

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G254	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/19/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 740 OAK BLVD GREENFIELD, IN 46140
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W 0000 Bldg. 00	<p>This visit was for an extended annual recertification and state licensure survey.</p> <p>Dates of Survey: 5/13/15, 5/14/15, 5/15/15, 5/18/15 and 5/19/15.</p> <p>Facility Number: 000774 Provider Number: 15G254 AIMS Number: 100243450</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients #1, #2, #3 and #4's active treatment programs by failing to review/monitor clients #1, #2 and #3's formal training objectives for</p>	W 0104	<p>Addendum submitted on 7/20/15: The agency uses an electronic system purchased by Cerner in which all ISP goals are recorded. The QIDP is responsible for entering each training objective into the system. This system is used by the direct care staff for recording performance at each trial for each teaching objective. The information entered by the direct care staff is then accessible to the QIDP and any administrator for review. The system</p>	06/18/2015

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

TITLE

(X6) DATE

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

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	<p>progression/regression of skills and to ensure the IST (Individual Support Team) reviewed client #3's recurring parasite infections for the source/cause of the re-infections and ensured client #3's pinworm protocol addressed client #3's participation in meal time actives or attendance at day services.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP ensured clients #1 and #4 were taught to manage their financial affairs, ensured clients #2 and #4 had specific training objectives to meet their identified needs and ensured clients #1 and #3's ISPs were reviewed/revised on annual basis.</p> <p>Findings include:</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP integrated, coordinated and monitored clients #1, #2, #3 and #4's active treatment programs. Please see W159.</p> <p>9-3-1(a)</p>		<p>allows for formulation of goalsummary reports to be used for the QIDP to analyze data monthly to determineprogression/regression of skills and need to revise or update programming. Themonthly review by the QIDP is then entered in the Cerner system. It is expectedthat this occur by the 15th of each month for the data for the priormonth. The Area Director monitors this by running reports within the systemthat verify and show the completed goal summary reviews. This is checked afterthe 15th of each month. The Area Director is meeting with the QIDP weekly to review status of workproducts including completion of the tasks to ensure the QIDP is effectivelyintegrating, monitoring, and coordinating the active treatment program. A schedule has been developed of when all ISP'sare due for update. This schedule is accessible by each QIDP and the administrativeteam. The QIDP is now required to complete any due ISP updates the month beforeit is due for update and to present it to the IST for review the month beforeit is due. The QIDP has been directed toensure clients and guardians participate in development of each ISP asapplicable, this is evidenced by the client and/or guardian signing the ISPdocument. The QIDP has been directed to scan and electronically save allcompleted and signed ISP's to a secure and shared</p>	

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			<p>agency electronic cloud. This Area Director verifies that this occurs. The Area Director runs a monthly IST meeting by which the upcoming ISP's will be reviewed in addition to other client issues that are discussed. The Area Director ensures minutes are taken at each meeting to include any team recommendations. The Area Director has begun to ensure there is a review of recommendations from prior meetings as subsequent meetings to ensure all recommendations have been addressed properly or are discussed further as needed. The Area Director does receive copies of updated Behavior Development Programs and other restriction requests that are pending there required approvals. The Area Director is responsible for directed the QIDP as necessary to ensure client or guardian and then HRC approval are secured. This is done by directing the QIDP to copy them on requests for approval. The Area Director is also a HRC member and will know when a program or other restriction has been presented and then approved by the HRC. The Area Director will use electronic reminders as necessary to ensure receipt of timely approvals.</p> <p>The Area Director is responsible for ensuring there is continuity in programming when professional staff change. This is done by assignments being provided to other existing professional staff to</p>	

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			<p>completespecific responsibilities such as management of the active treatmentprogramming for the clients in the program. Other professionals assume the responsibilityuntil a new QIDP is assigned to the facility and has the adequate training toassume the responsibility. The Program Quality Coordinator does assist the AreaDirector in ensuring required tasks are assigned, and verified as completed. This done by review of reporting in the Cerner system and ISP's posted in the secureand shared cloud.</p> <p>The Program Quality Coordinator has developed a spreadsheetto record a verification that each client has a current ISP in which theyand/or their guardian participated in developing, and that the QIDP has completed the monthly review ofperformance of formal training objectives for progression/regression of skillsand has made updates as needed. The Area Director and QIDP will be prompted bythe Program Quality Coordinator when there is any missing documentation toensure completion and then will later verify completion. Outstanding ISTrecommendations are also listed here until verification has been provided thatit is properly addressed.</p> <p>Following was submitted previously: The facility has a new QIDP that</p>	

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			is completing training on all required responsibilities of a QIDP in integrating, coordinating and monitoring the active treatment needs of the clients in the facility. This includes but may not be limited to requirements for reviewing/monitoring clients formal training objectives for progression/regression of skills, ensuring the IST properly addresses client health and safety needs including the formulation of risk plans/protocols that properly address all aspects of a client's active treatment needs, providing all clients with training and teaching in management of financial affairs, providing clients with formal training objectives to meet identified needs areas, and ensuring ISP's for all clients are updated no less than annually. Additionally the agency has recently changed its administrative structure. This structure has added a Program Quality Coordinator position who provides oversight to ensure QIDP responsibilities are completed as required per state and federal regulations for all facilities in the agency. The employee in this position is an experienced QIDP. This individual is using and implementing monitoring tools to ensure that the facility is in compliance with state and federal regulations regarding active treatment and the responsibilities of the QIDP. The	

