clients (#1, #2, and #3), the Qualified Intellectual Disabilities Professional (QIDP) failed to revise the clients' Individual Support Plans (ISPs) objectives when the clients had achieved the objectives."</b></p> <p><b>Corrective Action(s):</b> <b>To ensure client #1, #2, and #3's Individual Support Plan objectives are revised when</b></p>	03/06/2016			

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	<p>Monthly Summaries indicated the following:</p> <p>- "I will thoroughly brush my teeth in the morning and in the evening, with 3 or less verbal prompts, 50% of the time for 30 sessions." Client #1's 2015 monthly summaries indicated the client met the objective in August at 100%, September 93%, October 100% and in November at 73%.</p> <p>- "I will do designated chore (from the house list) with 3 or less verbal prompts, 50% of the time for 30 sessions." Client #1's 2015 monthly summaries indicated the client met the objective in September at 50%, October 67% and in November at 60%.</p> <p>- "I will appropriately identify a penny, nickel, dime and quarter with 3 or less verbal prompts 75% of the time for 8 sessions." Client #1's 2015 monthly summaries indicated the client met the objective in August at 88%, September 100%, October 100% and in November at 100%.</p> <p>- "I will choose an activity in the community that I would like to participate in with 3 or less verbal prompts, 50% of the time for 4 sessions." Client #1's 2015 monthly summaries</p>		<p><b>they have achieved those objectives.</b></p> <p>1. The Qualified Intellectual Disabilities Professional (QIDP) will revise client #1, #2, and #3's Individual Support Plan Objectives that have been achieved. The QIDP will obtain approval from the Human Rights Committee for the revised objectives. The QIDP will train all staff located in the home on the revised objectives. Record of Training forms will be completed following staff trainings and will be submitted to the Residential Director for administrative oversight.</p> <p>2. The Qualified Intellectual Disabilities Professional (QIDP) will monitor the Individual Support Plan objectives each month when completing the monthlies. If an objective has been met for 3 months in a row the QIDP will meet with the Inner Disciplinary Team (IDT) to discuss new objectives to be implemented and then the QIDP will revise the Individual Support Plan objectives. All staff located in the home will be trained on all revisions made to plans. Record of Training forms will be completed following staff trainings and will be submitted to the Residential Director for administrative oversight.</p>	

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	<p>indicated the client met the objective at 100% in August, September, October and in November.</p> <p>- "I will put my glasses in a safe spot every night before I go to bed with 3 or less verbal prompts, 100% of the time for 30 sessions." Client #1's 2015 monthly summaries indicated the client met the objective at 100% in August, September, October and in November.</p> <p>- "I will state the reason I take my Gabapentin (restless leg syndrome), in the morning and evening, with 3 or less verbal prompts, 50% of the time, for 30 sessions." Client #1's 2015 monthly summaries indicated the client met the objective in August at 73%, September 100%, October 93% and in November at 97%.</p> <p>- "...I will identify my Gabapentin, in the morning and evening, with 3 or less verbal prompts, 50% of the time, for 30 sessions." Client #1's 2015 monthly summaries indicated the client met the objective in August at 77%, September 97%, October 83% and in November at 100%.</p> <p>- "I will verbally state my telephone number and address with 3 or less verbal prompts, 50% of the time for 30 trials."</p>			

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	<p>Client #1's 2015 monthly summaries indicated the client met the objective in August at 83%, September 97%, October 100% and in November at 100%.</p> <p>- "I will identify kitchen cooking supplies (utensils, pans, etc.) with 3 or less verbal prompts, 70% of the time for 10 trials." Client #1's 2015 monthly summaries indicated the client met the objective in July at 80%, August 90%, September 90%, October 70% and in November at 70%.</p> <p>Interview with administrative staff #2 and the QIDP on 1/22/16 at 7:32 AM, by phone, indicated client #1 continued to work on the above mentioned goals/objectives. Administrative staff #2 stated the goal should be met "if consistently meets goal."</p> <p>2. Client #3's record was reviewed on 1/21/16 at 11:48 AM. Client #3's 3/23/15 ISP and/or Bona Vista Participant Status Monthly Summaries indicated the following:</p> <p>- "After I use the restroom, I will properly clean myself with 2 or less verbal prompts, 50% of the time for 30 sessions." Client #3's 2015 monthly summaries indicated the client met the objective at 63% in September, 83% in</p>			

