

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G666	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/30/2015
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 3111 N RICHARDT INDIANAPOLIS, IN 46226
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000 Bldg. 00	<p>This visit was for the investigation of complaint #IN00171468.</p> <p>Compliant #IN00171468: Substantiated, no deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: 4/27/15, 4/28/15, 4/29/15 and 4/30/15.</p> <p>Facility Number: 000685 Provider Number: 15G666 AIMS Number: 100474600</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 000		
W 125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p>			

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

TITLE

(X6) DATE

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

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	<p>Based on record review and interview for 1 of 4 sampled clients (B), the facility failed to secure a surrogate to assist client B with making informed choices and decisions.</p> <p>Findings include:</p> <p>Client B's record was reviewed on 4/28/15 at 11:08 AM. Client B's CAF (Consumer Admission Form) dated 2/18/15 indicated, "[Client B] can barely hear or speak" and "[Client B] has (the) communication level of (a) 2-3 year old. He does not speak and makes loud noises." Client B's CAF dated 2/18/15 indicated client B's diagnoses included but were not limited to Intellectual Disability, Autism and Epilepsy. Client B's ISP (Individual Support Plan) dated 1/28/15 indicated client B did not have a legal guardian. Client B's ISP dated 1/28/15 did not indicate documentation of client B having a HCR (Health Care Representative). Client B's CFA (Comprehensive Functional Assessment) dated 1/2015 indicated client B needed assistance with making informed choices and decisions.</p> <p>QIDP-D (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 4/28/15 at 1:06 PM. QIDP-D #1 stated, "[Client B's] sister</p>	W 125	<p>CORRECTION:</p> <p><i>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</i> Specifically, the facility has reassessed Client B's ability to give informed consent and will arrange to obtain a surrogate to assist Client #B with making informed choices and decisions.</p> <p>PREVENTION:</p> <p>Professional staff will be retrained regarding the need to assure that all individuals have appropriate assistance making major life decision, based on their assessed ability to give informed consent. The interdisciplinary team with assistance from the Operations Team (comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director) is reviewing informed consent assessments for all clients and will obtain appropriate legal representation for clients as needed.</p>	05/30/2015	

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W 149 Bldg. 00	<p>used to be his guardian until he turned eighteen. She would like to pursue guardianship but has had financial trouble. [Client B's] sister is somewhat involved but she's not always responsive. Sometimes it takes several attempts to contact her and usually several days for her to call back." QIDP-D #1 stated, "No, [client B] does not currently have a guardian. He does need a guardian."</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 4 sampled clients (C), the facility failed to implement its policy and procedures to investigate client C's fall and to implement corrective measures to prevent client C from additional falls.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 4/27/15 at 12:34 PM. The review indicated the following:</p>	W 149	<p>RESPONSIBLE PARTIES: QIDP, Operations Team</p> <p>CORRECTION:</p> <p><i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically:</i></p> <p>The Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will directly oversee all investigations. The Residential Manager will receive additional</p>	05/30/2015	

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	<p>1. BDDS report dated 3/1/15 indicated, "[Client C's] staff went to assist [client C] up for toileting. [Client C] was saying she can't stand up (sic) staff noticed [client C] was sliding off (sic) bed so staff wrapped arms around [client C] and eased her down to the floor. [Client C] was not injured but staff had to call 911 to have fire department come and assist with getting [client C] off (of the) floor. Fire department came out and assisted [client C] off floor and into living room. They assessed [client C] and determined that she didn't need medical attention."</p> <p>-BDDS follow up report dated 3/9/15 indicated, "(3.) What updates have been made to the individual's plans to address sliding out of bed? The plan states that there will be two staff members that will be stand by assistance when working with [client C]. This requires the presence of another person, within arm's reach to help [client C] perform the ADL (Activities of Daily Living)."</p> <p>-BDDS report dated 3/24/15 indicated, "Staff was assisting individuals with breakfast preparation in the kitchen and turned around and discovered that [client C] had fallen on the floor. The impact reopened an existing abrasion on her right knee. Staff assisted [client C] to her feet, applied first aid and provided</p>		<p>training toward assisting with gathering evidence, including conducting thorough witness interviews. The Clinical Supervisor and Program Manager will assure that conclusions are developed that match the collected evidence. The governing Body will assume complete responsibility for investigating any discovered injuries that require outside medical treatment. When any evidence of staff negligence is uncovered or alleged the Operations Team will take control of all aspects of the investigation process.</p> <p>Client C has received Physical Therapy evaluation to reassess her mobility needs and will begin using a rolling walker. Additionally adaptive running boards have been installed on the facility van to assist Client C with boarding and getting out of the vehicle. A review of facility support documents indicated this deficient practice did not affect any additional clients.</p> <p>The facility nurse will modify Client C's Comprehensive High Risk Plan for falls to include the added supports and to clarify the expectations of how staff should</p>	