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			<p>items being monitored include but may not be limited to the following: review and monitoring of formal training objectives, participating in IST meetings to ensure health and safety needs are adequately addressed, review of ISP's and training objectives to ensure all required components are included, tracking of ISP completion to ensure they are completed within 30 days of admission and no less than annually thereafter, and consistent training objective implementation. The Program Quality Coordinator will provide prompts and updates on compliance regarding these items to the QIDP and to the Area Director who is responsible for supervising the QIDP. Updates will be provided no less than monthly regarding the status of completion of essential QIDP responsibilities in these areas. This information is also reviewed with QIDP's in their semi-annual performance evaluations. The Program Quality Coordinator (PQC) will also work with the home's QIDP and Area Director to ensure the required review and monitoring of all clients formal training objectives for progression/regression of skills is completed. The IST has addressed the recurring parasite infections for client #3. The protocol for client #3 regarding this infection has been updated to address her participation in meal</p>	

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W 0126 Bldg. 00	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#2 and #4), the facility failed to ensure clients #1 and #4 were taught to manage their financial affairs.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 5/14/15 at 11:00 AM. Client #2's ISP (Individual Support Plan) dated 8/8/13 indicated, "Continue training to develop</p>	W 0126	<p>time activities and attendance at dayservices. The PQC will also ensure thatthe QIDP has implemented training objectives for all clients (including clients#1 and clients #4) to teach them how to manage their own financial affairs. ThePQC will also verify that the QIDP has developed and implemented specifictraining objectives for all clients (including clients #2 and #4) to meet theiridentified needs. The PQC will also verify that the QIDP has ensured that allclients (including clients #1 and #3) ISP's are reviewed/revised as required. Responsible Party: Program Quality Coordinator</p> <p>W126 There is a new QIDP for the facility. He will have trainingto ensure that he provides opportunity for all clients to manage theirfinancial affairs and teach them to do so to the extent of their capabilities. Hewill ensure that all clients (including clients #2 and #4) in the home haveformal training objectives to teach them how to manage their financial affairs.The agency has a new administrative position, Program Quality Coordinator.</p>	06/18/2015

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	<p>money management and communication skills." Client #2's ISP dated 8/8/13 indicated client #2 was not independent with money management and needed training to increase her money management skills.</p> <p>Client #2's record did not indicate documentation of a formal money management goal or informal supports to assist client #2 manage his financial affairs.</p> <p>2. Client #4's record was reviewed on 5/14/15 at 11:41 AM. Client #4's ISP dated 9/23/14 indicated, "Assessment, development and training in goals/objectives to increase daily living skills in the following areas: money management...."</p> <p>Client #4's record did not indicate documentation of a formal money management goal or informal supports to assist client #4 manage her financial affairs.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/14/15 at 11:30 AM. When asked to provide documentation of clients #2 and #4's formal training objectives, AS #1 indicated there was not documentation of a money management goal available for clients #2 or #4.</p>		<p>Monthly, this individual will review the teaching objectives that are in place for all clients in the facility regarding teaching management of financial affairs. Any deficiencies will be reported to the QIDP and the Area Director who supervises the QIDP to correct the issue.</p> <p>Responsible Party: QIDP</p>	

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W 0154 Bldg. 00	<p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 10 allegations of abuse, neglect and mistreatment reviewed, the facility failed to ensure an allegation of staff to client abuse regarding client #1 was investigated.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 5/15/15 at 12:00 PM. The review indicated the following:</p> <p>-BDDS report 1/20/15 indicated, "A consumer (unnamed) made an allegation that [staff #1] had grabbed [client #1] by the wrist to lead her. The consumer (unnamed) went on to state that she felt [client #1] could have tripped as a result. An investigation was initiated immediately. [Staff #1] was removed from the home during the investigation. In meeting with the consumer, the</p>	W 0154	<p>W154</p> <p>The agency has a new administrative position, ProgramQuality Coordinator, this individual is responsible for monitoring and ensuring an investigation is assigned and thoroughly completed for all incidents that require investigation including allegations of abuse or neglect. This administrator reviews all filed Incident Reports that are filed with BQIS and ensures an associated investigation is completed. There are tracking systems in place to monitor this. Responsible Party: Program Quality Coordinator</p>	06/18/2015

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W 0159 Bldg. 00	<p>consumer demonstrated how she saw [staff #1] lead [client #1]. The consumer did not demonstrate an abusive hold on this investigation officer's wrist. Additionally, [staff #1] was interviewed and had no memory of holding [client #1] to walk with her by her wrist. [Client #1] was examined and no marks or bruises were visible. As a result of the investigation it was determined that it was not abusive in nature but could be seen as an inappropriate way to assist someone who has a history of being unsteady on their feet."</p> <p>The review did not indicate documentation of an investigation regarding the 1/20/15 allegation of staff to client abuse.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/14/15 at 9:22 AM. AS #1 indicated all allegations of abuse, neglect mistreatment should be investigated.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by</p>			

