

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G579	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/29/2013
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NAME OF PROVIDER OR SUPPLIER MCSHERR INC - NEW CASTLE	STREET ADDRESS, CITY, STATE, ZIP CODE 496 DENNY DR NEW CASTLE, IN 47362
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W000000	<p>This visit was for an extended annual recertification and state licensure survey.</p> <p>Dates of Survey: July 17, 18, 19, 22 and 29, 2013.</p> <p>Provider Number: 15G579 Facility Number: 001093 AIM Number: 100239970</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/2/13 by Ruth Shackelford, QIDP.</p>	W000000		

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

TITLE

(X6) DATE

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

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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the facility's governing body failed to exercise general policy and operating direction over the facility:</p> <p>___ To ensure the facility implemented its written policy and procedures to prevent neglect in regard to client #8 due to falls which resulted in death and to identify and/or prevent neglect of clients #6 and #8 in regard to implementing safeguards to address the clients' reoccurring falls and to prevent further and/or future injury as a result of the falls.</p> <p>___ To report all injuries of unknown origin immediately to the administrator, to conduct thorough investigations and/or provide evidence a thorough investigation was conducted in regard to client to client abuse and injuries of unknown origin, to ensure the results of all investigations were reported to the administrator within 5 business days from the date of the incident and to ensure all staff were trained and/or retrained in regard to reporting injuries of unknown origin for clients #1, #2, #4 and #6.</p> <p>___ To maintain/repair and/or replace the</p>	W000104	<p>1. The sofa was replaced and the recliner was discarded. There was a screw missing in the cabinet door. A screw was located that would fit and was placed in the hinge. The door is now fixed. Monitoring System: Staff will complete a "repair or replace" form and present it to the home management team when they observe any area or object in the home that needs maintenance attention. House Manager will review forms and arrange the maintenance. The IDT will tour the home quarterly or more frequently if needed to inspect the home for any needed repairs or replacement of furnishings, appliances, etc. Responsible Parties: Direct care Staff, House Manager, IDT 2. Client #8 is no longer a resident of McSherr. The nurse revised the fall risk plan for #6 and staff were made aware of this change per notice posted in the communication log. They will be formally trained on 8/19/12. High risk plans including fall risk will be written by the McSherr nurse for any client identified as needing a plan. An order for OT/PT evaluation was obtained and an appointment is scheduled for 9/4/13. In the future, high risk plans-including fall risk will be</p>	08/27/2013			

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	<p>furniture in the group home for clients #1, #2, #3, #4, #5, #6 and #7.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 7/17/13 between 3:45 PM and 6:35 PM and on 7/18/13 between 5:50 AM and 7:45 AM.</p> <p>In the main living room of the home were 1 brown and 2 blue recliners and a large brown couch. The cushions of the couch had several large dark round stains on them. Both ends of the couch were broken down and the cushions were sunken into each end of the couch. The back of the brown recliner had a board across the back with 3 inch screws hanging from the board. During both observations, clients #1, #2, #3, #4, #5, #6 and #7 did not sit on the couch or the brown recliner. One of the cabinet doors below the sink in the kitchen was hanging by one hinge and broken.</p> <p>Interview with client #2 on 7/17/13 at 5:15 PM indicated clients #1, #4 and #6 had urinated on the couch several times in the past. Client #2 stated the couch was "broken down and sinks in when you sit down." Client #2 indicated he would not sit on the couch.</p>		<p>written by the McSherr nurse for any client identified as needing a plan. The risk plan will be reevaluated after each occurrence by the nurse and if changes are deemed necessary to ensure the continued safety of the client, they will be incorporated into the plan. The nurse will report to the IDT monthly and list out high risk plans for each residents. Staff members will be retrained on the policy of injuries of unknown origin on 8/19/13. The House Manager who is responsible for conducting the investigation will be retrained to conduct a more complete investigation including information about where the client has been and what activities he/she has been engaged in during the last 24 hours. They will be re-trained on starting the investigation within 24 hours of the reported injury and the completion within 5 working days. Those workshop staff who work with this client will be interviewed as well as any workshop clients in the area who are able to give information. The House Manager conducting the investigation will use more narrative as this may cause the need for additional information which might bring to light the cause of the injury. After the completion of the investigation and within the 5 working days the House Manager will report the findings to the Residential Director and Social Worker. They</p>				

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	<p>Interview with client #5 on 7/18/13 at 6 AM stated the couch and recliner had been broken for "a while." Client #5 indicated some of the clients in the home had urinated on the couch in the past. Client #5 stated he would not sit on the couch or the brown recliner because the back was "broken on it."</p> <p>Interview with the AHM (Assistant Home Manager) on 7/19/13 at 1 PM indicated whenever anything was broken in the home, the staff were to notify her. The AHM indicated she was not aware the kitchen cabinet was broken.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 7/19/13 at 3 PM indicated the couch and recliner needed to be replaced.</p> <p>Interview with the RD (Residential Director) on 7/22/13 at 1 PM indicated the couch had been replaced and the recliner had been removed from the home. The RD indicated she had not replaced or repaired the broken down furniture due to finances and she had to choose between replacing some of the clients' dresser drawers or the couch and she chose to replace/repair the broken dressers first.</p> <p>2. The governing body failed to exercise</p>		<p>will arrive at a conclusion, possible cause and remedial action. Monitoring System: Review all High Risk plans, injuries and investigations at the monthly IDT. Responsible parties: Direct Care Staff, House Manager, Social Worker, Residential Director, IDT 3. Staff have been re-trained on 8/19/13 to notify the House Manager/Residential Director as well as the social worker immediately of any injuries for which they do not know the cause. Telephone numbers are in the home and voice messages can be left if there is no immediate answer. There will be a flow chart posted in the home outlining step by step how to complete an Accident and Injury and what to do if it is an unknown. Completion date: 8/23/13 An investigation will begin within 24 hours of when the injury is reported. The house Manager will complete this investigation within 5 working days. The findings will be reported to the Social Worker and Residential Director. They will arrive at a conclusion, possible cause and remedial action. Monitoring System: All unknowns and investigations will be reviewed at the Monthly IDT. Responsible Parties: Direct Care Staff, House Manager, Social Worker, Residential Director, IDT 4. All client to client abuse will be reported to the QIDP immediately</p>				

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	<p>general policy and operating direction over the facility to ensure safeguards were implemented to protect clients #6 and #8 from further falls and/or injury from falls, to ensure all injuries of unknown origin were reported immediately to the administrator for clients #1 and #6, to ensure all allegations of client to client abuse and injuries of unknown origin were thoroughly investigated and/or provided evidence a thorough investigation was conducted for clients #1, #2, #4 and #6 and to report the results of the investigations to the administrator within 5 working days from the date of discovery for clients #1 and #4. Please see W149.</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility to ensure all injuries of unknown origin were reported immediately to the administrator for clients #1 and #6. Please see W153.</p> <p>4. The governing body failed to exercise general policy and operating direction over the facility to ensure all incidents of client to client abuse and all injuries of unknown origin were thoroughly investigated. Please see W154.</p> <p>5. The governing body failed to exercise general policy and operating direction</p>		<p>by telephone. The # is in the home. The QIDP will report this to the House Manager/ Residential Director and will investigate all client to client allegations. The QIDP will report the results to the House Manager/Residential Director within 5 working days. The report can be made in person, by telephone or by e-mail. In the absence of the QIDP, the home manager assume this role. The results of the investigation will be reviewed by Residential Director. They will arrive at a conclusion, possible cause and remedial action which will be initiated immediately. Monitoring System: Any allegations of client to client abuse will be reviewed by the IDT monthly. The QDDP will review the client behavioral date and daily notes at a minimum of 2 times per month to assure there are no incidents and to look for possible trends. Responsible Parties: Direct Care Staff, House Manager, QIDP, Residential Director, IDT 5. The social worker will report the results of any investigation (other than client to client) to the residential director within 5 working days. The report can be made in person, by telephone or e-mail. The Residential Director will re-train the Social Worker on the policy of reporting investigation results to the Residential Director within 5 days. Completion date 8/20/13. Monitoring System: All</p>		

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	<p>over the facility to ensure the facility reported the results of all investigations to the administrator within 5 working days from the date of discovery for clients #1 and #4. Please see W156.</p> <p>6. The governing body failed to exercise general policy and operating direction over the facility to ensure the staff were trained/retrained in regard to reporting injuries of unknown origin for client #1. Please see W189.</p> <p>9-3-1(a)</p>		<p>investigations will be reviewed to assure compliance with policies at Monthly IDT. Responsible Parties: Social Worker, Residential Director, IDT 6. Stall were retrained on 8/19/13 on the policy for reporting injuries of unknown origin. There will be a flow chart posted in the home outlining step by step how to complete an Accident and Injury and what to do if it is an unknown. Completion date 8/23/13. Monitoring System: The House Manager will look at the folder daily where the Accident and Injuries are kept. If an injury is noted that was not reported timely the staff will be re-trained and a counseling completed and placed into their personnel file. Responsible Parties: Direct Care Staff, House Manager, Social Worker, Residential Director, IDT</p>		

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W000122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 3 of 4 sampled clients (#1, #2 and #4) and 2 additional clients (#6 and #8). The facility failed to implement its written policies and procedures to prevent neglect in regard to client #8 due to falls which resulted in death. The facility's system for monitoring neglect failed to identify and/or prevent neglect of clients #6 and #8 in regard to implementing safeguards to address the clients' reoccurring falls and to prevent further and/or future injury as a result of the falls. The facility failed to report all injuries of unknown source immediately to the administrator, failed to conduct thorough investigations and/or provide evidence a thorough investigation was conducted and to ensure the results of the investigations were reported to the administrator within 5 business days from the date of the incident.</p> <p>Findings include:</p> <p>1. The facility failed to implement written policies and procedures to ensure safeguards were implemented to protect clients #6 and #8 from recurring falls</p>	W000122	<p>1. The McSherr nurse has revised the fall plan for #6. In the future, the nurse will write risk plans for anyone identified to need one. She will review the plan in place after each incident and revisions will be made as necessary to ensure the safety of the client. Monitoring System: She will bring a list of each clients high risk plans to the Monthly IDT and report incidents that have occurred and the revisions made. The IDT will make further recommendations if necessary. Staff will notify the House Manager/Residential Director immediately when doing an observation on an injury for which they do not know the cause. The phone numbers are listed in the home. They were re-trained on 8/19/13 in regard to reporting injuries of unknown origin. The House Manager is responsible for investigating the unknown injuries and have been re-trained on the policy for reporting. Completion Date: 8/15/13 The results of the investigation will be reported to the Residential Director/Social Worker within 5 working days. Monitoring System: All unknowns and investigations will be reviewed at the Monthly IDT. Responsible Parties: Direct care Staff, House manager,</p>	08/27/2013			

