

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G793	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/02/2012
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NAME OF PROVIDER OR SUPPLIER SPECTRUM COMMUNITY SERVICES OF INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 113 S 325 E VALPARAISO, IN 46385
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W0000	<p>This visit was for an extended recertification and state licensure survey. This visit included the investigation of complaint #IN00103611 and complaint #IN00104334.</p> <p>COMPLAINT #IN00103611- SUBSTANTIATED, federal and state deficiencies related to the allegations are cited at W122, W149, W153, and W346.</p> <p>COMPLAINT #IN00104334- SUBSTANTIATED, federal and state deficiencies related to the allegations are cited at W122, W125, W149, W153, W159, W346, W460, and W9999.</p> <p>Dates of Survey: February 27, 28, 29, and March 2, 2012</p> <p>Facility number: 012584 Provider number: 15G793 AIM number: 201018520</p> <p>Surveyor: Tim Shebel, Medical Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/7/12 by Ruth</p>	W0000		

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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	Shackelford, Medical Surveyor III.			

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W0122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on record review, observation, and interview, the Condition of Participation of Client Protections is not met as the facility neglected to assure 4 of 4 clients living at the group home (clients A, B, C, and D) were not subjected to verbal abuse and mistreatment by direct care staff.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Please refer to W125 as the facility failed to assure 2 of 4 clients in the home (clients A and B) could file a grievance or complaint with the facility without intimidation from direct care staff. Please refer to W149 as the facility neglected to implement its Abuse/Neglect policy to to assure 4 of 4 clients living at the group home (clients A, B, C, and D) were not subjected to verbal abuse and mistreatment by direct care staff. <p>This federal tag relates to complaint #IN00103611 and complaint #IN00104334. 9-3-2(a)</p>	W0122	<p>A training (Exhibit A – Training) was held on 3/1/12 to address Abuse, Neglect, and Exploitation, reporting procedures, and grievance procedure. During this training each resident and all staff were given a list of internal and external authorities to contact for any allegation of Abuse, Neglect, and Exploitation or Grievance. The training included: Definitions of Abuse, Neglect, Exploitation, a discussion of situations that could be deemed Abusive, Neglectful, or Exploitive, and when and how to report. At the end of the training a competency review was given to staff to complete, all staff passed the competency review. Drop in visits will be done weekly by rotating members of the Spectrum leadership team including John Runions, Kathy Klika, Spectrum’s nurse, behavioral specialist, QMRP and Director of Human Resources. These visits will be documented and will include conversations with customers and staff, observation of interactions and monitoring of the physical and therapeutic</p>	03/03/2012			

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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on interview and record review, the facility failed to assure 2 of 4 clients in the home (clients A and B) could file a grievance or complaint with the facility without intimidation from direct care staff.</p> <p>Findings include:</p> <p>Client D was interviewed on 2/27/12 at 6:45 A.M.. When asked how he gets along with direct care staff who work at the group home, client D stated, "Good." When prompted further, client D stated, "They (direct care staff) treat me good. No hitting or cussing."</p> <p>Client B was interviewed on 2/27/12 at 7:08 A.M.. When asked how he gets along with direct care staff who work at the group home, client B stated, "Staff (direct care staff) yell at me. I've told [nurse #1]. and I'm put down by [direct care staff #4] and [direct care staff #8] cussing at me saying f--- you." Client B further stated, " I saw [direct care staff #7]</p>	W0125	A training (Exhibit A – Training) was held on 3/1/12 with all staff and residents. Residents and Staff received the training on Abuse, Neglect, Exploitation, and grievances. The training was done as a result of the findings during this survey as the allegations were not presented until three days before and during the survey.	03/03/2012			

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	<p>take the blankets off [client A] and then she (direct care staff #7) poured water on him to get him out of bed. Weekend staff is pretty good but [direct care staff #7, #6, and #8] cuss and swear at all of us (clients A, B, C, and D.) I saw [direct care staff #7] say to [client D] 'get your nasty ass in the shower.' It's not right for them (direct care staff) to say this stuff to us. They (direct care staff) are here to take care of us. I try to defend [client D] 'cause he's my best friend but [direct care staff #7, #6, and #8] say they 'have to cover their ass.' That's what they say and they say stuff like sometimes they have to vent." Client B further stated, "[direct care staff #7 and #8] tell me not to say anything or they will write my a-- up (write an incident report.) They say they will get [direct care staff #6] to believe them and not me to get me in trouble." When asked if he understood that he could file a complaint with the facility's administration in regards to direct care staff mistreatment, client B stated he called the administrator/QMRP (Qualified Mental Retardation Professional) "about a week ago to tell him that [direct care staff #6 and #7] were fighting." Client B ended the interview by stating, "I'm afraid of [direct care staff #8]."</p> <p>Client C was interviewed on 2/27/12 at 7:31 A.M.. When asked how direct care</p>						

