

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G247	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/13/2015
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 CORNWALL DR JEFFERSONVILLE, IN 47130
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W 0000 Bldg. 00	<p>This visit was for an extended recertification and state licensure survey.</p> <p>Survey Dates: November 6, 9, 10, 12 and 13, 2015.</p> <p>Facility Number: 000769 Provider Number: 15G247 AIM Number: 100248810</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/23/15.</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. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3, and #4) and 4 additional clients (#5, #6, #7 and #8), the facility's governing body failed to ensure clients did not pay for haircuts and failed to ensure they were</p>	W 0104	<p>W104: The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Corrective Action: (Specific): An investigation will be completed regarding all client finances. All</p>	12/13/2015

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>reimbursed for check cashing fees. The facility's governing body failed to ensure clients #2 and #8 attended day services to meet their active treatment needs.</p> <p>Findings include:</p> <p>Review of "Client Finance Records/CFRs" was conducted on 11/10/15 at 12:05 PM and indicated the following:</p> <p>1. On 8/25/15 client #1 had cashed an RFMS/Resident Fund Management System check for \$40.00 and was charged at \$3.00 fee at [store]. Staff (unknown) had documented on a plain piece of paper client #1 had spent \$18.00 at [salon] (haircut) \$18.00. In September 2015- Client #1 had an RFMS check in the amount of \$150.00 with a \$5.00 check cashing fee on 9/25/15. On 9/1/15 he had a \$3.00 check cashing fee for his payroll check. There was a receipt on 9/1/15 for \$18.00 at [salon] (haircut).</p> <p>2. Client #2's CFR sheet listed the following all on 9/8/15: "Cashed RFMS check" for \$200.00; the check stub was dated 8/6/15 and an accompanying bank receipt dated 9/8/15 indicated a \$5.00 check cashing fee. "Cashed RFMS check" for \$400.00; the</p>		<p>staff will be in-serviced on the client finance policy and procedure and the abuse, neglect, exploitation policy and procedure.</p> <p>How others will be identified: (Systemic): The Residential Manager will be in the home at least five times weekly and will review all client finances to ensure complete and accurate accounting of all transactions. The QIDP will visit the home at least twice weekly to review all client finances to ensure complete and accurate accounting of all transactions.</p> <p>Measures to be put in place: An investigation will be completed regarding all client finances. All staff will be in-serviced on the client finance policy and procedure and the abuse, neglect, exploitation policy and procedure.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly and will review all client finances to ensure complete and accurate accounting of all transactions. The QIDP will visit the home at least twice weekly to review all client finances to ensure complete and accurate accounting of all</p>	

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	<p>check stub was dated 8/6/15 and an accompanying bank receipt dated 9/8/15 indicated a \$5.00 check cashing fee. "Cashed RFMS check" for \$500.00; the check stub was dated 8/27/15 and an accompanying bank receipt dated 9/8/15 indicated a \$5.00 check cashing fee. "Cashed RFMS check" for \$40.00; the check stub was dated 8/25/15 and an accompanying bank receipt dated 9/8/15 indicated a \$5.00 check cashing fee. "Cashed RFMS check" for \$400.00; the check stub was dated 8/6/15 and an accompanying bank receipt dated 9/8/15 indicated a \$5.00 check cashing fee. There was also a check stub for a RFMS check dated 10/30/15 in the amount of \$40.00. There was no additional paperwork on the \$40.00 dollars for client #2. There were no staff or client signatures or initials. There were no receipts accounting for the spending of the checks cashed on 9/8/15 in the amount totaling \$1540.00 for client #2.</p> <p>3. Client #4's CFR indicated RFMS checks for \$230.00 on 8/6/15 and \$40.00 on 8/25/15. A 270.00 balance was listed on the CFR with a \$6.00 check cashing fee listed. There was a handwritten note attached to his CFR without staff/client signatures/initials without receipts which indicated a [salon] (haircut) for \$18.00.</p>		<p>transactions.</p> <p>Completion date: 12/13/2015</p>	

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	<p>4. Client #5 cashed a RFMS (Resident Fund Management Service) check in the amount of \$80.00 and he was charged a \$5.00 check cashing fee in 8/2015.</p> <p>5. Client #6's CFR indicated RFMS checks for \$40.00 on 8/25/15 and \$500.00 on 8/27/15. There was a \$3.00 check cashing fee for the \$500.00 check. In September 2015- Client #6 had receipts dated 9/1/15 for a "pumpkin" from [store] for \$16.04, Drive Thru [restaurant] for \$8.20 and a check cashing fee of \$3.00. There was a receipts for a haircut on 9/1/15 for \$18.00.</p> <p>6. Client #7's CFR indicated on 9/1/15, there was a \$3.00 check cashing fee for a \$230.00 check; there was no check stub. On 9/1/15 there was a receipt from [salon] for \$18.00 for a haircut.</p> <p>Interview with Business Manager staff #1 on 11/10/15 at 12:00 PM indicated the clients' financial records had not been turned in a timely manner by the former house manager. The Business Manager indicated the clients should be reimbursed for haircuts and for the check cashing fees.</p> <p>7. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3, and</p>			

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W 0122 Bldg. 00	<p>#4) and 3 additional clients (#5, #6, and #7), the facility failed to keep a complete accounting of the clients' financial records. Please see W140.</p> <p>8. Based on observation, record review and interview, the facility's Qualified Intellectual Disabilities Professional/QIDP failed to integrate, coordinate and monitor clients' active treatment needs pertaining to day services programming for 1 of 4 sampled clients (#2) and one additional client (#8). Please see W159.</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3, and #4), and 4 additional clients</p>	W 0122	<p>W122: The facility must ensure that</p>	12/13/2015

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	<p>(#5, #6, and #7), the facility failed to meet the Condition of Participation: Client Protections. The facility failed to ensure the rights of all clients to be free of financial exploitation by failing to ensure a full and complete accounting of their funds.</p> <p>Findings include:</p> <p>1. Please refer to W140 for 4 of 4 sampled clients (#1, #2, #3, and #4) and 3 additional clients (#5, #6, and #7), the facility failed to keep a complete accounting of the clients' financial records.</p> <p>2. Please refer to W149 for 1 of 4 sampled clients (#2), for the facility's failure to implement written policies and procedures which prohibited financial exploitation of clients.</p> <p>3. Please refer to W154 for 1 of 4 sampled clients (#2), the facility failed to ensure an unknown injury was thoroughly investigated.</p> <p>9-3-2(a)</p>		<p>specific client protections requirements are met.</p> <p>Corrective Action: (Specific): An investigation will be completed regarding all client finances. All staff will be in-serviced on the client finance policy and procedure and the abuse, neglect, exploitation policy and procedure.</p> <p>How others will be identified: (Systemic): The Residential Manager will be in the home at least five times weekly and will review all client finances to ensure complete and accurate accounting of all transactions. The QIDP will visit the home at least twice weekly to review all client finances to ensure complete and accurate accounting of all transactions.</p> <p>Measures to be put in place: An investigation will be completed regarding all client finances. All staff will be in-serviced on the client finance policy and procedure and the abuse, neglect, exploitation policy and procedure.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in</p>		

