

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G640	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/28/2013
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NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3102 AIRPORT RD PORTAGE, IN 46368
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W000000	<p>This visit was for an annual recertification and state licensure survey.</p> <p>This visit included the investigation of complaint #IN00127414.</p> <p>COMPLAINT #IN00127414: Substantiated, Federal/State deficiencies related to the allegations are cited at W104, W149, W189, W218, W240 and W331.</p> <p>Dates of Survey: June 18, 19, 21, 22, 24 and 28, 2013.</p> <p>Facility number: 001220 Provider number: 15G640 AIM number: 100245730</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed July 19, 2013 by Dotty Walton, QIDP.</p>	W000000		
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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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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 1 of 4 sampled clients (client A), the governing body failed to exercise general policy and operating direction over the facility to prevent neglect of client A. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility's nursing services met the health care needs of client A, and failed to ensure nursing services trained facility staff to meet the health care needs of the client.</p> <p>Findings include:</p> <p>Please refer to W149. The facility neglected for 1 of 3 sampled clients (client A) to implement written policy and procedures to prevent neglect of a client who required assistance with transferring in and out of his wheelchair. The facility neglected to put in place measures to assist him with his mobility/transferring needs. The facility neglected to ensure nursing services met the health care needs of client A and failed to ensure staff were adequately trained to provide assistance with transferring client A in and out of his wheelchair.</p>	W000104	<p>W104 – The staff, including the group home manager, will be retrained by the facility nurse on 7/31/13 on proper procedure and safety when utilizing the hooyer lift. The group home manager will ensure new staff is trained prior to working with the consumer. Proper use of the hooyer lift will be monitored ongoing through monthly visits by the nurse, QDDP and Lead Manager in the home and day services. The nursing department will develop an assessment that will be used to evaluate the need for the hooyer lift and if continued use is needed. This assessment will be completed at admission, annually and if there is a significant change in the consumer's status. It will also indicate if a PT/OT evaluation should be pursued. Any consumer that requires the use of a hooyer lift will have a high risk protocol developed which will include written instructions on how to utilize the hooyer lift with the consumer. Staff will also be retrained on the Abuse/Neglect policy at their staff meeting on 7/31/13. To ensure future compliance staff are required to take the Abuse/Neglect in-service annually.W104 Addendum 8/13/13-The QDDP-D or Lead Manager will monitor staff during</p>	08/02/2013	

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	<p>Please refer to W331. The facility's nursing services failed for 1 of 3 sampled clients (client A) by not ensuring they received nursing services to meet the client's needs by not assessing the client for the use of a Hoyer lift while transferring the client in and out of his wheelchair, and failed to ensure group home staff were trained on the use of lifts.</p> <p>This federal tag relates to complaint #IN00127414.</p> <p>9-3-1(a)</p>		<p>weekly visits for 2 months. If during that time there are no further issues of non-compliance it will resume back to monthly visits.</p>				

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W000149	<p>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 record review and interview for 3 of 3 investigations of client neglect, involving 1 of 3 sampled clients (client A), the facility neglected to implement written policy and procedures to prevent neglect of a client who required complete assistance with transferring in and out of his wheelchair and required complete assistance with hygiene tasks. The facility neglected to put in place measures to assist with his transferring needs. The facility neglected to ensure nursing services met the health care needs of client A and neglected to ensure staff were adequately trained to provide assistance with transferring client A in and out of his wheelchair.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted on 6/18/13 at 3:25 P.M. Review of the investigation records indicated:</p> <p>1. "Report of Investigation: Findings: Substantiated: Consumer: [Client A]: Dates of investigation: 1/2/13-1/3/13:</p> <p>[Staff #10] interview-stated she was told</p>	W000149	W149 – See plan of correction for W104.	08/02/2013			

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	<p>[client A]'s undergarment was saturated with urine as was his bed protector and sheets shortly after staff [Staff #9's] shift ended. The midnight staff reported this occurring at 10:30 P.M. that night although [staff #9] had told him she had just checked on [client A].</p> <p>[Staff #8] interview-worked with [staff #9] until 8:00 P.M. on 1/1/13. [Staff #8] stated [staff #9] did not check or change [client A]'s undergarment during the time she worked with her on this shift. [Staff #8] stated she even reminded [staff #9] because she thought [staff #9] might have forgotten to do this. [Staff #8] told interviewer [staff #9] told her she had just checked him. Interviewer asked if it was possible [staff #9] might have checked or changed him without her knowing. [Staff #8] said she would have been aware of this check/change and it did not occur. [Staff #8] also said [client A] makes loud vocalizations when [staff #9] is near him and she did not hear this during the shift.</p> <p>[Staff #9] interview-stated, amongst other duties during her shift, checked [client A]'s undergarment every 2 hours during her shift. At 7:30 P.M. she checked him and he was dry. She stated at 9:45 P.M. she checked again and the undergarment was still dry. She stated the midnight staff came in at 10:00 P.M.</p>			

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	<p>Determination: Consumer rights violated."</p> <p>2. "Report of Investigation: Findings: Substantiated: Consumer: [Client A], Dates of investigation: 4/10/13-4/11/13:</p> <p>Summary of investigation: It was reported staff left [client A] unsupervised in the restroom and was using the Hoyer lift (sic) in an unsafe manner.</p> <p>Investigative Summary:</p> <p>Qualified Intellectual Disabilities Professional Designee (QIDPD): stated she saw staff, take [client A] to the bathroom. She then saw [staff #9] in the hallway with two other client. Immediately concerned about [client A's] supervision, [QIDPD] entered the bathroom and observed [client A] in the Hoyer lift (sic) raised about 1-1 1/2 feet above the toilet seat. She called [staff #9] to the bathroom and asked what she was doing and reminded [staff #9] of [client A's] high risks. [Staff #9] replied, 'That's how I was trained, you can take it up with [staff #13] or [staff #14].' [QIDPD] directed [staff #9] to lower [client A] and to put him in the bath.</p> <p>[Staff #9]: stated she prepares [client A]</p>			

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	<p>for his shower and toilets him before he is bathed. She told interviewer he almost always has a bowel movement prior to taking his shower. [Staff #9] said she leaves the bathroom to provide [client A] privacy. When asked how long she leaves him, [staff #9] said no more than 5 minutes. [Staff #9] told this interviewer she is supposed to check on him frequently during the five minutes. When asked where she was while [client A] was in the bathroom, [staff #9] said she was in the laundry room with two other clients which is located right next to the restroom. [Staff #9] stated [client A's] QIDPD, called her to the bathroom and asked her why [client A] was in the Hoyer lift (sic) over the toilet. [Staff #9] told [QIDPD] that is how [client A] takes his shower. [Staff #9] stated [QIDPD] counseled her on not toileting him in that (manner) and was and reminded [staff #9] about [client A's] high risks. When asked about the distance between [client A's] position in the Hoyer (sic) and the toilet seat, [staff #9] replied, 'I eyeball it; It's hard to explain.'</p> <p>Assistant Group Home Manager [AGHM]: stated [client A] is toileted for about 5-10 minutes prior to taking his bath. She stated he is toileted prior to his shower because he will have a bowel movement in the bath if he doesn't go</p>			

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	<p>beforehand. [GHM] stated [client A] is positioned in the Hoyer lift (sic) over the toilet. When toileting him, [GHM] provides him 5 minutes of privacy by leaving the bathroom. During that time she checks him frequently and stands on the other side of the door. [GHM] stated she was trained this way and this is how she trains staff to toilet him.</p> <p>[Staff #15]: stated [client A] is toileted before having a bath. She exits the bathroom while he is trying to have a bowel movement. She positions [client A] over the toilet in the Hoyer lift (sic), saying she was trained this way. It was explained to her that he should be toileted this way because [client A] (sic) of his hemmorhoids. [Staff #15] said [client A] will not sit on the toilet independently; he would need staff assistance to remain on the toilet. [Staff #15] stated she does not stay in the restroom with [client A], but she remains in the hallway to be able to hear him. She checks on him every 3-5 minutes while he is in the restroom.</p> <p>When asked how far above the toilet [client A] is positioned, [staff #15] stated 1/2-1 foot. When asked about [client A's] supervision level, [staff #15] stated due to [client A's] seizure disorder, he should not be left unattended when he is in the bath. She said she didn't know if the protocol included any information about toileting.</p>			