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	<p>October and 83% in November.</p> <p>- "I will cook one meal item on Wednesday, with 1 or less verbal prompts, 50% of the time for 4 trials." Client #3's 2015 monthly summaries indicated the client met the objective in July at 75%, August 50%, September 100%, October 50% and in November at 50%. Client #3's record indicated client #3 continued to work on the above mentioned objectives as of 1/21/16.</p> <p>Interview with administrative staff #2 and the QIDP on 1/22/16 at 7:32 AM, by phone, indicated client #3 continued to work on the above mentioned goals/objectives. Administrative staff #2 stated the goal should be met "if consistently meets goal." Administrative staff #2 indicated client #3 had an upcoming annual ISP meeting in March 2016.</p> <p>3. Client #2's record was reviewed on 1/21/16 at 10:36am Client #2's Bona Vista Participant Status Monthly Summaries indicated the following:</p> <p>- "I will do my designated chore (from the house list) with 3 or less verbal prompts, 50% of the time for 30 sessions." Client #2's 2015 monthly summaries indicated the client met the</p>			

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	<p>objective in September at 73%, October at 80%, and November at 93%.</p> <p>- "I will appropriately identify a quarter, a dime, a nickel, and a penny with 3 or less verbal prompts 50% of the time for 8 sessions." Client #2's 2015 monthly summaries indicated the client met the objective in January at 100%, February at 88%, March at 100%, April at 100%, May at 75%, June at 100%, July at 50%, August at 100%, September at 100%, October at 100%, and November at 88%.</p> <p>- "I will choose an activity in the community that I would like to participate in with 3 or less verbal prompts, 50% of the time for 4 sessions." Client #2's 2015 monthly summaries indicated the client met the objective at 100% in June, July, August, September, October and in November.</p> <p>Interview with administrative staff #2 and the QIDP on 1/22/16 at 8:32 AM, by phone, indicated client #2 continued to work on the above mentioned goals/objectives. Administrative staff #2 stated the goal should be met "if consistently meets goal."</p> <p>9-3-4(a)</p>			

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W 0262  Bldg. 00	<p>483.440(f)(3)(i) PROGRAM MONITORING &amp; CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Based on observation, interview and record review for 1 of 4 sampled clients (#1), with restrictive behavior programs, the facility failed to have its Human Rights Committee (HRC) periodically review the client's restrictive behavioral program.</p> <p>Findings include:</p> <p>During the 1/20/16 observation periods between 6:09 AM and 8:50 AM and 4:50 PM to 6:06 PM, at the group home, a door alarm sounded when the front and side doors were opened.</p> <p>Interview with staff #1 on 1/20/16 at 1:20 PM indicated the group home had door alarms due to client #1's demonstrated elopement behavior.</p> <p>Client #1's record was reviewed on 1/21/16 at 1:27 PM. Client #1's undated Individual Specific Summary indicated "...[Client #1] has a past history and present risk of elopement and requires 24 hour staff supervision to ensure his</p>	W 0262	<p><b><u>W262</u></b> <b>Finding(s):</b> <b>a) "Based on observation, interview and record review for 1 of 4 sampled clients (#1), with restrictive behavior programs, the facility failed to have its Human Rights Committee (HRC) periodically review the clients restrictive behavior."</b> <b>Corrective Action(s):</b> <b>To ensure client #1's restrictive behavior programs are reviewed and approved by the Human Rights Committee (HRC) quarterly or when changes or additions are implemented.</b></p> <p>1. The Qualified Intellectual Disabilities Professional will obtain approval for all client #1's restrictive behavior programs. HRC approval will be obtained on a quarterly basis and/or in an emergency basis when warranted. All quarterly HRC approvals will be submitted to the Residential Director for review for additional administrative oversight.</p>	03/06/2016			