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	<p>and/or injuries due to falls, to ensure all injuries of unknown origin were reported immediately to the administrator for clients #1 and #6, to ensure all allegations of client to client abuse and injuries of unknown origin were thoroughly investigated and/or provide evidence a thorough investigation was conducted for clients #1, #2, #4 and #6, to report the results of all investigations to the administrator within 5 working days from the date of discovery for clients #1 and #4 and to ensure the facility staff were trained/retrained in regard to reporting injuries of unknown origin for client #1. Please see W149.</p> <p>2. The facility failed to report all injuries of unknown origin immediately to the administrator for clients #1 and #6. Please see W153.</p> <p>3. The facility failed to provide evidence of an investigation and/or a thorough investigation was conducted in regard to client to client abuse and injuries of unknown origin for clients #1, #2, #4 and #6. Please see W154.</p> <p>4. The facility failed to report the results of the investigations to the administrator within 5 working days from the date of discovery of the unknown injuries for clients #1 and #4. Please see W156.</p>		<p>Social Worker, Nurse, residential Director, IDT2. Staff will notify the House Manager and Social Worker immediately when they observe an injury for which they do not know the cause. The Manager's telephone # is in the home. The House Manager is responsible for the investigation of unknown injuries was retrained on 8/15/13 how to conduct a more thorough investigation. The results of any investigation will be reported to the residential Director/Social Worker within 5 business days. Staff was retrained on reporting injuries of unknown origin at a training session on 8/19/13. The House Manager was re-trained on procedures to implement to complete a thorough investigation on injuries of unknown origin. Monitoring System: All unknowns and investigations will be reviewed at the Monthly IDT. If the policy is not being followed and reports do not meet the necessary deadlines the responsible person will be re-trained and a counseling placed in their employee file. Responsible Parties: Direct Care Staff, House Manager, Social Worker, Nurse, Residential Director, IDT3. All client to client abuse will be reported to the QIDP immediately by telephone. The # is in the home. The QIDP will report this to the House Manager/ Residential Director and will investigate all client to</p>				

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	<p>5. The facility failed to ensure the facility staff were trained/retrained in regard to reporting injuries of unknown origin for client #1. Please see W189.</p> <p>9-3-2(a)</p>		<p>client allegations. The QIDP will report the results to the House Manager/Residential Director within 5 working days. The report can be made in person, by telephone or by e-mail. In the absence of the QIDP, the home manager assume this role. The results of the investigation will be reviewed by Residential Director. They will arrive at a conclusion, possible cause and remedial action which will be initiated immediately. Monitoring System: Any allegations of client to client abuse will be reviewed by the IDT monthly. The QDDP will review the client behavioral data and daily notes at a minimum of 2 times per month to assure there are no incidents and to look for possible trends. Responsible Parties: Direct Care Staff, House Manager, QIDP, Residential Director, IDT 4. The House Manager was re-trained on 8/15 on the policy to report the investigation findings within 5 working days. 5. The direct care staff were retrained on 8/19/13 in regard to reporting injuries of unknown origin immediately. In addition to previous trainings there is now a flow chart in the home for them to follow when injuries are noted.</p>		

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 3 of 4 sample clients (#1, #2 and #4) and 2 additional clients (#6 and #8), the facility neglected to implement its policy and procedures:</p> <p>__To ensure safeguards were implemented to prevent clients #6 and #8 from further falls and/or injury/death in regard to continued falls.</p> <p>__To ensure all injuries of unknown origin were reported immediately to the administrator for clients #1 and #6.</p> <p>__To ensure all allegations of client to client abuse and injuries of unknown origin were thoroughly investigated and/or provide evidence a thorough investigation was conducted for clients #1, #2, #4 and #6.</p> <p>__To report the results of the investigations to the administrator within 5 working days from the date of discovery of the unknown injuries for clients #1 and #4.</p> <p>Findings include:</p> <p>1. Client #8's record was reviewed on 7/18/13 at 1 PM.</p> <p>Client #8's A/I (Accident/Injury) Reports</p>	W000149	<p>All client to client abuse will be reported to the QIDP immediately by telephone. The # is in the home. The QIDP will report this to the House Manager/ Residential Director and will investigate all client to client allegations. The QIDP will report the results to the House Manager/Residential Director within 5 working days. The report can be made in person, by telephone or by e-mail. In the absence of the QIDP, the home manager assume this role. The results of the investigation will be reviewed by Residential Director. They will arrive at a conclusion, possible cause and remedial action which will be initiated immediately. Monitoring System: Any allegations of client to client abuse will be reviewed by the IDT monthly. The QDDP will review the client behavioral date and daily notes at a minimum of 2 times per month to assure there are no incidents and to look for possible trends. Responsible Parties: Direct Care Staff, House Manager, QIDP, Residential Director, IDT</p>				

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	<p>indicated:</p> <p>__ On 3/19/13 at 5:45 PM client #8 was trying to go into the staff office, the staff jumped up to open the door and client #8 fell backwards beside his walker and hit the back of his head on a gray tote. The report indicated client #8 may have an injury to the back of his head and both buttocks with no bruising and/or cuts noted at the time of the fall. The report indicated the RN signed the A/I report on 3/21/13.</p> <p>__ On 3/31/13 at 4:15 PM client #8 was walking to the restroom, lost his footing and fell forward to the floor on his right hip, leg, side and arm. The report indicated client #8 had his walker with him at the time of the fall and the client reported his foot was asleep. The report indicated no injury. The report indicated the RN signed the A/I report on 4/5/13.</p> <p>__ On 4/4/13, no time noted, indicated client #8 fell in the bathroom. The report indicated "Not sure how he [client #8] fell, just saw him getting up. Didn't see him fall. But he said he was fixing a rug in bathroom floor (sic)." The report indicated no injury. The report indicated the RN signed the A/I report on 4/5/13.</p> <p>__ On 4/27/13 at 10:40 PM client #8 fell to the floor entering the bathroom near the</p>				

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	<p>kitchen. The report indicated no injury. The report indicated the RN signed the A/I report on 4/30/13.</p> <p>__ On 5/28/13 at 3:40 PM, client #8 was picking up his lunch bag off of his Rollator walker and lost his balance, falling to the ground. The report indicated no injury. The report indicated the RN signed the A/I report on 5/28/13.</p> <p>__ On 5/30/13 at 4 PM client #8 was bowling. "Lady at bowling alley said [client #8] blacked out. When I got to him he was not respond to me (sic). Less then 1 min [client #8] was talking to staff (sic). Blood was coming out of his head. Staff put pressure on it with a towel and the EMT (Emergency Medical Technician) got there (sic)." The report indicated the RN signed the A/I report on 5/30/13.</p> <p>Client #8's Administrative (Mortality) Review of 6/6/13 indicated on 5/30/13 client #8 "was on an outing at the bowling alley when he suddenly fell. He was unconscious when staff initially went to help him. A bowling alley employee called 911. He was bleeding from the left side of his head. He then started talking to staff and tried to get up from where he had fallen. Staff redirected him to stay down and he was then transported to the [name of hospital] emergency room via</p>						

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	<p>ambulance. Client #8 was talking and alert at the [name of hospital]. A CT scan was done and it was found that he had a 'medium size' bleed in the back left side of his brain. Three staples were put in the cut on [client #8's] left front forehead that he received when falling. According to the ER (emergency room) Dr. (doctor) the fall did not cause the bleed, instead the bleed caused [client #8] to black out and fall. He was then transferred to [name of hospital] in [name of city] and placed in the ICU. He was unresponsive at this time. Another CT scan was completed at this time and showed the brain bleed had spread through the left side to the right side of his brain. At this time McSherr's Nurse, Social Worker and CEO were all present to speak to the neurologist. The guardian was called and made the decision to do comfort measures only. On 5/31/13 the ventilator was removed as decided by the guardian. He [client #8] passed away in the hospital on 6/3/13."</p> <p>The 6/1/13 note from the Social Worker on 6/1/13 indicated "According to the [name of bowling alley] staff, [name of bowling alley staff], it was like [client #8] had passed out and fell because he was standing at the ball return and just fell over. McSherr's staff, [name of staff], was standing behind the chairs, which were by the lane [client #8] was going to bowl at,</p>			

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	<p>talking to someone. [Name of bowling alley staff] yelled at [name of staff] that [client #8] had fallen. [Client #8] was unresponsive when [name of staff] first went to him, but [client #8] was alert and waved to [name of bowling alley staff] when he was taken out by the EMT's (Emergency Medical Technicians)."</p> <p>Client #8's CT (Computed Tomography) scan of the head on 5/30/13 indicated "fall today and 2 days ago. Hit left side of head. Additional information indicates that patient demonstrated intracranial hemorrhage on outside head....</p> <p>Impression: Abnormal lobular enhancing lesion within the left posterior parietal region. Etiologic considerations include small arteriovenous malformation versus intracranial aneurysm."</p> <p>Client #8's hospital Death Summary of 6/3/13 indicated discharge diagnoses of, but not limited to, left occipital hemorrhage (cerebral) and gait imbalance. The summary indicated client #8 "presented to the hospital after falling at a bowling alley. Apparently, he was standing and suddenly lost consciousness and slumped over and hit his head. He then regained consciousness, but a CT scan subsequently showed a left occipital hemorrhage.... He [client #8] was breathing on his own but then continued</p>			

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	<p>to slip into a coma.... Throughout the hospital stay, it was noted that the patient [client #8] did not have any improvement in his neurologic status.... it was elected to simply continue with comfort measures. He was evaluated by Neurosurgery and it was their thought that the patient [client #8] was having dramatic progression of a hemorrhage with intraventricular extension and obstructive hydrocephalus with possible abnormal vessel next to hematoma. Given the patient's [client #8's] underlying morbidities, it was elected to simply continue with comfort care. The patient did expire on this day."</p> <p>Client #8's Revised High Risk Plan for Falls dated 1/2013 indicated client #8 has a history of falls with injury, "states he is 'clumsy' and does not pay attention at times and has lack of attention to his environment." The plan indicated: ___ Client #8 was to use his Rollator walker at all times. If he is found to be without it, the staff were to retrieve it rather than send him after it. ___ Staff was to give verbal reminders to use handrails and walk at a slow safe pace, to give warnings and notice of obstacles such as steps or uneven terrain. ___ Standby assistance from staff was to be given whenever client #8 was getting on and/or off the transport van. "Includes</p>			

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	<p>handling and carrying his walker up and down steps for him." __Staff was to "remain in the bathroom giving assistance as needed with undressing and during his shower. Staff will stay within arms reach until his bathing and dressing tasks are completed. Staff will ensure the floor is dry before leaving the bathroom." __ "Any falls causing injury will be discussed at the next monthly IDT (Interdisciplinary Team) meeting."</p> <p>Client #8's PT (Physical Therapy) evaluation of 9/3/10 indicated client #8 "presented to therapy carrying a single point cane with caregiver from group home giving instructions for him to put it on the floor. Per caregiver, multiple falls over the past year with most recent resulting in a clavicle fracture. Patient recently diagnosed with neuropathy and started using a cane.... This patient [client #8] did walk right into a 2 x 4 block on the floor and knocked it over and was unaware of it being in his way. I feel his falls are related to poor attention to environment and possibly his lack of sensation in his feet.... At this time I feel staff you give cues for him to be aware of environment and watch where he is walking (sic). Encourage use of cane in community as this may assist him with being more cautious in unfamiliar</p>			

