

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G667	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/28/2015
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NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 203 APPLETREE VALPARAISO, IN 46383
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W 0000 Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: July 21, 22, 23, 24 and 28, 2015.</p> <p>Facility number: 001225 Provider number: 15G667 AIM number: 100234200</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for 3 of 3 sampled clients and 2 additional clients (clients #1, #2, #3, #4 and #5), the facility failed to implement written policy and procedures in regards to preventing client to client aggression, injuries of unknown origin and conducting thorough investigations of injuries of unknown origin.</p>	W 0149	The facility has ensured that no other clients were affected by this deficient practice. The QDDP will investigate all injuries of unknown origin. To document investigations, related to injuries of unknown origin, the QDDP will follow a separate investigation format, specifically designed to examine injuries of unknown origin. Once completed, the QDDP will attach this separate report to the incident report on	08/28/2015

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

TITLE

(X6) DATE

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

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	<p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) and General Event Reports/Internal Reports (GERs/IRs) was conducted on 7/22/15 at 1:45 P.M. and indicated the following:</p> <p>Incidents of injury of unknown origin:</p> <p>-GER dated 6/23/15 involving client #1 indicated: "While performing body check found 4 bruises in a row circular (sic) their measurements are 1 3/4 inch, 1/2 inch, 1/4 inch and 1/2 inch. Staff ask (sic) where she got them she said at workshop she said she did not know how (sic)."</p> <p>-GER dated 7/12/15 involving client #1 indicated: "On 7/6/15, [client #1] had a 3/4 inch bruise on the right leg calf documented in the health notes. On 7/11/15 during [client #1]'s morning body check, the bruise was still the same length and color. This morning, on 7/12/15, during the morning body check, staff noticed that there were three bruises in the same area, on her right leg/calf. They are 1.5 inches by 1/2 inch, purple and yellow, 1.5 inch by 3/4 inch, purple and yellow, and the last one is 1/2 inch</p>		<p>file. To prevent client to client aggression, the team has implemented a new behavior support plan for the client. All staff were trained on the behavior support plan on 8.19.15. This plan was developed and is being monitored by a behaviorist. The behaviorist monitors the plan through data review/collection and monthly site visits. In addition, the IDT discusses the behavior plan, with the behaviorist, at monthly IDT meetings.</p>	

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	<p>by 1/2 inch. [Client #1] was asked how she got the bruises and if she could tell staff and [client #1] shook her head and said 'no'."</p> <p>-GER dated 7/13/15 involving client #1 indicated: "While assisting [client #1] with her bath, I noticed a bruise on the side of her left calf. It is red and blue in color. It measures 1 1/4 inch by 3/4 inch. I asked her how she got the bruise and she said, 'I don't know'. The bruise was not noted in the body check or health notes from the previous shift."</p> <p>Client #2:</p> <p>-GER dated 2/26/15 involving client #2 indicated: "While staff #14 was going to give [client #2] a shower, staff #14 noticed the scratch and called staff #15 to look at it. I asked [client #2] if it hurt and she said no. I asked her if she knew where she got the scratch and she stated [Male name] (the person who fitted her for her first prosthetic). I waited a few minutes and asked the question again and she said [Female name] did it. While talking to [Qualified Intellectual Disabilities Professional (QIDP)], [client #2] was asked again if she knew where the scratch came from and she said [Male name] again. It is not determined where the scratch came from due to only certain</p>			

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	<p>staff seeing the scratch."</p> <p>-GER dated 6/16/15 involving client #2 indicated: "While assisting [client #2] with her shower I noticed a bruise on the back of her right calf. It is 2 inches by 1 1/2 inches and green in color. When I asked her how she got the bruise she said 'Mom'. I asked her if mom did it and she said 'Yes'. [Client #2] has not seen her mom. I asked staff if they noticed anything occur that could cause the bruise and they did not...."</p> <p>Client #3:</p> <p>-GER dated 5/28/15 involving client #3 indicated: "While assisting [client #3] with her shower I noticed a bruise on the top of her left buttocks. It is 2 inches by 2 1/2 inches and green and yellow in color. When I asked her how she got the bruise she didn't; reply....There were marks documented in the health notes from previous shift."</p> <p>-GER dated 7/2/15 involving client #3 indicated: "Noticed a red scratch on top of right shoulder, 2 inches in size. Assistant manager was notified."</p> <p>Client #4:</p> <p>-GER dated 5/12/15 involving client #4</p>			

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	<p>indicated: "While completing a body check I noticed a very faint bruise on her left shoulder. It is dime side and blue in color. She also has a purple bruise 1/4 inch on the back of her left arm, by her arm pit. She has a third bruise on her inner left thigh. It is black in color and 2 inches by 1/4 inch. When I asked her how she got the bruise she signed camp."</p> <p>-GER dated 6/11/15 involving client #4 indicated: "While [client #4] was waking out of the bathroom after a tornado drill was completed I noticed a bruise in the crook of her arm. The bruise is 1 inch by 3/4 inch. It is green and black in color. I asked her where she got the bruise and she just pointed to it. I asked the midnight staff if she observed anything occur that could have caused the bruise and she did not...."</p> <p>-GER dated 6/23/15 involving client #4 indicated: "While completing a body check three light blue bruises were found on her right forearm. They measure 1 1/2 inch by 1/2 inch and the other two are pea size. When I asked [client #4] where she got them she signed camp...."</p> <p>Client #5:</p> <p>-GER dated 6/14/15 involving client #5 indicated: "When staff did [client #5]'s</p>			