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	<p>emotional support. The team will complete a post fall assessment and investigate the circumstances of the incident. [Client C] has a history of falls and a CHRHP (Comprehensive High Risk Health Plan) is in place. The team is working to develop additional supports due to a recent increase in falls."</p> <p>Client C's record was reviewed on 4/28/15 at 9:15 AM. Client C's CHRHP for falls dated 6/13/14 indicated, ""Definition: Standby assistance: When you require the presence of another person, within arm's reach of you, to help you perform the activities of daily living (such as bathing, standing, walking, transferring)."</p> <p>Client C's IDT (Interdisciplinary Team Meeting) form dated 3/24/15 indicated, "[Client C's] new high risk plans has (sic) stand by assistance added to ensure her safety when you are helping [client C] with her ADL (Activities of Daily Living). All staff will follow plan as written to ensure [client C] is not falling (sic) to cause injury to herself."</p> <p>Client C's CHRHP for falls dated 3/5/15 indicated, "Definition: Standby assistance: When you require the presence of another person, within arm's reach of you, to help you perform the</p>		<p>monitor assist Client C to prevent Client C from falling and/or to prevent further injury due to falls. A review of incident documentation and current supports indicated this deficient practice did not affect any additional clients.</p> <p>PREVENTION:</p> <p>A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team. The Clinical Supervisor (Administrative level management) will meet with his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. Residential Managers will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Clinical Supervisor will review each investigation to ensure that they are thorough –meeting regulatory</p>	

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	<p>activities of daily living (such as bathing, standing, walking, transferring)."</p> <p>Client C's CHRHP's for falls dated 6/13/14 and 3/5/15 both indicate client C should have stand by assistance. Client C's CHRHP's dated 6/13/14 or 3/5/15 did not indicate documentation of recommendations from client C's follow up BDDS report which indicated "... there will be two staff members that will be stand by assistance when working with [client C]. This requires the presence of another person, within arm's reach to help [client C] perform the ADL (Activities of Daily Living)." Client C's CHRHP's dated 6/13/14 or 3/5/15 did not indicate documentation of review/update following recommendations from client C's 3/24/15 IDT.</p> <p>The review indicated the facility did not implement the 3/9/15 recommendations for client C to have two staff members providing stand by assistance when working with client C while bathing, standing, walking or transferring.</p> <p>The review did not indicate documentation of an investigation regarding client C's 3/24/15 fall to determine if staff appropriately implemented client C's CHRHP for falls.</p>		<p>and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Clinical Supervisors will provide weekly updates to the Program Manager on the status of investigations. Failure to complete thorough investigations within the allowable five business day timeframe will result in progressive corrective action to all applicable team members.</p> <p>After completing investigations in which the allegations are verified, the QIDP, with the guidance of the Clinical Supervisor and Program Manager, will bring all relevant elements of the interdisciplinary team together to develop corrective measures to ensure the health and safety of clients. Revised Comprehensive High Risk Plans will be reviewed and approved by the Nurse Manager prior to implementation.</p> <p>The Residential Manager will be expected to observe no less than</p>	