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	<p>environments. If falls continue further assessment may be indicated or the need for one on one supervision."</p> <p>Client #8's Death Certificate of 6/3/13 indicated the cause of death to be "Head bleed due to fall."</p> <p>Client #8's record did not indicate the IDT assessed and/or reassessed client #8's ambulatory/mobility needs in regard to client #8's recurring falls in March, April and May, 2013. Client #8's record did not indicate how the staff were to supervise/monitor and/or assist client #8 while ambulating within the group home to prevent recurring falls and/or injuries due to recurring falls.</p> <p>Interview with the facility RN (Registered Nurse) and the QIDP (Qualified Intellectual Disabilities Professional) on 7/18/13 at 4 PM indicated client #8 was unsteady on his feet and had a history of falls. The RN indicated the IDT (Interdisciplinary Team) met monthly to discuss all of the clients in the group home. The RN indicated client #8's falls were mentioned during these meetings with no revisions made to client #8's plan of care as to how the facility was to ensure client #8's safety due to recurring falls. The RN indicated client #8's falls risk plan was last revised on 1/2013. The</p>			

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	<p>RN indicated client #8 was seeing a neurologist to try to find out why he was falling and stated "There was nothing else we could do. We had a plan in place and he was using a walker." When asked if the IDT had evaluated client #8 for the use of a gait belt, the RN stated, "No, I didn't even think about him using a gait belt." The RN stated "the neurologist or someone recommended the use of a walker, so we just got him one." The RN indicated client #8's last PT assessment was conducted on 9/3/10 and the client had not been re-evaluated by PT after the reported falls in March, April and/or June 2013. The QIDP indicated client #8 ambulated independently with the use of a rolling walker and did not have direct staff supervision while ambulating. The QIDP and the RN indicated client #8's falls risk plan did not include how the staff were to supervise, assist and/or protect client #8 while ambulating inside and outside of the group home to ensure client #8's safety due a history of falls.</p> <p>2. Observations were conducted at the group home on 7/17/13 between 3:45 PM and 6:35 PM and on 7/18/13 between 5:50 AM and 7:45 AM. During both observations client #6 ambulated independently within the group home. The staff did not supervision/monitor client #6 each time the client ambulated.</p>			

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	<p>Client #6's record was reviewed on 7/22/13 at 12 PM.</p> <p>__ Client #6's GER (General Events Report) of 2/1/13 at 12:45 PM indicated client #6 jumped up to go to the bathroom, turned to push his chair in and fell backwards, landing on his hands and buttocks. The report indicated the staff were unable to get to client #6 to prevent client #6 from falling. No injuries were reported.</p> <p>__ Client #6's A/I (Accident/Injury) report of 4/3/13 at 7:30 PM indicated the staff thought the floor was dry but it was "still slick." While client #6 was dressing, he sat down on the toilet. The staff went to get something from client #6's bedroom and returned to find client #6 on his "bottom." The report indicated client #6 stated "I fell." No injuries were reported.</p> <p>__ Client #6's GER of 6/19/13 at 8:40 AM indicated client #6 was in the restroom and fell getting onto the toilet causing an abrasion the size of a half dollar. The report did not indicate the location of the abrasion.</p> <p>__ Client #6's A/I report of 7/1/13 at 8 PM indicated client #6 was in the shower sitting on a shower chair. Client #6 went to stand up and fell to his "bottom." No injuries were reported.</p> <p>Client #6's revised Falls risk plan of</p>						

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	<p>1/2013 indicated client #6 was "virtually blind" and "walks with stooped posture and quick pace at times." The plan indicated client #6 had a history of falls and a history of injuries from bumping into walls and objects due to vision impairment. The plan indicated staff were to escort client #6 anytime he was out of the home. Staff were to give client #6 reminders to slow down and be careful of his surroundings and to use handrails.</p> <p>Client #6's record did not indicate the IDT assessed and/or reassessed client #6's ambulatory/mobility needs in regard to client #6's falls in February, April, June and July. The client's record did not indicate how the staff were to supervise/monitor and assist client #6 while ambulating in the group home and while going to the bathroom and bathing.</p> <p>Interview with the facility RN and the QIDP on 7/18/13 at 4 PM indicated client #6 was blind, walked with a stooped posture and had a history of falls. The RN indicated the IDT met monthly to discuss all of the clients in the group home. The RN indicated client #6's falls were mentioned during these meetings with no revisions made to client #6's plan of care. The QIDP indicated client #6's ISP included client #6 could use a shower chair if he wanted and the RN indicated</p>			

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	<p>she had informed the staff for client #6 to use the shower chair with the arm on it while showering. The RN indicated client #6's falls risk plan was last revised on 1/2013. The RN and QIDP indicated client #6's ISP and Falls risk plan did not include how the staff were to supervise/monitor and assist client #6 while ambulating within the group home and/or while bathing.</p> <p>3. The facility reportable and investigative records for July 2012 through July 2013 were reviewed on 7/18/13 at 11 AM. The facility records indicated:</p> <p>A BDDS (Bureau of Developmental Disabilities Services) report indicated on 9/18/12 at 3 PM the staff discovered a bruise on client #1's left forearm, "approx (approximate) size of 50 cent piece. Its origin is unknown and an investigation was started 9/18/12." The A/I (Accident/Injury) report indicated client #1's bruise was first observed on 9/14/12, but not reported until 9/18/12. The investigative record indicated a statement from staff #5 on 9/19/12 "I noticed the bruise on Monday (9/17/12) and a statement from staff #2 on 9/18/12 "Didn't see what happened. First noticed bruise on Monday 9/17/12." The facility records did not indicate client #1's injury of unknown origin was reported</p>						

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	<p>immediately to the administrator. The investigative report indicated no interviews from the day program staff and/or clients at the day program and did not indicate records and/or documents reviewed. The facility records did not indicate a thorough investigation had been conducted in regard to client #1's injuries of unknown origin reported on 9/18/12.</p> <p>A BDDS report indicated on 11/2/12 at 8 PM, client #4 was pushing himself in his wheelchair through the dining room and "just hit [client #2], who was sitting at the dining table.... [Client #2] told staff that [client #4] had hit him.... [Client #2] was checked and there was no injury." The facility records indicated no investigation in regard to the allegation of abuse made by client #2.</p> <p>An A/I (Accident/Injury) Report indicated on 3/21/13 at 7:30 PM client #1 had "5 dime size bruises on his upper/inner left arm grouped in an area approx (approximately) 5 inches in diameter." The interview statement from the HM (Home manager) on 3/21/13 (no time) indicated "[Client #1] has been restrained at workshop on 3-19 and 3-20-13. These bruises are in an area where he could be grabbed when he has grabbed a staff there causing them to place him in a restraint." The report indicated "After an internal</p>			

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	<p>investigation was completed on [client #1], it was determined that these bruises occurred when [client #1] had been restrained at workshop on 3/19/13 and 3/20/13." The report indicated "Action Taken: Communication between [name of Day Program] and McSherr will continue when restraints are done." The investigative report indicated no interviews from the day program staff and/or clients at the day program and did not indicate records and/or documents reviewed. The facility records did not indicate a thorough investigation had been conducted in regard to client #1's injuries of unknown origin reported on 3/21/13.</p> <p>A BDDS report indicated on 3/22/13 at 8:50 AM, "[Client #6] walked close to where client [initials of a client at the day program] reached out and slapped [client #6's] left arm causing a small red area that disappeared after 3 minutes." The facility records indicated no investigation in regard to the client to client abuse of 3/22/13 for client #6.</p> <p>The facility investigative report of 4/2/13 indicated on 4/2/13 client #4 was seated on the toilet after coming home from workshop "when staff noticed a scratch on his left lower arm." The investigative report indicated no interviews from the day program staff and/or clients at the day</p>						

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	<p>program and did not indicate records and/or documents reviewed. The facility records did not indicate a thorough investigation had been conducted in regard to client #4's injuries of unknown origin reported on 4/2/13.</p> <p>A BDDS report indicated on 4/24/13 at 7:25 PM, "[Client #1] was acting out physically and grabbed at [client #4] whom was sitting in the living room in his wheelchair.... [Client #4] did receive a small scratch from the incident, which was cleaned and antibiotic ointment and a bandage was applied." The facility records indicated no investigation in regard to the client to client abuse of 4/24/13 for client #4.</p> <p>A BDDS report indicated on 5/24/13 at 11:05 AM, "[Client #2] was at his work station when another client [initials of the client at the day program] shook his fist at [client #2] and then he slapped him on his upper right arm. [Client #2's] arm was checked by work trainer and service coordinator and there was no mark or redness on [client #2's] arm. [Client #2] did stated (sic) that his arm hurt a little." The facility records indicated no investigation in regard to the client to client abuse of 5/24/13 for client #2.</p> <p>An A/I report indicated on 5/22/13 at 6:45</p>						

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	<p>PM client #1 "appears to have hit and scraped his left knee." The facility records indicated no investigation in regard to client #1's injury of unknown origin reported on 5/22/13.</p> <p>A BDDS report indicated on 5/30/13 at 9:30 AM "[Client #6] was in the day program on 5/30/13. Day Program staff took [client #6] to the restroom. [Client #6's] sock was not pulled up all of the way on his right leg. Staff observed that he had a scrape along his shin bone approximately 15 centimeters long. The scrape was clean, it was not bloody and there was no blood on the sock. Day program staff did not observe [client #6] scraping his leg on anything at day program. Day program staff reported the scrape to service coordinator and supervisor. They talked to several of [client #6's] group home staff who checked the documentation at the group home and stated that there were no reports of him scraping his leg at home." The Follow up BDDS report of 6/5/13 indicated after an internal investigation, "It is still unclear how [client #6] received the scratches on his legs and arms. However, the house manager checked the patio furniture and noticed rough spots on the chairs and table. [Client #6] does sit outside on this patio furniture at times." The investigative report indicated no</p>			

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	<p>interviews from the day program staff and/or clients at the day program and did not indicate records and/or documents reviewed. The facility records did not indicate a thorough investigation had been conducted in regard to client #6's injuries of unknown origin reported on 5/30/13.</p> <p>A BDDS report on 5/31/13 at 9:45 AM indicated "[Client #6's] Day Program staff took [client #6] to the restroom. While in the restroom they observed a six inch scratch on his right lower leg, an abrasion the size of a dime on his left lower leg. On the top of his right hand he had several small abrasions, one small abrasion on his right arm, a small scrape on his left little finger, a small abrasion on his left arm, and 2 scrapes on the inside of his left arm. No blood noted on any of these areas. Day Program staff did not observe [client #6] scraping his legs or arms on anything at day program. Day Program staff and service coordinator looked and felt [client #6's] chair and his table for rough places that would cause these scrapes and abrasions. Chair and table had no sharp or rough places to cause scrapes or abrasions." The Follow up BDDS report of 6/5/13 indicated after an internal investigation, "It is still unclear how [client #6] received the scratches on his legs and arms. However, the house manager checked the patio</p>			