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	<p>safety. [Client #1] has a past history of eloping from the facility he lived in and was found in a neighbor's refrigerator eating their food...[Client #1] has an elopement risk plan in place...."</p> <p>Client #1's Revised August 2015 Behavior Support Plan (BSP) indicated client #1 had a targeted behavior of "eloping" which was defined as "Taking off from a designated area or taking off from direct support professionals without being prompted to leave." Client #1's August 2015 BSP indicated client #1 received Olanzapine and Sertraline for Atypical Psychosis and Clonidine for behavior. Client #1's August 2015 BSP indicated the facility's HRC last reviewed and/or approved client #1's restrictive behavior program on 7/27/14. Client #1's August 2015 BSP indicated the facility's HRC had not reviewed and/or approved the use of door alarms due to the client's elopement behavior.</p> <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP), administrative staff #1 and #2, and the RN (registered nurse) on 1/22/16 at 7:32 AM, by phone, indicated client #1 demonstrated the behavior of elopement. Administrative staff #2 indicated the facility's HRC had not reviewed client #1's restrictive program since 7/27/14.</p>			

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W 0263  Bldg. 00	<p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on interview and record review for 3 of 4 sampled clients (#1, #2 and #4), with restrictive programs, the facility failed to obtain written informed consent from the clients' legally sanctioned representatives and/or clients regarding the clients' restrictive programs.</p> <p>Findings include:</p> <p>1. During the 1/20/16 observation periods between 6:09 AM and 8:50 AM and 4:50 PM to 6:06 PM, at the group home, a door alarm sounded when the front and side doors were opened.</p> <p>Interview with staff #1 on 1/20/16 at 1:20 PM indicated the group home had door alarms due to client #1's elopement behavior.</p> <p>Client #1's record was reviewed on 1/21/16 at 1:27 PM. Client #1's 4/15/15 Individual Support Plan (ISP) indicated client #1 had a legal guardian.</p>	W 0263	<p><b>W263</b></p> <p><b>Finding(s):</b></p> <p><b>1. "Based on interview and record review for 3 of 4 sampled clients (#1, #2, and #4), with restrictive programs, the facility failed to obtain written informed consent from the clients' legally sanctioned representatives and/or clients regarding the clients' restrictive programs."</b></p> <p><b>Corrective Action(s):</b></p> <p><b>To ensure that written informed consent is obtained from the legally sanctioned representatives and/or clients #1, #2, and #4 for their restrictive behavior programs.</b></p> <p>1. The Qualified Intellectual Disabilities Professional will ensure that written consent is obtained from the legally sanctioned representatives and/or client #1, #2, and #4 for their all restrictive behavior programs. Approval will be obtained on a quarterly basis and/or in an</p>	03/06/2016			

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	<p>Client #1's undated Individual Specific Summary indicated "...[Client #1] has a past history and present risk of elopement and requires 24 hour staff supervision to ensure his safety. [Client #1] has a past history of eloping from the facility he lived in and was found in a neighbor's refrigerator eating their food...[Client #1] has an elopement risk plan in place...."</p> <p>Client #1's Revised August 2015 Behavior Support Plan (BSP) indicated client #1 had a targeted behavior of "eloping" which was defined as "Taking off from a designated area or taking off from direct support professionals without being prompted to leave." Client #1's 8/15 BSP and/or 4/15/15 ISP did not indicate client #1's guardians gave written informed consent regarding the use of the door alarms.</p> <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP), administrative staff #1 and #2, and the RN (registered nurse) on 1/22/16 at 7:32 AM, by phone, indicated client #1 demonstrated the behavior of elopement. Administrative staff #2 indicated the facility had not obtained written informed consent from client #1's guardians for the use of the door alarms.</p>		<p>emergency basis when warranted. All approvals will be submitted to the Residential Director for review for additional administrative oversight.</p>		