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	<p>a qualified mental retardation professional. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor clients #1, #2, #3 and #4's active treatment programs by failing to review/monitor clients #1, #2 and #3's formal training objectives for progression/regression of skills. The QIDP failed to ensure the IST (Individual Support Team) reviewed client #3's recurring parasite infections for the source/cause of the re-infections and ensured client #3's pinworm protocol addressed client #3's participation in meal time actives or attendance at day services.</p> <p>The QIDP failed to ensure clients #2 and #4 were taught to manage their financial affairs, to ensure clients #2 and #4 had specific training objectives to meet their identified needs and to ensure clients #1 and #3's ISP (Individual Support Plans) were reviewed/revise on annual basis.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 5/14/15 at 9:26 AM. Client #1's GSR (Goal Summary Report) dated 5/14/15 indicated client #1 had the following formal training objectives:</p>	W 0159	<p>Addendum submitted on 7/20/15: The agency uses an electronic system purchased by Cerner in whichall ISP goals are recorded. The QIDP is responsible for entering each trainingobjective into the system. This system is used by the direct care shifton-going for recording performance at each trial for each teaching objective.The information entered by the direct care staff is then accessible to the QIDP and any administrator for review. The system allows for formulation of goalsummary reports to be used for the QIDP to analyze data monthly to determineprogression/regression of skills and need to revise or update programming. Themonthly review by the QIDP is then entered in the Cerner system. It is expectedthat this occur by the 15th of each month for the data for the priormonth. The Area Director monitors this by running reports within the systemthat verify and show the completed goal summary reviews. This is checked afterthe 15th of each month. The Area Director is meeting with the QIDP weekly to review status of workproducts including completion of the tasks to ensure the QIDP is effectivelyintegrating, monitoring, and coordinating the active treatment program. A schedule has been developed of when all ISP's are due for update. This</p>	06/18/2015			

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	<p>"... will clean up her personal activity items when she is finished using them. She will complete this daily with one VP (Verbal Prompt) for 65% compliance for 90 trials."</p> <p>"Brushes teeth for 2 minutes using an electric or battery powered toothbrush. This will be done twice daily with two VPs for 65% compliance for 180 trials."</p> <p>"... will put her eyeglasses away with 70% independence for 90 trials."</p> <p>"... will independently select a shirt that is appropriate for the weather given a choice. She will do this with 70% independence for 90 trials."</p> <p>"... will obtain a coffee filter and place it appropriately in the coffee maker with one VP with 65% compliance for 60 trials."</p> <p>"... will turn the hot and cold water on to wash her hands with one VP for 70% compliance for 90 trials."</p> <p>"... will hand money to the cashier for a purchase with one VP for 70% compliance for 12 trials."</p> <p>"... will independently state her street</p>		<p>schedule is accessible by each QIDP and the administrativeteam. The QIDP is now required to complete any due ISP updates the month beforeit is due for update and to present it to the IST for review the month beforeit is due. The QIDP has been directed toensure clients and guardians participate in development of each ISP asapplicable, this is evidenced by the client and/or guardian signing the ISPdocument. The QIDP has been directed to scan and electronically save allcompleted and signed ISP's to a secure and shared agency electronic cloud. ThisArea Director verifies that this occurs. The Area Director runs a monthly ISTmeeting by which the upcoming ISP's will be reviewed in addition to otherclient issues that are discussed. The Area Director ensures minutes are takenat each meeting to include any team recommendations. The Area Director hasbegun to ensure there is a review of recommendations from prior meetings as subsequentmeetings to ensure all recommendations have been addressed properly or arediscussed further as needed. The Area Director does receive copies of updatedBehavior Development Programs and other restriction requests that are pending therequired approvals. The Area Director is responsible for directed the QIDP asnecessary to ensure client or</p>		