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	<p>staff treat him, client C stated, They yell, 'get your ass out of bed' and they pull the blankets off. They yell sometimes and I can't sleep."</p> <p>Client A was interviewed on 2/27/12 at 8:49 A.M.. When asked how direct care staff treat him, client A stated, "[Direct care staff #7] threw water on me." When asked why direct care staff #7 would throw water on him, client A stated, "To get me out of bed." Client A stated, "[Direct care staff #7] cusses and threatens me. Tells me not to tell or I'll get in trouble. [Direct care staff #8] cusses 'get your ass over here.'" When asked if he had ever filed a complaint with the facility in regard to staff treatment, client A indicated he was not aware of the complaint process.</p> <p>Direct care staff #3 was interviewed on 2/27/12 at 9:06 A.M.. Direct care staff #3 stated, "I hear one staff yelling and cussing at customers (clients A, B, C, D) frequently. I don't work that shift but I hear about it."</p> <p>Direct care staff #4 was interviewed on 2/27/12 at 9:15 A.M.. Direct care staff #4 stated, "Yeah, that stuff happens (direct care staff swearing at clients A, B, C, and D) all the time but on night shift. It doesn't happen on days (day shift.)"</p>			

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	<p>Client A's record was reviewed on 2/28/12 at 8:59 A.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses.</p> <p>Client B's record was reviewed on 2/28/12 at 7:37 A.M.. The review indicated the client had psychiatric diagnoses but did not have a diagnosis of a deficit in intellectual ability.</p> <p>Client C's record was reviewed on 2/28/12 at 8:50 A.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses.</p> <p>Client D's record was reviewed on 2/28/12 at 8:42 A.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses.</p> <p>Administrator/QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 2/28/12 at 11:16 A.M.. Administrator/QMRP #1 stated, "The customers (clients A, B, C, and D) were told of the complaint procedure when they were admitted. We (the facility) are going to retrain all customers and staff (direct care staff) on the grievance and</p>						

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	<p>complaint procedures this Thursday."</p> <p>This federal tag relates to complaint #IN00104334. 9-3-2(a)</p>				

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W0149	<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.</p> <p>Based on interview and record review, the facility neglected to implement its Abuse/Neglect policy to assure 4 of 4 clients living at the group home (clients A, B, C, and D) were not subjected to verbal abuse and mistreatment by direct care staff.</p> <p>Findings include:</p> <p>Client D was interviewed on 2/27/12 at 6:45 A.M.. When asked how he gets along with direct care staff who work at the group home, client D stated, "Good." When prompted further, client D stated, "They (direct care staff) treat me good. No hitting or cussing."</p> <p>Client B was interviewed on 2/27/12 at 7:08 A.M.. When asked how he gets along with direct care staff who work at the group home, client B stated, "Staff (direct care staff) yell at me. I've told [nurse #1]. and I'm put down by [direct care staff #4] and [direct care staff #8] cussing at me saying f--- you." Client B further stated, " I saw [direct care staff #7] take the blankets off [client A] and then she (direct care staff #7) poured water on</p>	W0149	<p>A training (Exhibit A – Training) was held on 3/1/12 to address Abuse, Neglect, and Exploitation, reporting procedures, and grievance procedure. During this training each resident and all staff were given a list of internal and external authorities to contact for any allegation of Abuse, Neglect, and Exploitation or Grievance. The training included: Definitions of Abuse, Neglect, Exploitation, a discussion of situations that could be deemed Abusive, Neglectful, or Exploitive, and when and how to report. At the end of the training a competency review was given to staff to complete, all staff passed the competency review. Drop in visits will be done weekly by rotating members of the Spectrum leadership team including John Runions, Kathy Klika, Spectrum's nurse, behavioral specialist, QMRP and Director of Human Resources. These visits will be documented and will include conversations with customers and staff, observation of interactions and monitoring of the physical and therapeutic environment.</p>	03/03/2012			

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	<p>him to get him out of bed. Weekend staff is pretty good but [direct care staff #7, #6, and #8] cuss and swear at all of us (clients A, B, C, and D.) I saw [direct care staff #7] say to [client D] 'get your nasty ass in the shower.' It's not right for them (direct care staff) to say this stuff to us. They (direct care staff) are here to take care of us. I try to defend [client D] 'cause he's my best friend but [direct care staff #7, #6, and #8] say they 'have to cover their ass.' That's what they say and they say stuff like sometimes they have to vent." Client B further stated, "[direct care staff #7 and #8] tell me not to say anything or they will write my a-- up (write an incident report.) They say they will get [direct care staff #6] to believe them and not me to get me in trouble." When asked if he understood that he could file a complaint with the facility's administration in regards to direct care staff mistreatment, client B stated he called the administrator/QMRP (Qualified Mental Retardation Professional) "about a week ago to tell him that [direct care staff #6 and #7] were fighting." Client B ended the interview by stating, "I'm afraid of [direct care staff #8]."</p> <p>Client C was interviewed on 2/27/12 at 7:31 A.M.. When asked how direct care staff treat him, client C stated, "They yell, 'get your ass out of bed' and then pull the</p>			