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W 0130 Bldg. 00	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. Based on observation and interview for 1 of 4 sampled clients (#2), the facility failed to ensure the client's privacy was protected during morning hygiene.	W 0130	the home at least five times weekly and will review all client finances to ensure complete and accurate accounting of all transactions. The QIDP will visit the home at least twice weekly to review all client finances to ensure complete and accurate accounting of all transactions. Completion date: 12/13/2015 W130: The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.	12/13/2015

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	<p>Findings include:</p> <p>Observations were conducted at the facility on the morning of 11/10/15 from 6:20 AM until 8:00 AM.</p> <p>Staff #4 took a clean incontinence brief to client #2's bedroom at 6:28 AM. Staff #4 stated client #2 had an "accident" and needed "a shower." Staff #4 assisted client #2 while his bedroom door was open. Client #2 walked across the hall to the bathroom wearing only the brief. Staff assisted client #2 to take a shower with the bathroom door open. Client #2 walked back to his bedroom wearing only a brief at 6:36 AM. Client #4 walked up the hallway to his bedroom and looked into client #2's bedroom. Client #2 stood in the hallway wearing the brief and a tee shirt as staff #4 assisted him with putting on sweatpants.</p> <p>Interview with staff #1 on 11/10/15 at 9:45 AM indicated staff should assist clients in privacy.</p> <p>9-3-2(a)</p>		<p>Corrective Action: (Specific): All staff will be in-serviced on the client rights policy and procedure and the abuse, neglect exploitation policy and procedure. The team will review Client #2's ISP and assessments to develop a training goal in regard to privacy and dignity. All staff will be in-serviced on providing privacy and dignity to all clients.</p> <p>How others will be identified: (Systemic) The Residential Manager will be at the home at least five times weekly to complete observations and ensure that all staff is providing privacy and dignity to all clients in the home. The QIDP will visit the home at least twice weekly to complete observations and ensure that all staff is providing privacy and dignity to all clients in the home.</p> <p>Measures to be put in place: All staff will be in-serviced on the client rights policy and procedure and the abuse, neglect exploitation policy and procedure. The team will review Client #2's ISP and assessments to develop a training goal in regard to privacy and dignity. All staff will be in-serviced on providing privacy and dignity to all clients</p>				

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W 0136 Bldg. 00	<p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (#2), to ensure opportunities for community activities were provided on a regular basis.</p> <p>Findings included:</p>	W 0136	<p>Monitoring of Corrective Action: The Residential Manager will be at the home at least five times weekly to complete observations and ensure that all staff is providing privacy and dignity to all clients in the home. The QIDP will visit the home at least twice weekly to complete observations and ensure that all staff is providing privacy and dignity to all clients in the home.</p> <p>Completion date: 12/13/2015</p> <p>W136: The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious and community group activities.</p> <p>Corrective Action: (Specific): The</p>	12/13/2015
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	<p>Review of client #2's financial records 11/10/15 at 12:05 PM indicated no receipts for items purchased while attending community outings. Client #2's record was reviewed on 11/09/15 at 2:00 PM and indicated no evidence of attending community functions.</p> <p>The house manager, staff #1, was interviewed on 11/09/15 at 3:35 PM and indicated no evidence client #2 had attended recreational activities in the community.</p> <p>Confidential Interview (CI) #1 indicated the facility was short of staff and this kept the clients from attending community outings.</p> <p>9-3-2(a)</p>		<p>Residential Manager and the staff will be in-serviced on client participation in community outings and one on one outing, documentation of those outings in the progress notes and returning signed permission slips to day program so the clients can participate in community outings during day service hours.</p> <p>How others will be identified: (Systemic): A schedule for community outings and one to one outings will be developed for all clients in the home. The QIDP will visit the home at least three times weekly to review progress notes, speak with the individuals and verify that community and one on one outings are occurring as scheduled. The Residential Manager will be at the home at least five times weekly to verify that the community and one on one outings are occurring as scheduled and the staff is documenting those outing in the progress notes. The QIDP will follow up with the day service at least weekly to find out if there is any community outings planned for the following week to ensure that all clients who want to participate have a signed permission slip that is turned back in.</p> <p>Measures to be put in place: The</p>		

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			<p>Residential Manager and the staff will be in-serviced on client participation in community outings and one on one outing, documentation of those outings in the progress notes and returning signed permission slips to day program so the clients can participate in community outings during day service hours.</p> <p>Monitoring of Corrective Action: A schedule for community outings and one to one outings will be developed for all clients in the home. The QIDP will visit the home at least three times weekly to review progress notes, speak with the individuals and verify that community and one on one outings are occurring as scheduled. The Residential Manager will be at the home at least five times weekly to verify that the community and one on one outings are occurring as scheduled and the staff is documenting those outing in the progress notes. The QIDP will follow up with the day service at least weekly to find out if there is any community outings planned for the following week to ensure that all clients who want to participate have a signed permission slip that is turned back in.</p> <p>Completion date: 12/13/2015</p>	

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W 0140 Bldg. 00	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3, and #4) and 3 additional clients (#5, #6, and #7), the facility failed to keep a complete accounting of the clients' financial records.</p> <p>Findings include:</p> <p>Review of "Client Finance Records/CFR" was conducted on 11/10/15 at 12:05 PM and indicated the following:</p> <p>In August 2015- Client #1's CFR indicated he had a paycheck on 8/28/15 from workshop for \$20.40. On 8/25/15 he cashed a RFMS check for \$40.00 and was charged at</p>	W 0140	<p>W140: The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of the clients.</p> <p>Corrective Action: (Specific): All staff will be in-serviced on the client finance policy and procedure and a full and complete accounting of client personal funds. All staff will be in-serviced on the abuse, neglect, exploitation policy and procedure.</p> <p>How others will be identified: (Systemic) The Residential Manager will review all client finances at least</p>	12/13/2015

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	<p>\$3.00 fee a [store]. Staff (unknown) had documented on a plain piece of paper client #1 had spent his money as follows: [restaurant] \$8.32, [salon] (haircut) \$18.00. The total left was documented as \$10.65. No receipts were attached to the papers.</p> <p>In September 2015- Client #1 had paychecks on 9/11/15 for \$21.96 and on 9/25/15 for \$6.30. He had a RFMS check in the amount of \$150.00 with a \$5.00 check cashing fee on 9/25/15. On 9/1/15 he had a \$3.00 check cashing fee for his payroll check. There were receipts on 9/1/15 for \$18.00 at [salon] (haircut) and [restaurant] for \$8.32. There was a [gas station] receipt on 9/5/15 for \$0.85. There was a receipt for \$142.29 from a local farm and tractor type store with his balance listed as \$2.71.</p> <p>In October 2015- Client #1 had paychecks for \$14.18 on 10/9/15 and \$13.14 on 10/23/15. No agency forms were used to document the checks nor was a Client Financial Record form used. No staff or client signatures were on the papers reviewed.</p> <p>In September 2015- Client #2's CFR sheet listed the following all on 9/8/15: "Cashed RFMS check" for \$200.00; the check stub was dated 8/6/15 and an</p>		<p>five times weekly to ensure full and complete accounting of client personal funds and that all transactions are documented as they occur. The QIDP will visit the home at least twice weekly to review all client finance records to ensure a full and complete accounting of personal funds is being completed and that all transactions are documented accordingly. The Residential Manger and the QIDP will initial the client finance record when reviews are completed and any problems will be addressed with staff immediately.</p> <p>Measures to be put in place: All staff will be in-serviced on the client finance policy and procedure and a full and complete accounting of client personal funds. All staff will be in-serviced on the abuse, neglect, exploitation policy and procedure.</p> <p>Monitoring of Corrective Action: The Residential Manager will review all client finances at least five times weekly to ensure full and complete accounting of client personal funds and that all transactions are documented as they occur. The QIDP will visit the home at least twice weekly to review all client finance records to ensure a full and complete accounting of personal funds is being completed and that all transactions are documented</p>				