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	<p>body check, staff found three 1/2 inch by 1/2 inch bruises on the back of her thigh. She could not tell me what happened and there was nothing written in the health notes...."</p> <p>-GER dated 6/21/15 involving client #5 indicated: "While doing [client #5]'s morning body check, staff found two purplish bruises on her right calf. Staff asked her how she got them and [client #5] did not say anything. There was nothing written in the health notes. During [client #5]'s body check yesterday staff did not see anything and there was nothing in the health notes."</p> <p>-GER dated 6/23/15 involving client #5 indicated: "After med pass was done notice doing body check a bruise on the back of clients (sic) left ankle measure 1 1/2 inch. Client is nonverbal could not tell staff how bruise happen (sic)."</p> <p>-GER dated 6/25/15 involving client #5 indicated: "While staff was giving [client #5] a shower she observed a bruise on her abdomen. She notified (assistant manager). Staff said that she saw the bruise on Tuesday and mentioned it to (manager) asking where the bruises came from. There was a miscommunication due to [client #5] having another bruise on her stomach prior."</p>			

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	<p>A review of the facility's policy titled, "Universal Policies and Procedures, Adult Services, Policy #: 6012 - Abuse and Neglect" dated 8/8/13, was conducted on 7/22/15 at 3:30 P.M. and indicated, "...does not condone and will not tolerate physical, verbal or sexual abuse, neglect or exploitation of individuals served." Abuse was defined as "The willful infliction of pain or injury, unnecessary physical or chemical restraints or isolation, and punishment with resulting physical harm or pain. Physical abuse may include battery: to knowingly or intentionally touch another person in a rude, insolent or angry manner.' Neglect was defined as 'Includes the refusal or failure to provide appropriate care, food, medical care, or supervision. Knowingly placing a client in a situation that may endanger his/her life or health; abandoning or cruelly confining a client; depriving a client of necessary support including food, clothing, shelter or medical care...Investigations, may include, but is not limited to, a statement from the complainant, a statement from the alleged violator and a statement from witnesses to the alleged incident. Statements may be written or verbal depending on the circumstances of the investigation, All verbal statements will be recorded and</p>			

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	<p>maintained as part of the confidential file. Employees will be asked to sign a confidentiality statement after being interviewed about the alleged incident. All material collected during the course of the investigation shall remain confidential. Any breach in confidentiality will result in disciplinary action...A report of the information collected during the investigation will be sent to the Day Services Senior Director or the Vice President of Consumer Services within 5 working days following the report of the incident."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/28/15 at 10:20 A.M.. The QIDP indicated staff should follow the facility's abuse/neglect policy. The QIDP indicated staff should implement the clients' Behavior Support Plans (BSPs) to prevent client to client aggression. When asked if there was written documentation to indicate thorough investigations were completed in regards to the incidents of injuries of unknown origin, she indicated there was not.</p> <p>9-3-2(a)</p>			

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W 0153 Bldg. 00	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview, the facility failed for 1 additional client (client #5), to report an injury of unknown origin immediately to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) and General Event Reports/Internal Reports (GERs/IRs) was conducted on 7/22/15 at 1:45 P.M. and indicated the following:</p> <p>-GER dated 4/3/15...Submitted: 4/3/15...BDDS report Submitted: 4/6/15 for an injury of unknown origin involving client #5 indicated: "While doing [client #5]'s body check for the morning, staff noticed a greenish-purple spot in between the right ring and pinky knuckles. She</p>	W 0153	<p>The facility has ensured that no other clients were affected by this deficient practice. The QDDP will ensure that all BDDS reportable incidents are reported in the proper timeframe; both to BDDS and to the administrator. To ensure compliance, the Group Home Director will review all incident reports, on a daily basis, and ensure that all BDDS reportable incidents are properly marked and reported to BDDS and the administrator, within the proper timeframe. The group home director will conduct these daily checks for 14 days. After 14 days, the Group Home Director and Chief Program Officer will re-assess the necessity of continuing this monitoring system.</p>	08/28/2015