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	<p>blankets off." They yell sometimes and I can't sleep."</p> <p>Client A was interviewed on 2/27/12 at 8:49 A.M.. Wen asked how direct care staff treat him, client A stated, "[Direct care staff #7] threw water on me." When asked why direct care staff #7 would throw water on him, client A stated, "To get me out of bed." Client A stated, "[Direct care staff #7] cusses and threatens me. Tells me not to tell or I'll get in trouble. [Direct care staff #8] cusses 'get your ass over here.' When asked if he had ever filed a complaint with the facility in regard to staff treatment, client A indicated he was not aware of the complaint process.</p> <p>Direct care staff #3 was interviewed on 2/27/12 at 9:06 A.M.. Direct care staff #3 stated, "I hear one staff yelling and cussing at customers (clients A, B, C, D) frequently. I don't work that shift but I hear about it."</p> <p>Direct care staff #4 was interviewed on 2/27/12 at 9:15 A.M.. Direct care staff #4 stated, "Yeah, that stuff happens (direct care staff swearing at clients A, B, C, and D) all the time but on night shift. It doesn't happen on days (day shift.)"</p> <p>Client A's record was reviewed on</p>			

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	<p>2/28/12 at 8:59 A.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses.</p> <p>Client B's record was reviewed on 2/28/12 at 7:37 A.M.. The review indicated the client had psychiatric diagnoses but did not have a diagnosis of a deficit in intellectual ability.</p> <p>Client C's record was reviewed on 2/28/12 at 8:50 A.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses.</p> <p>Client D's record was reviewed on 2/28/12 at 8:42 A.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses.</p> <p>Administrator/QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 2/28/12 at 11:16 A.M.. Administrator/QMRP #1 stated, "They (clients A, B, C, and D) are mentally capable of knowing what verbal abuse is and when they are being verbally abused."</p> <p>The facility's records were reviewed on 2/29/12 at 10:57 A.M.. A review of the facility's "Customer Abuse Notice</p>						

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	<p>(policy)", no date, indicated, in part, the following: "2.4 Prohibitive Practices Spectrum Community Services of Indiana, LLC prohibits the following practices: C. Verbal abuse, including screaming, swearing, name calling, belittling, or other verbal activity that may cause damage to an individual's self respect or dignity."</p> <p>This federal tag relates to complaint #IN00103611 and complaint #IN00104334. 9-3-2(a)</p>				

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on interview and record review, the facility failed to assure direct care staff immediately reported verbal abuse and mistreatment from staff to the administrator for 4 of 4 clients living in the group home (clients A, B, C, and D) in accordance with state law.</p> <p>Findings include:</p> <p>Client D was interviewed on 2/27/12 at 6:45 A.M.. When asked how he gets along with direct care staff who work at the group home, client D stated, "Good." When prompted further, client D stated, "They (direct care staff) treat me good. No hitting or cussing."</p> <p>Client B was interviewed on 2/27/12 at 7:08 A.M.. When asked how he gets along with direct care staff who work at the group home, client B stated, "Staff (direct care staff) yell at me. I've told [nurse #1]. and I'm put down by [direct care staff #4] and [direct care staff #8] cussing at me saying f--- you." Client B further stated, " I saw [direct care staff #7]</p>	W0153	<p>A training (Exhibit A – Training) was held on 3/1/12 to address Abuse, Neglect, and Exploitation, reporting procedures, and grievance procedure. During this training each resident and all staff were given a list of internal and external authorities to contact for any allegation of Abuse, Neglect, and Exploitation or Grievance. The training included: Definitions of Abuse, Neglect, Exploitation, a discussion of situations that could be deemed Abusive, Neglectful, or Exploitive, and when and how to report. At the end of the training a competency review was given to staff to complete, all staff passed the competency review.</p>	03/03/2012			

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	<p>take the blankets off [client A] and then she (direct care staff #7) poured water on him to get him out of bed. Weekend staff is pretty good but [direct care staff #7, #6, and #8] cuss and swear at all of us (clients A, B, C, and D.) I saw [direct care staff #7] say to [client D] 'get your nasty ass in the shower.' It's not right for them (direct care staff) to say this stuff to us. They (direct care staff) are here to take care of us. I try to defend [client D] 'cause he's my best friend but [direct care staff #7, #6, and #8] say they 'have to cover their ass.' That's what they say and they say stuff like sometimes they have to vent." Client B further stated, "[direct care staff #7 and #8] tell me not to say anything or they will write my a-- up (write an incident report.) They say they will get [direct care staff #6] to believe them and not me to get me in trouble." When asked if he understood that he could file a complaint with the facility's administration in regards to direct care staff mistreatment, client B stated he called the administrator/QMRP (Qualified Mental Retardation Professional) "about a week ago to tell him that [direct care staff #6 and #7] were fighting." Client B ended the interview by stating, "I'm afraid of [direct care staff #8]."</p> <p>Client C was interviewed on 2/27/12 at 7:31 A.M.. When asked how direct care</p>						

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	<p>staff treat him, client C stated, "They yell, 'get your ass out of bed' and then pull the blankets off." They yell sometimes and I can't sleep."</p> <p>Client A was interviewed on 2/27/12 at 8:49 A.M.. Wen asked how direct care staff treat him, client A stated, "[Direct care staff #7] threw water on me." When asked why direct care staff #7 would throw water on him, client A stated, "To get me out of bed." Client A stated, "[Direct care staff #7] cusses and threatens me. Tells me not to tell or I'll get in trouble. [Direct care staff #8] cusses 'get your ass over here.' When asked if he had ever filed a complaint with the facility in regard to staff treatment, client A indicated he was not aware of the complaint process.</p> <p>Direct care staff #3 was interviewed on 2/27/12 at 9:06 A.M.. Direct care staff #3 stated, "I hear one staff yelling and cussing at customers (clients A, B, C, D) frequently. I don't work that shift but I hear about it."</p> <p>Direct care staff #4 was interviewed on 2/27/12 at 9:15 A.M.. Direct care staff #4 stated, "Yeah, that stuff happens (direct care staff swearing at clients A, B, C, and D) all the time but on night shift. It doesn't happen on days (day shift.)"</p>			