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	<p>[Staff #16]: stated she was not aware [client A] was being toileted in this manner and if she knew or ever observed staff raising him over the toilet or leaving him unsupervised stated both would be inappropriate.</p> <p>Determination: Consumer rights violated...Agency policies not followed...State policies not followed...Services not appropriately provided.</p> <p>Recommendation: It is recommended the allegation of neglect be substantiated."</p> <p>3. "Report of Investigation: Findings: Substantiated Consumer: [Client A] Dates of investigation: 6/6/13-6/11/13: Summary of Allegation: It was reported [staff #9] did not assist [client A] appropriately after his bath and used the Hoyer lift (sic) improperly.</p> <p>[Staff #20]: stated all staff had recently been retrained on proper Hoyer lift (sic) use and [client A's] high risks (hypothermia). She stated [staff #9] was assisting [client A] with another employee, [staff #21]. [Staff #9] shut the door between the bathroom and hallway to give [client A] 'privacy.' [Staff #20] said [staff #9] transported [client A] in</p>			

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	<p>the Hoyer lift (sic) from the bathroom to his bedroom.</p> <p>[Staff #21]: stated she helped [staff #9] with [client A] in the bathroom. [Staff #21] said either she or [staff #9] was always in the bathroom with [client A] and he was never left unsupervised. [Staff #21] said she did not observe [staff #9] transport [client A] in the Hoyer lift (sic) from the bathroom to the bedroom. [Staff #21] said the hallway door was closed. [Staff #9] asked for [staff #21's] help with [client A] in his bedroom after his bath. [Staff #21] observed [client A] lying on top of his Hoyer pad (sic). She asked [staff #9] why he was on top of the Hoyer pad (sic) on his bed. [Staff #9] told [staff #21] she wheeled [client A] in his Hoyer lift (sic) from the bathroom to the bedroom.</p> <p>[QIDPD]: stated she retrained all staff in April about [client A's] high risk protocols including how to appropriately use the Hoyer lift (sic). [QIDPD] trained staff (with signed documentation) about not using the Hoyer lift (sic) to transport consumers from one location to another, specifically providing an example: the Hoyer lift should not be used to wheel consumers from the bathroom to the bedroom. [QIDPD] trained staff to use the Hoyer lift (sic) for very small</p>			

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	<p>distances such as to move [client A] from the toilet to the bath, from the bath to the toilet, from his wheelchair to the toilet and so on.</p> <p>[Staff #9]: stated she assisted [client A] with his bath. She told interviewer she used the Hoyer lift (sic) to wheel [client A] from the bathroom to his bedroom after his bath. [Staff #9] stated she put a towel over him during this transition. When asked if there would have been a trail of water down the hallway, [staff #9] said there likely was a trail of water because the Hoyer pad (sic) was wet from [client A's] bath. [Staff #9] said she closed the hallway door to block others' view of [client A] from the living room to provide him privacy. [Staff #9] told interviewer she didn't think she was 'supposed to wheel [wheel him],' but 'then they said we could.' When asked who told her she could wheel [client A] from one room to another, she said [AGHM] and the rest of the staff told her this. [Staff #9] stated she kept a towel over [client A] when he was lying on the Hoyer pad (sic), on his bed after his bath-she said 'I always had the towel on him.'</p> <p>Determination: Consumer rights violated...Agency Policies not followed...State policies not</p>			

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	<p>followed...Services not appropriately provided."</p> <p>A review of client A's record was conducted on 6/22/13 at 12:45 P.M. Review of client A's record did not indicate an assessment for the use of a lift to transfer client A in and out of his wheelchair. Review of his Individual Support Plan (ISP) dated 7/25/12 did not indicate the use of a lift to transfer client A in and out of his wheelchair. Further review of the record failed to indicate any lift plans to give staff guidance and when and how to assist client A with transferring in and out of his wheelchair.</p> <p>A review of the facility's undated "Universal Policies and Procedures-Adult Services-Abuse and Neglect", was conducted on 6/22/13 at 5:00 P.M. Review of the policy indicated: "Opportunity Enterprises, Inc. does not condone and will not tolerate physical, verbal or sexual abuse, neglect or exploitation of individuals served....Definition-Neglect: Includes the refusal or failure to provide appropriate care, food, medical care or supervision."</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 6/24/13 at 4:00 P.M. The QIDPD</p>						

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	<p>indicated there was no assessment or order for the use of a Hoyer lift to transfer client A in and out of his wheelchair. When asked if nursing staff trained staff on the use of a Hoyer lift, she stated "No. The group home manager trained the staff on how to use the Hoyer lift originally and then I did." The QIDPD further indicated there was no plan in place to indicate how staff were to transfer client A in and out of his wheelchair.</p> <p>This federal tag relates to complaint #IN00127414.</p> <p>9-3-2(a)</p>				

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W000186	<p>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.</p> <p>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.</p> <p>Based on record review, observation and interview, the facility failed 5 of 5 clients (clients A, B, C, D and E) residing at the group home, to provide sufficient numbers of direct care staff to supervise and to implement Individual Support Plans (ISP) during formal/informal training opportunities.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/18/13 from 5:05 A.M. until 7:10 AM. From 5:05 A.M. until 6:05 A.M., Direct Support Professional (DSP) #1 was the only staff present and working with all clients at the group home. During the observation period clients A, B, C, D and E sat in the living room unsupervised and with no activity. DSP #1 assisted clients with showering and morning hygiene and completed meal preparation. DSP #2 arrived to the group home at 6:05 A.M. and began administering medications</p>	W000186	<p>W186 – Staff will not wake consumers before the second staff arrives at 6:00 AM. If it seems that more consumers awake on their own before 6:00 AM, then the GHM will adjust the schedule to ensure that the second staff member will be present at 5:00 AM. Staff will be retrained at the staff meeting on 7/31/13 by the QDDP-D on the consumer's ISP and ensuring sufficient amount of staff is scheduled to implement individual support plans and complete informal and formal training with consumers. To ensure further compliance the Lead manager will monitor schedules on an on-going basis. The Lead manager and QDDP-D will also monitor during monthly house visits to confirm that there is adequate staffing. W186 Addendum 8/13/13-See W104 and in addition the QDDP-D or Lead Manager will alternate the visits from morning to evening to ensure compliance.</p>	08/02/2013

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	<p>while clients A, B, C, D and E sat unsupervised and with no activity. There was no choice of activities offered nor implementation of clients' goals during this observation period.</p> <p>A review of client A's record was conducted on 6/22/13 at 12:45 P.M. A review of client #2's ISP dated 7/25/12 indicated: "Will choose 1-2 CD's to relax to...Sign bathroom...Sign drink...Sign chair...Sign snack...Feed himself... Will participate in listening activity...Will participate in communication activity." Review of the record indicated client A had a diagnosis that included, but was not limited to, seizure disorder. The record further indicated client A had a Behavior Support Plan (BSP) dated 8/16/12 with targeted behaviors of physical aggression, inappropriate sexual behavior, self injurious behavior and verbal aggression.</p> <p>A review of client B's record was conducted on 6/22/13 at 1:15 P.M. The Individual Support Plan (ISP) dated 5/24/13 indicated: "Will pick out vegetable pour in bowl and place in microwave...Place silverware on the table...Sign word 'eat' at each meal with physical prompts... Will wear eyeglasses for 1 minute with physical prompts...Use stove appropriately with physical prompts... Will sign bathroom."</p>			

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	<p>A review of client C's record was conducted on 6/22/13 at 2:35 P.M. The ISP dated 9/18/12 indicated: "Will pour milk in glass at mealtime daily...Will practice a behavioral relaxation technique...Will correctly sign 2 out of the 5 pictures...Wipe down kitchen table." Further review of the record indicated a BSP dated 6/21/12 with targeted behaviors of PICA, Screaming, physical aggression and property mishandling/destruction.</p> <p>A review of client D's record was conducted on 6/22/13 at 3:35 P.M. The ISP dated 7/23/12 indicated: "Will identify coins with physical prompting...Will do breathing and relaxation techniques independently...State when to call 911...Complete PT (Physical Therapy) exercises with verbal prompts... Will plan outing with physical prompts." Review of the record indicated client D had a diagnosis that included but was not limited to seizure disorder. The record further indicated a BSP dated 2/6/13 with targeted behaviors of verbal aggression, physical aggression, property destruction, non-compliance and pseudo seizures.</p> <p>A review of client E's record was conducted on 6/22/13 at 4:10 P.M. The</p>			