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	<p>furniture and noticed rough spots on the chairs and table. [Client #6] does sit outside on this patio furniture at times." The investigative report indicated no interviews from the day program staff and/or clients at the day program and did not indicate records and/or documents reviewed. The facility records did not indicate a thorough investigation had been conducted in regard to client #6's injuries of unknown origin reported on 5/31/13.</p> <p>A BDDS report indicated on 6/3/13 at 10 AM, "[Client #6's] Day Program staff noticed two six inch long scratches on the inside of [client #6's] right arm while he was sitting at his table. Staff took [client #6] into the restroom and noticed a 2 inch scrape on the inside of [client #6's] left knee, a small scrape on the inside of his left arm. 1 1/2 inch scratch on his right arm, and on his left upper arm a 3 inch scratch. No blood noted at this time." The Follow up BDDS report of 6/5/13 indicated after an internal investigation, "It is still unclear how [client #6] received the scratches on his legs and arms. However, the house manager checked the patio furniture and noticed rough spots on the chairs and table. [Client #6] does sit outside on this patio furniture at times." The investigative report indicated no interviews from the staff and/or clients at the day program and no records and/or</p>			

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	<p>documents reviewed in regard to the client and/or his injuries of unknown origin reported on 6/3/13.</p> <p>Client #6's record was reviewed on 7/19/13 at 2 PM. Client #6's nursing note of 6/20/13 indicated "Spoke to [name of staff] at [name of day program] this am. [Client #6] has 5-6 pea sized superficial scrapes on Rt (right) hand and 2" (inch) scratch Rt thigh knee. Encouraged her to do investigation as needed - however the marks on Rt hand (also 1 on elbow) are trivial and other than sm (small) amt (amount) of skin removed no redness or 'open area' seen." The nursing note did not indicate the origin of client #6's injuries. The facility records did not indicate client #6's injuries of unknown origin were reported immediately to the administrator.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 7/19/13 at 2 PM indicated client to client abuse was only investigated if there was significant injury and/or the incident was not closed out by BQIS (Bureau of Quality Improvement Services). The QIDP indicated the investigations included witness statements of the group home staff and clients but did not include statements and/or interviews of the day program staff or clients and the records reviewed during the investigation</p>						

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	<p>Interview with the CEO, the RD (Residential Director) and the QIDP on 7/22/13 at 10:30 AM indicated the facility's policy of "Abuse, Neglect and Exploitation" needed to be revised to include client to client abuse and investigation of client to client abuse. The QIDP indicated staff were to report all injuries of unknown origin immediately to the SW (Social Worker) who in turn reported to the RD (Residential Director).</p> <p>4. The facility reportable and investigative records for July 2012 through July 2013 were reviewed on 7/18/13 at 11 AM. The facility records indicated:</p> <p>A BDDS (Bureau of Developmental Disabilities Services) report of 9/18/12 at 3 PM indicated "[Client #1] has a bruise on his left forearm, approx (approximate) size of 50 cent piece. Its origin is unknown and an investigation was started 9/18/12." The investigative report of 9/18/12 in regard to client #1's injury of unknown origin indicated the investigation began on 9/18/12 and was concluded on 9/27/12 and the administrator was notified of the investigative results on 9/27/12. The facility records indicated the results of the investigation were not reported to the administrator or designated representative</p>			
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	<p>within five working days after the discovery of the injury of unknown origin.</p> <p>A BDDS report on 2/26/13 at 7:15 PM indicated client #4 had a scratch on his inner left arm. "Narrow line 1/2" (inch) long." The report indicated "Wasn't on his arm when staff did shower. Unknown." The investigative report of 2/26/13 in regard to client #4's injury of unknown origin indicated the investigation began on 2/26/13 and was concluded on 3/27/13 and the administrator was notified of the investigative results on 3/27/13. The facility records indicated the results of the investigation were not reported to the administrator or designated representative within five working days after the discovery of the injury of unknown origin.</p> <p>A BDDS report on 3/21/13 at 7:30 PM indicated client #1 had "5 dime size bruises on his upper/inner left arm grouped in an area approx (approximately 5 inches in diameter)." The report indicated the cause of the bruises were unknown. The investigative report in regard to client #1's injuries of unknown origin indicated the investigation began on 3/21/13 and was concluded on 4/8/13 and the administrator was notified of the investigative results on 4/8/13. The facility records indicated the results of the investigation were not reported to the</p>						

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	<p>administrator or designated representative within five working days after the discovery of the injury of unknown origin.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 7/22/13 at 1 PM indicated the results of investigations were to be completed within 5 working days from the date of the incident.</p> <p>5. The facility reportable and investigative records for July 2012 through July 2013 were reviewed on 7/18/13 at 11 AM. The facility records indicated:</p> <p>A BDDS (Bureau of Developmental Disabilities Services) report indicated on 9/18/12 at 3 PM the staff discovered a bruise on client #1's left forearm, "approx (approximate) size of 50 cent piece. Its origin is unknown and an investigation was started 9/18/12." The A/I (Accident/Injury) report dated 9/14/12 indicated the bruise on top of client #1's left forearm was first noted by staff #5 on 9/14/12 but was not reported by staff #5 until 9/18/12. The report indicated the bruise is beginning to fade in color. The investigative record dated 9/18/12 indicated a statement from staff #2 on 9/18/12 "Didn't see what happened. First noticed bruise on Monday 9/17/12." The facility records did not indicate client #1's</p>			

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	<p>injury of unknown origin was reported immediately to the administrator on 9/14/12 by staff #5 or on 9/17/12 by staff #2.</p> <p>Interview with staff #2 on 7/17/13 at 6:10 PM indicated he received training in regard to abuse/neglect upon hire. Staff #2 indicated injuries of unknown origin were reported to the facility nurse.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 7/22/13 at 11:30 AM indicated staff #2 and #5 had not been retrained in regard to reporting injuries of unknown origin in regard to the failure to report client #1's bruise on his left forearm when first noticed by staff #5 on 9/14/12 and/or by staff #2 on 9/17/12.</p> <p>Review of the undated facility policy "Abuse, Neglect and Exploitation" on 7/18/13 at 12 PM indicated: ___ Abuse to be defined as "Any act that constitutes a violation of the prostitution or criminal sexual conduct statutes, the non-therapeutic conduct that produces or could reasonably be expected to produce pain or injury and is not accidental, or any repeated conduct that produces or could reasonably be expected to produce emotional distress; any sexual contact between a facility staff person and a</p>			

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	<p>resident or patient of that facility; the illegal use of a vulnerable adult's person or property for another person's profit or advantage, or the breach of a fiduciary relationship through the use of a person or a person's property for any purpose not in the proper and lawful execution of a trust, including but not limited to situations where a person obtains money, property, or services from a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or any aversive and deprivation procedures that have not been authorized, such as those procedures restricting patients' normal access to nutritious diet, drinking water, adequate ventilation, necessary medical care, ordinary hygiene facilities, normal sleeping conditions, necessary clothing and access to legal counsel and next of kin.</p> <p>__Neglect to be defined as "Failure of a caretaker to supply the vulnerable client with necessary food, clothing, shelter, health care, or supervision; the absence or likelihood of absence of necessary food, clothing, shelter, health care, or supervision for a vulnerable client; or the absence or likelihood of absence of necessary financial management to protect a vulnerable client against abuse."</p> <p>__The policy indicated "Individuals mandated to report suspected client abuse and/or neglect must report any knowledge</p>			

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	<p>of client abuse and/or neglect, reasonable cause to suspect client abuse and/or neglect and any knowledge that a client has sustained an injury that is not reasonably explained by the client's history of injuries."</p> <p>__ The policy indicated client abuse/neglect and/or exploitation is reported to the SW (Social Worker) or designee. The SW or the designee reviews the report and conducts an initial investigation. Upon completion of the investigation, the SW "informs the Residential Director and/or the CEO (Chief Executive Officer) of the initial investigation results."</p> <p>The policy did not indicate the investigative results were to be reported to the administrator within 5 working days from the date of the incident and/or allegation of neglect/abuse.</p> <p>9-3-2(a)</p>				

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS 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. Based on interview and record review for 2 of 8 injuries of unknown origin for clients #1 and #6, the facility failed to ensure all injuries of unknown origin were reported immediately to the administrator in accordance with state law.</p> <p>Findings include:</p> <p>The facility reportable and investigative records for July 2012 through July 2013 were reviewed on 7/18/13 at 11 AM.</p> <p>A BDDS (Bureau of Developmental Disabilities Services) report indicated on 9/18/12 at 3 PM the staff discovered a bruise on client #1's left forearm, "approx (approximate) size of 50 cent piece. Its origin is unknown and an investigation was started 9/18/12." The A/I (Accident/Injury) report indicated client #1's bruise was first observed on 9/14/12, but not reported until 9/18/12. The investigative record indicated a statement from staff #5 on 9/19/12 "I noticed the bruise on Monday (9/17/12) and a</p>	W000153	At a retraining on 8/19/13 staff will be retrained to complete an A&I for any injury they observe. If they do not find a previous report on that injury and none of the staff present know of a cause of the injury. If this is the case, then the injury should be considered an unknown and they are to report this to the House Manager and Social Worker. If the staff does not report immediately, they will be retrained and a verbal counseling will be placed in their personnel file. The direct care staff were retrained on 8/19/13 in regard to reporting injuries of unknown origin immediately. A followup post test will be completed by 8/27/13 to ensure understanding and retention of training. In addition to previous training there is now a flow chart in the home for them to follow when injuries are noted. The House manager and Social Worker were re-trained on the policy and the timely reporting. Monitoring System: The manager will review A&I's daily to assure there has been a cause indicated for injuries. If not there will be an investigation began within 24 hours and completed within 5	08/27/2013			

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	<p>statement from staff #2 on 9/18/12 "Didn't see what happened. First noticed bruise on Monday 9/17/12." The facility records did not indicate client #1's injury of unknown origin was reported immediately to the administrator.</p> <p>Client #6's record was reviewed on 7/19/13 at 2 PM. Client #6's nursing note of 6/20/13 indicated "Spoke to [name of staff] at [name of day program] this am. [Client #6] has 5-6 pea sized superficial scrapes on Rt (right) hand and 2" (inch) scratch Rt thigh knee. Encouraged her to do investigation as needed - however the marks on Rt hand (also 1 on elbow) are trivial and other than sm (small) amt (amount) of skin removed no redness or 'open area' seen." The nursing note did not indicate the origin of client #6's injuries. The facility records did not indicate client #6's injuries of unknown origin were reported immediately to the administrator.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 7/22/13 at 1 PM indicated staff were to report all injuries of unknown origin immediately to the SW (Social Worker) who in turn reported to the RD (Residential Director).</p> <p>9-3-2(a)</p>		<p>working days. All A&I will be reviewed at monthly IDT and recommendations made by the team as necessary. Ongoing compliance will be monitored by the CEO. Responsible Persons: Direct care Staff, House Manager, Social Worker, IDT</p>				