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	<p>address and street name with 85% compliance for 40 trials."</p> <p>-"... will trace her first name with one VP. She will complete this with 70% compliance for 60 trials."</p> <p>-"... will wear her eyeglasses while engaged in daily activities. She will do this with one VP for at least 2 hours at a time with 60% compliance for 180 trials."</p> <p>-"... will obtain a souffle cup and her medication dispenser at the time she is to take her medications. She will do this with four or fewer VPs at 65% compliance."</p> <p>Client #1's GSR dated 5/14/15 indicated client #1's training objectives had been reviewed on 3/21/14. The review did not indicate documentation of monthly QIDP review or semi-annual IST review.</p> <p>Client #1's ISP (Individual Support Plan) dated 2/4/14 indicated, "Progress will be reviewed monthly by the QIDP and no less than semi annually by the IST."</p> <p>2. Client #2's record was reviewed on 5/14/15 at 10:08 AM. Client #2's GSR dated 5/14/15 indicated client #2 had the following formal training objectives:</p>		<p>guardian and then HRC approval are secured. This is done by directing the QIDP to copy them on requests for approval. The Area Director is also a HRC member and will know when a program or other restriction has been presented and then approved by the HRC. The Area Director will use electronic reminders as necessary to ensure receipt of timely approvals. The Area Director is responsible for ensuring there is continuity in programming when professional staff change. This is done by assignments being provided to other existing professional staff to complete specific responsibilities such as management of the active treatment programming for the clients in the program. Other professionals assume the responsibility until a new QIDP is assigned to the facility and has the adequate training to assume the responsibility. The Program Quality Coordinator does assist the Area Director in ensuring required tasks are assigned, and verified as completed. This is done by review of reporting in the Cerner system and ISP's posted in the secure and shared cloud. The Program Quality Coordinator has developed a spreadsheet to record a verification that each client has a current ISP in which they and/or their guardian participated in developing, and that the QIDP has completed the</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G254	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/19/2015
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 740 OAK BLVD GREENFIELD, IN 46140
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	<p>- "... will put dirty clothes into the washer and will add the appropriate amount of laundry soap."</p> <p>- "... will blend his food for each meal in the food processor by adding the needed liquid and pushing the appropriate button to blend. He will complete (this) with two VPs or better at 70% compliance for 180 trials."</p> <p>- "... will put away personal possessions after use. "</p> <p>- "... will wash and rinse his hair. He will complete these steps of bathing with 2 VPs or better for 90 trials at 75%. "</p> <p>- "... will thoroughly brush his teeth. He will complete this task twice daily with 2 VPs or better for 70% compliance for 180 trials. "</p> <p>- "... will state the name of his AM medication... and the reason he takes it... He will do this with 75% compliance for 90 trials. "</p> <p>- "... will identify each coin and its value. He will complete this with two VPs or better for 36 trials at 75% compliance. "</p> <p>- "... will state his street address, city and</p>		<p>monthly review of performance of formal training objectives for progression/regression of skills and has made updates as needed. The Area Director and QIDP will be prompted by the Program Quality Coordinator when there is any missing documentation to ensure completion and then will later verify completion. Outstanding IST recommendations are also listed here until verification has been provided that it is properly addressed.</p> <p>The following was submitted previously: W159 The facility has a new QIDP that is completing training on all required responsibilities of a QIDP in integrating, coordinating and monitoring the active treatment needs of the clients in the facility. This includes but may not be limited to requirements for reviewing/monitoring clients formal training objectives for progression/regression of skills, ensuring the IST properly addresses client health and safety needs including the formulation of risk plans/protocols that properly address all aspects of a client's active treatment needs, providing all clients with training and teaching in management of financial affairs, providing clients with formal training objectives to meet identified needs areas, ensuring ISP's for all clients are updated no less than annually.</p>	

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 740 OAK BLVD GREENFIELD, IN 46140			
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	<p>state. He will complete this with two VPs or better for 70% compliance for 36 trials. "</p> <p>- "... will stop and look both ways to ensure there is not traffic before crossing a street or parking lot. He will complete this with one VP or better for 24 trials at 70% compliance. "</p> <p>- "... will have a conversation with another person during which he shares something about himself or talks about an interest or shared interest with another person. He should sit and talk for at least 5 minutes with another person. He will do this with one VP or better for 90 trials with 75% compliance. "</p> <p>The review did not indicate documentation of QIDP or IST review/revision since the 9/22/14 date of implementation.</p> <p>Client #2 's ISP dated 5/6/14 indicated, "Progress will be reviewed monthly by the QIDP and no less than semi annually by the IST. "</p> <p>3. Client #3's record was reviewed on 5/14/15 at 11:00 AM. Client #3's GSR dated 5/14/15 indicated client #3 had the following formal training objectives:</p>		<p>The following will be completed by the compliance date by the QIDP to ensure corrective of cited deficiencies: Complete goal summary reviews of current data regarding implementation of training objectives for all clients in the home in an effort to monitor for progression/regression of skills. Implement formal training in management of financial affairs for clients #2 and #4. Ensure there is formal training in place for all clients in the facility in this area. Ensure all clients have an ISP completed within the last year. This will include updating the ISP for clients #1 and #3. Training objectives are in place for all clients, including clients #2 and #4, for any identified training needs. The IST has addressed the recurring parasite infection for client #3. The associated protocols have been updated. Additionally the agency has recently changed its administrative structure. This structure has added a Program Quality Coordinator position who provides oversight to ensure QIDP responsibilities are completed as required per state and federal regulations for all facilities in the agency. The employee in this position is an experienced QIDP. This individual is using and implementing monitoring tools to ensure that the facility is in compliance with state and federal regulations regarding active treatment and the</p>				

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 740 OAK BLVD GREENFIELD, IN 46140
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	<p>-"... will maintain her bedroom by putting her clothes in her (sic) their proper place and by putting her shoes in (the) closet. She will complete with 1 VP for 90 trials for 70% compliance."</p> <p>-"... will review social dangers of sharing information through social media given one VP in 85% of trials for three consecutive months."</p> <p>-"... will cope with daily living demands in 60% of trials run given one or fewer VPs for three consecutive months."</p> <p>Client #3's GSR dated 5/14/15 indicated client #3's training objectives had been reviewed on 3/24/14. The review did not indicate documentation of monthly QIDP review or semi-annual IST review.</p> <p>Client #3's ISP dated 8/8/13 indicated, "Progress will be reviewed monthly by the QIDP and no less than semi annually by the IST. "</p> <p>4. Observations were conducted at the group home on 5/13/15 from 3:45 PM through 5:30 PM. Client #3 was in her bedroom from 3:45 PM through 5:00 PM. At 5:00 PM, client #3 joined her peers at the kitchen table for a snack, took her evening medications and returned to her bedroom.</p>		<p>responsibilities of the QIDP. The items being monitored include but may not be limited to the following: review and monitoring of formal training objectives, implementation of IST programming recommendations, review of ISP's and training objectives to ensure all required components are included (including training in management of financial affairs), and tracking of ISP completion to ensure they are reviewed and revised no less than annually. The Program Quality Coordinator also participates in IST meetings and will ensure that health and safety needs are adequately addressed. The Program Quality Coordinator will provide prompts and updates on compliance regarding these items to the QIDP and to the Area Director who is responsible for supervising the QIDP. Updates will be provided no less than monthly regarding the status of completion of essential QIDP responsibilities in these areas. This information is also reviewed with QIDP's in their semi-annual performance evaluations. Responsible Party: Program Quality Coordinator</p>	