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	<p>RM (Resident Manager) #1 was interviewed on 4/28/15 at 8:00 AM. RM #1 indicated the facility's abuse and neglect policy should be implemented, all allegations of abuse and neglect should be investigated and corrective measures to prevent recurrence should be developed and implemented.</p> <p>The facility's policies and procedures were reviewed on 4/30/15 at 5:23 PM. The facility's policy entitled, "Abuse, Neglect, Exploitation, Mistreatment" dated 2/26/11 indicated the following:</p> <p>"Adept staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, or mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of Adept, ResCare and local and state and federal guidelines."</p> <p>"Program intervention neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to implement a support plan, inappropriate application of intervention without a qualified person notification/review."</p>		<p>one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff implement risk plans as written. The Team Lead (non-exempt residential manager) will be present, supervising and participating in active treatment during no less than 4 evening active treatment sessions and one morning active treatment session per week to assure continuous active treatment occurs and that risk plans are implemented as written.</p> <p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than five times weekly for the next 21 days, no less than 3 times weekly for an additional 14 Days, and no less than three times weekly for 14 days and twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine</p>	

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	<p>The facility's policy entitled, 'Investigations' dated 9/14/07 indicated the following:</p> <p>- "A thorough investigation final report will be written at the completion of the investigation. The report shall include, but is not limited to, the following:... Concerns and recommendations...; Methods to prevent future incidents."</p> <p>9-3-2(a)</p>		<p>the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight</p>	

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			<p>shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/General Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>Administrative support at the home will focus on:</p> <ol style="list-style-type: none"> 1. Mentorship and training of supervisory staff, monitoring and coaching of direct support staff 2. Evaluation of the effectiveness of current comprehensive high risk plans 3. Administrative documentation reviews will include but not be limited to assuring current high risk plans are present in the home along with documentation that staff 	

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W 154 Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 4 allegations of abuse, neglect and injuries of unknown origin reviewed, the facility failed to investigate a fall regarding client C.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 4/27/15 at 12:34 PM. The review indicated the following:</p> <p>BDDS report dated 3/24/15 indicated,</p>	W 154	<p>have received training on implementation of the plans.</p> <p>4. Assuring risk plans are implemented as written.</p> <p>5. Provision of continuous active treatment to all clients.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manage</p> <p><i>The facility must have evidence that all alleged violations are thoroughly investigated.</i> Specifically, the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will directly oversee all investigations. The Residential Manager will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews. The Clinical Supervisor and Program Manager will assure that conclusions are developed that match the collected</p>	05/30/2015

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	<p>"Staff was assisting individuals with breakfast preparation in the kitchen and turned around and discovered that [client C] had fallen on the floor. The impact reopened an existing abrasion on her right knee. Staff assisted [client C] to her feet, applied first aid and provided emotional support. The team will complete a post fall assessment and investigate the circumstances of the incident. [Client C] has a history of falls and a CHRHP (Comprehensive High Risk Health Plan) is in place. The team is working to develop additional supports due to a recent increase in falls."</p> <p>Client C's record was reviewed on 4/28/15 at 9:15 AM. Client C's CHRHP for falls dated 3/5/15 indicated, "Definition: Standby assistance: When you require the presence of another person, within arm's reach of you, to help you perform the activities of daily living (such as bathing, standing, walking, transferring)."</p> <p>The review did not indicate documentation of an investigation regarding client C's 3/24/15 fall to determine if staff appropriately implemented client C's CHRHP for falls.</p> <p>RM (Resident Manager) #1 was interviewed on 4/28/15 at 8:00 AM. RM</p>		<p>evidence. The governing Body will assume complete responsibility for investigating any discovered injuries that require outside medical treatment. When any evidence of staff negligence is uncovered or alleged the Operations Team will take control of all aspects of the investigation process.</p> <p>PREVENTION:</p> <p>A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team. The Clinical Supervisor (Administrative level management) will meet with his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. Residential Managers will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Clinical Supervisor will review each</p>	