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	<p>accompanying bank receipt dated 9/8/15 indicated a \$5.00 check cashing fee. "Cashed RFMS check" for \$400.00; the check stub was dated 8/6/15 and an accompanying bank receipt dated 9/8/15 indicated a \$5.00 check cashing fee. "Cashed RFMS check" for \$500.00; the check stub was dated 8/27/15 and an accompanying bank receipt dated 9/8/15 indicated a \$5.00 check cashing fee. "Cashed RFMS check" for \$40.00; the check stub was dated 8/25/15 and an accompanying bank receipt dated 9/8/15 indicated a \$5.00 check cashing fee. "Cashed RFMS check" for \$400.00; the check stub was dated 8/6/15 and an accompanying bank receipt dated 9/8/15 indicated a \$5.00 check cashing fee. There was also a check stub for a RFMS check dated 10/30/15 in the amount of \$40.00. There was no additional paperwork on the \$40.00 dollars for client #2. There were no staff or client signatures or initials. There were no receipts accounting for the spending of the checks cashed on 9/8/15 in the amount totaling \$1540.00 for client #2.</p> <p>In August 2015- Client #3 had a paycheck for \$20.31 on 8/28/15 and a receipt for a [soda] for \$0.85 on 8/3/15.</p> <p>In September 2015-</p>		<p>accordingly. The Residential Manger and the QIDP will initial the client finance record when reviews are completed and any problems will be addressed with staff immediately.</p> <p>Completion date: 12/13/2015</p>		

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	<p>Client #3 had paychecks for \$18.88 on 9/11/15 and for \$9.38 on 9/25/15. There was a receipt for a [soda] on 9/3/15 for \$1.69. and his CFR listed \$5.00 pocket money.</p> <p>In October 2015- Client #3 had paychecks for \$15.99 on 10/9/15 and \$7.40 on 10/23/15. There were no staff or client initials or signatures present. The agency forms were not used to account for the client's funds.</p> <p>In August 2015- Client #4's indicated a paycheck stub for \$48.98 on 8/28/15. His CFR indicated RFMS checks for \$230.00 on 8/6/15 and \$40.00 on 8/25/15. A 270.00 balance was listed on the CFR with a \$6.00 check cashing fee listed. There was a handwritten note attached to his CFR without staff/client signatures/initials without receipts which indicated [store]\$26.75, [restaurant] \$7.59 [salon] (haircut) \$18.00 and [store] \$207.08.</p> <p>In September 2015- Client #4 had paycheck stubs in the amount of \$31.20 on 9/11/15 and \$19.12 on 9/25/15. No receipts or additional accounting was evident.</p> <p>In October 2015- Client #4 had paycheck stubs for \$16.93 on 10/9/15 and \$13.37 on 10/25/15. No</p>			

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	<p>receipts or additional accounting was evident.</p> <p>In August 2015- Client #5 cashed a RFMS (Resident Fund Management Service) check in the amount of \$80.00 and he was charged a \$5.00 check cashing fee. There were receipts for \$2.02 dated 8/2/15 and on 8/1/15 for \$6.93. There was no additional accounting of the client's money. Nothing was noted for client #5 in September 2015. In October 2015- Client #5's CFR indicated a RFMS check dated 10/30/15 for \$40.00 and an \$0.85 receipt. No additional accounting of the client's funds was evident. Staff/client initials/signatures were not present.</p> <p>In August 2015- Client #6 had an 8/3/15 receipt for tobacco for \$4.57. His CFR indicated RFMS checks for \$40.00 on 8/25/15 and \$500.00 on 8/27/15. There was a \$3.00 check cashing fee for the \$500.00 check. In September 2015- Client #6 had receipts dated 9/1/15 for a "pumpkin" from [store] for \$16.04, Drive Thru [restaurant] for \$8.20 and a check cashing fee of \$3.00. There was a receipts for a haircut on 9/1/15 for \$18.00 and</p>			

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	<p>[store] receipts for \$452.33 and \$39.29. No staff/client initials/signatures were indicated. No additional accounting was done of client #6's expenditures.</p> <p>In August 2015- Client #7 had a [store] receipt for #5.49 dated 8/9/15. No additional accounting was evident for client #7's funds.</p> <p>In September 2015- Client #7 on 9/2/15 cashed a RFMS check fro \$40.00 dated 8/25/15. there was a receipt for \$37.01 from [store] with a balance of \$2.99. On 9/5/15 two receipts for \$0.85 for soda pop. On 9/1/15 a receipt for Halloween pottery for \$26.74. On 9/1/15 there was a \$3.00 check cashing fee for a \$230.00 check; there was no check stub. On 9/1/15 there was a receipt from [restaurant] for 7.59, a receipt for a haircut from [salon] for \$18.00 and a [store] receipt for \$207.08. There was no additional accounting of the client's expenditures.</p> <p>Interview with House Manager #1 on 11/09/15 at 3:35 PM indicated the staff who had been in charge of the facility (house managers and Qualified Intellectual Disabilities Professionals/QIDPs) had not kept a thorough and complete accounting of clients #1, #2, #3, #4, \$5, #6, or #7's</p>			

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W 0149 Bldg. 00	<p>funds.</p> <p>Interview with Business Manager staff #1 on 11/10/15 at 12:00 PM indicated the facility's financial records were not kept according to agency policy. The interview indicated concern regarding client #2's cashed RFMS checks and these concerns were being addressed via inquiry by Quality Assurance staff.</p> <p>9-3-2(a)</p> <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 1 of 4 sampled clients (#2), the facility failed to ensure the client was not subject to financial exploitation by failing to implement policy and procedures to keep an accurate and thorough accounting of his personal expenditures.</p> <p>Findings include:</p> <p>Review of "Client Finance Records/CFRs" was conducted on 11/10/15 at 12:05 PM and indicated the following:</p>			W 0149	<p>W149: The facility must develop and implement written procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Corrective Action: (Specific): All staff will be in-serviced on the client finance policy and procedure and a full and complete accounting of client personal funds. All staff will be in-serviced on the abuse, neglect, exploitation policy and procedure.</p> <p>How others will be identified:</p>		12/13/2015