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	<p>2. Client #4's record was reviewed on 1/21/16 at 1:30pm. Client #4's August 2015 BSP (Behavior Support Plan) indicated client #4 took Zyprexa 20mg daily, Benztropine 1mg twice daily, Klonopin 0.5mg three times daily, and Topamax 25mg twice daily for behaviors. Client #4's BSP indicated client has targeted behaviors of verbal abuse, physical aggression, property destruction, resisting supervision/noncompliance, and extreme irritability. Client #4's BSP indicated when client #4 becomes a threat to himself or others "staff need to direct [client #4] to a quiet area... ..If attempts to get him to go to a quiet area fail and he becomes physically aggressive, use the least amount of physical guidance (CPI techniques learned and taught at CPI class) to take him to a quiet area and given him as little attention (verbal, physical, eye contact) as possible. Staff are trained in CPI techniques. Staff off (sic) using the least restrictive CPI techniques of blocking hits or kicks. If [client #4] continues to be aggressive only then do you move to the more restrictive 2 person CPI walking assist to escort him out of the area to prevent harm to himself or others."</p> <p>Client #4's August 2015 BSP and/or 1/10/16 ISP (Individualized Support Plan) indicated the facility failed to</p>			

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	<p>obtain written informed consent from client #4 for the client's restrictive program.</p> <p>Interview with administrative staff #2 and the QIDP(Qualified Intellectual Disability Professional) on 1/22/16 at 8:32 AM, by phone, indicated they had not obtained written informed consent from client #4 for his restrictive program.</p> <p>3. Client #4's record was reviewed on 1/21/16 at 1:30pm. Client #4's August 2015 BSP (Behavior Support Plan) indicated client #4 took Zyprexa 20mg daily, Benztropine 1mg twice daily, Klonopin 0.5mg three times daily, and Topamax 25mg twice daily for behaviors.</p> <p>Client #4's 1/4/16 psychiatrist statement indicated the psychiatrist wanted to discontinue the Zyprexa, start Geodon 40mg twice daily and increase client #4's Topamax to 40mg BID.</p> <p>Client #4's record failed to indicate the facility obtained written informed consent from client #4's approved health care representative for client #4's medication changes.</p> <p>Interview with administrative staff #2 and the QIDP on 1/22/16 at 8:32 AM, by phone, indicated they had spoken to</p>			

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	<p>client #4's health care rep (representative) over the phone but could not provide documentation to support a phone approval.</p> <p>4. Client #2's record was reviewed on 1/21/15 at 10:36am. Client #2's 4/1/15 Social Progress Note indicated "[client #2] met with her psychiatrist, [name of psychiatrist]. At this time she has recommended to taper off Lexapro (because it (sic) causing her to be tired) and start Prozac 5mg at AM and at noon (to give her more of a boost/to be less tired). No other medication changes at this time." Client #2's 7/15/15 Social Progress Note indicated "[Client #2] saw [name of psychiatrist] today for a medication review. At this time [name of psychiatrist] recommended increasing the prescribed Prozac from 20mg to 30mg daily due to [client #2's] behavioral increase."</p> <p>Client #2's record failed to indicate the facility obtained written informed consent from client #2's guardian for client #2's medication changes.</p> <p>Interview with administrative staff #2 and the QIDP on 1/22/16 at 8:32 AM, by phone, indicated they had spoken to client #2's guardian over the phone but could not provide documentation to</p>			