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 740 OAK BLVD GREENFIELD, IN 46140
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	<p>Observations were conducted at the group home on 5/14/15 from 6:15 AM through 8:15 AM. At 7:00 AM, client #3 entered the home's kitchen area and asked staff #2 if she could eat her breakfast. Staff #2 directed client #3 to sit down at the table while staff #2 prepared client #3's meal. Staff #2 placed a serving of cereal into a bowl, poured milk into the bowl, poured juice into a cup and then served client #3 her breakfast. At 7:43 AM, client #3 received her morning medications and then returned to her bedroom. Client #3 did not join her peers on the group home van for transport to the day services provider.</p> <p>RM (Resident Manager) #1 was interviewed on 5/14/15 at 7:45 AM. RM #1 stated, "[Client #3] can't be in the kitchen area handling food right now due to health reasons." RM #1 stated, "[Client #3] doesn't attend day services right now due to health reasons."</p> <p>The facility nurse #1 provided an electronic correspondence on 5/14/15 at 4:58 PM. The facility nurse provided a document from client #3's PCP (Primary Care Physician) that indicated client #3's housemates did not need to be treated for pinworms due to exposure/interaction with client #3. The facility nurse did not</p>			

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	<p>provide documentation of precautions or restrictions regarding client #3's food preparation or day services attendance.</p> <p>Client #3's record was reviewed on 5/14/15 at 11:00 AM. Client #3's Monthly Nursing Summary (MNS) dated January 2015 indicated client #3 had been diagnosed with pinworms. Client #3's MNS dated April 2015 indicated client #3's pinworms had been treated and was no longer infected with pinworms. Client #3's ROV (Record of Visit) form dated 5/3/15 indicated client #3 was diagnosed with pinworms.</p> <p>Client #3's Patient Information Fact Sheet dated 5/13 indicated the following:</p> <p>- "Eggs on the fingers or under the nails can then be transferred to the mouth of the sufferer or other persons, maintaining or spreading the infection. The eggs may also survive in dust for up to 2 weeks and may be passed on if the dust is inhaled. If a child has pinworms it is usual for the whole family to be treated as other members may also be infested even if they do not have any symptoms."</p> <p>- "Treat the whole family on the same day to avoid re-infection."</p> <p>Electronic Correspondence from AS</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 740 OAK BLVD GREENFIELD, IN 46140
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	<p>(Administrative Staff) #1 dated 5/18/15 at 4:19 PM included an attached form entitled, "CDC (Centers for Disease Control and Prevention. Pinworm Infection FAQ (Frequently Asked Questions" form dated 5/18/15. The CDC form indicated, "Should family and other close contacts of someone with pinworm also be treated for pinworm? Yes. The infected person and all household contacts and caretakers of the infected person should be treated at the same time. What should be done if the pinworm infection occurs again? Re-infection occurs easily. Prevention always should be discussed at the time of treatment. Good hand hygiene is the most effective means of prevention. If pinworm infection occurs again, the infected person should be retreated with the same two-dose treatment. The infected person's household contacts and caretakers also should be treated. If pinworm infection continues to occur, the source of the infection should be sought and treated. Playmates, schoolmates, close contacts outside the home and household members should be considered possible sources of infection. Each infected person should receive the recommended two-dose treatment." The 5/18/15 Electronic Correspondence indicated client #3 had been "... diagnosed and treated three times." The</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 740 OAK BLVD GREENFIELD, IN 46140
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	<p>5/18/15 Electronic Correspondence indicated "... the IST should have intervened before now to put some more measures into place...."</p> <p>The review did not indicate documentation of IST review or recommendations to prevent additional re-infections of pinworms for client #3. The review did not indicate documentation of IST review or discussion of potential sources for the re-infections. The review did not indicate IST review or recommendations to specifically address client #3's participation in cooking meals or attendance to day services regarding her pinworm infection.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/18/15 at 11:00 AM. AS #1 indicated client #3 had gone on a home visit to her guardian's home during the Christmas Holiday 2014 and returned in January 2015 with pinworms. AS #1 indicated client #3 had been treated for pinworms in January 2015 and was re-infected following another home visit to her guardian's home. AS #1 stated, "[Client #3] might be having more behaviors while home like rectal digging that she doesn't do as much as the group home. Maybe she does more digging at home when she's away from her peers</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 740 OAK BLVD GREENFIELD, IN 46140
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W 0227 Bldg. 00	<p>who might make fun of her or something. As far as I know her guardian isn't infected. We haven't asked though." AS #1 indicated client #3's increased rectal digging and poor hygiene while on home visits may contribute to client #3's pinworm infections. AS #1 indicated the IST had not discussed or made recommendations to prevent client #3 from being infected with parasites while on her home visits with her guardian.</p> <p>5. The QIDP failed to ensure clients #1 and #4 were taught to manage their financial affairs. Please see W126.</p> <p>6. The QIDP failed to ensure clients #2 and #4 had specific training objectives to meet their identified needs. Please see W227.</p> <p>7. The QIDP failed to ensure clients #1 and #3's ISPs were reviewed/revised on annual basis. Please see W260.</p> <p>9-3-3(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p>			