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	<p>In September 2015- Client #2's CFR sheet listed the following all on 9/8/15:</p> <p>"Cashed RFMS/Resident Fund Management System check" for \$200.00 the check stub was dated 8/6/15 and an accompanying bank receipt dated 9/8/15 indicated a \$5.00 check cashing fee.</p> <p>"Cashed RFMS check" for \$400.00; the check stub was dated 8/6/15 and an accompanying bank receipt dated 9/8/15 indicated a \$5.00 check cashing fee.</p> <p>"Cashed RFMS check" for \$500.00; the check stub was dated 8/27/15 and an accompanying bank receipt dated 9/8/15 indicated a \$5.00 check cashing fee.</p> <p>"Cashed RFMS check" for \$40.00; the check stub was dated 8/25/15 and an accompanying bank receipt dated 9/8/15 indicated a \$5.00 check cashing fee.</p> <p>"Cashed RFMS check" for \$400.00; the check stub was dated 8/6/15 and an accompanying bank receipt dated 9/8/15 indicated a \$5.00 check cashing fee.</p> <p>There was also a check stub for a RFMS check dated 10/30/15 in the amount of \$40.00. There was no additional paperwork on the \$40.00 dollars for client #2.</p> <p>There were no staff or client signatures or initials. There were no receipts accounting for the spending of the checks cashed on 9/8/15 in the amount totaling \$1540.00 for client #2.</p>		<p>(Systemic) The Residential Manager will review all client finances at least five times weekly to ensure full and complete accounting of client personal funds and that all transactions are documented as they occur. The QIDP will visit the home at least twice weekly to review all client finance records to ensure a full and complete accounting of personal funds is being completed and that all transactions are documented accordingly. The Residential Manger and the QIDP will initial the client finance record when reviews are completed and any problems will be addressed with staff immediately.</p> <p>Measures to be put in place: All staff will be in-serviced on the client finance policy and procedure and a full and complete accounting of client personal funds. All staff will be in-serviced on the abuse, neglect, exploitation policy and procedure.</p> <p>Monitoring of Corrective Action: The Residential Manager will review all client finances at least five times weekly to ensure full and complete accounting of client personal funds and that all transactions are documented as they occur. The QIDP will visit the home at least twice weekly to review all client finance records to ensure a full and complete accounting of personal</p>				

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	<p>Interview with Business Manager staff #1 on 11/10/15 at 12:00 PM indicated the facility's financial records were not kept according to agency policy. The interview indicated concern regarding client #2's cashed RFMS checks and these concerns were being addressed via inquiry by Quality Assurance staff.</p> <p>The "Abuse/Neglect/Exploitation Policy and Procedure" component of the agency's 08/01/07 Operational Policy and Procedure Manual (revised 01/09/2015) was reviewed on 11/10/2015 at 2:45 PM. The review indicated the agency prohibited staff abuse/exploitation of clients. The policy indicated all allegations would be investigated and addressed. The definition of abuse/exploitation was as follows:</p> <p>"E. Abuse--Exploitation Definition: 1. An act that deprives an individual of real or personal property by fraudulent or illegal means."</p> <p>9-3-2(a)</p>		<p>funds is being completed and that all transactions are documented accordingly. The Residential Manger and the QIDP will initial the client finance record when reviews are completed and any problems will be addressed with staff immediately.</p> <p>Completion date: 12/13/2015</p>	

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W 0154 Bldg. 00	<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 observation, record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure an unknown injury was thoroughly investigated.</p> <p>Findings include:</p> <p>Review of facility investigations on 11/06/15 at 1:30 PM indicated the following investigation by Clinical Supervisor/CS #1:</p> <p>An investigation dated 7/3-7/2015 indicated facility staff #3 reported client #2 "had a lump and scrape just above his right eye." An investigation was initiated by CS #1 to determine the cause of the</p>	W 0154	<p>W154: The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Corrective Action: (Specific): QA will be in-serviced on the investigation policy and procedure and thoroughly investigating injuries of unknown origin.</p> <p>How others will be identified: (Systemic): The QIDP will review all incidents reports daily with QA to ensure that all injuries of unknown origin are thoroughly investigated.</p>	12/13/2015

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	<p>injuries.</p> <p>The summary of interviews component of the investigation indicated as follows:</p> <p>"[Client #2] 7-5-15-States that he does not remember how it happened. He believes he hit his head when he was getting his lunch box out of the cabinet." The investigation's conclusion indicated, in part: "Investigation could not substantiate how the injury occurred."</p> <p>Client #2 was observed at the facility on 11/09/15 from 11:40 AM until 6:00 PM, and on 11/10/15 from 6:20 AM until 8:00 AM. Client #2 did not speak, sign, or otherwise communicate with staff except to take staff's hand to indicate a want. Client #2's record was reviewed on 11/09/15 at 2:00 PM. The review indicated an Individual Support Plan/ISP dated 8/25/15. The ISP had a training objective for client #2 to communicate with verbal prompts by answering direct questions by pointing, showing or hand gestures. The data for the month of 11/15 indicated client #2 was not accomplishing the objective. The client was non-verbal.</p> <p>Interview with Program Manager staff #1 on 11/10/15 at 2:30 PM indicated client #2 was non-verbal and could not have been interviewed verbally as indicated by</p>		<p>The Program Manager will review all incident reports with QA at least twice weekly to ensure that all injuries of unknown origin are thoroughly investigated.</p> <p>Measures to be put in place: QA will be in-serviced on the investigation policy and procedure and thoroughly investigating injuries of unknown origin</p> <p>Monitoring of Corrective Action: The QIDP will review all incidents reports daily with QA to ensure that all injuries of unknown origin are thoroughly investigated. The Program Manager will review all incident reports with QA at least twice weekly to ensure that all injuries of unknown origin are thoroughly investigated.</p> <p>Completion date: 12/13/2015</p>				

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W 0159 Bldg. 00	<p>the investigation's interviews.</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 a qualified mental retardation professional. Based on observation, record review and interview, the facility's Qualified Intellectual Disabilities Professional/QIDP failed to integrate, coordinate and monitor clients' active treatment needs pertaining to day services programming for 1 of 4 sampled clients (#2) and one additional client (#8). The QIDP failed to monitor clients #1, #2, #3, and #4's program plans on a routine basis.</p> <p>Findings include:</p> <p>1. Observations were conducted at the facility on 11/09/15 from 11:40 AM until 6:00 PM. Clients #2 and #8 were at home during the observations. Observations were conducted at the day services site on 11/09/15 from 10:00 AM until 11:25 AM, clients #2 and #8 were not in attendance. Clients #8 and #2 did not go to the workshop or any other</p>	W 0159	<p>W159: Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional.</p> <p>Corrective Action: (Specific): The QIDP will make contact with the local day service providers for client #2 and # 8 to begin attending a structured day program. The QIDP will be in-serviced on reviewing all clients ISP's at least quarterly.</p> <p>How others will be identified: (Systemic): The Program Manager will follow up with the QIDP and the team at least twice weekly to discuss the progress of getting a structured day program for clients #2 and #8. The Program Manager will also meet with the QIDP at least weekly to</p>	12/13/2015