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W000154	<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 interview and record review for 7 of 8 injuries of unknown origin and 4 of 4 allegations of client to client abuse for clients #1, #2, #4 and #6, the facility failed to provide evidence of an investigation and/or evidence a thorough investigation was conducted.</p> <p>Findings include:</p> <p>The facility reportable and investigative records for July 2012 through July 2013 were reviewed on 7/18/13 at 11 AM. The facility records indicated:</p> <p>A BDDS (Bureau of Developmental Disabilities Services) report of 9/18/12 at 3 PM indicated "[Client #1] has a bruise on his left forearm, approx (approximate) size of 50 cent piece. Its origin is unknown and an investigation was started 9/18/12." The investigative report indicated no interviews from the day program staff and/or clients at the day program and did not indicate records and/or documents reviewed. The facility records did not indicate a thorough investigation had been conducted in regard to client #1's injuries of unknown origin reported on 9/18/12.</p>	W000154	<p>All client to client abuse will be reported to the QIDP immediately by telephone. The # is in the home. The QIDP will report this to the House Manager/ Residential Director and will investigate all client to client allegations. The QIDP will report the results to the House Manager/Residential Director within 5 working days. The report can be made in person, by telephone or by e-mail. In the absence of the QIDP, the home manager assume this role. The results of the investigation will be reviewed by Residential Director. They will arrive at a conclusion, possible cause and remedial action which will be initiated immediately. Monitoring System: Any allegations of client to client abuse will be reviewed by the IDT monthly. The QDDP will review the client behavioral date and daily notes at a minimum of 2 times per month to assure there are no incidents and to look for possible trends. Responsible Parties: Direct Care Staff, House Manager, QIDP, Residential Director, IDT</p>	09/16/2013	

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	<p>A BDDS report indicated on 11/2/12 at 8 PM, client #4 was pushing himself in his wheelchair through the dining room and "just hit [client #2], who was sitting at the dining table.... [Client #2] told staff that [client #4] had hit him.... [Client #2] was checked and there was no injury." The facility records indicated no investigation in regard to the allegation of abuse made by client #2.</p> <p>An A/I (Accident/Injury) Report indicated on 3/21/13 at 7:30 PM client #1 had "5 dime size bruises on his upper/inner left arm grouped in an area approx (approximately) 5 inches in diameter." The interview statement from the HM (Home manager) on 3/21/13 (no time) indicated "[Client #1] has been restrained at workshop on 3-19 and 3-20-13. These bruises are in an area where he could be grabbed when he has grabbed a staff there causing them to place him in a restraint." The report indicated "After an internal investigation was completed on [client #1], it was determined that these bruises occurred when [client #1] had been restrained at workshop on 3/19/13 and 3/20/13." The report indicated "Action Taken: Communication between [name of Day Program] and McSherr will continue when restraints are done." The investigative report indicated no</p>						

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	<p>interviews from the day program staff and/or clients at the day program and did not indicate records and/or documents reviewed. The facility records did not indicate a thorough investigation had been conducted in regard to client #1's injuries of unknown origin reported on 3/21/13.</p> <p>A BDDS report indicated on 3/22/13 at 8:50 AM, "[Client #6] walked close to where client [initials of a client at the day program] reached out and slapped [client #6's] left arm causing a small red area that disappeared after 3 minutes." The facility records indicated no investigation in regard to the client to client abuse of 3/22/13 for client #6.</p> <p>The facility investigative report of 4/2/13 indicated on 4/2/13 client #4 was seated on the toilet after coming home from workshop "when staff noticed a scratch on his left lower arm." The investigative report indicated no interviews from the day program staff and/or clients at the day program and did not indicate records and/or documents reviewed. The facility records did not indicate a thorough investigation had been conducted in regard to client #4's injuries of unknown origin reported on 4/2/13.</p> <p>A BDDS report indicated on 4/24/13 at 7:25 PM, "[client #1] was acting out</p>			

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	<p>physically and grabbed at [client #4] whom was sitting in the living room in his wheelchair.... [Client #4] did receive a small scratch from the incident, which was cleaned and antibiotic ointment and a bandage was applied." The facility records indicated no investigation in regard to the client to client abuse of 4/24/13 for client #4.</p> <p>A BDDS report indicated on 5/24/13 at 11:05 AM, "[Client #2] was at his work station when another client [initials of the client at the day program] shook his fist at [client #2] and then he slapped him on his upper right arm. [Client #2's] arm was checked by work trainer and service coordinator and there was no mark or redness on [client #2's] arm. [Client #2] did stated (sic) that his arm hurt a little." The facility records indicated no investigation in regard to the client to client abuse of 5/24/13 for client #2.</p> <p>An A/I report indicated on 5/22/13 at 6:45 PM client #1 "appears to have hit and scraped his left knee." The facility records indicated no investigation in regard to client #1's injury of unknown origin reported on 5/22/13.</p> <p>A BDDS report indicated on 5/30/13 at 9:30 AM "[Client #6] was in the day program on 5/30/13. Day Program staff</p>			

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	<p>took [client #6] to the restroom. [Client #6's] sock was not pulled up all of the way on his right leg. Staff observed that he had a scrape along his shin bone approximately 15 centimeters long. The scrape was clean, it was not bloody and there was no blood on the sock. Day program staff did not observe [client #6] scraping his leg on anything at day program. Day program staff reported the scrape to service coordinator and supervisor. They talked to several of [client #6's] group home staff who checked the documentation at the group home and stated that there were no reports of him scraping his leg at home." The Follow up BDDS report of 6/5/13 indicated after an internal investigation, "It is still unclear how [client #6] received the scratches on his legs and arms. However, the house manager checked the patio furniture and noticed rough spots on the chairs and table. [Client #6] does sit outside on this patio furniture at times." The investigative report indicated no interviews from the day program staff and/or clients at the day program and did not indicate records and/or documents reviewed. The facility records did not indicate a thorough investigation had been conducted in regard to client #6's injuries of unknown origin reported on 5/30/13.</p> <p>A BDDS report on 5/31/13 at 9:45 AM</p>				

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	<p>indicated "[Client #6's] Day Program staff took [client #6] to the restroom. While in the restroom they observed a six inch scratch on his right lower leg, an abrasion the size of a dime on his left lower leg. On the top of his right hand he had several small abrasions, one small abrasion on his right arm, a small scrape on his left little finger, a small abrasion on his left arm, and 2 scrapes on the inside of his left arm. No blood noted on any of these areas. Day Program staff did not observe [client #6] scraping his legs or arms on anything at day program. Day Program staff and service coordinator looked and felt [client #6's] chair and his table for rough places that would cause these scrapes and abrasions. Chair and table had no sharp or rough places to cause scrapes or abrasions." The Follow up BDDS report of 6/5/13 indicated after an internal investigation, "It is still unclear how [client #6] received the scratches on his legs and arms. However, the house manager checked the patio furniture and noticed rough spots on the chairs and table. [Client #6] does sit outside on this patio furniture at times." The investigative report indicated no interviews from the day program staff and/or clients at the day program and did not indicate records and/or documents reviewed. The facility records did not indicate a thorough investigation had been</p>				

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	<p>conducted in regard to client #6's injuries of unknown origin reported on 5/31/13.</p> <p>A BDDS report indicated on 6/3/13 at 10 AM, "[Client #6's] Day Program staff noticed two six inch long scratches on the inside of [client #6's] right arm while he was sitting at his table. Staff took [client #6] into the restroom and noticed a 2 inch scrape on the inside of [client #6's] left knee, a small scrape on the inside of his left arm. 1 1/2 inch scratch on his right arm, and on his left upper arm a 3 inch scratch. No blood noted at this time." The Follow up BDDS report of 6/5/13 indicated after an internal investigation, "It is still unclear how [client #6] received the scratches on his legs and arms. However, the house manager checked the patio furniture and noticed rough spots on the chairs and table. [Client #6] does sit outside on this patio furniture at times." The investigative report indicated no interviews from the staff and/or clients at the day program and no records and/or documents reviewed in regard to the client and/or his injuries of unknown origin reported on 6/3/13.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 7/19/13 at 2 PM indicated client to client abuse was only investigated if there was significant injury and/or the incident was</p>			

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	<p>not closed out of BQIS (Bureau of Quality Improvement Services). The QIDP indicated the investigations included witness statements of the group home staff and clients but did not include statements and/or interviews of the day program staff or clients and the records reviewed.</p> <p>9-3-2(a)</p>			

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W000156	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on interview and record review for 3 of 7 investigations reviewed, the facility failed to report the results of the investigations to the administrator within 5 working days from the date of discovery of the unknown injuries for clients #1 and #4.</p> <p>Findings include:</p> <p>The facility reportable and investigative records for July 2012 through July 2013 were reviewed on 7/18/13 at 11 AM. The facility records indicated:</p> <p>A BDDS (Bureau of Developmental Disabilities Services) report of 9/18/12 at 3 PM indicated "[Client #1] has a bruise on his left forearm, approx (approximate) size of 50 cent piece. Its origin is unknown and an investigation was started 9/18/12." The investigative report of 9/18/12 in regard to client #1's injury of unknown origin indicated the investigation began on 9/18/12 and was concluded on 9/27/12 and the administrator was notified of the investigative results on 9/27/12. The</p>	W000156	<p>All reports of unknown injuries will be conducted and concluded within 5 business days. The social worker will report the results to the administrator as soon as the investigation is concluded but no later than 5 business days. House Manager and Social Worker have been re-trained on the the reporting policy. All investigations must begin within 24 hours from the initial report and completed within 5 working days. The facility is revising the policies of investigation and reporting. Completion date 8/23/13 A phone call will be made from the Residential Director or Social Worker on day 4 to make sure the investigation is near completion and in compliance time. Monitoring Systems: All A & I's will be reviewed monthly by the IDT. Ongoing compliance will be monitored by the CEO. Responsible Parties: Direct Care Staff, House Manager, residential Director, Social Worker, IDT</p>	08/27/2013			

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	<p>facility records indicated the results of the investigation were not reported to the administrator or designated representative within five working days after the discovery of the injury of unknown origin.</p> <p>A BDDS report on 2/26/13 at 7:15 PM indicated client #4 had a scratch on his inner left arm. "Narrow line 1/2" (inch) long." The report indicated "Wasn't on his arm when staff did shower. Unknown." The investigative report of 2/26/13 in regard to client #4's injury of unknown origin indicated the investigation began on 2/26/13 and was concluded on 3/27/13 and the administrator was notified of the investigative results on 3/27/13. The facility records indicated the results of the investigation were not reported to the administrator or designated representative within five working days after the discovery of the injury of unknown origin.</p> <p>A BDDS report on 3/21/13 at 7:30 PM indicated client #1 had "5 dime size bruises on his upper/inner left arm grouped in an area approx (approximately 5 inches in diameter)." The report indicated the cause of the bruises were unknown. The investigative report in regard to client #1's injuries of unknown origin indicated the investigation began on 3/21/13 and was concluded on 4/8/13 and the administrator was notified of the</p>			