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 740 OAK BLVD GREENFIELD, IN 46140			
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	<p>Based on record review and interview for 2 of 4 sampled clients (#2 and #4), the facility failed to ensure clients #2 and #4 had specific training objectives to meet their identified needs.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 5/14/15 at 11:00 AM. Client #2's ISP (Individual Support Plan) dated 8/8/13 indicated, "Assessment, development and training on goals/objectives to increase ADL (Activities of Daily Living) skills in the following areas: cooking skills, oral hygiene skills...."</p> <p>Client #2's record did not indicate documentation of a formal goals/objectives in the areas of cooking skills or oral hygiene.</p> <p>2. Client #4's record was reviewed on 5/14/15 at 11:41 AM. Client #4's ISP dated 9/23/14 indicated, "Assessment, development and training in goals/objectives to increase daily living skills an (sic) the following areas: personal hygiene, housekeeping, meal preparation/planning and laundry care." Client #4's ISP dated 5/14/15 indicated, "Assessment, development and training in goals/objectives to increase daily living skills in the following areas: social</p>	W 0227	<p>Addendum submitted on 7/20/15:</p> <p>The Area Director is responsible for ensuring there is continuity in programming when professional staff change. This is done by assignments being provided to other existing professional staff to complete specific responsibilities such as management of the active treatment programming for the clients in the program. Other professionals assume the responsibility until a new QIDP is assigned to the facility and has the adequate training to assume the responsibility. The Program Quality Coordinator does assist the Area Director in ensuring required tasks are assigned, and verified as completed. This done by review of reporting in the Cerner system and ISP's posted in the secure and shared cloud. The Program Quality Coordinator will continue to monitor compliance in all areas regardless of whom is responsible for completing the QIDP responsibilities. The Program Quality Coordinator provides report to the Area Director and assists to ensure all responsibilities are assigned and then completed. There are two professional staff, one of which is the Program Quality Coordinator, who are experienced QIDPs who do not normally carry specific QIDP responsibilities, who are assigned to and assist in completing QIDP responsibilities to ensure continuity of programming through</p>	06/18/2015			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G254		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 05/19/2015	
NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 740 OAK BLVD GREENFIELD, IN 46140			
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W 0260 Bldg. 00	<p>skills/communication skills, personal safety, leisure skills and community safety."</p> <p>Client #4's record did not indicate documentation of formal training objectives regarding personal hygiene, housekeeping, meal preparation/planning, laundry care, social skills/communication skills, personal safety, leisure skills or community safety.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/14/15 at 11:30 AM. When asked to provide documentation of clients #2 and #4's formal training objectives, AS #1 indicated there was not documentation of training objectives regarding clients #2 or #4's identified needs.</p> <p>9-3-4(a)</p> <p>483.440(f)(2) PROGRAM MONITORING & CHANGE</p> <p>At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#1 and #3), the facility failed to ensure clients #1 and #3's ISPs (Individual Support Plans) were reviewed/revised on annual basis.</p>			W 0260	<p>changes of professional staff. Following was previously submitted: W227 The QIDP is receiving the needed training to ensure that all clients in the facility have specific training objectives in place to meet their identified needs. The QIDP will ensure that all clients in the group home, including clients #2 and #4, have the needed objectives in place. The agency Program Quality Coordinator will have a tracking system in place which will include monthly checks of training objectives that are in place to ensure that objectives are in place to meet the identified needs of each client. Any deficiencies will be reported to the QIDP and the Area Director who supervises the QIDP to correct the issue. Responsible Party: QIDP</p> <p>Addendum submitted on 7/20/15: The Area Director is responsible for ensuring there is continuity in programming when professional staff change. This is done by assignments being provided to</p>		06/18/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G254	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/19/2015
NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 740 OAK BLVD GREENFIELD, IN 46140		
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	<p>Findings include:</p> <p>1. Client #1's record was reviewed on 5/14/15 at 9:26 AM. Client #1's ISP dated 2/4/14 did not indicate documentation of review or revision since the 2/4/14 date of implementation.</p> <p>2. Client #3's record was reviewed on 5/14/15 at 11:00 AM. Client #3's ISP dated 8/8/13 did not indicate documentation of review or revision since the 8/8/13 date of implementation.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/14/15 at 11:30 AM. AS #1 indicated clients #1 and #3's ISPs should be reviewed on an annual basis.</p> <p>9-3-4(a)</p>		<p>other existing professional staff to completespecific responsibilities such as management of the active treatmentprogramming for the clients in the program. Other professionals assume the responsibilityuntil a new QIDP is assigned to the facility and has the adequate training toassume the responsibility. The Program Quality Coordinator does assist the AreaDirector in ensuring required tasks are assigned, and verified as completed. Thisis done by review of reporting in the Cerner system and ISP's posted in the secureand shared cloud. The Program Quality Coordinator will continue to monitor compliancein all areas regardless of whom is responsible for completing the QIDPresponsibilities. The Program Quality Coordinator provides report to the Area Directorand assists to ensure all responsibilities are assigned and then completed.There are two professional staff, one of which is the Program QualityCoordinator, who are experienced QIDPs who do not normally carry specific QIDPresponsibilities, who are assigned to and assist in completing QIDPresponsibilities to ensure continuity of programming through changes ofprofessional staff. The following was previously submitted: W260 The QIDP for the facility has received training regardinghis responsibility to ensure that each</p>		