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W 157 Bldg. 00	<p>#1 indicated all allegations of abuse and neglect should be investigated.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 2 of 4 allegations of abuse, neglect and injuries of unknown origin reviewed, the facility failed to implement corrective measures to prevent client C's from additional falls.</p>	W 157	<p>investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Clinical Supervisors will provide weekly updates to the Program Manager on the status of investigations. Failure to complete thorough investigations within the allowable five business day timeframe will result in progressive corrective action to all applicable team members.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p>CORRECTION: <i>If the alleged violation is verified, appropriate corrective action must be taken. Specifically, Client C has received Physical Therapy evaluation to reassess her</i></p>	05/30/2015

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	<p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 4/27/15 at 12:34 PM. The review indicated the following:</p> <p>-BDDS report dated 3/1/15 indicated, "[Client C's] staff went to assist [client C] up for toileting. [Client C] was saying she can't stand up (sic) staff noticed [client C] was sliding off (sic) bed so staff wrapped arms around [client C] and eased her down to the floor. [Client C] was not injured but staff had to call 911 to have fire department come and assist with getting [client C] off (of the) floor. Fire department came out and assisted [client C] off floor and into living room. They assessed [client C] and determined that she didn't need medical attention."</p> <p>-BDDS follow up report dated 3/9/15 indicated, "(3.) What updates have been made to the individual's plans to address sliding out of bed? The plan states that there will be two staff members that will be stand by assistance when working with [client C]. This requires the presence of another person, within arm's reach to help [client C] perform the ADL (Activities of Daily Living)."</p>		<p>mobility needs and will begin using a rolling walker. Additionally adaptive running boards have been installed on the facility van to assist Client C with boarding and getting out of the vehicle. A review of facility support documents indicated this deficient practice did not affect any additional clients.</p> <p>The facility nurse will modify Client C's Comprehensive High Risk Plan for falls to include the added supports and to clarify the expectations of how staff should monitor assist Client C to prevent Client C from falling and/or to prevent further injury due to falls. A review of incident documentation and current supports indicated this deficient practice did not affect any additional clients.</p> <p>PREVENTION:</p> <p>After completing investigations in which the allegations are verified, the QIDP, with the guidance of the Clinical Supervisor and Program Manager, will bring all relevant elements of the interdisciplinary team together to develop corrective measures to ensure the health and safety of</p>	

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	<p>-BDDS report dated 3/24/15 indicated, "Staff was assisting individuals with breakfast preparation in the kitchen and turned around and discovered that [client C] had fallen on the floor. The impact reopened an existing abrasion on her right knee. Staff assisted [client C] to her feet, applied first aid and provided emotional support. The team will complete a post fall assessment and investigate the circumstances of the incident. [Client C] has a history of falls and a CHRHP (Comprehensive High Risk Health Plan) is in place. The team is working to develop additional supports due to a recent increase in falls."</p> <p>Client C's record was reviewed on 4/28/15 at 9:15 AM. Client C's CHRHP for falls dated 6/13/14 indicated, ""Definition: Standby assistance: When you require the presence of another person, within arm's reach of you, to help you perform the activities of daily living (such as bathing, standing, walking, transferring)."</p> <p>Client C's IDT (Interdisciplinary Team Meeting) form dated 3/24/15 indicated, "[Client C's] new high risk plans has stand by assistance added to ensure her safety when you are helping [client C] with her ADL (Activities of Daily Living). All staff will follow plan as</p>		<p>clients. Revised Comprehensive High Risk Plans will be reviewed and approved by the Nurse Manager prior to implementation.</p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff implement risk plans as written. The Team Lead (non-exempt residential manager) will be present, supervising and participating in active treatment during no less than 4 evening active treatment sessions and one morning active treatment session per week to assure continuous active treatment occurs and that risk plans are implemented as written.</p> <p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than five times weekly for the</p>	