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	<p>investigative results on 4/8/13. The facility records indicated the results of the investigation were not reported to the administrator or designated representative within five working days after the discovery of the injury of unknown origin.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 7/22/13 at 1 PM indicated the results of investigation were to be completed within 5 working days from the date of the incident.</p> <p>9-3-2(a)</p>			

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W000189	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure the facility staff were retrained in regard to reporting injuries of unknown origin.</p> <p>Findings include:</p> <p>The facility reportable and investigative records for July 2012 through July 2013 were reviewed on 7/18/13 at 11 AM. The facility records indicated:</p> <p>A BDDS (Bureau of Developmental Disabilities Services) report indicated on 9/18/12 at 3 PM the staff discovered a bruise on client #1's left forearm, "approx (approximate) size of 50 cent piece. Its origin is unknown and an investigation was started 9/18/12." The A/I (Accident/Injury) report dated 9/14/12 indicated the bruise on top of client #1's left forearm was first noted by staff #5 on 9/14/12 but was not reported by staff #5 until 9/18/12. The report indicated the bruise is beginning to fade in color. The investigative record dated 9/18/12 indicated a statement from staff #2 on</p>	W000189	<p>The staff is trained upon hire and annually by the social worker on reporting injuries of unknown origin. If it is ever discovered that a staff did not report an injury of unknown origin as soon as they notice it, they will be retrained/counseled and a verbal counseling will be placed in their personnel file. All staff were re-trained on 8/19/13 on reporting injuries of unknown. There is an investigation flow chart that will be hung in the home effective 8/23/13. There will be a post-test given to direct care staff at trainings on 8/27 and 8/30. Monitoring Systems: All A & I's will be reviewed monthly by the IDT. Ongoing compliance will be monitored by the CEO. Persons Responsible: Direct care Staff, House Manager, IDT, CEO</p>	08/27/2013			

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	<p>9/18/12 "Didn't see what happened. First noticed bruise on Monday 9/17/12." The facility records did not indicate client #1's injury of unknown origin was reported immediately to the administrator on 9/14/12 by staff #5 or on 9/17/12 by staff #2.</p> <p>Interview with staff #2 on 7/17/13 at 6:10 PM indicated he received training in regard to abuse/neglect upon hire. Staff #2 indicated injuries of unknown origin were reported to the facility nurse.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 7/22/13 at 11:30 AM indicated staff #2 and #5 had not been retrained in regard to reporting injuries of unknown origin in regard to the failure to report client #1's bruise on his left forearm when first noticed by staff #5 on 9/14/12 and/or by staff #2 on 9/17/12.</p> <p>9-3-3(a)</p>				

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W000240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on observation, record review and interview for 1 additional client (#6), the client's ISPs (Individualized Support Plan) failed to address how the staff were to supervise/monitor and assist the client while ambulating.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/17/13 between 3:45 PM and 6:35 PM and on 7/18/13 between 5:50 AM and 7:45 AM. During both observations client #6 ambulated independently within the group home. Client #6 walked with a stooped posture, occasionally bumping into the furniture and/or wall. The staff did not supervise and/or monitor client #6 every time client #6 was ambulating.</p> <p>Client #6's record was reviewed on 7/22/13 at 12 PM.</p> <p>Client #6's GER (General Events Report) of 2/1/13 at 12:45 PM indicated client #6 jumped up to go to the bathroom, turned to push his chair in and fell backwards, landing on his hands and buttocks. The report indicated the staff were unable to get to client #6 to prevent</p>	W000240	<p>The assistance level needed by client #6 during ambulation, toileting, and showering will be included in his ISP. In the future the assistance level needed for any daily activity for every client will be included in their ISP/annual evaluation. If the level changes, an addendum will be added to indicate the change.</p> <p>Staff were trained 8/19/13 on intermittent supervision for client #6 and it was placed into his Fall Risk Plan. Upon further review there were no other clients effected by this deficiency. Monitoring System: The House Manager will monitor randomly twice a week for the first four weeks and then once a week ongoing to ensure client #6 is receiving intermittent supervision or one on one as indicated in the Risk Plan.</p> <p>Ongoing compliance will be monitored by the CEO. Persons Responsible: Direct care Staff, House Manager, IDT, CEO</p>	08/27/2013	

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	<p>client #6 from falling. No injuries were reported.</p> <p>__ Client #6's A/I (Accident/Injury) report of 4/3/13 at 7:30 PM indicated the staff thought the floor was dry but it was "still slick." While client #6 was dressing, he sat down on the toilet. The staff went to get something from client #6's bedroom and returned to find client #6 on his "bottom." The report indicated client #6 stated "I fell." No injuries were reported.</p> <p>__ Client #6's GER of 6/19/13 at 8:40 AM indicated client #6 was in the restroom and fell getting onto the toilet causing an abrasion the size of a half dollar. The report did not indicate the location of the abrasion.</p> <p>__ Client #6's A/I report of 7/1/13 at 8 PM indicated client #6 was in the shower sitting on a shower chair. Client #6 went to stand up and fell to his "bottom." No injuries were reported.</p> <p>Client #6's ISP (Individual Support Plan) of 11/20/12 indicated if client #6 wanted to sit down while showering, "please have him sit on bathing chair and/or bench." The ISP did not include how the staff were to supervise, assist and monitor client #6 while bathing, toileting and/or ambulating inside the group home.</p> <p>Interview with the facility RN (Registered Nurse) and the QIDP (Qualified</p>						

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	<p>Intellectual Disabilities Professional) on 7/18/13 at 4 PM indicated client #6 was blind, walked with a stooped posture and had a history of falls. The RN indicated the IDT (Interdisciplinary Team) met monthly to discuss all of the clients in the group home. The RN indicated client #6's falls were mentioned during these meetings with no revisions made to client #6's plan of care. The QIDP indicated client #6's ISP indicated client #6 could use a shower chair if he wanted to. The RN indicated she had informed the staff that client #6 was to use the shower chair with the arms on it while showering. The RN indicated client #6's falls risk plan was last revised on 1/2013 and did not include how the staff were to supervise/monitor and assist client #6 while in the group home.</p> <p>9-3-4(a)</p>			
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W000323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>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 for 3 of 4 sampled clients (#1, #2 and #4), the facility failed to ensure the clients' vision was evaluated annually.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 7/18/13 at 12 PM. Client #1's record indicated a vision evaluation dated 8/31/11. Client #1's record indicated no additional vision evaluations since the exam of 8/31/11.</p> <p>Client #2's record was reviewed on 7/19/13 at 2 PM. Client #2's record indicated a vision evaluation dated 10/12/11. Client #2's record indicated no additional vision evaluations since the exam of 10/12/11.</p> <p>Client #4's record was reviewed on 7/19/13 at 1 PM. Client #4's record indicated a vision evaluation dated 8/31/11. Client #4's record indicated no additional vision evaluations since the exam of 8/31/11.</p> <p>Interview with the facility RN (Registered</p>	W000323	<p>Clients #1,2,and 4 vision exams by their Optometrist were completed on 8-14, 8-20, 8-21. In the future, all clients will be scheduled for yearly vision examinations by the optometrist. Monitoring System: Ongoing, the Residential Nurse will complete random quarterly audits to ensure that each client at a minimum has yearly examinations of hearing and vision. Ongoing compliance will be monitored by the CEO. Person Responsible: House Manager, RN</p>	08/27/2013
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	<p>Nurse) on 7/19/13 at 2 PM indicated clients #1, #2 and #4 had not had a vision evaluation since their exams of 2011. The RN indicated the facility physician did not do an eye exam when clients #1, #2 and #4 had their annual physicals.</p> <p>9-3-6(a)</p>			

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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 2 additional clients (#6 and #8), the facility's nursing services failed to review and/or revise the clients' risk plans to ensure safeguards were implemented to prevent recurring falls and/or injury in regard to falls.</p> <p>Findings include:</p> <p>1. Client #8's record was reviewed on 7/18/13 at 1 PM.</p> <p>Client #8's A/I (Accident/Injury) Reports indicated: ___ On 3/19/13 at 5:45 PM client #8 was trying to go into the staff office, the staff jumped up to open the door and client #8 fell backwards beside his walker and hit the back of his head on a gray tote. The report indicated client #8 may have an injury to the back of his head and both buttocks with no bruising and/or cuts noted at the time of the fall. The report indicated the RN signed the A/I report on 3/21/13.</p> <p>___ On 3/31/13 at 4:15 PM client #8 was walking to the restroom, lost his footing and fell forward to the floor on his right hip, leg, side and arm. The report</p>	W000331	<p>1. The McSherr RN will write risk plans for any client who displays a need for such a plan. She will review the plan after any incident and make any necessary revisions as often as needed to safeguard the clients. The fall risk plan for client #6 will be reviewed and a revision completed by the nurse as to level of assistance by staff in addition to any possible evaluations for mobility safety or adaptive equipment needs. Staff will be trained on the revisions made. Client #6 will have an OT/PT evaluation on 9/4/13. Fall risk plans for clients at risk for falls will be revised after each fall and at a minimum of quarterly by the nurse. She will review these plans with the IDT after each revision. The risk plan for client #8 was not revised as he is no longer a resident in this home.</p> <p>2. Per McSherr bathing policy clients are not to be left alone in the tub/shower. All needed items are to be gathered and brought to the bathroom before beginning the bath/shower and staff are to remain until the client is finished showering/bathing and is dressed. Retrained for this on 8/19/13. Client #6's fall risk plan will be updated to include assistance level of intermittent while ambulating in the home.</p>	08/27/2013	

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	<p>indicated client #8 had his walker with him at the time of the fall and the client reported his foot was asleep. The report indicated no injury. The report indicated the RN signed the A/I report on 4/5/13.</p> <p>__4/4/13, no time noted, indicated client #8 fell in the bathroom. The report indicated "Not sure how he [client #8] fell, just saw him getting up. Didn't see him fall. But he said he was fixing a rug in bathroom floor (sic)." The report indicated no injury. The report indicated the RN signed the A/I report on 4/5/13.</p> <p>__4/27/13 at 10:40 PM client #8 fell to the floor entering the bathroom near the kitchen. The report indicated no injury. The report indicated the RN signed the A/I report on 4/30/13.</p> <p>__5/28/13 at 3:40 PM, indicated client #8 was picking up his lunch bag off of his Rollator walker and lost his balance, falling to the ground. The report indicated no injury. The report indicated the RN signed the A/I report on 5/28/13.</p> <p>__5/30/13 at 4 PM client #8 was bowling. "Lady at bowling alley said [client #8] blacked out. When I got to him he was not respond to me (sic). Less then 1 min [client #8] was talking to staff (sic). Blood was coming out of his head. Staff</p>		<p>Monitoring Systems: She will bring a list of each clients high risk plans to the Monthly IDT and report incidents that have occurred and the revisions made. The IDT will make further recommendations if necessary. Ongoing compliance will be monitored by the CEO. Persons Responsible: RN, IDT, CEO</p>				