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	<p>Client A's record was reviewed on 2/28/12 at 8:59 A.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses.</p> <p>Client B's record was reviewed on 2/28/12 at 7:37 A.M.. The review indicated the client had psychiatric diagnoses but did not have a diagnosis of a deficit in intellectual ability.</p> <p>Client C's record was reviewed on 2/28/12 at 8:50 A.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses.</p> <p>Client D's record was reviewed on 2/28/12 at 8:42 A.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses.</p> <p>Administrator/QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 2/28/12 at 11:16 A.M.. Administrator/QMRP #1 stated, "They (clients A, B, C, and D) are mentally capable of knowing what verbal abuse is and when they are being verbally abused." Administrator/QMRP indicated he was not immediately notified of alleged verbal</p>						

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	<p>abuse and mistreatment by direct care staff to clients A, B, C, and D.</p> <p>This federal tag relates to complaint #IN00103611 and complaint #IN00104334. 9-3-2(a)</p>						

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W0159	<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.</p> <p>Based on interview and observation, the facility failed to provide a full time QMRP (Qualified Mental Retardation Professional) to: 1. Monitor direct care staff and their implementation of client programming for 4 of 4 clients residing in the group home (clients A, B, C, and D,) 2. Assess the vocational needs of 2 of 2 sampled clients requiring vocational assessment (clients A and B), 3. Assure the implementation of written objectives during times of opportunity for 2 of 2 clients who were dressed and ready for the day (clients B and D), 4. Assure a comprehensive functional assessment was reviewed at least annually for 2 of 4 clients living in the group home (clients C and D), 5. Secure written consent prior to implementing a restrictive behavior program for 2 of 4 clients (clients B and D) with restrictive behavior programs.</p> <p>Findings include:</p> <p>1. Client D was interviewed on 2/27/12 at 6:45 A.M.. When asked how he gets along with direct care staff who work at the group home, client D stated, "Good."</p>	W0159	<p>1. Drop in visits will be done weekly by rotating members of the Spectrum leadership team including John Runions, Kathy Klika, Spectrum's nurse, behavioral specialist, QMRP and Director of Human Resources. These visits will be documented and will include conversations with customers and staff, observation of interactions and monitoring of the physical and therapeutic environment. A full time QMRP began employment on 3/14/12.</p> <p>2. A vocational assessment was completed on 3/5/12 for client A and B.</p> <p>3. Beginning 3/2/12 staff have and will continue to be shadowed by QMRP, Behaviorist, Administrator, and Nurse. Additionally staff have been verbally retrained on active treatment during 3/1/12 Abuse, Neglect, and Exploitation training.</p> <p>4. A comprehensive functional assessment was completed on 3/5/12 for client D, client C's comprehensive functional assessment was present, client C's functional assessment will be made available upon follow-up to ensure it is complete and in place.</p> <p>5. Client B and D agreed to sign their behavior plan on 3/12/12. A</p>	03/14/2012	

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	<p>When prompted further, client D stated, "They (direct care staff) treat me good. No hitting or cussing."</p> <p>Client B was interviewed on 2/27/12 at 7:08 A.M.. When asked how he gets along with direct care staff who work at the group home, client B stated, "Staff (direct care staff) yell at me. I've told [nurse #1]. and I'm put down by [direct care staff #4] and [direct care staff #8] cussing at me saying f--- you." Client B further stated, " I saw [direct care staff #7] take the blankets off [client A] and then she (direct care staff #7) poured water on him to get him out of bed. Weekend staff is pretty good but [direct care staff #7, #6, and #8] cuss and swear at all of us (clients A, B, C, and D.) I saw [direct care staff #7] say to [client D] 'get your nasty ass in the shower.' Its not right for them (direct care staff) to say this stuff to us. They (direct care staff) are here to take care of us. I try to defend [client D] 'cause he's my best friend but [direct care staff #7, #6, and #8] say they 'have to cover their ass.' That's what they say and they say stuff like sometimes they have to vent." Client B further stated, "[direct care staff #7 and #8] tell me not to say anything or they will write my a-- up (write an incident report.) They say they will get [direct care staff #6] to believe them and not me to get me in trouble." When asked</p>		behavior plan will not be put into place without signatures agreeing to the behavior support plan.				