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	<p>outside day program. No alternative day service was observed to be provided. An interview with the Group Home Manager (GHM) #1 was conducted on 11/09/15 at 3:30 PM. The GHM #1 indicated clients #8 and #2 did not attend outside day programs and this needed to be addressed.</p> <p>2. Client #1's record was reviewed on 11/09/15 at 2:20 PM. Review indicated there had been no QIDP/Qualified Intellectual Disabilities Professional review of the client's ISP/Individual Support Plan dated 1/16/15 since January of 2015. There was no data recorded in the record since 1/2015.</p> <p>Client #2's record was reviewed on 11/09/15 at 2:00 PM. The record contained an ISP dated 8/25/15. There were no QIDP reviews of the client's program data since 1/2015.</p> <p>Client #3's record was reviewed on 11/09/15 at 2:45 PM. The record contained an ISP dated 9/27/15. There were no QIDP reviews of the client's program data since 1/2015.</p> <p>Client #4's record was reviewed on 11/10/15 at 10:45 AM. The record contained an ISP dated 11/08/15. There were no QIDP reviews of the client's</p>		<p>review client records and ensure that all clients ISP's are being reviewed at least quarterly.</p> <p>Measures to be put in place: The QIDP will make contact with the local day service providers for client #2 and # 8 to begin attending a structured day program. The QIDP will be in-serviced on reviewing all clients ISP's at least quarterly.</p> <p>Monitoring of Corrective Action: The Program Manager will follow up with the QIDP and the team at least twice weekly to discuss the progress of getting a structured day program for clients #2 and #8. The Program Manager will also meet with the QIDP at least weekly to review client records and ensure that all clients ISP's are being reviewed at least quarterly.</p> <p>Completion date: 12/13/2015</p>	

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W 0186 Bldg. 00	<p>program data since 1/2015.</p> <p>Interview with QIDP #1 on 11/10/15 at 1:15 PM indicated the former QIDP's reviews of program data could not be found since those in records from January 2015.</p> <p>9-3-3(a)</p> <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 observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3, and #4), and four additional clients (#5, #6, #7 and #8), the facility failed to ensure sufficient staff were available to provide continuous, aggressive active treatment for clients.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on the morning of 11/10/15 from 6:20 AM until 8:00 AM. Staff #4 took a</p>	W 0186	<p>W186: The facility must provide sufficient direct care staff to manger and supervise clients in accordance with their individual program plans.</p> <p>Corrective Action: (Specific): The Residential Manger will be in-serviced on ensuring staffing ratios at the home are consistent with the scheduled hours and client program plans. All staff will be in-serviced on the client rights policy and procedure and the abuse, neglect</p>	12/13/2015

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	<p>clean incontinence brief to client #2's bedroom at 6:28 AM. Staff #4 stated client #2 had an "accident" and needed "a shower." Staff #4 assisted client #2 while his bedroom door was open. Client #2 walked across the hall to the bathroom wearing only the brief. Staff assisted client #2 to take a shower and with dressing. Client #2 was not independent in activities of daily living and required staff assistance. Staff #4 supervised clients #1, #2, #3, #4, #5, #6, #7 and #8 during the morning observation period. Staff #4 prepared dry cereal and milk in a bowl for client #2. Client #2 ate his breakfast at 6:41 AM. Staff did not sit with client #2 while he ate. Staff was busy checking lunches and passing medications while clients ate breakfast. Staff #4 did not monitor clients while they prepared and ate breakfast.</p> <p>Review of client #2's record on 11/09/15 at 2:00 PM indicated a dining plan dated 11/03/15 which indicated client #2 was to sit upright for "at least 30 -60 minutes after meals to promote swallowing and digestion." The dining plan indicated staff were to "be seated next to [client #2] during all meals" to prompt him to slow down and to not overfill his mouth.</p> <p>Confidential interview/CI #1 indicated 3 staff were needed in the evenings at the</p>		<p>exploitation policy and procedure. The team will review Client #2's ISP and assessments to develop a training goal in regard to privacy and dignity. All staff will be in-serviced on providing privacy and dignity to all clients. All staff will be in-serviced on all clients dining plans and providing supervision to clients according to their plans.</p> <p>How others will be identified: (Systemic) The Office Coordinator and/or the QIDP will review staffing time cards daily to ensure that staffing ratios are consistent with the scheduled hours and client program plans for the home. Any inconsistencies will be addressed immediately. The Residential Manager will be at the home at least five times weekly to ensure that clients are being provided privacy and dignity, providing supervision during meal time consistent with client program plans and that there is sufficient staffing in the home according to scheduled hours.</p> <p>Measures to be put in place: Corrective Action: (Specific): The Residential Manger will be in-serviced on ensuring staffing ratios at the home are consistent with the scheduled hours and client program plans. All staff will be in-serviced on the client rights policy and procedure and the abuse, neglect exploitation policy and procedure.</p>	

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	<p>facility to ensure clients could go on outings in the community. Confidential interview/CI #2 indicated at least two staff were needed to supervise the morning activities.</p> <p>9-3-3(a)</p>		<p>The team will review Client #2's ISP and assessments to develop a training goal in regard to privacy and dignity. All staff will be in-serviced on providing privacy and dignity to all clients. All staff will be in-serviced on all clients dining plans and providing supervision to clients according to their plans.</p> <p>Monitoring of Corrective Action: The Office Coordinator and/or the QIDP will review staffing time cards daily to ensure that staffing ratios are consistent with the scheduled hours and client program plans for the home. Any inconsistencies will be addressed immediately. The Residential Manager will be at the home at least five times weekly to ensure that clients are being provided privacy and dignity, providing supervision during meal time consistent with client program plans and that there is sufficient staffing in the home according to scheduled hours.</p> <p>Completion date: 12/13/2015</p>	

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W 0195 Bldg. 00	<p>483.440 ACTIVE TREATMENT SERVICES</p> <p>The facility must ensure that specific active treatment services requirements are met. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Active Treatment Services for 1 of 4 sampled clients (#2) and one additional client (#8). The facility failed to ensure the client received a continuous, aggressive active treatment program. The facility failed to ensure facility staff implemented client #2's program plans across all environments/times of the day, to ensure accurate assessments and/or re-assessments were performed as needed, to develop programs for identified training needs, and failed to ensure the client's program plans contained the needed supports for staff to assist the client. The facility failed to ensure clients #2 and #8 attended outside day services. The facility failed to ensure the Qualified Intellectual Disabilities Professional monitored client programs.</p> <p>Findings include:</p>	W 0195	<p>W195: The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Corrective Action: (Specific): All staff will be in-serviced on active treatment. The QIDP will make contact with the local day service providers for client #2 and # 8 to begin attending a structured day program. All staff will be in-serviced on all client program plans and the implementation of those plans. The QIDP will be in-serviced on reviewing all clients ISP's at least quarterly.</p> <p>How others will be identified: (Systemic): The Program Manager will follow up with the QIDP and the team at least twice weekly to discuss</p>	12/13/2015