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	<p>put pressure on it with a towel and the EMT (Emergency Medical Technician) got there (sic)." The report indicated the RN signed the A/I report on 5/30/13.</p> <p>Client #8's Administrative (Mortality) Review of 6/6/13 indicated on 5/30/13 client #8 "was on an outing at the bowling alley when he suddenly fell. He was unconscious when staff initially went to help him. A bowling alley employee called 911. He was bleeding from the left side of his head. He then started talking to staff and tried to get up from where he had fallen. Staff redirected him to stay down and he was then transported to the [name of hospital] emergency room via ambulance. Client #8 was talking and alert at the [name of hospital]. A CT scan was done and it was found that he had a 'medium size' bleed in the back left side of his brain. Three staples were put in the cut on [client #8's] left front forehead that he received when falling. According to the ER (emergency room) Dr. (doctor) the fall did not cause the bleed, instead the bleed caused [client #8] to black out and fall. He was then transferred to [name of hospital] in [name of city] and placed in the ICU. He was unresponsive at this time. Another CT scan was completed at this time and showed the brain bleed had spread through the left side and to the right side of his brain. At this time</p>			

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	<p>McSherr's Nurse, Social Worker and CEO were all present to speak to the neurologist. The guardian was called and made the decision to do comfort measures only. On 5/31/13 the ventilator was removed as decided by the guardian. He [client #8] passed away in the hospital on 6/3/13."</p> <p>The 6/1/13 note from the Social Worker on 6/1/13 indicated "According to the [name of bowling alley] staff, [name of bowling alley staff], it was like [client #8] had passed out and fell because he was standing at the ball return and just fell over. McSherr's staff, [name of staff], was standing behind the chairs, which were by the lane [client #8] was going to bowl at, talking to someone. [Name of bowling alley staff] yelled at [name of staff] that [client #8] had fallen. [Client #8] was unresponsive when [name of staff] first went to him, but [client #8] was alert and waved to [name of bowling alley staff] when he was taken out by the EMT's (Emergency Medical Technicians)."</p> <p>Client #8's CT (Computed Tomography) scan of the head on 5/30/13 indicated "fall today and 2 days ago. Hit left side of head. Additional information indicates that patient demonstrated intracranial hemorrhage on outside head.... Impression: Abnormal lobular enhancing</p>			

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	<p>lesion within the left posterior parietal region. Etiologic considerations include small arteriovenous malformation versus intracranial aneurysm."</p> <p>Client #8's hospital Death Summary of 6/3/13 indicated discharge diagnoses of, but not limited to, left occipital hemorrhage (cerebral) and gait imbalance. The summary indicated client #8 "presented to the hospital after falling at a bowling alley. Apparently, he was standing and suddenly lost consciousness and slumped over and hit his head. He then regained consciousness, but a CT scan subsequently showed a left occipital hemorrhage.... He [client #8] was breathing on his own but then continued to slip into a coma.... Throughout the hospital stay, it was noted that the patient [client #8] did not have any improvement in his neurologic status.... it was elected to simply continue with comfort measures. He was evaluated by Neurosurgery and it was their thought that the patient [client #8] was having dramatic progression of a hemorrhage with intraventricular extension and obstructive hydrocephalus with possible abnormal vessel next to hematoma. Given the patient's [client #8's] underlying morbidities, it was elected to simply continue with comfort care. The patient did expire on this day."</p>			

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	<p>Client #8's Revised High Risk Plan for Falls dated 1/2013 indicated client #8 has a history of falls with injury, "states he is 'clumsy' and does not pay attention at times and has lack of attention to his environment." The plan indicated:</p> <p>__ Client #8 was to use his Rollator walker at all times. If he is found to be without it, the staff were to retrieve it rather than send him after it.</p> <p>__ Staff will give verbal reminders to use handrails and walk at a slow safe pace. Also give warnings and notice of obstacles such as steps or uneven terrain.</p> <p>__ "Standby assistance will be given when he is getting on and off the transport van. Includes handling and carrying his walker up and down steps for him."</p> <p>__ "Staff will remain in the bathroom giving assistance as needed with undressing and during his shower. Staff will stay within arms reach until his bathing and dressing tasks are completed. Staff will ensure the floor is dry before leaving the bathroom."</p> <p>__ "Any falls causing injury will be discussed at the next monthly IDT meeting."</p> <p>Client #8's PT (Physical Therapy) evaluation of 9/3/10 indicated client #8 "presented to therapy carrying a single point cane with caregiver from group</p>			

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	<p>home giving instructions for him to put it on the floor. Per caregiver, multiple falls over the past year with most recent resulting in a clavicle fracture. Patient recently diagnosed with neuropathy and started using a cane.... This patient [client #8] did walk right into a 2 x 4 block on the floor and knocked it over and was unaware of it being in his way. I feel his falls are related to poor attention to environment and possibly his lack of sensation in his feet.... At this time I feel staff you give cues for him to be aware of environment and watch where he is walking (sic). Encourage use of cane in community as this may assist him with being more cautious in unfamiliar environments. If falls continue further assessment may be indicated or the need for one on one supervision."</p> <p>Client #8's Death Certificate of 6/3/13 indicated the cause of death to be "Head bleed due to fall."</p> <p>Client #8's record did not indicate the IDT assessed and/or reassessed client #8's ambulatory/mobility needs in regard to client #8's recurring falls in March, April and May, 2013. Client #8's ISP and Falls Plan did not indicate how the staff were to supervise/monitor and/or assist client #8 while ambulating within the group home to prevent recurring falls and/or injuries</p>						

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	<p>due to recurring falls.</p> <p>Interview with the facility RN (Registered Nurse) and the QIDP (Qualified Intellectual Disabilities Professional) on 7/18/13 at 4 PM indicated client #8 was unsteady on his feet and had a history of falls. The RN indicated the IDT (Interdisciplinary Team) met monthly to discuss all of the clients in the group home. The RN indicated client #8's falls were mentioned during these meetings with no revisions made to client #8's plan of care as to how the facility was to ensure client #8's safety due to recurring falls. The RN indicated client #8's falls risk plan was last revised on 1/2013. The RN indicated client #8 was seeing a neurologist to try to find out why he was falling and stated "There was nothing else we could do. We had a plan in place and he was using a walker." When asked if the IDT had evaluated client #8 for the use of a gait belt, the RN stated, "No, I didn't even think about him using a gait belt." The RN stated "the neurologist or someone recommended the use of a walker, so we just got him one." The RN indicated client #8's last PT assessment was conducted on 9/3/10 and the client had not been re-evaluated by PT after the reported falls in March, April and/or June 2013. The QIDP indicated client #8 ambulated independently with the use of a</p>			
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	<p>rolling walker and did not have direct staff supervision while ambulating. The QIDP and the RN indicated client #8's falls risk plan did not include how the staff were to supervise, assist and/or protect client #8 while ambulating inside and outside of the group home to ensure client #8's safety due a history of falls.</p> <p>2. Observations were conducted at the group home on 7/17/13 between 3:45 PM and 6:35 PM and on 7/18/13 between 5:50 AM and 7:45 AM. During both observations client #6 ambulated independently within the group home. The staff did not supervision/monitor client #6 each time the client ambulated.</p> <p>Client #6's record was reviewed on 7/22/13 at 12 PM.</p> <p>__ Client #6's GER (General Events Report) of 2/1/13 at 12:45 PM indicated client #6 jumped up to go to the bathroom, turned to push his chair in and fell backwards, landing on his hands and buttocks. The report indicated the staff were unable to get to client #6 to prevent client #6 from falling. No injuries were reported.</p> <p>__ Client #6's A/I (Accident/Injury) report of 4/3/13 at 7:30 PM indicated the staff thought the floor was dry but it was "still slick." While client #6 was dressing, he sat down on the toilet. The staff went to</p>			

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	<p>get something from client #6's bedroom and returned to find client #6 on his "bottom." The report indicated client #6 stated "I fell." No injuries were reported.</p> <p>__ Client #6's GER of 6/19/13 at 8:40 AM indicated client #6 was in the restroom and fell getting onto the toilet causing an abrasion the size of a half dollar. The report did not indicate the location of the abrasion.</p> <p>__ Client #6's A/I report of 7/1/13 at 8 PM indicated client #6 was in the shower sitting on a shower chair. Client #6 went to stand up and fell to his "bottom." No injuries were reported.</p> <p>Client #6's revised Falls risk plan of 1/2013 indicated client #6 was "virtually blind" and "walks with stooped posture and quick pace at times." The plan indicated client #6 had a history of falls and a history of injuries from bumping into walls and objects due to vision impairment. The plan indicated staff were to escort client #6 anytime he was out of the home. Staff were to give client #6 reminders to slow down and be careful of his surroundings and to use handrails.</p> <p>Client #6's record did not indicate the IDT assessed and/or reassessed client #6's ambulatory/mobility needs in regard to client #6's falls in February, April, June and July. The client's record did not</p>			

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	<p>indicate how the staff were to supervise/monitor and assist client #6 while ambulating in the group home and while going to the bathroom and bathing.</p> <p>Interview with the facility RN and the QIDP on 7/18/13 at 4 PM indicated client #6 was blind, walked with a stooped posture and had a history of falls. The RN indicated the IDT met monthly to discuss all of the clients in the group home. The RN indicated client #6's falls were mentioned during these meetings with no revisions made to client #6's plan of care. The QIDP indicated client #6's ISP indicated client #6 could use a shower chair if he wanted and the RN indicated she had informed the staff for client #6 to use the shower chair with the arm on it while showering. The RN indicated client #6's falls risk plan was last revised on 1/2013 and did not include how the staff were to supervise/monitor and assist client #6 while in the group home.</p> <p>9-3-6(a)</p>				

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W000371	<p>483.460(k)(4) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to develop medication objectives to provide medication training.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 7/19/13 at 2 PM. Client #2's physician's orders for 2012/2013 indicated client #2 was taking a daily multivitamin. Client #2's CFA (Comprehensive Functional Assessment) of 8/22/12 indicated client #2 was not independent with taking his medication. Client #2's ISP (Individual Support Plan) of 8/22/12 did not indicate any training objectives to assist client #2 with taking and/or identifying his medications.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 7/19/13 at 2 PM, the QIDP indicated client #2 was not independent in taking his medications and the staff administered client #2's vitamin to client #2 every day. The QIDP</p>	W000371	<p>The QIDP initiated a drug administration plan for client #2 on 8/5/13. All clients plans were reviewed to ensure they have a medication administration.</p> <p>Monitoring System: In the future, the QIDP will ensure that all clients will have a medication administration IPP in place and it will be reported on the Annual IHP. All IDT Members sign off on this. Persons Responsible: QIDP, IDT</p>	08/27/2013			

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	<p>indicated client #2 did not have any objectives in place to assist him with medication training.</p> <p>9-3-6(a)</p>			