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 740 OAK BLVD GREENFIELD, IN 46140
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W 0331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 4 sampled clients (#3), the facility nursing services failed to meet the health needs of client #3.	W 0331	client in the facility has an Individual Support Plan (ISP) that has been updated no less than annually. The QIDP will update client #1 and #3's ISPs and will review the ISP for all other clients in the home and will ensure that they all have been revised within the past year. The QIDP ensure that all completed ISP's are available for review by the Program Services Coordinator within 5 business days of completion. The administrator has developed and is maintaining a tracking system to ensure ISP's are completed as required and are current within the past year. The QIDP will be prompted by the Program Quality Coordinator to ensure completion and submit any information that has not been provided as required. The Area Director is responsible for supervising the QIDP and will receive notification when reports are not available for review as required. The QIDPs will be given a prompt of ISP's that are due for revision/review no less than 30 days before they are due. Responsible Party: QIDP Addendum submitted on 7/20/15: The Area Director is responsible for ensuring there is continuity in programming when professional staff change. This is done	06/18/2015

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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 740 OAK BLVD GREENFIELD, IN 46140
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	<p>Findings include:</p> <p>Observations were conducted at the group home on 5/13/15 from 3:45 PM through 5:30 PM. Client #3 was in her bedroom from 3:45 PM through 5:00 PM. At 5:00 PM, client #3 joined her peers at the kitchen table for a snack, took her evening medications and returned to her bedroom.</p> <p>Observations were conducted at the group home on 5/14/15 from 6:15 AM through 8:15 AM. At 7:00 AM, client #3 entered the home's kitchen area and asked staff #2 if she could eat her breakfast. Staff #2 directed client #3 to sit down at the table while staff #2 prepared client #3's meal. Staff #2 placed a serving of cereal into a bowl, poured milk into the bowl, poured juice into a cup and then served client #3 her breakfast. At 7:43 AM, client #3 received her morning medications and then returned to her bedroom. Client #3 did not join her peers on the group home van for transport to the day services provider.</p> <p>RM (Resident Manager) #1 was interviewed on 5/14/15 at 7:45 AM. RM #1 stated, "[Client #3] can't be in the kitchen area handling food right now due to health reasons." RM #1 stated, "[Client</p>		<p>byassignments being provided to other existing professional staff to completespecific responsibilities such as management of the active treatmentprogramming for the clients in the program. Other professionals assume the responsibilityuntil a new QIDP is assigned to the facility and has the adequate training toassume the responsibility. The Program Quality Coordinator does assist the AreaDirector in ensuring required tasks are assigned, and verified as completed. Thisis done by review of reporting in the Cerner system and ISP's posted in the secureand shared cloud. The Program Quality Coordinator will continue to monitor compliancein all areas regardless of whom is responsible for completing the QIDPresponsibilities. The Program Quality Coordinator provides report to the Area Directorand assists to ensure all responsibilities are assigned and then completed.There are two professional staff, one of which is the Program QualityCoordinator, who are experienced QIDPs who do not normally carry specific QIDPresponsibilities, who are assigned to and assist in completing QIDPresponsibilities to ensure continuity of programming through changes ofprofessional staff. The following was previously submitted: W331 There is a new agency nurse assigned the responsibility</p>	
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	<p>#3] doesn't attend day services right now due to health reasons."</p> <p>Client #3's record was reviewed on 5/14/15 at 11:00 AM. Client #3's ROV (Record of Visit) form dated 5/3/15 indicated client #3 had been diagnosed with pinworms. Client #3's IPR (Individual Plan Report) dated 5/18/15 indicated, "On 5/3/15, [client #3] was diagnosed with Pinworms." Client #3's IPR dated 5/18/15 did not indicate client #3 should be restricted from handling food or attending day services.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/14/15 at 11:30 AM. AS #1 indicated client #3 was being treated for pinworms (parasites). AS #1 requested additional information from the facility nurse regarding if client #3 was contagious to her housemates and how her housemates should be monitored for pinworms.</p> <p>The facility nurse #1 provided an electronic correspondence on 5/14/15 at 4:58 PM. The facility nurse provided a document from client #3's PCP (Primary Care Physician) that indicated client #3's housemates did not need to be treated for pinworms due to exposure/interaction with client #3. The facility nurse did not provide documentation of precautions or</p>		<p>forthis facility. She will receive training to ensure her understanding that it isher responsibility to ensure the health needs for all clients in the home areadequately addressed. This will include discussion of the issue that led tothis deficiency and how to ensure all aspects are addressed in anyhealth/medical risk plans to ensure safety and prevention of spreading infectionfor all clients in the facility. The nurse is supervised by the Area Directorwho will monitor and review updated risk plans that are developed to ensure allhealth need areas are met. The Program Quality Coordinator will alsoparticipate in reviewing risk plans/protocols to ensure all need areas are met. Responsible Party: Area Director</p>		