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	<p>written to ensure [client C] is not falling (sic) to cause injury to herself." Client C's CHRHP for falls dated 3/5/15 indicated, "Definition: Standby assistance: When you require the presence of another person, within arm's reach of you, to help you perform the activities of daily living (such as bathing, standing, walking, transferring)."</p> <p>Client C's CHRHP's for falls dated 6/13/14 and 3/5/15 both indicated client C should have stand by assistance. Client C's CHRHP's dated 6/13/14 or 3/5/15 did not indicate documentation of recommendations from client C's follow up BDDS report which indicated "... there will be two staff members that will be stand by assistance when working with [client C]. This requires the presence of another person, within arm's reach to help [client C] perform the ADL (Activities of Daily Living)." Client C's CHRHP's dated 6/13/14 or 3/5/15 did not indicate documentation of review/update following recommendations from client C's 3/24/15 IDT.</p> <p>The review indicated the facility did not implement the 3/9/15 recommendations for client C to have two staff members providing stand by assistance when working with client C while bathing, standing, walking or transferring.</p>		<p>next 21 days, no less than 3 times weekly for an additional 14 Days, and no less than three times weekly for 14 days and twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening</p>	

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	<p>RM (Resident Manager) #1 was interviewed on 4/28/15 at 8:00 AM. RM #1 indicated corrective measures to prevent recurrence of client C's falls should be developed and implemented.</p> <p>9-3-2(a)</p>		<p>toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/General Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>Administrative support at the home will focus on:</p> <ol style="list-style-type: none"> 1. Mentorship and training of supervisory staff, monitoring and coaching of direct support staff 2. Evaluation of the 	

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W 240 Bldg. 00	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview for 1 of 4 sampled clients (C), the facility failed to ensure client C's CHRHP (Comprehensive High Risk Health Plan) for falls described recommended interventions to address and prevent client C's recurrent falls.</p>	W 240	<p>effectiveness of current comprehensive high risk plans</p> <p>3. Administrative documentation reviews will include but not be limited to assuring current high risk plans are present in the home along with documentation that staff have received training on implementation of the plans.</p> <p>4. Assuring risk plans are implemented as written.</p> <p>5. Provision of continuous active treatment to all clients.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager</p> <p>CORRECTION: <i>The individual program plan must describe relevant interventions to support the individual toward independence. Specifically, the facility nurse will modify Client C's Comprehensive High Risk Plan for</i></p>	05/30/2015	

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	<p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 4/27/15 at 12:34 PM. The review indicated the following:</p> <p>-BDDS report dated 3/1/15 indicated, "[Client C's] staff went to assist [client C] up for toileting. [Client C] was saying she can't stand up (sic) staff noticed [client C] was sliding off (sic) bed so staff wrapped arms around [client C] and eased her down to the floor. [Client C] was not injured but staff had to call 911 to have fire department come and assist with getting [client C] off (of the) floor. Fire department came out and assisted [client C] off floor and into living room. They assessed [client C] and determined that she didn't need medical attention."</p> <p>-BDDS follow up report dated 3/9/15 indicated, "(3.) What updates have been made to the individual's plans to address sliding out of bed? The plan states that there will be two staff members that will be stand by assistance when working with [client C]. This requires the presence of another person, within arms reach to help [client C] perform the ADL (Activities of Daily Living)."</p>		<p>falls to include the added supports and to clarify the expectations of how staff should monitor assist Client C to prevent Client C from falling and/or to prevent further injury due to falls. A review of incident documentation and current supports indicated this deficient practice did not affect any additional clients.</p> <p>PREVENTION:</p> <p>The QIDP will assure that the nursing team is included in all discussions/decisions relevant to clients' health and safety and modifications will be made to Comprehensive High Risk Plans and other supports accordingly. The nurse manager will review all reports of significant health and safety issues and will meet with the Operations Team weekly to discuss health and safety issues including but not limited to needed updates to risk plans. The nurse manager will review all facility risk plan modifications for the next 90 days to assure they contain appropriate detail, and will conduct periodic audits of facility risk plans on an ongoing basis.</p>	