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	<p>ISP dated 10/29/12 indicated: "Will put vegetable into pot with verbal prompting...Pour water into glasses...Verbally identify each coin independently...Complete 15 minutes in stander...Utilize a stress ball...Exercise."</p> <p>The Qualified Intellectual Disabilities Professional Designee (QIDPD) was interviewed on 6/24/13 at 4:00 P.M. The QIDPD indicated active treatment should be ongoing and training should be both formal and informal. She further indicated there should be enough staff present to carry out the training objectives and to supervise the clients at all times.</p> <p>9-3-3(a)</p>			

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W000189	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on record review and interview the facility failed for 1 of 3 sampled clients (client A) to ensure staff were competent with transferring client A in and out of his wheelchair and could properly toilet client A.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted on 6/18/13 at 3:25 P.M. Review of the investigation records indicated:</p> <p>1. "Report of Investigation: Findings: Substantiated: Consumer: [Client A]: Dates of investigation: 1/2/13-1/3/13:</p> <p>[Staff #10] interview-stated she was told [client A's] undergarment was saturated with urine as was his bed protector and sheets shortly after staff [Staff #9's] shift ended. The midnight staff reported this occurring at 10:30 P.M. that night although [staff #9] had told him she had just checked on [client A].</p> <p>[Staff #8] interview-worked with [staff</p>	W000189	W189 – See plan of correction for W104	08/02/2013			

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	<p>#9] until 8:00 P.M. on 1/1/13. [Staff #8] stated [staff #9] did not check or change [client A's] undergarment during the time she worked with her on this shift. [Staff #8] stated she even reminded [staff #9] because she thought [staff #9] might have forgotten to do this. [Staff #8] told interviewer [staff #9] told her she had just checked him. Interviewer asked if it was possible [staff #9] might have checked or changed him without her knowing. [Staff #8] said she would have been aware of this check/change and it did not occur. [Staff #8] also said [client A] makes loud vocalizations when [staff #9] is near him and she did not hear this during the shift.</p> <p>[Staff #9] interview-stated, amongst other duties during her shift, checked [client A's] undergarment every 2 hours during her shift. At 7:30 P.M. she checked him and he was dry. She stated at 9:45 P.M. she checked again and the undergarment was still dry. She stated the midnight staff came in at 10:00 P.M.</p> <p>Determination: Consumer rights violated."</p> <p>2. "Report of Investigation: Findings: Substantiated: Consumer: [Client A], Dates of investigation: 4/10/13-4/11/13:</p> <p>Summary of investigation: It was</p>						

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	<p>reported staff left [client A] unsupervised in the restroom and was using the Hoyer lift in an unsafe manner.</p> <p>Investigative Summary:</p> <p>Qualified Intellectual Disabilities Professional Designee (QIDPD): stated she saw staff, take [client A] to the bathroom. She then saw [staff #9] in the hallway with two other client. Immediately concerned about [client A's] supervision, [QIDPD] entered the bathroom and observed [client A] in the Hoyer lift raised about 1-1 1/2 feet above the toilet seat. She called [staff #9] to the bathroom and asked what she was doing and reminded [staff #9] of [client A's] high risks. [Staff #9] replied, 'That's how I was trained, you can take it up with [staff #13] or [staff #14].' [QIDPD] directed [staff #9] to lower [client A] and to put him in the bath.</p> <p>[Staff #9]: stated she prepares [client A] for his shower and toilets him before he is bathed. She told interviewer he almost always has a bowel movement prior to taking his shower. [Staff #9] said she leaves the bathroom to provide [client A] privacy. When asked how long she leaves him, [staff #9] said no more than 5 minutes. [Staff #9] told this interviewer she is supposed to check on him</p>			
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	<p>frequently during the five minutes. When asked where she was while [client A] was in the bathroom, [staff #9] said she was in the laundry room with two other clients which is located right next to the restroom. [Staff #9] stated [client A's] QIDPD, called her to the bathroom and asked her why [client A] was in the Hoyer lift (sic) over the toilet. [Staff #9] told [QIDPD] that is how [client A] takes his shower. [Staff #9] stated [QIDPD] counseled her on not toileting him in that was and reminded [staff #9] about [client A]'s high risks. When asked about the distance between [client A's] position in the Hoyer and the toilet seat, [staff #9] replied, 'I eyeball it; It's hard to explain.'</p> <p>Assistant Group Home Manager [AGHM]: stated [client A] is toileted for about 5-10 minutes prior to taking his bath. She stated he is toileted prior to his shower because he will have a bowel movement in the bath if he doesn't go beforehand. [GHM] stated [client A] is positioned in the Hoyer lift (sic) over the toilet. When toileting him, [GHM] provides him 5 minutes of privacy by leaving the bathroom. During that time she checks him frequently and stands on the other side of the door. [GHM] stated she was trained this way and this is how she trains staff to toilet him.</p>			

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	<p>[Staff #15]: stated [client A] is toileted before having a bath. She exits the bathroom while he is trying to have a bowel movement. She positions [client A] over the toilet in the Hoyer lift, saying she was trained this way. It was explained to her that he should be toileted this way because [client A] (sic) of his hemorrhoids. [Staff #15] said [client A] will not sit on the toilet independently; he would need staff assistance to remain on the toilet. [Staff #15] stated she does not stay in the restroom with [client A], but she remains in the hallway to be able to hear him. She checks on him every 3-5 minutes while he is in the restroom. When asked how far above the toilet [client A] is positioned, [staff #15] stated 1/2-1 foot. When asked about [client A's] supervision level, [staff #15] stated due to [client A's] seizure disorder, he should not be left unattended when he is in the bath. She said he didn't know if the protocol included any information about toileting.</p> <p>[Staff #16]: stated she was not aware [client A] was being toileted in this manner and if she knew or ever observed staff raising him over the toilet or leaving him unsupervised stated both would be inappropriate.</p> <p>Determination: Consumer rights violated...Agency policies not</p>				

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	<p>followed...State policies not followed...Services not appropriately provided.</p> <p>Recommendation: It is recommended the allegation of neglect be substantiated."</p> <p>3. "Report of Investigation: Findings: Substantiated Consumer: [Client A] Dates of investigation: 6/6/13-6/11/13: Summary of Allegation: It was reported [staff #9] did not assist [client A] appropriately after his bath and used the Hoyer lift improperly.</p> <p>[Staff #20]: stated all staff had recently been retrained on proper Hoyer lift use and [client A]'s high risks (hypothermia). She stated [staff #9] was assisting [client A] with another employee, [staff #21]. [Staff #9] shut the door between the bathroom and hallway to give [client A] 'privacy.' [Staff #20] said [staff #9] transported [client A] in the Hoyer lift from the bathroom to his bedroom.</p> <p>[Staff #21]: stated she helped [staff #9] with [client A] in the bathroom. [Staff #21] said either she or [staff #9] was always in the bathroom with [client A] and he was never left unsupervised. [Staff #21] said she did not observe [staff #9] transport [client A] in the Hoyer lift from the bathroom to the bedroom. [Staff</p>						

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	<p>#21] said the hallway door was closed. [Staff #9] asked for [staff #21's] help with [client A] in his bedroom after his bath. [Staff #21] observed [client A] lying on top of his Hoyer pad. She asked [staff #9] why he was on top of the Hoyer pad on his bed. [Staff #9] told [staff #21] she wheeled [client A] in his Hoyer lift from the bathroom to the bedroom.</p> <p>[QIDPD]: stated she retrained all staff in April about [client A's] high risk protocols including how to appropriately use the Hoyer lift. [QIDPD] trained staff (with signed documentation) about not using the Hoyer lift to transport consumers from one location to another, specifically providing an example: the Hoyer lift should not be used to wheel consumers from the bathroom to the bedroom. [QIDPD] trained staff to use the Hoyer lift for very small distances such as to move [client A] from the toilet to the bath, from the bath to the toilet, from his wheelchair to the toilet and so on.</p> <p>[Staff #9]: stated she assisted [client A] with his bath. She told interviewer she used the Hoyer lift to wheel [client A] from the bathroom to his bedroom after his bath. [Staff #9] stated she put a towel over him during this transition. When asked if there would have been a trail of water down the hallway, [staff #9] said</p>						