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W 0289 Bldg. 00	<p>support a phone approval.</p> <p>9-3-4(a)</p> <p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on observation, interview and record review for 2 of 4 sampled clients (#1 and #4), the facility failed to include/incorporate the use of door alarms into the clients' Behavior Support Plans (BSPs) due to the clients' elopement behaviors.</p> <p>Findings include:</p> <p>During the 1/20/16 observation periods between 6:09 AM and 8:50 AM and 4:50 PM to 6:06 PM, at the group home, a door alarm sounded when the front and side doors were opened.</p> <p>Interview with staff #1 on 1/20/16 at 1:20 PM indicated the group home had door alarms due to clients #1 and #4 demonstrated elopement behavior.</p> <p>Client #1's record was reviewed on 1/21/16 at 1:27 PM. Client #1's undated</p>	W 0289	<p><b>W289</b></p> <p><b>Finding(s):</b></p> <p><b>1. "Based on observation, interview and record review for 2 of 4 sampled clients (#1 and #4), the facility failed to include/incorporate the use of door alarms into the clients' Behavior Support Plans (BSPs) due to clients' elopement behaviors.</b></p> <p><b>Corrective Action(s):</b></p> <p><b>To ensure that client #1 and #4's Behavior Support Plans (BSPs) include/incorporate the use of door alarms due to the clients' elopement behavior:</b></p> <p>1. The Qualified Intellectual Disabilities Professional (QIDP) will revise the Behavior Support Plan (BSP) to include the incorporation of door alarms due to the identified behavior of elopement. The QIDP will obtain approval for these plans from the Human Rights Committee (HRC) prior to implementation. All staff located in the home will be</p>	03/06/2016

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	<p>Individual Specific Summary indicated "...[Client #1] has a past history and present risk of elopement and requires 24 hour staff supervision to ensure his safety. [Client #1] has a past history of eloping from the facility he lived in and was found in a neighbor's refrigerator eating their food...[Client #1] has an elopement risk plan in place...."</p> <p>Client #1's Revised August 2015 Behavior Support Plan (BSP) indicated client #1 had a targeted behavior of "eloping" which was defined as "Taking off from a designated area or taking off from direct support professionals without being prompted to leave." Client #1's 8/15 BSP did not indicate the use of door alarms had been incorporated into the client's BSP.</p> <p>Client #4's record was reviewed on 1/21/16 at 1:30pm. Client #4's 1/7/15 risk management assessment indicated client #4 "leaves when he is angry or determined to do something."</p> <p>Client #4's August 2015 BSP (Behavior Support Plan) indicated client #4 had the following targeted behaviors: Verbal Abuse (will include any form of verbal abuse that is directed toward an individual), Physical Aggression including throwing objects (will include</p>		<p>trained on client's #1 and #4's revised BSP's. Record of Training forms will be completed following staff trainings and will be submitted to the Residential Director for administrative oversight.</p> <p>-</p> <p>-</p>				

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W 0312 Bldg. 00	<p>any kind of strike or grab that is used as a form of intimidation), Property Destruction (any behavior that results in property damage/abuse or may result in property damage), Resisting Supervision/noncompliance (non-compliance after staff has given several prompts), and Extreme Irritability (highly agitated). Client #4's BSP indicated the facility did not incorporate the use of door alarms into the client's behavior plan.</p> <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP), administrative staff #1 and #2, and the RN (registered nurse) on 1/22/16 at 7:32 AM, by phone, indicated clients #1 and #4 demonstrated the behavior of elopement and the alarms on the doors were due to the clients' elopement behavior. Administrative staff #2 and the RN indicated client #1 had a risk plan for elopement that was kept in a book at the group home. The facility did not provide any risk plan in regard to client #1's elopement behavior which included the use of the door alarms.</p> <p>9-3-5(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate</p>			