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	<p>Client C's record was reviewed on 4/28/15 at 9:15 AM. Client C's CHRHP for falls dated 6/13/14 indicated, ""Definition: Standby assistance: When you require the presence of another person, within arm's reach of you, to help you perform the activities of daily living (such as bathing, standing, walking, transferring)."</p> <p>Client C's IDT (Interdisciplinary Team Meeting) form dated 3/24/15 indicated, "[Client C's] new high risk plans have stand by assistance added to ensure her safety when you are helping [client C] with her ADL (Activities of Daily Living). All staff will follow plan as written to ensure [client C] is not falling (sic) to cause injury to herself."</p> <p>Client C's CHRHP for falls dated 3/5/15 indicated, "Definition: Standby assistance: When you require the presence of another person, within arm's reach of you, to help you perform the activities of daily living (such as bathing, standing, walking, transferring)."</p> <p>Client C's CHRHP's for falls dated 6/13/14 and 3/5/15 both indicated client C should have stand by assistance. Client C's CHRHP's dated 6/13/14 and 3/5/15 did not indicate documentation of</p>		<p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team</p>	

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W 249 Bldg. 00	<p>recommendations from client C's follow up BDDS report which indicated "... there will be two staff members that will be stand by assistance when working with [client C]. This requires the presence of another person, within arm's reach to help [client C] perform the ADL (Activities of Daily Living)." Client C's CHRHP's dated 6/13/14 or 3/5/15 did not indicate documentation of review/update following recommendations from client C's 3/24/15 IDT.</p> <p>QIDP-D (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 4/28/15 at 1:06 PM. QIDP-D #1 indicated client C should be stand by assistance with her ADL's. QIDP-D #1 indicated client C's CHRHP did not include two person stand by assistance. QIDP-D #1 indicated client C's CHRHP for falls should clearly describe interventions to address client C's falls.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed</p>						

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	<p>interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 2 of 4 sampled clients (B and C), the facility failed to ensure client B received a continuous active treatment program. The facility failed to continuously implement client C's CHRHP (Comprehensive High Risk Health Plan) for falls.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 4/27/15 from 3:00 PM through 4:53 PM. Client B was observed throughout the observation period. Client B was asleep in his bed from 3:00 PM through 4:53 PM. At 3:40 PM, Staff #1 verbally prompted client B to wake and participate in the home's programming. Client B refused and remained in asleep in his bed.</p> <p>Observations were conducted at the group home on 4/28/15 from 7:25 AM through 8:30 AM. Client B was observed throughout the observation period. Client B was asleep in his bedroom from 7:25 AM through 8:00 AM. Client B was prompted by staff #2 to get out of bed and join his peers in the group home's living room area. At 8:30 AM, client B</p>	W 249	<p>CORRECTION:</p> <p><i>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Specifically, all direct support staff will be retrained and receive ongoing face to face coaching from supervisors regarding the need to provide consistent, aggressive and continuous active treatment for all clients including but not limited to implementation of risk plans, self-care, leisure skills, meal preparation, family style dining and other domestic activities. Additionally, the interdisciplinary team will meet to develop creative approaches to encourage Client B to participate in active treatment and Client B's support plan will be modified accordingly. Staff will be trained on implementation of these modified approaches. Through observation of active treatment, administrative staff determined</i></p>	05/30/2015			

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	<p>was assisted to the living room couch where he laid down and closed his eyes. At 8:15 AM, client B was prompted to get on the group home van to ride along while his peers were dropped off at their day service providers.</p> <p>Client B's record was reviewed on 4/28/15 at 11:08 AM. Client B's ATS (Active Treatment Schedule) dated 2/2015 indicated on a weekday between the hours of 3:00 PM through 5:00 PM, client B should be offered choices of activities for domestic skills, community integration, money management and recreation or leisure activities. Client B's ATS dated 2/2015 indicated on a weekday between the hours of 7:00 AM through 9:00 AM, client B should be completing morning chores, participating in a leisure activity or be working on programming goals. Client B's ISP (Individual Support Plan) dated 1/28/15 indicated client B had formal training objectives to brush his teeth, utilize a communication book to communicate his wants and needs, assist preparing a dish for a meal, identify coins, identify his medication and practice community/pedestrian safety skills.</p> <p>Staff #1 was interviewed on 4/27/15 at 3:20 PM. Staff #1 indicated client B was asleep in his bed. Staff #1 indicated client</p>		<p>that this deficient practice affected one additional client.</p> <p>PREVENTION:</p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited assuring staff administer medication as prescribed and that all prescribed medications are available. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to implementation of risk plans, self-care, leisure skills, family style dining and other domestic activities.</p> <p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active Treatment sessions and</p>	