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	<p>there likely was a trail of water because the Hoyer pad was wet from [client A's] bath. [Staff #9] said she closed the hallway door to block others' view of [client A] from the living room to provide him privacy. [Staff #9] told interviewer she didn't think she was 'supposed to wheel [wheel him], but then they said we could.' When asked who told her she could wheel [client A] from one room to another, she said [AGHM] and the rest of the staff told her this. [Staff #9] stated she kept a towel over [client A] when he was lying on the Hoyer pad, on his bed after his bath she said 'I always had the towel on him.'</p> <p>Determination: Consumer rights violated...Agency Policies not followed...State policies not followed...Services not appropriately provided."</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 6/24/13 at 4:00 P.M.. When asked if nursing staff trained staff on the use of a Hoyer lift, she stated "No. The group home manager trained the staff on how to use the Hoyer lift originally and then I did." The QIDPD further indicated the group home staff did not follow their training on transferring clients using the</p>						

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	<p>Hoyer lift and did not follow their training on toileting incontinent clients every two hours. When asked if there was documentation to indicate when group home staff were trained on toileting clients and for the use of a Hoyer lift, the QIDPD indicated there were no training records.</p> <p>This federal tag relates to complaint #IN00127414.</p> <p>9-3-3(a)</p>			

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W000218	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development. Based on interview and record review, the facility failed to assess the need of a mechanical lift for 1 of 4 sampled clients (client A) who used a wheelchair for mobility and who required physical assistance to transfer at all transfer times.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted on 6/18/13 at 3:25 P.M. Review of the investigation records indicated:</p> <p>1. "Report of Investigation: Findings: Substantiated: Consumer: [Client A], Dates of investigation: 4/10/13-4/11/13:</p> <p>Summary of investigation: It was reported staff left [client A] unsupervised in the restroom and was using the Hoyer lift in an unsafe manner.</p> <p>Investigative Summary:</p> <p>Qualified Intellectual Disabilities Professional Designee (QIDPD): stated she saw staff, take [client A] to the bathroom. She then saw [staff #9] in the hallway with two other client. Immediately concerned about [client A's]</p>	W000218	W218 – See plan of correction for W104	08/02/2013			

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	<p>supervision, [QIDPD] entered the bathroom and observed [client A] in the Hoyer lift raised about 1-1 1/2 feet above the toilet seat. She called [staff #9] to the bathroom and asked what she was doing and reminded [staff #9] of [client A]'s high risks. [Staff #9] replied, 'That's how I was trained, you can take it up with [staff #13] or [staff #14].' [QIDPD] directed [staff #9] to lower [client A] and to put him in the bath.</p> <p>[Staff #9]: stated she prepares [client A] for his shower and toilets him before he is bathed. She told interviewer he almost always has a bowel movement prior to taking his shower. [Staff #9] said she leaves the bathroom to provide [client A] privacy. When asked how long she leaves him, [staff #9] said no more than 5 minutes. [Staff #9] told this interviewer she is supposed to check on him frequently during the five minutes. When asked where she was while [client A] was in the bathroom, [staff #9] said she was in the laundry room with two other clients which is located right next to the restroom. [Staff #9] stated [client A's] QIDPD, called her to the bathroom and asked her why [client A] was in the Hoyer lift over the toilet. [Staff #9] told [QIDPD] that is how [client A] takes his shower. [Staff #9] stated [QIDPD] counseled her on not toileting him in that</p>			

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	<p>was and reminded [staff #9] about [client A]'s high risks. When asked about the distance between [client A's] position in the Hoyer and the toilet seat, [staff #9] replied, 'I eyeball it; It's hard to explain.'</p> <p>Assistant Group Home Manager [AGHM]: stated [client A] is toileted for about 5-10 minutes prior to taking his bath. She stated he is toileted prior to his shower because he will have a bowel movement in the bath if he doesn't go beforehand. [GHM] stated [client A] is positioned in the Hoyer lift over the toilet. When toileting him, [GHM] provides him 5 minutes of privacy by leaving the bathroom. During that time she checks him frequently and stands on the other side of the door. [GHM] stated she was trained this way and this is how she trains staff to toilet him.</p> <p>[Staff #15]: stated [client A] is toileted before having a bath. She exits the bathroom while he is trying to have a bowel movement. She positions [client A] over the toilet in the Hoyer lift, saying she was trained this way. It was explained to her that he should be toileted this way because [client A] (sic) of his hemmorhoids. [Staff #15] said [client A] will not sit on the toilet independently; he would need staff assistance to remain on the toilet. [Staff #15] stated she does not</p>			

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	<p>stay in the restroom with [client A], but she remains in the hallway to be able to hear him. She checks on him every 3-5 minutes while he is in the restroom.</p> <p>When asked how far above the toilet [client A] is positioned, [staff #15] stated 1/2-1 foot. When asked about [client A's] supervision level, [staff #15] stated due to [client A's] seizure disorder, he should not be left unattended when he is in the bath. She said he didn't know if the protocol included any information about toileting.</p> <p>[Staff #16]: stated she was not aware [client A] was being toileted in this manner and if she knew or ever observed staff raising him over the toilet or leaving him unsupervised stated both would be inappropriate.</p> <p>Determination: Consumer rights violated...Agency policies not followed...State policies not followed...Services not appropriately provided.</p> <p>Recommendation: It is recommended the allegation of neglect be substantiated."</p> <p>2. "Report of Investigation: Findings: Substantiated Consumer: [Client A] Dates of investigation: 6/6/13-6/11/13: Summary of Allegation: It was reported [staff #9] did not assist [client A]</p>				

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	<p>appropriately after his bath and used the Hoyer lift improperly.</p> <p>[Staff #20]: stated all staff had recently been retrained on proper Hoyer lift use and [client A's] high risks (hypothermia). She stated [staff #9] was assisting [client A] with another employee, [staff #21]. [Staff #9] shut the door between the bathroom and hallway to give [client A] 'privacy.' [Staff #20] said [staff #9] transported [client A] in the Hoyer lift from the bathroom to his bedroom.</p> <p>[Staff #21]: stated she helped [staff #9] with [client A] in the bathroom. [Staff #21] said either she or [staff #9] was always in the bathroom with [client A] and he was never left unsupervised. [Staff #21] said she did not observe [staff #9] transport [client A] in the Hoyer lift from the bathroom to the bedroom. [Staff #21] said the hallway door was closed. [Staff #9] asked for [staff #21's] help with [client A] in his bedroom after his bath. [Staff #21] observed [client A] lying on top of his Hoyer pad. She asked [staff #9] why he was on top of the Hoyer pad on his bed. [Staff #9] told [staff #21] she wheeled [client A] in his Hoyer lift from the bathroom to the bedroom.</p> <p>[QIDPD]: stated she retrained all staff in April about [client A's] high risk</p>				

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	<p>protocols including how to appropriately use the Hoyer lift. [QIDPD] trained staff (with signed documentation) about not using the Hoyer lift to transport consumers from one location to another, specifically providing an example: the Hoyer lift should not be used to wheel consumers from the bathroom to the bedroom. [QIDPD] trained staff to use the Hoyer lift for very small distances such as to move [client A] from the toilet to the bath, from the bath to the toilet, from his wheelchair to the toilet and so on.</p> <p>[Staff #9]: stated she assisted [client A] with his bath. She told interviewer she used the Hoyer lift to wheel [client A] from the bathroom to his bedroom after his bath. [Staff #9] stated she put a towel over him during this transition. When asked if there would have been a trail of water down the hallway, [staff #9] said there likely was a trail of water because the Hoyer pad was wet from [client A's] bath. [Staff #9] said she closed the hallway door to block others' view of [client A] from the living room to provide him privacy. [Staff #9] told interviewer she didn't think she was 'supposed to wheel [wheel him],' but 'then they said we could.' When asked who told her she could wheel [client A] from one room to another, she said [AGHM] and the rest of</p>			

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	<p>the staff told her this. [Staff #9] stated she kept a towel over [client A] when he was lying on the Hoyer pad, on his bed after his bath-she said 'I always had the towel on him.'</p> <p>Determination: Consumer rights violated...Agency Policies not followed...State policies not followed...Services not appropriately provided."</p> <p>A review of client A's record was conducted on 6/22/13 at 12:45 P.M. The review did not indicate a physical therapy evaluation (PT) or occupational therapy evaluation (OT) to determine how and when a mechanical lift should be used for client A.</p> <p>An interview with the QIDPD was conducted on 6/24/13 at 4:00 P.M. The QIDPD indicated there were no PT or OT assessments for the use of a Hoyer lift at the group home for review. The QIDPD further indicated there were no assessments regarding bathing and toileting protocols.</p> <p>This federal tag relates to complaint #IN00127414.</p> <p>9-3-4(a)</p>			