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W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7) who resided in the group home, by not ensuring an evacuation drill was conducted at least quarterly for the night shift (11 PM - 7 AM) for the fourth quarter (October, November and December) of 2012.</p> <p>Findings include:</p> <p>The facility's evacuation drills were reviewed on 7/18/13 at 9:30 AM. The review indicated the facility had failed to conduct an evacuation drill for clients #1, #2, #3, #4, #5, #6 and #7 for the fourth quarter of 2012 for the night shift.</p> <p>Interview with the AHM (Assistant Home Manager) on 7/18/13 at 10 AM indicated she was unable to locate any further evacuation drills for clients #1, #2, #3, #4, #5, #6 and #7 for the fourth quarter of 2012 for the night shift.</p> <p>9-3-7(a)</p>	W000440	Evacuation drills will be scheduled to be held during the first week of every month and the activity placed on the calendar. The home management team will check for these drills and if they have not been run as scheduled, the manager or assistant will be on site the following day during the shift scheduled to ensure that a drill has been run at the appropriate time. These drills will be reviewed by the IDT monthly.	08/27/2013	

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W000488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and 3 additional clients (#5, #6 and #7), the facility failed to provide the clients training with meal preparation and pouring their own drinks and to ensure the clients were supervised/monitored while eating their meal.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/17/13 between 3:45 PM and 6:35 PM. The evening meal consisted of an Italian pasta bake, a tossed salad, whole wheat bread with margarine and fresh strawberries with whipped topping. From 3:45 PM to 4:30 PM staff #2 prepared the Italian pasta bake by browning hamburger on the stove, placing pasta in boiling water to cook, removing the hamburger and pasta, mixing all the ingredients together and then placing it into the oven to bake. At 5:15 PM staff #2 prepared slices of bread with margarine and garlic and placed them on a baking sheet. Staff #2 took the pasta bake out of the oven and placed the garlic bread into the oven. At 5:25 PM staff #2 prepared</p>	W000488	<p>Clients are assigned household duties in which they should participate each day. These duties are those which every home of any person needs to perform to keep their home running smoothly. A client is assigned to participate in cooking meals. That client is encouraged and invited into the kitchen to assist. If that client refuses multiple times another client should then be invited and encouraged to participate. Staff will be retrained on this activity on 8/19/13. All clients will be encouraged to assist in carrying serving dishes to the table with the assistance of staff as needed. Staff will be retrained on this activity on 8/19/13. All clients will pour their own beverages with staff assistance as needed. Staff will be retrained on this activity on 8/19/13. Staff will be retrained on including clients in all aspects of mealtime preparation, service and clean up. If one client refuses to participate, another will be asked. Staff will sit with and monitor clients during lunch and dinner meals. During breakfast, one staff member will be in the dining room to provide intermittent supervision and direction to clients during their breakfast meal. Client #1 will be</p>	08/27/2013			

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	<p>the strawberries, placed them in 7 individual dessert cups, topped each with a whipped topping and then placed the finished dessert bowls on a plate and set the plate on the bar near the dining room table. At 5:30 PM clients #1, #6 and #7 were sitting at one dining room table and clients #3, #4 and #5 were sitting at the other dining room table, waiting on the evening meal to be brought to the table. Staff #2 dipped up the pasta bake into 2 serving bowls and placed 1 bowl on each table. Staff #2 then took the garlic bread out of the oven, placed them on 2 plates and took them to the dining room tables. Staff #2 got a bowl of salad from the refrigerator and placed it on one of the tables.</p> <p>During this time staff #2 prompted client #1 to assist with the evening meal. Client #1 was in a wheelchair and would not stay in the kitchen and did not assist with the evening meal. Staff #2 did not prompt clients #2, #3, #4, #5, #6 and #7 to assist with the food preparation of the evening meal. Clients #3 and #5 assisted to set the table prior to the meal. Client #5 poured milk, water and Kool-aid for clients #1, #2, #3, #4, #6 and #7 and himself prior to the meal.</p> <p>Observations were conducted at the group home on 7/18/13 between 5:50 AM and</p>		<p>positioneds so that staff is able to observe him. Clients will prepare their own coffee with staff assistance as needed. Monitoring System:House Manager will complete mealtime observations at least twice per week for 4 weeks to ensure that all staff are encouraging all clients participate in meal preparation and clean up after dinner based on their ability levels. Ongoing, the Home Manager will complete mealtime observations at least once per week to ensure that all staff are encouraging all clients participate in meal preparation and clean up after dinner based on their ability levels. Responsible Persons: Direct Care, House Manager</p>				

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	<p>7:45 AM. The morning meal consisted of a breakfast bake and toast with margarine and jelly.</p> <p>__At 5:50 AM, upon entering the home, the breakfast bake was in the oven and plates, cups, glasses, silverware and napkins were sitting on the counter between the kitchen and the dining room.</p> <p>__At 6:10 AM staff #6 took the breakfast bake out of the oven and prompted client #3 to set the table.</p> <p>__At 6:30 AM staff #6 assisted clients #6 and #7 to prepare their toast and fill their plates.</p> <p>__At 6:37 AM clients #6 and #7 took their plates and sat down at the table farthest away from the kitchen. Staff #6 cut client #6's food and returned to the kitchen area. Clients #6 and #7 began eating their meals, both clients taking large bites. Client #6 used a spoon and placed his fingers in his mouth along with the spoon with each bite. Client #2 poured milk, juice and water into glasses for clients #1, #3, #4, #5, #6, and #7. Client #6 stated, "Where's my coffee?"</p> <p>__At 6:40 AM staff #6 assisted client #4 to prepare his toast and fill his plate. Staff #6 assisted client #4 to transfer from his wheelchair to one of the dining room chairs at the table nearest the kitchen. Once seated, client #4 immediately began to eat his meal while staff #6 returned to the kitchen.</p>			

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	<p>__At 6:44 AM staff #5 entered the kitchen area and began preparing for the morning medication pass. Staff #6 made toast for client #1 and filled client #1's plate. Client #1 carried his plate to the dining room table farthest away from the kitchen, sat down with his back to the kitchen area and began eating his meal, taking large bites of food. Client #2 prepared himself a bowl of cereal, took it to the table and began eating. Staff #6 walked into the dining area, assisted client #1 to cut his food and returned to the kitchen area to assist clients #3 and #5 to make their toast and fill their plates.</p> <p>__At 6:47 AM, staff #6 walked into the dining area, cut client #4's last few bites of food into smaller bites and returned to the kitchen. Clients #6 and #7 were finished with their meal and staff #6 began preparing coffee. Client #4 asked staff #6 for his coffee.</p> <p>__At 6:52 AM client #6 again asked, "Where's coffee at?" Staff #6 stated, "You want ice in your coffee?" Client #6 stated "Yeah." Staff #6 prepared client #6's coffee and took it to the dining room table where client #6 was still sitting from eating his morning meal.</p> <p>__At 6:53 AM client #1 had finished eating. Client #3 got up from the table and returned with a cup of coffee. Client #4 finished his meal, asked again for coffee and was prompted to the medication area</p>			

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	<p>to take his morning medications. __At 7:28 AM staff #6 gave client #4 a cup of coffee.</p> <p>During the morning observation staff #4, #5 and #6 did not sit down with and/or directly supervise clients #1, #2, #3, #4, #5, #6 and #7 while they ate their morning meal. The staff did not prompt clients #1, #4, #6 and #7 to slow their pace of eating, to take smaller bites and/or to put their utensil down between bites.</p> <p>Client #1's record was reviewed on 7/18/13 at 12 PM. Client #1's ISP (Individualized Support Plan) dated 6/20/13 indicated client #1 had an objective to follow safe mealtime guidelines with prompts from staff. The ISP indicated client #1 was to be provided with intermittent supervision at all meals. The ISP indicated the staff were to prompt client #1 to take small bites of food, chew completely before swallowing and lay his utensil down between bites of food and to take small sips of drink throughout his meal with prompts from the staff.</p> <p>Client #4's record was reviewed on 9/19/13 at 1 PM. Client #4's ISP dated 5/9/13 indicated staff were to monitor client #4 while he ate his meals and to prompt client #4 to slow his pace of</p>						

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	<p>eating and to chew his food completely.</p> <p>Client #6's record was reviewed on 7/22/13 at 11 AM. Client #6's ISP of 2013 indicated staff were to monitor client #6 while he ate his meals and to prompt client #6 to slow his pace of eating and to chew his food completely.</p> <p>During interview with client #5 on 7/18/13 at 6:30 AM, client #5 indicated he liked to cook. Client #5 indicated the staff had not asked him to assist with the evening meal of 7/17/13. Client #5 stated, "I would have helped if they would have asked me."</p> <p>During interview with client #2 on 7/18/13 at 6:20 AM, client #2 stated, "I always pour everyone's drinks." Client #2 indicated he did not care much for cooking, but would help when the staff asked him to. Client #2 indicated he was not asked to assist with the evening meal of 7/17/13.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 7/19/13 at 3 PM indicated clients #1, #2, #3, #4, #5, #6 and #7 could not prepare a meal independently and were to be involved and prompted to participate with the preparation of their meals. The QIDP stated the staff were to provide training in</p>			

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	<p>family style dining and to monitor/supervise/assist the clients during every meal and "at least one of the staff should have been sitting at the table" with clients #1, #6 and #7 while they ate their morning meal. The QIDP indicated clients #1, #4, #6 and #7 were to be prompted to take smaller bites and to slow their pace of eating due risk of choking. The QIDP stated the clients "should be prompted to pour their own drinks."</p> <p>9-3-8(a)</p>			

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W009999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met.</p> <p>460 IAC 9-3-1 Governing Body (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by division (18. Use of any PRN (as needed) medication related to an individual's behavior.).</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 2 of 4 sample clients (#1 and #4), the facility failed to notify the Bureau of Developmental Disabilities Services (BDDS) within 24 hours in accordance with state law regarding the use of general anesthesia for dental procedures.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 7/18/13 at 12 PM. Client #1's record indicated client #1 had a dental exam under general anesthesia on 7/20/13.</p>	W009999	Client #1 did have dental work under general anesthesia on 8/9/13 due his being uncooperative during dental exams and procedures. Approval had been granted by the human rights committee and by his mother. The social worker did report this general anesthesia to BDDS along with the report to the state department of health. This was reported shortly after the procedure was completed. In the future, the social worker will report all uses of general anesthesia within 24 hours of the procedure.	08/27/2013
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	<p>Client #4's record was reviewed on 7/19/13 at 1 PM. Client #4's record indicated client #4 had a dental exam under general anesthesia on 4/12/13.</p> <p>The facility reportable and investigative records for July 2012 through July 2013 were reviewed on 7/18/13 at 11 AM. The facility records indicated no reports for clients #1 and #4 in regard to the need for sedation for dental exams.</p> <p>Interview with the facility RN (Registered Nurse) and the QIDP (Qualified Intellectual Disabilities Professional) on 7/19/13 at 2 PM indicated client #1's and #4's dental exams were conducted under general anesthesia because clients #1 and #4 were uncooperative with the procedure and required sedation. The QIDP indicated client #1's 7/20/13 need for sedation and client #4's 4/12/13 need for sedation for dental examinations were not reported to BDDS.</p> <p>9-3-1(b)</p>			
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