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	<p>1. The facility failed to ensure each client received a continuous and aggressive active treatment program which addressed the training (formal and informal) needs of clients #2 and #8. Please see W196.</p> <p>2. The facility failed to ensure direct care staff implemented client behavior and program plans when formal and informal training opportunities existed for client #2. Please see W249.</p> <p>3. The facility failed to ensure the Qualified Intellectual Disabilities Professional monitored client programs for client #2. Please see W159.</p> <p>9-3-4(a)</p>		<p>the progress of getting a structured day program for clients #2 and #8. The Program Manager will also meet with the QIDP at least weekly to review client records and ensure that all clients ISP's are being reviewed at least quarterly. The Residential Manager will be in the home at least five times weekly to ensure that all client program plans are being implemented as written and that all clients are receiving a continuous active treatment program.</p> <p>Measures to be put in place: All staff will be in-serviced on active treatment. The QIDP will make contact with the local day service providers for client #2 and # 8 to begin attending a structured day program. All staff will be in-serviced on all client program plans and the implementation of those plans. The QIDP will be in-serviced on reviewing all clients ISP's at least quarterly.</p> <p>Monitoring of Corrective Action: The Program Manager will follow up with the QIDP and the team at least twice weekly to discuss the progress of getting a structured day program for clients #2 and #8. The</p>	

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W 0196 Bldg. 00	<p>483.440(a)(1) ACTIVE TREATMENT Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#2),</p>			W 0196	<p>Program Manager will also meet with the QIDP at least weekly to review client records and ensure that all clients ISP's are being reviewed at least quarterly. The Residential Manager will be in the home at least five times weekly to ensure that all client program plans are being implemented as written and that all clients are receiving a continuous active treatment program.</p> <p>Completion date: 12/13/2015</p> <p>W196: Each client must receive a continuous active treatment program,</p>		12/13/2015

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	<p>and one additional client (#8), the facility failed to ensure clients #2 and #8 received continuous, aggressive active treatment to increase the behaviors necessary for him to function with as much self determination and independence as possible.</p> <p>Findings include:</p> <p>During observations at the facility on 11/09/15 from 11:40 AM until 3:20 PM, clients #2 and #8 were observed to be home and not attending a community based day program. Client #8 watched movies on television and had lunch during the observation period. Client #8 did not participate in training activities. Client #2 was in his room in bed from 11:40 AM until 1:24 PM when client #2 came to the table to eat his prepared lunch of Beefaroni, beverage, cut up cereal bar, and a sliced banana on yogurt. After eating, client #2 went back to bed until getting up at 3:20 PM when the other clients came home from day services. Client #2 was not involved in training activities. Client #2 sat in a rocker and coughed until he had dinner at 5:37 PM. Observations were conducted at the facility on the morning of 11/10/15 from 6:20 AM until 8:00 AM. Staff #4 took a clean incontinence brief to client #2's bedroom at 6:28 AM. Staff #4 stated client #2 had an "accident" and needed "a shower." Staff #4 assisted client #2 while his bedroom door was open. Client #2 walked across the hall to the bathroom wearing only the brief. Staff assisted</p>		<p>which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>Corrective Action: (Specific): All staff will be in-serviced on active treatment. All staff will be in-serviced on all client program plans and the implementation of those plans. All staff will be in-serviced on providing privacy and dignity to all clients. Staff will be in-serviced on all clients dining plans and providing assistance at meals according to each clients need.</p> <p>How others will be identified: (Systemic): The Residential Manager will be in the home at least five times weekly to ensure that all clients are receiving a continuous active treatment program consistent with their program plans, that all staff are providing privacy and dignity to all clients in the home and that all staff are providing assistance during meals according to each</p>				

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	<p>client #2 to take a shower and with dressing. Client #2 was not independent in activities of daily living and required staff assistance. Staff #4 supervised clients #1, #2, #3, #4, #5, #6, #7 and #8 during the morning observation period. Staff #4 prepared dry cereal and milk in a bowl for client #2. Client #2 ate his breakfast at 6:41 AM. Staff did not sit with client #2 while he ate. Staff was busy checking lunches and passing medications while clients ate breakfast.</p> <p>Review of client #2's record on 11/09/15 at 2:00 PM indicated a dining plan dated 11/03/15 which indicated client #2 was to sit upright for "at least 30 -60 minutes after meals to promote swallowing and digestion." The dining plan indicated staff were to "be seated next to [client #2] during all meals" to prompt him to slow down and to not overfill his mouth. The client's record review indicated an ISP/Individual Support Plan dated 8/25/15. Client #2 had training objectives point to a quarter for identification, mix Miralax with a spoon, respond to direct questions by communicating via pointing, or hand gestures, eat with utensils, set utensils down after bites and take a drink, use napkin and chew with mouth closed, take table service to sink after meal, place items into trash can, open mouth to facilitate toothbrushing,take out trash, put soiled laundry into basket, and increase toileting skills with verbal prompting by going to bathroom every two hours.</p> <p>Interview with house manager staff #1 on 11/10/15 at 9:45 AM indicated clients were to be involved in training programs and activities by staff.</p> <p>9-3-4(a)</p>		<p>clients need as stated in the dining plan.</p> <p>Measures to be put in place: All staff will be in-serviced on active treatment. All staff will be in-serviced on all client program plans and the implementation of those plans. All staff will be in-serviced on providing privacy and dignity to all clients. Staff will be in-serviced on all clients dining plans and providing assistance at meals according to each clients need.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly to ensure that all clients are receiving a continuous active treatment program consistent with their program plans, that all staff are providing privacy and dignity to all clients in the home and that all staff are providing assistance during meals according to each clients need as stated in the dining plan.</p> <p>Completion date: 12/13/2015</p>				

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W 0249 Bldg. 00	<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 1 of 4 sampled clients (#2) and one additional client (#8), the facility failed to implement client programs during formal and informal training opportunities.</p> <p>Findings include:</p> <p>During observations at the facility on 11/09/15 from 11:40 AM until 3:20 PM, clients #2 and #8 were observed to be home and not attending a community based day program. Client #8 watched movies on television and had lunch during the observation period. Client #8 did not participate in training activities. Client #2 was in his room in bed from 11:40 AM until 1:24 PM when client #2</p>	W 0249	<p>W249: As soon as the interdisciplinary team has formulated a clients' 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>Corrective Action: (Specific): All staff will be in-serviced on the implementation of all program objectives and goals for all clients and active treatment. A schedule will be developed that will include a specific time and day that each client to assist with meal prep, cooking, clean up, laundry and house hold chores. All staff will be in-serviced on all clients dining plans and the</p>	12/13/2015