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W000220	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include speech and language development.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (clients A, B and C), the comprehensive functional assessments failed to indicate the facility had obtained a speech/communication assessment of the clients' language skills/abilities.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/18/13 from 5:05 A.M. until 7:10 A.M. During the entire observation clients A, B and C were non-verbal in communication in that the clients did not speak.</p> <p>An evening observation was conducted at the group home on 6/18/13 from 5:30 P.M. until 6:45 P.M. During the entire observation clients A, B and C were non-verbal in communication in that the clients did not speak.</p> <p>A review of client A's record was conducted on 6/22/13 at 12:35 P.M.. Review of the record indicated client A was admitted to the facility on 10/1/97. Review of client A's most current Individual Support Plan (ISP) dated</p>	W000220	W220 – There are speech evals on file for these clients, however the referral process for current speech evals for clients A, B, & C has begun. The IDT will review all assessments annually to determine if any changes in services are needed or if another assessment is needed. The QDDP-D will monitor to ensure compliance at monthly meetings.	08/02/2013			

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	<p>7/25/12 and/or record did not indicate the client's speech and/or language skills had been assessed.</p> <p>A review of client B's record was conducted on 6/22/13 at 1:15 P.M. Review of the record indicated client B was admitted to the facility on 3/31/93. Review of client B's most current Individual Support Plan (ISP) dated 5/23/13 and/or record did not indicate the client's speech and/or language skills had been assessed.</p> <p>A review of client C's record was conducted on 6/22/13 at 2:35 P.M. Review of the record indicated client C was admitted to the facility on 6/23/95. Review of client C's most current Individual Support Plan (ISP) dated 9/18/12 and/or record did not indicate the client's speech and/or language skills had been assessed.</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 6/24/13 at 4:00 P.M. The QIDPD indicated clients A, B and C's speech and/or language skills had not been assessed since they were admitted to the facility.</p>						

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W000240	<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 record review and interview, the facility failed to develop written instruction related to how 1 of 3 sampled clients (client A), was to be transferred in and out of his wheelchair with the use of a Hoyer lift and how client A was to be toileted and bathed.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted on 6/18/13 at 3:25 P.M. Review of the investigation records indicated:</p> <p>1. "Report of Investigation: Findings: Substantiated: Consumer: [Client A], Dates of investigation: 4/10/13-4/11/13:</p> <p>Summary of investigation: It was reported staff left [client A] unsupervised in the restroom and was using the Hoyer lift in an unsafe manner.</p> <p>Investigative Summary:</p> <p>Qualified Intellectual Disabilities Professional Designee (QIDPD): stated she saw staff, take [client A] to the bathroom. She then saw [staff #9] in the</p>	W000240	W240 – See plan of correction for W104	08/02/2013			

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	<p>hallway with two other client. Immediately concerned about [client A's] supervision, [QIDPD] entered the bathroom and observed [client A] in the Hoyer lift raised about 1-1 1/2 feet above the toilet seat. She called [staff #9] to the bathroom and asked what she was doing and reminded [staff #9] of [client A's] high risks. [Staff #9] replied, 'That's how I was trained, you can take it up with [staff #13] or [staff #14].' [QIDPD] directed [staff #9] to lower [client A] and to put him in the bath.</p> <p>[Staff #9]: stated she prepares [client A] for his shower and toilets him before he is bathed. She told interviewer he almost always has a bowel movement prior to taking his shower. [Staff #9] said she leaves the bathroom to provide [client A] privacy. When asked how long she leaves him, [staff #9] said no more than 5 minutes. [Staff #9] told this interviewer she is supposed to check on him frequently during the five minutes. When asked where she was while [client A] was in the bathroom, [staff #9] said she was in the laundry room with two other clients which is located right next to the restroom. [Staff #9] stated [client A's] QIDPD, called her to the bathroom and asked her why [client A] was in the Hoyer lift over the toilet. [Staff #9] told [QIDPD] that is how [client A] takes his</p>			
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	<p>shower. [Staff #9] stated [QIDPD] counseled her on not toileting him in that was and reminded [staff #9] about [client A's] high risks. When asked about the distance between [client A's] position in the Hoyer and the toilet seat, [staff #9] replied, 'I eyeball it; It's hard to explain.'</p> <p>Assistant Group Home Manager [AGHM]: stated [client A] is toileted for about 5-10 minutes prior to taking his bath. She stated he is toileted prior to his shower because he will have a bowel movement in the bath if he doesn't go beforehand. [GHM] stated [client A] is positioned in the hoyer lift over the toilet. When toileting him, [GHM] provides him 5 minutes of privacy by leaving the bathroom. During that time she checks him frequently and stands on the other side of the door. [GHM] stated she was trained this way and this is how she trains staff to toilet him.</p> <p>[Staff #15]: stated [client A] is toileted before having a bath. She exits the bathroom while he is trying to have a bowel movement. She positions [client A] over the toilet in the Hoyer lift, saying she was trained this way. It was explained to her that he should be toileted this way because [client A] (sic) of his hemmorhoids. [Staff #15] said [client A] will not sit on the toilet independently; he</p>			

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	<p>would need staff assistance to remain on the toilet. [Staff #15] stated she does not stay in the restroom with [client A], but she remains in the hallway to be able to hear him. She checks on him every 3-5 minutes while he is in the restroom. When asked how far above the toilet [client A] is positioned, [staff #15] stated 1/2-1 foot. When asked about [client A's] supervision level, [staff #15] stated due to [client A's] seizure disorder, he should not be left unattended when he is in the bath. She said he didn't know if the protocol included any information about toileting.</p> <p>[Staff #16]: stated she was not aware [client A] was being toileted in this manner and if she knew or ever observed staff raising him over the toilet or leaving him unsupervised stated both would be inappropriate.</p> <p>Determination: Consumer rights violated...Agency policies not followed...State policies not followed...Services not appropriately provided.</p> <p>Recommendation: It is recommended the allegation of neglect be substantiated."</p> <p>2. "Report of Investigation: Findings: Substantiated Consumer: [Client A] Dates of investigation: 6/6/13-6/11/13:</p>			

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	<p>Summary of Allegation: It was reported [staff #9] did not assist [client A] appropriately after his bath and used the Hoyer lift improperly.</p> <p>[Staff #20]: stated all staff had recently been retrained on proper Hoyer lift use and [client A's] high risks (hypothermia). She stated [staff #9] was assisting [client A] with another employee, [staff #21]. [Staff #9] shut the door between the bathroom and hallway to give [client A] 'privacy.' [Staff #20] said [staff #9] transported [client A] in the hoyer lift from the bathroom to his bedroom.</p> <p>[Staff #21]: stated she helped [staff #9] with [client A] in the bathroom. [Staff #21] said either she or [staff #9] was always in the bathroom with [client A] and he was never left unsupervised. [Staff #21] said she did not observe [staff #9] transport [client A] in the Hoyer lift from the bathroom to the bedroom. [Staff #21] said the hallway door was closed. [Staff #9] asked for [staff #21's] help with [client A] in his bedroom after his bath. [Staff #21] observed [client A] lying on top of his Hoyer pad. She asked [staff #9] why he was on top of the Hoyer pad on his bed. [Staff #9] told [staff #21] she wheeled [client A] in his Hoyer lift from the bathroom to the bedroom.</p>			

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	<p>[QIDPD]: stated she retrained all staff in April about [client A's] high risk protocols including how to appropriately use the Hoyer lift. [QIDPD] trained staff (with signed documentation) about not using the Hoyer lift to transport consumers from one location to another, specifically providing an example: the Hoyer lift should not be used to wheel consumers from the bathroom to the bedroom. [QIDPD] trained staff to use the Hoyer lift for very small distances such as to move [client A] from the toilet to the bath, from the bath to the toilet, from his wheelchair to the toilet and so on.</p> <p>[Staff #9]: stated she assisted [client A] with his bath. She told interviewer she used the hoyer lift to wheel [client A] from the bathroom to his bedroom after his bath. [Staff #9] stated she put a towel over him during this transition. When asked if there would have been a trail of water down the hallway, [staff #9] said there likely was a trail of water because the Hoyer pad was wet from [client A's] bath. [Staff #9] said she closed the hallway door to block others' view of [client A] from the living room to provide him privacy. [Staff #9] told interviewer she didn't think she was 'supposed to wheel [wheel him],' but 'then they said we could.' When asked who told her she</p>						