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	<p>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 interview and record review for 1 of 4 sampled clients (#3), on behavior controlling medications, the facility failed to ensure the client's medication was a part of the client's Behavior Support Plan (BSP), and/or included an active treatment program for which the medication was prescribed.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 1/21/16 at 11:48 AM. Client #3's December 2015 physician's orders indicated the client received Citalopram (Celexa) 10 milligrams every morning for Depression.</p> <p>Client #3's August 2015 Behavior Support Plan (BSP) indicated client #3's diagnosis included, but was not limited to, Depression. Client #3's BSP indicated client #3 received the Celexa for Depression. Client #3's BSP indicated client #3 had the targeted behaviors of "Sexually inappropriate behavior" and "Verbal Aggression." Client #3's BSP indicated client #3's Celexa would be decreased based on the client's behavioral data regarding verbal aggression. Client</p>	W 0312	<p><b>W312</b></p> <p><b>Finding(s):</b></p> <p><b>1. "Based on interview and record review for 1 of 4 sampled clients (#3), on behaviorcontrolling medications, the facility failed to ensure the client's BehaviorSupport Plan (BSP), and/or included an active treatment program for which themedication was prescribed."</b></p> <p><b>CorrectiveAction(s):</b></p> <p><b>Toensure that client #3's medication for controlling behaviors was included in anactive treatment program to include why the medication was prescribed:</b></p> <p>1. The QIDP will revise client #3's Behavior Support Plan (BSP) to include allmedications for controlling behaviors and include why the medication wasprescribed. Approval from the Human Rights Committee will be obtained for therevisions in the BSP. All staff located in the home will be trained on therevisions to client #3's BSP. All record of trainings will be completedfollowing staff trainings and will be submitted to the Residential Director foradministrative oversight.</p>	03/06/2016

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W 0331 Bldg. 00	<p>#3's August 2015 BSP did not specifically define the client's Depression and/or include an active treatment program for the client's diagnosis of Depression.</p> <p>Interview with administrative staff #2 and the RN (Registered Nurse) on 1/22/16 at 7:32 AM indicated client #3 had a diagnosis of Depression. When asked how client #3's Depression was defined, administrative staff #2 and the RN stated "He has a psychiatrist and sees a counselor. BSP addresses Depression as verbal aggression." Administrative staff #2 stated client #3 also demonstrated "suicidal ideation and behavior."</p> <p>9-3-5(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on interview and record review for 2 of 4 sampled clients (#1 and #3), the facility's nursing services failed to develop a risk plan for the Diabetic clients which indicated/included signs and symptoms of low/high blood sugars and/or indicated what facility staff were to do if the clients demonstrated low/high blood sugar levels.</p>	W 0331	<p><b>W331</b> <b>Finding(s):</b> <b>1. "Based on interview and record review for 2 of 4 sampled clients (#1 and #3), the facility's nursing services failed to develop a risk plan for the diabetic clients which indicated/included signs and symptoms of low/high blood sugars and/or indicated what</b></p>	03/06/2016	

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	<p>Findings include:</p> <p>Client #1's record was reviewed on 1/21/16 at 1:27 PM. Client #1's 11/18/15 physician's order indicated client #1's diagnosis included, but was not limited to, Diabetes Mellitus II. Client #1's 11/18/15 physician's order indicated client #1 received Metformin 1000 milligrams (Diabetes) two times a day. Client #1's physician's orders also indicated the following (not all inclusive):</p> <p>- "Accucheck (blood sugar level check) fasting blood sugar 6AM daily. Contact nurse if below 60."</p> <p>- "Accucheck as needed for signs/symptoms of low blood sugar."</p> <p>Client #1's 4/15/15 Diabetes Management Plan indicated the following (not all inclusive):</p> <p>- "...Direct support professionals will help [client #1] to identify correct serving sizes to help maintain blood sugar levels.</p> <p>- Direct support professionals will encourage [client #1] to exercise, which will help to stabilize his blood sugar levels.</p> <p>- Direct support professionals will assist [client #1] with his oral diabetic drugs as</p>		<p><b>facility staff wereto do if the clients demonstrated low/high blood sugar levels."</b></p> <p>-</p> <p><b>CorrectiveAction(s):</b> Toensure that client #1 and #3 has diabetic risk plans in place and implementedthat indicates/includes signs and symptoms of low/high blood sugars andindicates what facility staff were to do when clients demonstrated low/highblood sugar levels:</p> <p>1.The Residential Nurse will implement Diabeticroisk plans for client #1 and #3 that indicates/includes signs/symptoms oflow/high blood sugars and indicates what facility staff were to do when clientsdemonstrated low/high blood sugar levels. All staff located in the home will betrained on the Diabetic risk plans for clients #1 and #3. Record of Trainingforms will be completed following staff trainings and will be submitted to theResidential Director for administrative oversight.</p>		