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W 0371 Bldg. 00	<p>restrictions regarding client #3's food preparation or day services attendance.</p> <p>AS #1 was interviewed on 5/18/15 at 11:00 AM. AS #1 indicated client #3's pinworm care plan did not indicate she should be restricted from cooking or attendance at her day service provider.</p> <p>9-3-6(a)</p> <p>483.460(k)(4) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#2 and #4), the facility failed to ensure clients #2 and #4 were taught to administer their own medications.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 5/14/15 at 11:00 AM. Client #2's ISP (Individual Support Plan) dated 8/8/13 indicated, "Assessment, development and training on self administration of medications." Client #2's Physician's Orders form dated 4/23/15 indicated</p>	W 0371	<p>Addendum submitted on 7/20/15:</p> <p>The Area Director is responsible for ensuring there is continuity in programming when professional staff change. This is done by assignments being provided to other existing professional staff to complete specific responsibilities such as management of the active treatment programming for the clients in the program. Other professionals assume the responsibility until a new QIDP is assigned to the facility and has the adequate training to assume the responsibility. The Program Quality Coordinator does assist the</p>	06/18/2015

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	<p>client #2's daily medications included but were not limited to Omeprazole capsule 20 milligrams (GERD-gastroesophageal reflux disease) and Bacitracin ointment 500/grams (g-tube skin irritation).</p> <p>Client #2's record did not indicate documentation of formal goals/objectives in the area of self administration of medications.</p> <p>2. Client #4's record was reviewed on 5/14/15 at 11:41 AM. Client #4's ISP (Individual Support Plan) dated 9/23/14 indicated, "Complete assessment, development and training in the following skill areas: self administration of medications...." Client #4's Physician's Orders form dated 4/23/15 indicated client #4's daily medications included but were not limited to Docusate Sodium capsule 100 milligrams (stool softener), Abilify tablet 30 milligrams (mood) and Bupropion tablet 150 milligrams (depression).</p> <p>Client #4's record did not indicate documentation of formal training objectives regarding self administration of medication.</p> <p>AS (Administrative Staff) #1 was interviewed on 5/14/15 at 11:30 AM. When asked to provide documentation of</p>		<p>AreaDirector in ensuring required tasks are assigned, and verified as completed. This done by review of reporting in the Cerner system and ISP's posted in the secureand shared cloud. The Program Quality Coordinator will continue to monitor compliancein all areas regardless of whom is responsible for completing the QIDPresponsibilities. The Program Quality Coordinator provides report to the Area Directorand assists to ensure all responsibilities are assigned and then completed.There are two professional staff, one of which is the Program QualityCoordinator, who are experienced QIDPs who do not normally carry specific QIDPresponsibilities, who are assigned to and assist in completing QIDPresponsibilities to ensure continuity of programming through changes ofprofessional staff. The following was previously submitted: W371 There is a new QIDP for the facility. He will have trainingto ensure that he provides opportunity for all clients to learn the skillsneeded to administer their own medications. He will ensure that all clients inthe home (including clients #2 and #4) have formal training objectives to teachthem how to self-administer their medications. The agency has a new administrative position, Program QualityCoordinator. Monthly, this individual will review the teaching objectives thatare in</p>	

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W 0440 Bldg. 00	<p>clients #1 and #4's formal training objectives, AS #1 indicated there was not documentation of training objectives to teach clients #1 and #4 to administer their own medications.</p> <p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 4 additional clients (#5, #6, #7 and #8), the facility failed to conduct evacuation drills quarterly for each shift of personnel.</p> <p>Findings include:</p> <p>The facility's evacuation drill record was reviewed on 5/14/15 at 9:18 AM. The review indicated the facility failed to conduct evacuation drills for clients #1, #2, #3, #4, #5, #6, #7 and #8 for the day and evening shifts for the second quarter, April, May, June for 2014, the day, evening and overnight shifts for the third quarter 2014 and the day shift for the fourth quarter, October, November or December 2014.</p> <p>AS (Administrative Staff) #1 was</p>	W 0440	<p>place for all clients in the facility regarding teaching medication administration skills. Any deficiencies will be reported to the QIDP and the Area Director who supervises the QIDP to correct the issue. Responsible Party: QIDP</p> <p>W440 The Residential Director for the home will be responsible for ensuring required fire evacuation drills are completed. Their completion will be scheduled on the staffing schedule. They will be scheduled so that a drill is completed for each shift of personnel no less than quarterly. Drills will be scheduled to be completed by the 10th of each month. The Residential Director will ensure completion within 3 business days. The Residential Director will provide the Administrator documentation within 5 business days to verify completion of the drill and the timing of the drill. Should the Administrator not receive verification of the completed drill by the 20th of each month, the Residential Director will be directed to conduct the required drill and submit record of the completed drill by the 25th. The Administrator will use a tracking</p>	06/18/2015

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	interviewed on 5/14/15 at 11:30 AM. AS #1 indicated the group home should conduct evacuation drills one time per quarter per shift of personnel. 9-3-7(a)		systemto ensure compliance. The Residential Director will also ensure a copy of eachdrill report is maintained in the home and available for review. This will be checked routinely byadministrators completing visits in the facility. Responsible Party: Residential Director		