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	<p>could wheel [client A] from one room to another, she said [AGHM] and the rest of the staff told her this. [Staff #9] stated she kept a towel over [client A] when he was lying on the Hoyer pad, on his bed after his bath-she said 'I always had the towel on him.'</p> <p>A review of client A's record was conducted on 6/22/13 at 12:45 P.M. Review of client A's record did not indicate a protocol for the use of a lift to transfer client A in and out of his wheelchair. Review of his Individual Support Plan (ISP) dated 7/25/12 did not indicate the use of a lift to transfer client A in and out of his wheelchair. Further review of the record failed to indicate any lift plans to give staff guidance and when and how to assist client A with transferring in and out of his wheelchair. Review of the record failed to indicate any protocols in regards to how staff were to assist client A with toileting and bathing.</p> <p>An interview with the QIDPD was conducted on 6/24/13 at 4:00 P.M. When asked if there was a plan in place to give guidance when and how staff were to transfer client A in and out of his wheelchair, the QIDPD stated "No, there isn't a plan in place." When asked if client A's ISP gave written instruction to</p>			

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	<p>staff for the use of a lift for client A, the QIDPD stated "No." When asked how group home staff transferred client A in and out of his wheelchair, the QIDPD stated "Staff use a Hoyer Lift."</p> <p>This federal tag relates to complaint #IN00127414.</p> <p>9-3-4(a)</p>			

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W000249	<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, record review and interview for 5 of 5 clients residing at the group home (clients A, B, C, D and E), the facility failed to implement the clients' training objectives when formal and/or informal opportunities existed at the group home.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/18/13 from 5:05 A.M. until 7:10 A.M. During the entire observation period, clients B, C, D and E sat in the living room with no activity and client A propelled his wheelchair back and forth to and from the living room with no purpose. Direct Support Professionals (DSP) #1 and #2 would walk into the rooms and occasionally check on clients A, B, C, D and E, but did not offer any meaningful activity. During the above mentioned observation period, clients A, B and C were non-verbal in communication in that the clients did not speak. No communication training was</p>	W000249	<p>W249 – On 7/31/13 the staff will be retrained by the QDDP-D to ensure proper implementation of IPP goals. The QDDP-d will review that goals are to be implemented formally and informally at all times of opportunity. The group home manager will monitor on an on-going basis to ensure activities are offered and goals are being implemented. To ensure further compliance the QDDP-D and Lead Manager will monitor on a monthly basis through completed data and monthly observations at the home. W249 Addendum 8/13/2013- See W104 for monitoring. "Ongoing basis" means when the group home manager is on shift, they will monitor. The group home manager is required to work a minimum of 24 hours a week directly with the consumers in the home.</p>	08/02/2013

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	<p>provided and/or offered to each client.</p> <p>A review of client A's record was conducted on 6/22/13 at 12:45 P.M. A review of client #2's Individual Support Plan (ISP) dated 7/25/12 indicated: "Will choose 1-2 CD's (music) to relax to...Sign bathroom...Sign drink...Sign chair...Sign snack...Feed himself...Will participate in listening activity...Will participate in communication activity." Further review of the record indicated client A had a diagnosis that included but was not limited to seizure disorder</p> <p>A review of client B's record was conducted on 6/22/13 at 1:15 P.M. The Individual Support Plan (ISP) dated 5/24/13 indicated: "Will pick out vegetable pour in bowl and place in microwave...Place silverware on the table...Sign word 'eat' at each meal with physical prompts...Will wear eyeglasses for 1 minute with physical prompts...Use stove appropriately with physical prompts...Will sign bathroom."</p> <p>A review of client C's record was conducted on 6/22/13 at 2:35 P.M. The ISP dated 9/18/12 indicated: "Will pour milk in glass at mealtime daily...Will practice a behavioral relaxation technique...Will correctly sign 2 out of the 5 pictures...Wipe down kitchen table."</p>			

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	<p>A review of client D's record was conducted on 6/22/13 at 3:35 P.M. The ISP dated 7/23/12 indicated: "Will identify coins with physical prompting...Will do breathing and relaxation techniques independently...State when to call 911...Complete Physical Therapy (PT) exercises with verbal prompts... Will plan outing with physical prompts."</p> <p>A review of client E's record was conducted on 6/22/13 at 4:10 P.M. The ISP dated 10/29/12 indicated: "Will put vegetable into pot with verbal prompting...Pour water into glasses... Verbally identify each coin independently...Complete 15 minutes in stander...Utilize a stress ball...Exercise."</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 6/24/13 at 4:00 P.M. The QIDPD indicated facility staff should implement training objectives at all times of opportunity.</p> <p>9-3-4(a)</p>			

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W000268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview, the facility failed for 1 of 3 sampled clients (client B), to promote his dignity by not ensuring his mustache was trimmed.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/18/13 from 5:05 A.M. until 7:10 A.M. During the entire observation period, client B was observed to have his mustache hair going into his mouth and into his nostrils.</p> <p>A facility owned day program observation was conducted on 6/18/13 from 11:00 A.M. until 12:30 P.M. During the entire observation period, client B was observed to have his mustache hair going into his mouth and into his nostrils.</p> <p>An evening observation was conducted at the group home on 6/18/13 from 5:30 P.M. until 6:45 P.M.. During the entire observation period client B was observed to have his mustache hairs going into his mouth and into his nostrils.</p> <p>An interview with the Qualified Intellectual Disabilities Professional</p>	W000268	<p>W268 – On 7/31/2013 the staff will be retrained by the QDDP-D on making certain that hygiene and grooming is completed appropriately. To ensure further compliance a goal will be added to have staff assist this consumer trim his moustache daily. Continued compliance will be monitored through monthly house visits by the Lead Manager and QDDP-D at all homes.W268 Addendum 8/13/2013- The consumer in question does not always comply with his moustache being trimmed which resulted in this citation. Due to this issue, we will attempt to trim his moustache daily to help him become more comfortable in the trimming of his moustache and shaving and to enable us to record the amount of times he refuses. See W104 for monitoring.</p>	08/02/2013	

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	<p>Designee (QIDPD) was conducted on 6/24/13 at 4:00 P.M. The QIDPD indicated clients should be groomed at all times. The QIDPD further indicated staff should have trimmed client B's mustache.</p> <p>9-3-5(a)</p>			

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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility failed for 1 of 3 sampled clients (client A) by not ensuring nursing services assessed the client for the use of a Hoyer lift while transferring the client in and out of his wheelchair, failed to ensure group home staff and day program staff were trained on the use of lifts, proper transferring techniques, toileting/bathing for client A by the nurse and failed to monitor staff for competency.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted on 6/18/13 at 3:25 P.M.. Review of the investigation records indicated:</p> <p>1. "Report of Investigation: Findings: Substantiated: Consumer: [Client A]: Dates of investigation: 1/2/13-1/3/13:</p> <p>[Staff #10] interview-stated she was told [client A's] undergarment was saturated with urine as was his bed protector and sheets shortly after staff [Staff #9's] shift ended. The midnight staff reported this occurring at 10:30 P.M. that night although [staff #9] had told him she had just checked on [client A].</p>	W000331	W331 – See plan of correction for W104	08/02/2013			

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	<p>[Staff #8] interview-worked with [staff #9] until 8:00 P.M. on 1/1/13. [Staff #8] stated [staff #9] did not check or change [client A's] undergarment during the time she worked with her on this shift. [Staff #8] stated she even reminded [staff #9] because she thought [staff #9] might have forgotten to do this. [Staff #8] told interviewer [staff #9] told her she had just checked him. Interviewer asked if it was possible [staff #9] might have checked or changed him without her knowing. [Staff #8] said she would have been aware of this check/change and it did not occur. [Staff #8] also said [client A] makes loud vocalizations when [staff #9] is near him and she did not hear this during the shift.</p> <p>[Staff #9] interview-stated, amongst other duties during her shift, checked [client A's] undergarment every 2 hours during her shift. At 7:30 P.M. she checked him and he was dry. She stated at 9:45 P.M. she checked again and the undergarment was still dry. She stated the midnight staff came in at 10:00 P.M.</p> <p>Determination: Consumer rights violated."</p> <p>2. "Report of Investigation: Findings: Substantiated: Consumer: [Client A], Dates of investigation: 4/10/13-4/11/13:</p>						