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	<p>came to the table to eat his prepared lunch of Beefaroni, beverage, cut up cereal bar, and a sliced banana on yogurt. After eating, client #2 went back to bed until getting up at 3:20 PM when the other clients came home from day services. Client #2 was not involved in training activities. Client #2 sat in a rocker and coughed until he had dinner at 5:37 PM.</p> <p>Review of client #2's record on 11/09/15 at 2:00 PM indicated a dining plan dated 11/03/15 which indicated client #2 was to sit upright for "at least 30 -60 minutes after meals to promote swallowing and digestion." The client's record review indicated an ISP/Individual Support Plan dated 8/25/15. Client #2 had training objectives point to a quarter for identification, mix Miralax with a spoon, respond to direct questions by communicating via pointing, or hand gestures, eat with utensils, set utensils down after bites and take a drink, use napkin and chew with mouth closed, take table service to sink after meal, place items into trash can, open mouth to facilitate toothbrushing,take out trash, put soiled laundry into basket, and increase toileting skills with verbal prompting by going to bathroom every two hours.</p> <p>Interview with house manager staff #1 on 11/10/15 at 9:45 AM indicated clients were to be involved staff should involve clients in the meal preparation and setting of the dining room table. The interview indicated it was an expectation of the facility to offer training and guidance</p>		<p>interventions within those plans.</p> <p>How others will be identified: (Systemic) The Residential Manager will be at the home at least five times weekly to ensure that all clients program goals are implemented as written in their program plans and that all clients are participating with meal prep, cooking, clean up, laundry and medication administration and to ensure that all staff are following all client dining plans. The QIDP will visit the home at least twice weekly to ensure that all clients program goals are implemented as written in their program plans and that all clients are participating with meal prep, cooking, clean up, laundry and medication administration.</p> <p>Measures to be put in place: Corrective Action: (Specific): All staff will be in-serviced on the implementation of all program objectives and goals for all clients and active treatment. A schedule will be developed that will include a specific time and day that each client to assist with meal prep, cooking, clean up, laundry and house hold chores. All staff will be in-serviced on all clients dining plans and the interventions within those plans</p> <p>Monitoring of Corrective Action: The Residential Manager will be at the home at least five times weekly to ensure that all clients program goals are implemented as written in their</p>				

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	with clients in family style dining and meal preparation activities. 9-3-4(a)		program plans and that all clients are participating with meal prep, cooking, clean up, laundry and medication administration and to ensure that all staff are following all client dining plans. The QIDP will visit the home at least twice weekly to ensure that all clients program goals are implemented as written in their program plans and that all clients are participating with meal prep, cooking, clean up, laundry and medication administration. Completion date: 12/13/2015	
W 0268 Bldg. 00	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 for 3 of 4 sampled clients (#1, #3, and #4) and two additional clients (#5 and #7), the facility failed to ensure the clients' dignity by failing to assist them with getting shaves and haircuts.	W 0268	W268: These policies and procedures must promote the growth, development and independence of the client	12/13/2015

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	<p>Findings include:</p> <p>Observations were conducted at the day services' site on 11/09/15 from 10:00 AM until 11:25 AM.</p> <p>Clients #1, #3 and #4 were in the workshop area of the service site. Client #3's hair was long, uncombed and shaggy looking. His eyebrows were bushy and covered the top of his eyes. Client #3 was asked when he had last had a haircut. Client #3 stated at 10:42 AM, "been too long, I guess."</p> <p>At 10:48 AM, clients #1, #5, #6 and #7 were visited in the habilitation area of the service site. Client #5's hair was long and uncombed and he had beard stubble on his face. Client #7 shook his head indicating "no" when asked at 11:00 AM if he had a haircut lately. Client #7 had beard stubble on his face and his hair was long. Client #1 had beard stubble on his face. Day services/DS staff #3 was asked about clients' hair and beards, DS #3 stated: "I don't think it's been cut for a long time." DS #3 indicated the clients were usually clean shaven.</p> <p>Observations were conducted at the facility on 11/09/15 from 11:40 AM until 6:00 PM. Clients #1, #3, #4, #5, #6 and #7 arrived home from day services at 3:20 PM with House Manager/HM staff</p>		<p>Corrective Action: (Specific): All staff will be in-serviced on providing clients privacy and dignity as well as client rights. A new barber will be located and all clients will have haircuts and eye brows trimmed as indicated and staff will assist all clients with shaving daily.</p> <p>How others will be identified: (Systemic) The Residential Manager will be at the home at least five times weekly to ensure that all clients are being provided privacy and dignity and that all clients are being assisted with shaving daily and that all clients are receiving haircuts and eye brow trims as needed.</p> <p>Measures to be put in place: All staff will be in-serviced on providing clients privacy and dignity as well as client rights. A new barber will be located and all clients will have haircuts and eye brows trimmed as indicated and staff will assist all clients with shaving daily.</p> <p>Monitoring of Corrective Action: The Residential Manager will be at the home at least five times weekly to ensure that all clients are being provided privacy and dignity and that all clients are being assisted with</p>	

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W 0382 Bldg. 00	<p>#1. Staff #3 assured (3:22PM) client #5 he would be assisted with shaving that evening before bedtime. Client #4 (3:30 PM) stated "I need one (haircut)." Client #5 asked HM #1 about getting a haircut at 3:35 PM. At 4:30 PM client #1 indicated to staff #6 he needed a haircut as she assisted him with getting shampoo for his shower.</p> <p>Interview with staff #3 on 11/09/15 at 12:25 PM indicated the clients had been going to the same barber for years until he retired. The interview indicated the clients needed to find another barber for routine haircuts.</p> <p>9-3-5(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview for 3 of 4 sampled clients (#1, #3, and #4) and 3 additional clients (#5, #6, and #7), the facility failed to ensure medications were locked except when being administered.</p>	W 0382	<p>shaving daily and that all clients are receiving haircuts and eye brow trims as needed.</p> <p>Completion date: 12/13/2015</p> <p>W382: The facility must keep all drugs and biological locked except when being prepared for administration.</p>	12/13/2015

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	<p>Findings include:</p> <p>During observations at the facility on the morning of 11/10/15 at 6:20 AM, the medication cabinet was propped open in the facility's unlocked office area. The medication cabinet remained unlocked while clients (#1, #3, #4, #5, #6, and #7) ate breakfast in the kitchen/dining area adjacent to the office/medication room.</p> <p>Staff #3 was asked (11/10/15 at 7:30 AM) if there had been training in regards to keeping the clients' medications locked when not being administered. Staff #3 stated the medication cabinet was unlocked because he "forgot."</p> <p>9-3-6(a)</p>		<p>Corrective Action: (Specific): The Residential Manager and all staff will be in-serviced on keeping the medication room and all medications locked except when medications are being prepared for administration.</p> <p>How others will be identified: (Systemic): The QIDP and the Nurse will be at the home at least three times weekly to ensure that the medication room and all medications are locked unless they are being prepared for administration.</p> <p>Measures to be put in place: The Residential Manager and all staff will be in-serviced on keeping the medication room and all medications locked except when medications are being prepared for administration.</p> <p>Monitoring of Corrective Action: The QIDP and the Nurse will be at the home at least three times weekly to ensure that the medication room and all medications are locked unless they are being prepared for administration.</p> <p>Completion date: 12/06/2015</p>		