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	<p>ordered by his physician.</p> <ul style="list-style-type: none"> <li>-Direct support professionals will assist [client #1] in checking his blood sugar levels once a week...</li> <li>-Direct support professionals will ensure there is a proper sharps container available at all times.</li> <li>-Direct support professionals will ensure there that a portable sharps container is available for outings, if blood glucose testing will be needed.</li> <li>-Direct support professionals will transport full sharps containers to the main agency building to be disposed of.</li> <li>-Direct support professionals will ensure that [client #1] attends all appointments with his physician.</li> <li>-Direct support professionals will ensure that [client #1] has routine lab work drawn for his physician...All direct support professionals will be trained in this area for [client #1]. All direct support professionals has (sic) received First Aid/CPR (cardiopulmonary resuscitation) training in order to assist [client #1] if he has problems with his blood sugar. [Client #1's] Diabetes Plan is located in the risk plan book...." Client #1's Diabetes risk plan did not indicate what signs and symptoms client #1 demonstrated when the client had low and/or high blood sugar levels, and/or indicate what facility staff were to do if the client's blood sugar levels were high.</li> </ul>			

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	<p>Client #3's record was reviewed on 1/21/16 at 11:48 AM. Client #3's December 2015 physician's orders indicated client #3's diagnosis included, but was not limited to, Diabetes without complications Type II. Client #3's physician's orders indicated client #3 received Metformin 500 milligrams two times a day and Novolog Flexpen Injection three times a day per sliding scale and Levemir Flextouch injection 36 units each evening for Diabetes.</p> <p>Client #3's 2/23/15 Diabetes Management Plan indicated client #3 checked his own blood sugar three times a day before meals and administered his "short acting" and "long acting" insulin as prescribed. Client #3's risk plan indicated the following (not all inclusive):</p> <ul style="list-style-type: none"> <li>- "...Direct support professionals will help [client #3] to identify correct serving sizes to help maintain blood sugar levels.</li> <li>- Direct support professionals will encourage [client #3] to exercise, which will help to stabilize his blood sugar levels.</li> <li>- Direct support professionals will assist [client #3] with his insulin and oral anti-diabetic drugs as ordered by his physician.</li> </ul>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G453	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/05/2016
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NAME OF PROVIDER OR SUPPLIER  BONA VISTA PROGRAMS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3261 ALMQUIST KOKOMO, IN 46902
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	<p>-When [client #3] is finished testing his blood sugar his lancets are placed in a sharps container.</p> <p>-Direct support professionals will ensure there is a proper sharps container available at all times.</p> <p>-Direct support professionals will ensure there that a portable sharps container is available for outings, if blood glucose testing will be needed.</p> <p>-Direct support professionals will transport full sharps containers to the main agency building to be disposed of.</p> <p>-Direct support professionals will ensure that [client #3] attends all appointments with his physician.</p> <p>-Direct support professionals will ensure that [client #3] has routine lab work drawn for his physician...All direct support professionals will be trained in this area for [client #3]. All direct support professionals has (sic) received First Aid/CPR (cardiopulmonary resuscitation) training in order to assist [client #3] if he has problems with his blood sugar. [Client #3's] Diabetes Plan is located in the risk plan book...." Client #3's Diabetes risk plan did not indicate what signs and symptoms client #3 demonstrated when the client had low and/or high blood sugar levels, and/or indicate what facility staff were to do if the client's blood sugar levels were low and/or high.</p>			

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	<p>Interview with the RN (Registered Nurse) and administrative staff #2 on 1/22/16 at 7:32 AM, by phone, indicated clients #1 and #3 had a diabetic risk plan in regard to the clients' diabetes. RN #1 and administrative staff #2 indicated facility staff received training during their Core A and Core B training (state approved medication/health training program) on when to call the nurse and the signs/symptoms of diabetes.</p> <p>9-3-6(a)</p>			