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	<p>Summary of investigation: It was reported staff left [client A] unsupervised in the restroom and was using the Hoyer lift in an unsafe manner.</p> <p>Investigative Summary:</p> <p>Qualified Intellectual Disabilities Professional Designee (QIDPD): stated she saw staff, take [client A] to the bathroom. She then saw [staff #9] in the hallway with two other client. Immediately concerned about [client A's] supervision, [QIDPD] entered the bathroom and observed [client A] in the Hoyer lift raised about 1-1 1/2 feet above the toilet seat. She called [staff #9] to the bathroom and asked what she was doing and reminded [staff #9] of [client A's] high risks. [Staff #9] replied, 'That's how I was trained, you can take it up with [staff #13] or [staff #14].' [QIDPD] directed [staff #9] to lower [client A] and to put him in the bath.</p> <p>[Staff #9]: stated she prepares [client A] for his shower and toilets him before he is bathed. She told interviewer he almost always has a bowel movement prior to taking his shower. [Staff #9] said she leaves the bathroom to provide [client A] privacy. When asked how long she leaves him, [staff #9] said no more than 5</p>			

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	<p>minutes. [Staff #9] told this interviewer she is supposed to check on him frequently during the five minutes. When asked where she was while [client A] was in the bathroom, [staff #9] said she was in the laundry room with two other clients which is located right next to the restroom. [Staff #9] stated [client A's] QIDPD, called her to the bathroom and asked her why [client A] was in the Hoyer lift over the toilet. [Staff #9] told [QIDPD] that is how [client A] takes his shower. [Staff #9] stated [QIDPD] counseled her on not toileting him in that way and reminded [staff #9] about [client A's] high risks. When asked about the distance between [client A's] position in the Hoyer and the toilet seat, [staff #9] replied, 'I eyeball it; It's hard to explain.'</p> <p>Assistant Group Home Manager [AGHM]: stated [client A] is toileted for about 5-10 minutes prior to taking his bath. She stated he is toileted prior to his shower because he will have a bowel movement in the bath if he doesn't go beforehand. [GHM] stated [client A] is positioned in the Hoyer lift over the toilet. When toileting him, [GHM] provides him 5 minutes of privacy by leaving the bathroom. During that time she checks him frequently and stands on the other side of the door. [GHM] stated she was trained this way and this is how she trains</p>			

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	<p>staff to toilet him.</p> <p>[Staff #15]: stated [client A] is toileted before having a bath. She exits the bathroom while he is trying to have a bowel movement. She positions [client A] over the toilet in the Hoyer lift, saying she was trained this way. It was explained to her that he should be toileted this way because [client A] (sic) of his hemmorhoids. [Staff #15] said [client A] will not sit on the toilet independently; he would need staff assistance to remain on the toilet. [Staff #15] stated she does not stay in the restroom with [client A], but she remains in the hallway to be able to hear him. She checks on him every 3-5 minutes while he is in the restroom. When asked how far above the toilet [client A] is positioned, [staff #15] stated one half to one foot. When asked about [client A's] supervision level, [staff #15] stated due to [client A's] seizure disorder, he should not be left unattended when he is in the bath. She said she didn't know if the protocol included any information about toileting.</p> <p>[Staff #16]: stated she was not aware [client A] was being toileted in this manner and if she knew or ever observed staff raising him over the toilet or leaving him unsupervised stated both would be inappropriate.</p>				

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	<p>Determination: Consumer rights violated...Agency policies not followed...State policies not followed...Services not appropriately provided.</p> <p>Recommendation: It is recommended the allegation of neglect be substantiated."</p> <p>3. "Report of Investigation: Findings: Substantiated Consumer: [Client A] Dates of investigation: 6/6/13-6/11/13: Summary of Allegation: It was reported [staff #9] did not assist [client A] appropriately after his bath and used the Hoyer lift improperly.</p> <p>[Staff #20]: stated all staff had recently been retrained on proper Hoyer lift use and [client A's] high risks (hypothermia). She stated [staff #9] was assisting [client A] with another employee, [staff #21]. [Staff #9] shut the door between the bathroom and hallway to give [client A] 'privacy.' [Staff #20] said [staff #9] transported [client A] in the Hoyer lift from the bathroom to his bedroom.</p> <p>[Staff #21]: stated she helped [staff #9] with [client A] in the bathroom. [Staff #21] said either she or [staff #9] was always in the bathroom with [client A] and he was never left unsupervised.</p>			

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	<p>[Staff #21] said she did not observe [staff #9] transport [client A] in the Hoyer lift from the bathroom to the bedroom. [Staff #21] said the hallway door was closed. [Staff #9] asked for [staff #21's] help with [client A] in his bedroom after his bath. [Staff #21] observed [client A] lying on top of his Hoyer pad. She asked [staff #9] why he was on top of the Hoyer pad on his bed. [Staff #9] told [staff #21] she wheeled [client A] in his Hoyer lift from the bathroom to the bedroom.</p> <p>[QIDPD]: stated she retrained all staff in April about [client A's] high risk protocols including how to appropriately use the Hoyer lift. [QIDPD] trained staff (with signed documentation) about not using the Hoyer lift to transport consumers from one location to another, specifically providing an example: the Hoyer lift should not be used to wheel consumers from the bathroom to the bedroom. [QIDPD] trained staff to use the Hoyer lift for very small distances such as to move [client A] from the toilet to the bath, from the bath to the toilet, from his wheelchair to the toilet and so on.</p> <p>[Staff #9]: stated she assisted [client A] with his bath. She told interviewer she used the Hoyer lift to wheel [client A] from the bathroom to his bedroom after</p>						

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	<p>his bath. [Staff #9] stated she put a towel over him during this transition. When asked if there would have been a trail of water down the hallway, [staff #9] said there likely was a trail of water because the Hoyer pad was wet from [client A's] bath. [Staff #9] said she closed the hallway door to block others' view of [client A] from the living room to provide him privacy. [Staff #9] told interviewer she didn't think she was 'supposed to wheel [wheel him],' but 'then they said we could.' When asked who told her she could wheel [client A] from one room to another, she said [AGHM] and the rest of the staff told her this. [Staff #9] stated she kept a towel over [client A] when he was lying on the Hoyer pad, on his bed after his bath-she said 'I always had the towel on him.'</p> <p>Determination: Consumer rights violated...Agency Policies not followed...State policies not followed...Services not appropriately provided."</p> <p>A review of client A's record was conducted on 6/22/13 at 12:45 P.M. Review of client A's record did not indicate an assessment for the use of a lift to transfer client A in and out of his wheelchair. Review of his Individual Support Plan (ISP) dated 7/25/12 did not</p>						

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	<p>indicate the use of a lift to transfer client A in and out of his wheelchair. Review of the record failed to indicate any lift plans to give staff guidance and when and how to assist client A with transferring in and out of his wheelchair. Further review of the record failed to indicate plans to address client A's bathing and toileting needs.</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 6/24/13 at 4:00 P.M. The QIDPD indicated the facility's nursing services did not obtain an assessment or order for the use of a Hoyer lift to transfer client A in and out of his wheelchair. When asked if nursing staff trained staff on the use of a Hoyer lift, she stated "No. The group home manager trained the staff on how to use the Hoyer lift originally and then I did." The QIDPD indicated nursing services did not put a plan in place to indicate how staff were to transfer client A in and out of his wheelchair. The QIDPD further indicated nursing services did not develop plans and/or train staff on client A's toileting and bathing needs.</p> <p>This federal tag relates to complaint #IN00127414.</p> <p>9-3-6(a)</p>				

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W000369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview, the facility failed for 2 of 4 clients observed during the morning medication administration (clients C and D), to ensure staff administered 2 of 14 of the clients' medications, as ordered without error.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/18/13 from 5:05 A.M. until 7:10 A.M. At 5:55 A.M., clients C and D ate their breakfast which consisted of cold unsweetened puffed rice cereal. At 6:15 A.M., Direct Support Professional (DSP) #2 began administering client C's prescribed medications. DSP #2 administered client C's Almacone (GERD...Gastroesophageal reflux disease) medication. A review of the Medication Administration Record (MAR) dated June 1, 2013 to June 30, 2013 indicated: "Almacone...Give 30 ml (milliliters) three times daily...GERD...30 minutes before meals." Client C did not receive his medication 30 minutes before he ate his breakfast. At 6:30 A.M., DSP #2 began administering client D's</p>	W000369	W369 - On 7/31/13 staff will be retrained on proper medication administration which will include the 6 rights of passing medication. The group home manager will monitor on an on-going basis when on shift. Future compliance will be monitored through monthly visits by the Lead Manager and QDDP-D.W369 Addendum 8/13/2013- See W104 for monitoring and W249 for "ongoing basis" definition.	08/02/2013
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	<p>prescribed medication. DSP #2 administered client D's Lansoprazole capsule, 30 mg (milligram), GERD.</p> <p>A review of the Medication Administration Record (MAR) dated June 1, 2013 to June 30, 2013 indicated: "Lansoprazole 30 mg capsule...By mouth twice daily...30 to 60 minutes before meals." Client D did not receive her medication 30 to 60 minutes before she ate her breakfast.</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 6/24/13 at 4:00 P.M. The QIDPD indicated clients C and D should have received their medications as prescribed.</p> <p>9-3-6(a)</p>				