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	<p>if he understood that he could file a complaint with the facility's administration in regards to direct care staff mistreatment, client B stated he called the administrator/QMRP (Qualified Mental Retardation Professional) "about a week ago to tell him that [direct care staff #6 and #7] were fighting." Client B ended the interview by stating, "I'm afraid of [direct care staff #8]."</p> <p>Client C was interviewed on 2/27/12 at 7:31 A.M.. When asked how direct care staff treat him, client C stated, "They yell, 'get your ass out of bed' and then pull the blankets off. They yell sometimes and I can't sleep."</p> <p>Client A was interviewed on 2/27/12 at 8:49 A.M.. When asked how direct care staff treat him, client A stated, "[Direct care staff #7] threw water on me." When asked why direct care staff #7 would throw water on him, client A stated, "To get me out of bed." Client A stated, "[Direct care staff #7] cusses and threatens me. Tells me not to tell or I'll get in trouble. [Direct care staff #8] cusses 'get your ass over here.' When asked if he had ever filed a complaint with the facility in regard to staff treatment, client A indicated he was not aware of the complaint process.</p>			

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	<p>Direct care staff #3 was interviewed on 2/27/12 at 9:06 A.M.. Direct care staff #3 stated, "I hear one staff yelling and cussing at customers (clients A, B, C, D) frequently. I don't work that shift but I hear about it."</p> <p>Direct care staff #4 was interviewed on 2/27/12 at 9:15 A.M.. Direct care staff #4 stated, "Yeah, that stuff happens (direct care staff swearing at clients A, B, C, and D) all the time but on night shift. It doesn't happen on days (day shift.)"</p> <p>Client A's record was reviewed on 2/28/12 at 8:59 A.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses.</p> <p>Client B's record was reviewed on 2/28/12 at 7:37 A.M.. The review indicated the client had psychiatric diagnoses but did not have a diagnosis of a deficit in intellectual ability.</p> <p>Client C's record was reviewed on 2/28/12 at 8:50 A.M.. The review indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses.</p> <p>Client D's record was reviewed on 2/28/12 at 8:42 A.M.. The review</p>			

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	<p>indicated the client had a diagnosis of Mild Intellectual Ability and secondary psychiatric diagnoses.</p> <p>Administrator/QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 2/28/12 at 11:16 A.M.. Administrator/QMRP #1 stated, "I was promoted to my present position just after the first of the year and I have been doing both jobs (administrator and QMRP.) A new QMRP is in the process of being hired."</p> <p>2. Client A's record was reviewed on 2/28/12 at 8:59 A.M.. A review of the client's record failed to indicate client A's vocational needs and abilities had been assessed.</p> <p>Client B's record was reviewed on 2/28/12 at 7:37 A.M.. A review of the client's record failed to indicate client B's vocational needs and abilities had been assessed.</p> <p>Administrator/QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 2/28/12 at 11:16 A.M.. Administrator/QMRP #1 indicated client A and B's vocational needs and abilities had not been assessed.</p>			

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	<p>3. Clients B and D were observed during the group home observation period on 2/28/12 from 6:30 A.M. until 8:50 A.M.. From 6:30 A.M. until 8:00 A.M., clients B and B, who were dressed and ready for the day, walked around the facility without activity or interaction from direct care staff #1 and #2. During the 6:30 A.M. to 8:00 A.M. time frame, direct care staff #1 and #2 swept and mopped the floors of the facility and completed documentation tasks. Direct care staff #1 and #2 were not observed to initiate interaction, implement objectives, or prompt clients B and D to participate in meaningful day activities.</p> <p>Client B's record was reviewed on 2/28/12 at 7:37 A.M.. Review of the client's 8/11 IPP (Individual Program Plan) indicated direct care staff #1 and #2 could have initiated the following "Meaningful Day Activities" with client B: "1. Morning grooming, 2. Teeth goal, 3. Clean bathroom," and IPP objectives: "1. Make weekly budget, 2. Make smoking schedule, 3. Use leisure time responsibly."</p> <p>Client D's record was reviewed on 2/28/12 at 8:42 A.M.. Review of the client's 8/11 IPP (Individual Program Plan) indicated direct care staff #1 and #2</p>			
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	<p>could have initiated the following "Meaningful Day Activities" with client #D: "1. Morning grooming, 2. Laundry, 3. Feed fish, 4. Teeth goal," and IPP objectives: "Count different bill and coin combinations, 2. Follow chore chart."</p> <p>Administrator/QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 2/28/12 at 11:16 A.M.. Administrator/QMRP #1 indicated direct care staff #1 and #2 "should have engaged [clients B and D] in meaningful activity."</p> <p>4. Client #C's record was reviewed on 2/28/12 at 8:50 A.M.. The review failed to indicate a comprehensive functional assessment had been completed for client C since his admission to the facility in 6/2011.</p> <p>Client D's record was reviewed on 2/28/12 at 8:42 A.M.. The review failed to indicate a comprehensive functional assessment had completed for client D since his admission to the facility in 6/2011.</p> <p>Administrator/QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 2/28/12 at 11:16 A.M.. Administrator/QMRP #1 indicated the facility did not have documentation of</p>			