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	<p>B did not attend a day service provider. Staff #1 indicated client B's sleep pattern's were out of sync and he tended to sleep/nap during the day and be awake during the night.</p> <p>2. Observations were conducted at the group home on 4/27/15 from 3:00 PM through 4:53 PM. At 3:06 PM, client C was seated on the living room couch with no staff in the room. Client C attempted to stand up from the couch and stated, "Somebody help me!" Client C continued attempting to stand up from the couch until she was able to stand upright and walk to the kitchen area.</p> <p>Observations were conducted at the group home on 4/28/15 from 7:25 AM through 8:30 AM. At 8:06 AM, client C was seated on the living room couch with no staff in the room. Client C began a slight rocking movement while seated in an attempt to stand up. Client C stood up and walked to the dining room area with no staff present.</p> <p>Client C's record was reviewed on 4/28/15 at 9:15 AM. Client C's IDT (Interdisciplinary Team Meeting) form dated 3/24/15 indicated, "[Client C's] new high risk plans have stand by assistance added to ensure her safety when you are helping [client C] with her</p>		<p>documentation reviews no less than five times weekly for the next 21 days, no less than 3 times weekly for an additional 14 Days, and no less than three times weekly for 14 days and twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring</p>	

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	<p>ADL (Activities of Daily Living). All staff will follow plan as written to ensure [client C] is not falling (sic) to cause injury to herself." Client C's CHRHP for falls dated 3/5/15 indicated, "Definition: Standby assistance: When you require the presence of another person, within arm's reach of you, to help you perform the activities of daily living (such as bathing, standing, walking, transferring)."</p> <p>RM (Resident Manager) #1 was interviewed on 4/28/15 at 8:00 AM. RM #1 indicated client B had been awake, ate his breakfast and then returned to bed on 4/28/15 at 7:20 AM. RM #1 indicated client B had been admitted to the group home in February 2015. RM #1 indicated client B had come to the group home from his uncle's house. RM #1 stated, "I think that was pretty much his routine. He will come out to eat and bathe but pretty much likes to stay in his room."</p> <p>RM #1 indicated staff should provide client C with stand by assistance during ADL's including standing and walking.</p> <p>QIDP-D (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 4/28/15 at 1:06 PM. QIDP-D #1 indicated active treatment should occur at each available</p>		<p>will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>.</p> <p>Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities including but not limited to implementation of risk plans, self-care, leisure skills, family style dining and</p>	

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W 312 Bldg. 00	<p>opportunity.</p> <p>9-3-4(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 4 sampled clients who utilize psychotropic medication for behavior management (B), the facility failed to ensure client B had an active treatment program with a plan of reduction for the use of Fluoxetine (anxiety) and Onfi (anxiety) for behavior management.</p> <p>Findings include:</p> <p>Client B's record was reviewed on 4/28/15 at 11:08 AM. Client B's Physician's Orders Form (POF) dated 3/26/15 indicated client B received Fluoxetine 20 milligram capsule daily (anxiety). Client B's record of visit form dated 4/17/15 indicated client B had a</p>	W 312	<p>other domestic activities.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p>CORRECTION:</p> <p><i>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Specifically for Client #B the use of Fluoxetine and Onfi will be incorporated into a Behavior Support Plan with an accompanying plan of reduction. A review of facility behavior support plans and medication administration records indicated this deficient practice did not affect any additional clients.</i></p>	05/30/2015	