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W000383	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area. Based on observation and interview, the facility failed for 5 of 5 clients residing at the group home (clients A, B, C, D and E), to ensure only authorized persons had access to the keys to the medication office, medication lock box and medication cabinet.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/10/13 from 7:00 A.M. until 9:45 A.M. During the entire observation Direct Support Professional (DSP) #1 and #2 and clients A, B, C, D and E went back and forth past the medication room where the medication room keys were hanging from the outside door knob. Each time DSP #2 entered the medication room she retrieved the keys from the outside door knob and entered and administered each clients morning prescribed medications and placed the keys back on the outside door knob.</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 6/24/13 at 4:00 P.M. The QIDPD indicated the keys should only be available to authorized persons and</p>	W000383	W383 – On 7/31/13 staff will be retrained on ensuring the med room is locked and the staff on shift will keep the keys with them. The group home manager will monitor on an on-going basis when on shift. Future compliance will be monitored through monthly visits by the Lead Manager and QDDP-D.W383 Addendum 8/13/2013- See W104 for monitoring and W249 for “ongoing basis” definition.	08/02/2013			

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	<p>further indicated the person responsible for administering medications should have the keys on them at all times.</p> <p>9-3-6(a)</p>			

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>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.</p> <p>Based on observation and interview, for 1 of 2 clients who used a wheelchair for all of his mobility needs, (client E), the facility failed to teach and encourage the use of his foot rests.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group on 6/18/13 from 5:05 A.M. until 7:10 A.M. During the entire observation period client E's feet dangled a foot from the floor. Client E's wheelchair did not have foot rests attached. Client E indicated during the entire observation period that his seat needed to be lowered. Client E stated "My seat is too high." Staff did not put client E's foot rests on his wheelchair during the observation period.</p> <p>An evening observation was conducted at the group on 6/18/13 from 5:30 P.M. until 6:45 P.M. During the entire observation period client E's feet dangled a foot from the floor. Client E's wheelchair did not have foot rests attached. Client E</p>	W000436	<p>W436 – On 7/31/13 staff will be retrained on ensuring consumers are sitting in their wheel chairs and comfortably which includes the use of foot rests if necessary. The group home manager will monitor on an ongoing basis when on shift. Future compliance will be monitored through monthly visits by the Lead Manager and QDDP-D.W436 Addendum 8/13/2013- Client E's wheelchair was sitting higher than usual due to a repair that had recently been done. The company any been notified before this survey was completed and have since come to put the seat back at the correct level. Training that occurred with staff included ensuring clients have their feet rests on their chair at all times. In reviewing other consumers there are no others affected at this time. The QDDP-D checks all wheelchairs for issues during the monthly house visit. In addition the nurse will also assess each client monthly regarding wheelchair positioning. See W104 for monitoring and W249 for "ongoing basis" definition.</p>	08/02/2013	

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	<p>indicated during the entire observation period that his seat needed to be lowered. Client E stated "My seat is too high." Staff did not put client E's foot rests on his wheelchair during the observation period.</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 6/24/13 at 4:00 P.M. The QIDPD indicated client E just got a new seat for his wheelchair and further indicated his chair sat up much higher than his prior wheelchair and needed a piece to lower the seat to properly fit him. The QIDPD further indicated staff should have put client E's foot rests on his wheelchair to support his feet.</p> <p>9-3-7(a)</p>			

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W000484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview, the facility failed for 5 of 5 clients residing at the group home (clients A, B, C, D and #E) to provide condiments at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group on 6/18/13 from 5:05 A.M. until 7:10 A.M. At 6:05 A.M., Direct Support Professional (DSP) #1 was feeding client A his breakfast as client B sat at the dining table eating his cold, unsweetened puffed rice cereal. The table was observed to have 3 other place settings with bowls of cold, unsweetened puffed rice cereal served in each individual bowl. No other clients were at the dining table. At 5:50 A.M., client D was escorted from her bedroom by DSP #1, and sat at the already prepared dining table. At 5:55 A.M., clients C and E sat at the already prepared dining table. The table did not have sugar/sugar substitute available for clients A, B, C, D and E to use for their unsweetened puffed rice cereal. Direct Support Professionals (DSP) #1 failed to offer condiments to</p>	W000484	W484 – On 7/31/13 staff will be retrained to ensure that condiments are available at the dining table for use at each meal time. The group home manager will monitor on an on-going basis when on shift. Future compliance will be monitored through monthly visits by the Lead Manager and QDDP-D. W484 Addendum 8/13/2013- See W104 for monitoring and W249 for "ongoing basis" definition.	08/02/2013

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	<p>clients A, B, C, D and E for their food.</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 6/24/12 at 4:00 P.M. The QIDPD indicated condiments should be put on the table for the clients to use.</p> <p>9-3-8(a)</p>			

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W000488	<p>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.</p> <p>Based on observation, record review and interview, the facility failed to assure 5 of 5 clients residing at the group home (clients A, B, C, D and E) were involved in meal preparation and served themselves at meal times as independently as possible.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group on 6/18/13 from 5:05 A.M. until 7:10 A.M.. At 6:05 A.M., Direct Support Professional (DSP) #1 was feeding client A his breakfast as client B sat at the dining table eating his cold cereal. The table was observed to have 3 other place settings with bowls of cold cereal served in each individual bowl. No other clients were at the dining table. At 5:50 A.M., client D was escorted from her bedroom by DSP #1, and sat at the already prepared dining table. At 5:55 A.M., clients C and E sat at the already prepared dining table. Clients C, D and E began eating their cold cereal independently. Clients A, B, C, D and E did not assist in meal preparation and did not serve themselves.</p>	W000488	W488 – On 7/31/13 staff will be retrained on active treatment which includes involving the clients in meal preparation and serving themselves according to their abilities. The group home manager will monitor on an on-going basis when on shift. Future compliance will be monitored through monthly visits by the Lead Manager and QDDP-D. W488 Addendum 8/13/2013- See W104 for monitoring and W249 for “ongoing basis” definition.	08/02/2013
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	<p>An evening observation was conducted at the group on 6/18/13 from 5:30 P.M. until 6:45 P.M. During the observation period, clients A, B, C, D and E sat with no activity. At 5:45 P.M., DSPs #3, #4 and #5 served each client's food onto their plates from the kitchen counter and set the already prepared plates on the dining table where clients A, B, C, D and E sat with no activity. At 5:50 P.M., clients A, B, C, D and E ate their meal which consisted of barbequed ribs, greens, macaroni and cheese, carrots and pears. Clients A, B, C, D and E did not assist in meal preparation and did not serve themselves.</p> <p>A review of client B's record was conducted on 6/22/13 at 1:15 P.M. The Individual Support Plan (ISP) dated 5/24/13 indicated: "Will pick out vegetable, pour in bowl and place in microwave with physical prompts...Place silverware on the table with hand over hand assistance...Use stove appropriately with physical prompts."</p> <p>A review of client C's record was conducted on 6/22/13 at 2:35 P.M. The ISP dated 9/18/12 indicated: "Will pour milk in glass at mealtime daily...Turn oven to proper temperature...Will place pan in the oven."</p> <p>A review of client E's record was</p>						

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	<p>conducted on 6/21/13 at 4:10 P.M. The ISP dated 10/29/12 indicated: "Will put vegetable into pot...Pour water into glasses at dinner time...cut his vegetables."</p> <p>An interview with the Qualified Intellectual Disabilities Professional Designee (QIDPD) was conducted on 6/24/13 at 4:00 P.M. The QIDPD indicated clients were capable of assisting in meal preparation and of serving themselves with assistance and further indicated they should be assisting in preparation and serving themselves with assistance at all meal times.</p> <p>9-3-8(a)</p>			