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W 0440 Bldg. 00	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>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), and 3 additional clients (#5, #6, and #7), the facility failed to ensure sleeptime evacuation drills were conducted at least quarterly.</p> <p>Findings include:</p> <p>Fire evacuation drills from 7/05/14 through 8/07/15 with clients #1, #2, #3, #4, #5, #6 and #7, as participants were reviewed on 11/09/15 at 11:45 AM. The review indicated no sleeptime fire drill (11:00 PM until 5:00 AM) for the third quarter of 2015 or the third quarter of 2014 (July, August, September).</p> <p>Interview with Qualified Intellectual Disabilities Professional Staff #1 on 11/10/15 at 1:40 PM indicated no more evacuation drills.</p> <p>9-3-7(a)</p>	W 0440	<p>W440: The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Corrective Action: (Specific): The Residential Manager and the staff will be in-serviced on the completion of evacuation drills at least quarterly for each shift of personnel.</p> <p>How others will be identified: (Systemic) The QIDP will review all evacuation drills at least weekly to ensure that evacuation drills are being completed for each shift of personnel at least quarterly. QA will begin monitoring evacuation drills at least monthly to ensure that evacuation drills are completed for each shift of personnel at least quarterly.</p> <p>Measures to be put in place: The Residential Manager and the staff</p>	12/13/2015

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W 0488 Bldg. 00	<p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), and 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure clients participated in meal preparation and family style dining according to their capabilities.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on 11/09/15 from 11:40 AM until</p>	W 0488	<p>will be in-serviced on the completion of evacuation drills at least quarterly for each shift of personnel.</p> <p>Monitoring of Corrective Action: The QIDP will review all evacuation drills at least weekly to ensure that evacuation drills are being completed for each shift of personnel at least quarterly. QA will begin monitoring evacuation drills at least monthly to ensure that evacuation drills are completed for each shift of personnel at least quarterly.</p> <p>Completion date: 12/06/2015</p> <p>W488: The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Corrective Action: (Specific): All staff will be in-serviced on involving all clients in meal preparation, setting the table and participating in family style dining. A schedule will be developed that will include a specific time and day each client will assist with meal preparation and setting the</p>	12/13/2015

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	<p>6:00 PM with clients #1, #2, #3, #4, #5, #6, #7 and #8. Staff #3 prepared clients #2 and #8's lunch on 11/09/15 at 12:45 PM. Staff #3 obtained lettuce and sliced tomatoes and warmed canned Beefaroni for client #2. Staff #3 obtained bread and luncheon meat for client #8. Staff #3 verbally prompted client #8 to make his sandwich after getting foods and utensils together for him. Staff #3 added crackers to client #8's plate and cut the sandwich for him custodially. Staff #3 prepared client #2's meal and served it to him on the table, a bowl of Beefaroni, beverage, cut up cereal bar, and a sliced banana on yogurt.</p> <p>At 2:08 PM, staff #3 cleaned the kitchen area and washed dishes. Staff #3 thawed chicken for the evening meal and marinated it in barbeque sauce. At 2:25 PM, staff #3 opened canned fruit to let it chill in the refrigerator for the evening meal. At 2:28 PM, staff #3 made jello. Staff #3 added fruit to the jello mixture and put it into the refrigerator to set. At 2:40 PM, staff obtained a pan and boiled water to prepare pasta salad. At 3:20 PM, mixed vegetables were cooked on the stove by staff #3. At 3:50 PM client #8 made Kool-aid. Staff #3 put chicken into the oven to bake and added more barbeque sauce at 4:10 PM. Client #3 made coffee at 4:11 PM. At 4:28 PM, client #3 checked dishes for washing and</p>		<p>table.</p> <p>How others will be identified: (Systemic) The Residential Manager will be at the home at least five times weekly to ensure that all clients are involved in meal preparation and setting the table according to the schedule and are participating in family style dining. The QIDP will visit the home at least twice weekly to ensure that all clients are involved in meal preparation and setting the table according to the schedule.</p> <p>Measures to be put in place: Corrective Action: (Specific): The Residential Manager will be at the home at least five times weekly to ensure that all clients are involved in meal preparation and setting the table according to the schedule and are participating in family style dining. The QIDP will visit the home at least twice weekly to ensure that all clients are involved in meal preparation and setting the table according to the schedule.</p> <p>Monitoring of Corrective Action: The Residential Manager will be at the home at least five times weekly to ensure that all clients are involved in meal preparation and setting the table according to the schedule. The QIDP will visit the home at least twice weekly to ensure that all clients are involved in meal preparation and setting the table according to the schedule.</p>				

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	<p>wiped off the dining table. Staff did not involve clients #3 and #8 in making the pasta salad or cooking the mixed vegetables. The chicken was taken out of the oven at 5:11 PM. Staff #3 cut up chicken for clients. Staff #3 took plates from the dining table to the kitchen counter area. Staff #3 put chicken into a food processor. Staff #6 walked around the table and placed servings of pasta salad onto clients #1, #2, #3, #4, #6, #7 and #8's dinner plates. Clients #5, #1, #2 and #8 was served chopped chicken custodially by staff #3. Clients #3, #4, #6 and #7 were served unchopped pieces of chicken by staff.</p> <p>Interview with house manager staff #1 on 11/10/15 at 9:45 AM indicated clients were to be involved staff should involve clients in the meal preparation and setting of the dining room table. The interview indicated it was an expectation of the facility to offer training and guidance with clients in family style dining and meal preparation activities.</p> <p>9-3-8(a)</p>		<p>Completion date: 12/13/2015</p>	

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W 9999 Bldg. 00	<p>State Findings:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>460 IAC 9-3-4 Active Treatment Services.</p> <p>(b) The provider shall obtain day services for each resident which: (1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers; (2) meet the resident's active treatment needs set forth in the resident's individual program plan as determined by the interdisciplinary team conference with preference for services in the least restrictive environment.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to meet the active treatment needs pertaining to day services programming for 1 of 4 sampled clients (#2) and one additional client (#8).</p>	W 9999	<p>W9999: The provider shall obtain day services for each resident which: (1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers. (2) Meet the residents active treatment needs set forth in the resident's individual program plan as determined by the interdisciplinary team conference with preconference for services in the least restrictive environment.</p> <p>Corrective Action: (Specific): The QIDP will make contact with the local day service providers for client #2 and # 8 to begin attending a structured day program.</p> <p>How others will be identified: (Systemic): The Program Manager will follow up with the QIDP and the team at least twice weekly to discuss the progress of getting a structured day program for clients #2 and #8.</p> <p>Measures to be put in place: The QIDP will make contact with the local day service providers for client</p>	12/13/2015

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	<p>Findings include:</p> <p>Observations were conducted at the facility on 11/09/15 from 11:40 AM until 6:00 PM. Clients #2 and #8 were at home during the observations.</p> <p>Observations were conducted at the day services site on 11/09/15 from 10:00 AM until 11:25 AM, clients #2 and #8 were not in attendance. Clients #8 and #2 did not go to the workshop or any other outside day program. No alternative day service was observed to be provided.</p> <p>An interview with the Group Home Manager (GHM) #1 was conducted on 11/09/15 at 3:30 PM. The GHM #1 indicated clients #8 and #2 did not attend outside day programs and this needed to be addressed.</p> <p>9-3-4(b)(1)(2)</p>		<p>#2 and # 8 to begin attending a structured day program.</p> <p>Monitoring of Corrective Action: The Program Manager will follow up with the QIDP and the team at least twice weekly to discuss the progress of getting a structured day program for clients #2 and #8.</p> <p>Completion Date: 12/13/2015</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/29/2015

FORM APPROVED

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