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	<p>current comprehensive functional analysis being conducted for clients C and D.</p> <p>5. Client B's records were reviewed on 2/28/12 at 7:37 A.M.. The review indicated client B was emancipated. Review of the client's 8/19/11 Behavior Support Plan indicated the client was receiving Lorazepam (Tranquilizer), Haldol (Anti-Psychotic medication), Depakote (Mood stabilizer), Buspar (Tranquilizer), and Lexapro (Mood stabilizer) for the management of listed psychiatric diagnoses of Attention Deficit Hyper-Activity disorder, Post Traumatic Stress disorder, Mood disorder, and Schizophrenia. Further review of the client's 8/19/11 Behavior Support Plan indicated the plan addressed management of behaviors associated with the aforementioned diagnoses. Further review of client B's Behavior Support Plan failed to indicate the client provided written consent for the use of the plan.</p> <p>Client D's records were reviewed on 2/28/12 at 8:42 A.M.. The review indicated client D was emancipated. Review of the client's 1/17/12 Behavior Support Plan indicated the client was receiving Geodon (Anti-Psychotic medication), Depakote (Mood stabilizer), Haldol (Anti-Psychotic medication),</p>			

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	<p>Buspar (Tranquilizer), Lorazepam (Tranquilizer), and Lexapro (Mood stabilizer) for the management of listed psychiatric diagnoses of Physical Aggression, Verbal Aggression, Sexual Inappropriate behavior, Elopement, and Refusals. Further review of the client's 1/17/12 Behavior Support Plan indicated the plan addressed management of behaviors associated with the aforementioned diagnoses. Further review of client D's Behavior Support Plan failed to indicate the client provided written consent for the use of the plan.</p> <p>Administrator/QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 2/28/12 at 11:16 A.M.. Administrator/QMRP #1 indicated he could not find client B and D's written consent for the implementation of their respective restrictive behavior support programs.</p> <p>This federal tag relates to complaint #IN00104334. 9-3-3(a)</p>						

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W0210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on record review and interview, the facility failed to assure comprehensive functional assessments were completed for 2 of 4 clients living in the group home (client C and D).</p> <p>Findings include:</p> <p>Client C's record was reviewed on 2/28/12 at 8:50 A.M.. The review failed to indicate a comprehensive functional assessment had been completed for client C since his admission to the facility in 6/2011.</p> <p>Client D's record was reviewed on 2/28/12 at 8:42 A.M.. The review failed to indicate a comprehensive functional assessment had completed for client D since his admission to the facility in 6/2011.</p> <p>Administrator/QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 2/28/12 at 11:16 A.M.. Administrator/QMRP #1 indicated the facility did not have documentation of current comprehensive functional analysis</p>	W0210	A comprehensive functional assessment was completed on 3/5/12 for client D, client C's comprehensive functional assessment was present, client C's functional assessment will be made available upon follow-up to ensure it is complete and in place.	03/05/2012			

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	being conducted for clients C and D. 9-3-4(a)			

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W0225	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills.</p> <p>Based on record review and interview, the facility failed to assess the vocational needs of 2 of 2 sampled clients requiring vocational assessment (clients A and B).</p> <p>Finding include:</p> <p>Client A's record was reviewed on 2/28/12 at 8:59 A.M.. A review of the client's record failed to indicate client A's vocational needs and abilities had been assessed.</p> <p>Client B's record was reviewed on 2/28/12 at 7:37 A.M.. A review of the client's record failed to indicate client B's vocational needs and abilities had been assessed.</p> <p>Administrator/QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 2/28/12 at 11:16 A.M.. Administrator/QMRP #1 indicated clients A and B's vocational needs and abilities had not been assessed.</p> <p>9-3-4(a)</p>	W0225	A vocational assessment was completed on 3/5/12 for client A and B.	03/05/2012	

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W0249	<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, the facility failed to implement written objectives during times of opportunity for 2 of 2 clients who were dressed and ready for the day (clients B and D.)</p> <p>Findings include:</p> <p>Clients B and D were observed during the group home observation period on 2/28/12 from 6:30 A.M. until 8:50 A.M.. From 6:30 A.M. until 8:00 A.M., clients B and D, who were dressed and ready for the day, walked around the facility without activity or interaction from direct care staff #1 and #2. During the 6:30 A.M. to 8:00 A.M. time frame, direct care staff #1 and #2 swept and mopped the floors of the facility and completed documentation tasks. Direct care staff #1 and #2 were not observed to initiate interaction, implement objectives, or prompt clients B and D to participate in meaningful day activities.</p>	W0249	Beginning 3/2/12 staff have and will continue to be shadowed by QMRP, Behaviorist, Administrator, and Nurse. Additionally staff have been verbally retrained (Exhibit A – Training) on active treatment during 3/1/12 Abuse, Neglect, and Exploitation training.	03/05/2012			