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W 331 Bldg. 00	<p>new prescription to begin Onfi elixir 5 milligrams daily at bedtime (anxiety). Client B's record did not indicate documentation of a BSP (Behavior Support Plan) or active treatment program with a plan of reduction for the use of Fluoxetine 20 milligrams daily or Onfi elixir 5 milligrams daily for behavior management.</p> <p>QIDP-D (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 4/28/15 at 1:06 PM. QIDP-D #1 indicated client B did not have a BSP or active treatment program with a plan of reduction regarding his use of Fluoxetine or Onfi.</p> <p>9-3-5(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for</p>	W 331	<p>PREVENTION:</p> <p>The QIDP will be retrained regarding the need to incorporate the use of all behavior controlling medications into Behavior Support Plans as well as the need to develop plans to reduce and eventually eliminate the use of such medications.</p> <p>Members of the Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) will follow up with the QIDP no less twice weekly when new clients are admitted to the facility to assure that required supports are developed and implemented within 30 days of admission. Members of the Operations Team will review facility support documents no less than monthly to assure the use of all behavior controlling medications into Behavior Support Plans, with accompanying plans for reduction.</p> <p>CORRECTION:</p>	05/30/2015

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	<p>1 of 4 sampled clients (C), the facility nurse failed to physically assess client C following 3 incidents of receiving emergency medical treatment.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 4/27/15 at 12:34 PM. The review indicated the following:</p> <p>1. BDDS report dated 2/27/15 indicated, "When residential staff picked up [client C] from her day service program, she was unable to climb into the service site van. Multiple staff tried to assist her into the van but she continued to be unable to get into the vehicle. While arrangements were being made to transport [client C] in a passenger car, she sat on the ground and was unable to stand. [Client C] currently weights 236 pounds and staff could not lift her safely. Therefore 911 was called to prevent her from becoming hypothermic. Emergency medical services transported [client C] to the [hospital] emergency department for evaluation. Emergency room personnel examined [client C], diagnosed her with cold exposure and released her to ResCare staff."</p>		<p><i>The facility must provide clients with nursing services in accordance with their needs. Specifically, the facility nurse will perform a nursing physical assessment of all clients who have required outside medical treatment for injuries including but not limited to hospital emergency departments and immediate care clinics. Review of incident documentation and medical records indicated this deficient practice affected one additional client.</i></p> <p>PREVENTION:</p> <p>The nursing team will be retrained on the need to perform post injury physical assessments after clients receive injuries requiring outside medical treatment. This training will include the fact that the on-call nurse will be responsible for performing assessments for injuries that occur on weekends and holidays. The nurse Manager will receive electronically faxed copies of all injury incident reports and ER/immediate care records to allow for timely follow-up with the nursing team to assure required assessments occur as needed. Additionally, the Residential Manager and QIDP</p>	

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	<p>2. BDDS report dated 3/1/15 indicated, "[Client C's] staff went to assist [client C] up for toileting. [Client C] was saying she can't stand up (sic) staff noticed [client C] was sliding off (sic) bed so staff wrapped arms around [client C] and eased her down to the floor. [Client C] was not injured but staff had to call 911 to have fire department come and assist with getting [client C] off (of the) floor. Fire department came out and assisted [client C] off floor and into living room. They assessed [client C] and determined that she didn't need medical attention."</p> <p>3. BDDS report dated 3/6/15 indicated, "[Client C's] feet and legs was (sic) swollen. The medication coach and team lead informed the resident manager about the situation. The resident manager informed the nurse and suggested a visit to [clinic] would be good. The nurse agreed and instructed staff to take [client C] to the [clinic]. Doctors from [clinic] instructed staff to take [client C] to the ER (Emergency Room). [Client C] was diagnosed with Cellulitis."</p> <p>Nurse #1 was interviewed on 4/28/15 at 12:45 PM. Nurse #1 indicated she had not performed a physical assessment of client C during or following client C's 2/27/15 or 3/6/15 incidents. Nurse #1 indicated client C's 3/1/15 incident</p>		<p>will follow up with the facility nurse to assure required post-injury assessment occurs.</p> <p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team</p>	

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	<p>occurred on a Sunday and the on call nurse would have been notified. When asked if the on call nurse had performed a physical assessment of client C following the incident, Nurse #1 stated, "I'd have to check the logs." Nurse #1 did not provide documentation of a nursing physical assessment of client C following the 3/1/15 incident.</p> <p>9-3-6(a)</p>				