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	<p>Client B's record was reviewed on 2/28/12 at 7:37 A.M.. Review of the client's 8/11 IPP (Individual Program Plan) indicated direct care staff #1 and #2 could have initiated the following "Meaningful Day Activities" with client B: "1. Morning grooming, 2. Teeth goal, 3. Clean bathroom," and IPP objectives: "1. Make weekly budget, 2. Make smoking schedule, 3. Use leisure time responsibly."</p> <p>Client D's record was reviewed on 2/28/12 at 8:42 A.M.. Review of the client's 8/11 IPP (Individual Program Plan) indicated direct care staff #1 and #2 could have initiated the following "Meaningful Day Activities" with client D: "1. Morning grooming, 2. Laundry, 3. Feed fish, 4. Teeth goal," and IPP objectives: "Count different bill and coin combinations, 2. Follow chore chart."</p> <p>Administrator/QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 2/28/12 at 11:16 A.M.. Administrator/QMRP #1 indicated direct care staff #1 and #2 "should have engaged [clients B and D] in meaningful activity." 9-3-4(a)</p>			
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W0263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to secure written consent prior to implementing a restrictive behavior program for 2 of 4 clients (clients B and D) with restrictive behavior programs.</p> <p>Findings include:</p> <p>Client B's records were reviewed on 2/28/12 at 7:37 A.M.. The review indicated client B was emancipated. Review of the client's 8/19/11 Behavior Support Plan indicated the client was receiving Lorazepam (Tranquilizer), Haldol (Anti-Psychotic medication), Depakote (Mood stabilizer), Buspar (Tranquilizer), and Lexapro (Mood stabilizer) for the management of listed psychiatric diagnoses of Attention Deficit Hyper-Activity disorder, Post Traumatic Stress disorder, Mood disorder, and Schizophrenia. Further review of the client's 8/19/11 Behavior Support Plan indicated the plan addressed management of behaviors associated with the aforementioned diagnoses. Further review of client B's Behavior Support</p>	W0263	Client B and D agreed to sign their behavior plan on 3/12/12. A behavior support plan will not be implemented without proper signatures/authorization. The Human Rights approval form now includes a signature line on the actual form that is submitted to the Human rights committee to verify that the individual or guardian agrees to the plan. This update will be used in cases of future updates and original behavior plans.	03/12/2012			

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	<p>Plan failed to indicate the client provided written consent for the use of the plan.</p> <p>Client D's records were reviewed on 2/28/12 at 8:42 A.M.. The review indicated client #4 was emancipated. Review of the client's 1/17/12 Behavior Support Plan indicated the client was receiving Geodon (Anti-Psychotic medication), Depakote (Mood stabilizer), Haldol (Anti-Psychotic medication), Buspar (Tranquilizer), Lorazepam (Tranquilizer), and Lexapro (Mood stabilizer) for the management of listed psychiatric diagnoses of Physical Aggression, Verbal Aggression, Sexual Inappropriate behavior, Elopement, and Refusals. Further review of the client's 1/17/12 Behavior Support Plan indicated the plan addressed management of behaviors associated with the aforementioned diagnoses. Further review of client D's Behavior Support Plan failed to indicate the client provided written consent for the use of the plan.</p> <p>Administrator/QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 2/28/12 at 11:16 A.M.. Administrator/QMRP #1 indicated he could not find client B and D's written consent for the implementation of their respective restrictive behavior support programs.</p>						

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W0323	<p>9-3-4(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed to have 1 of 4 client's (client D's) vision screened, within one calendar year.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 2/28/12 at 8:42 A.M.. The review indicated client D had not received a vision screening since his admission to the facility in 6/2011.</p> <p>Administrator/QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 2/28/12 at 11:16 A.M.. Administrator/QMRP #1 indicated he could not locate documentation of client D's most recent vision screening.</p> <p>9-3-6(a)</p>	W0323	<p>Client D was seen by an Optometrist on 3/2/12. Annually each client will receive an evaluation by an approved physician, the appointment conclusion recommendations and findings will be documented appropriately.</p>	03/02/2012

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W0346	<p>483.460(d)(4) NURSING STAFF</p> <p>If the facility utilizes only licensed practical or vocational nurses to provide health services, it must have a formal arrangement with a registered nurse to be available for verbal or onsite consultation to the licensed practical or vocational nurse.</p> <p>Based on record review and interview, the facility failed to provide consultation services of a registered nurse for the facility's licensed practical nurse who provided nursing services for 4 of 4 clients living in the group home (clients A, B, C, and D.)</p> <p>Findings include:</p> <p>The facility's personnel records for staff working at the group home where clients A, B, C, and D resided were reviewed on 2/27/12 at 11:10 A.M.. The review failed to indicate the facility provided the facility's Licensed Practical Nurse with the consultation services of a Registered Nurse.</p> <p>Administrator/QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 2/28/12 at 11:16 A.M.. Administrator/QMRP #1 indicated, at the present, the facility did not have a registered nurse available for the facility's licensed practical nurse for consultation in</p>	W0346	<p>A Fulltime nurse is always accessible through Indiana Developmental Training Center – a sister company of Spectrum's. During this part of the interview, QMRP misinformed surveyor but sought clarification at that time. At survey close this information was presented, see Exhibit B. To document consultations, if the LPN refers to the RN on a customers medical status, that consultation will be noted in the individuals nursing notes.</p>	03/03/2012			

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	<p>regard to the care of clients A, B, C, and D. Administrator/QMRP further indicated a Registered Nurse was starting work at the facility on 3/1/12.</p> <p>This federal tag relates to complaint #IN00103611 and complaint #IN00104334. 9-3-6(a)</p>						

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W0460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review, and interview, the facility failed to offer a breakfast meal, per the prescribed menu, for 4 of 4 sampled clients living in the group home (clients A, B, C, and D).</p> <p>Findings include:</p> <p>Clients A, B, C, D were observed at the group home during the 2/27/12 observation period from 6:30 A.M. until 8:50 A.M.. At 8:10 A.M., direct care staff #3 put a serving bowl of hot cereal, a bowl of sliced pears, a plate of dry toast, and a gallon of 2% milk of the dining room table and prompted the clients to serve themselves. At 8:22 A.M., clients A, B, C, D served themselves and ate from the prepared dishes on the table. Direct care staff #3 did not offer clients A, B, C, and D any other foods for their breakfast meal.</p> <p>The facility records were reviewed on 2/27/12 at 8:48 A.M.. A review of the facility's breakfast menu for 2/27/12 listed the following items which were to be offered to clients A, B, C, and D for their breakfast meal: "OJ (orange juice),</p>	W0460	<p>Staff, along with clients A,B,C,D, will review the approved dietary menu and prepare items listed. If a client wishes to add or change a menu item, that menu item will be noted in their daily progress notes. All food and drink items will be brought to the table to serve family style. Weekly the menu will be reviewed to ensure that groceries are in place for that menu, daily the menu will be reviewed the meal prior, if a food item is not present, the food item will be purchased prior to the meal.</p>	03/03/2012			

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	<p>Cream of Wheat or assorted cold cereal, toast with margarine and jam, French toast, 2% milk, sanka, tea, coffee."</p> <p>Direct care staff #6 was interviewed on 2/27/12 at 9:15 A.M.. Direct care staff #6 stated, "We didn't have all the items that were on the menu. We're going shopping this morning to get more groceries."</p> <p>Administrator/QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 2/27/12 at 11:16 A.M.. Administrator/QMRP #1 stated, "We attempt to follow the menu but it depends on what the customers (client A, B, C, and D) want for that meal."</p> <p>This federal tag relates to complaint #IN00104334. 9-3-8(a)</p>						

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview, the facility failed to assure 4 of 4 clients living in the group home (clients A, B, C, and D) participated in family style dining.</p> <p>Findings include:</p> <p>Clients A, B, C, and D were observed at the group home during the morning observation period on 2/27/12 from 6:30 A.M. until 8:50 A.M.. At 8:02 A.M., Direct Care Staff #3 prepared Cream of Wheat cereal, opened cans of sliced pears and put them into a serving bowl and prepared toast. Direct care staff #3 placed the prepared foods on the dining room table along with a gallon of milk as clients A, B, C, and D sat at the table waiting for their breakfast foods. Direct care staff #3 did not prompt or assist the clients in participating in a family style dining experience.</p> <p>Administrator/QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 2/27/12 at 11:16 A.M.. Administrator/QMRP indicated clients A, B, C, and D were developmentally capable of participating in the preparation</p>	W0488	<p>Meal time procedure has been reviewed with all staff on 3/1/12 (Exhibit A – Training) to ensure participation with each client. This includes bringing all menu items to the table and using appropriate serving and table manners. If a customer wishes to not eat with others and chooses to eat before or after, this refusal will be documented.</p>	03/03/2012			

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	of their own meals. Administrator/QMRP #1 stated, "[Direct care staff #3] should have involved the customers (clients A, B, C, and D) in the preparation of their meal." 9-3-8(a)			

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W9999	<p>State Findings 431 IAC 1.1-3-4 Active Treatment Services (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 preferences for services in the least restrictive environment.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on observation, record review, and interview, the facility failed to meet the active treatment needs pertaining to day services programming for 2 of 4 clients (clients A and B).</p> <p>Findings include:</p> <p>Client A was observed on 2/27/12 from 10:50 A.M. until 12:00 P.M. During the observation client A napped in his room and listened to music. No alternative day services were observed to be provided.</p>	W9999	<p>1. Administrator has contacted Michiana Resources in Michigan City to tour the day program, a tour has been set up for 3/29/12. 2. Administrator has requested approval from BDDS Service Coordinator for approval of the Meaningful Day Schedule in the group home to serve as day programming until an outside day program can be established. BDDS Service Coordinator has not responded to e-mail or followup emails. An email was replied to with "please forward me a copy of the survey." Administrator will continue to seek approval or denial of request.</p>	03/16/2012	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G793		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/02/2012	
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	<p>Client B was observed on 2/27/12 from 10:50 A.M. until 12:00 P.M. During the observation client B smoked a cigarette outside and played cards with direct care staff #17. No alternative day services were observed to be provided.</p> <p>Client A's records were reviewed on 2/27/12 at 12:07 P.M.. The review failed to indicate day service programming outside of the group home had been sought for the client.</p> <p>Client B's records were reviewed on 2/27/12 at 12:14 P.M.. The review failed to indicate day service programming outside of the group home had been sought for the client.</p> <p>BDDS (Bureau of Developmental Disabilities Services) case manager was interviewed on 2/27/12 at 12:16 P.M.. BDDS case manager indicated she had not approved the current day programming for clients A and B.</p> <p>Administrator/QMRP (Qualified Mental Retardation Professional) #1 was interviewed on 2/28/12 at 11:16 A.M.. Administrator/QMRP #1 indicated the facility is working to reduce client A's behaviors so community activities could be more substantial.</p>						

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	Administrator/QMRP #1 further indicated the facility is working on reducing client B's refusals to participated in meaning full day programming activities. 9-3-4(a)				