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W 0154 Bldg. 00	<p>could not tell me how she got it and [Staff #13], did not know about it. She was the second staff on this morning. There was nothing documented at (sic) this morning. [Assistant Manager] was informed about the bruise and [QIDP] was notified. The bruise is 1 inch by 1/12 inch." Further review of the report indicated this injury of unknown origin was reported to BDDS on 4/6/15. This injury of unknown origin was not reported to BDDS in a timely manner.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 7/28/15 at 10:20 A.M.. The QIDP indicated the staff should have immediately reported the injury of unknown origin.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 3 of 3 sampled clients and 2 additional clients (clients #1, #2, #3, #4 and #5), the facility failed to provide evidence thorough investigations were conducted in regard to injuries of unknown origin.</p> <p>Findings include:</p>	W 0154	<p>The facility has ensured that no other clients were affected by this deficient practice. The QDDP will investigate all injuries of unknown origin. To document investigations, related to injuries of unknown origin, the QDDP will follow a separate investigation format, specifically designed to</p>	08/28/2015			

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	<p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) and General Event Reports/Internal Reports (GERs/IRs) was conducted on 7/22/15 at 1:45 P.M. and indicated the following:</p> <p>Incidents of injury of unknown origin:</p> <p>-GER dated 6/23/15 involving client #1 indicated: "While performing body check found 4 bruises in a row circular (sic) their measurements are 1 3/4 inch, 1/2 inch, 1/4 inch and 1/2 inch. Staff ask (sic) where she got them she said at workshop she said she did not know how (sic)."</p> <p>-GER dated 7/12/15 involving client #1 indicated: "On 7/6/15, [client #1] had a 3/4 inch bruise on the right leg calf documented in the health notes. On 7/11/15 during [client #1]'s morning body check, the bruise was still the same length and color. This morning, on 7/12/15, during the morning body check, staff noticed that there were three bruises in the same area, on her right leg/calf. They are 1.5 inches by 1/2 inch, purple and yellow, 1.5 inch by 3/4 inch, purple and yellow, and the last one is 1/2 inch by 1/2 inch. [Client #1] was asked how she got the bruises and if she could tell</p>		<p>examine injuries of unknown origin. Once completed, the QDDP will attach this separate report to the incident report on file. To ensure compliance, the Group Home Director will review all incident reports, on a daily basis, and ensure that all incidents of injuries of unknown origin are properly investigated and reported to BDDS and the administrator, within the proper timeframe. The group home director will conduct these daily checks for 14 days. After 14 days, the Group Home Director and Chief Program Officer will re-assess the necessity of continuing this monitoring system.</p>				

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	<p>staff and [client #1] shook her head and said 'no'."</p> <p>-GER dated 7/13/15 involving client #1 indicated: "While assisting [client #1] with her bath, I noticed a bruise on the side of her left calf. It is red and blue in color. It measures 1 1/4 inch by 3/4 inch. I asked her how she got the bruise and she said, 'I don't know'. The bruise was not noted in the body check or health notes from the previous shift."</p> <p>Client #2:</p> <p>-GER dated 2/26/15 involving client #2 indicated: "While staff #14 was going to give [client #2] a shower, staff #14 noticed the scratch and called staff #15 to look at it. I asked [client #2] if it hurt and she said no. I asked her if she knew where she got the scratch and she stated [Male name] (the person who fitted her for her first prosthetic). I waited a few minutes and asked the question again and she said [Female name] did it. While talking to [Qualified Intellectual Disabilities Professional (QIDP)], [client #2] was asked again if she knew where the scratch came from and she said [Male name] again. It is not determined where the scratch came from due to only certain staff seeing the scratch."</p>			

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	<p>-GER dated 6/16/15 involving client #2 indicated: "While assisting [client #2] with her shower I noticed a bruise on the back of her right calf. It is 2 inches by 1 1/2 inches and green in color. When I asked her how she got the bruise she said 'Mom'. I asked her if mom did it and she said 'Yes'. [Client #2] has not seen her mom. I asked staff if they noticed anything occur that could cause the bruise and they did not...."</p> <p>Client #3:</p> <p>-GER dated 5/28/15 involving client #3 indicated: "While assisting [client #3] with her shower I noticed a bruise on the top of her left buttocks. It is 2 inches by 2 1/2 inches and green and yellow in color. When I asked her how she got the bruise she didn't; reply....There were marks documented in the health notes from previous shift."</p> <p>-GER dated 7/2/15 involving client #3 indicated: "Noticed a red scratch on top of right shoulder, 2 inches in size. Assistant manager was notified."</p> <p>Client #4:</p> <p>-GER dated 5/12/15 involving client #4 indicated: "While completing a body check I noticed a very faint bruise on her</p>			

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	<p>left shoulder. It is dime side and blue in color. She also has a purple bruise 1/4 inch on the back of her left arm, by her arm pit. She has a third bruise on her inner left thigh. It is black in color and 2 inches by 1/4 inch. When I asked her how she got the bruise she signed camp."</p> <p>-GER dated 6/11/15 involving client #4 indicated: "While [client #4] was waking out of the bathroom after a tornado drill was completed I noticed a bruise in the crook of her arm. The bruise is 1 inch by 3/4 inch. It is green and black in color. I asked her where she got the bruise and she just pointed to it. I asked the midnight staff if she observed anything occur that could have caused the bruise and she did not...."</p> <p>-GER dated 6/23/15 involving client #4 indicated: "While completing a body check three light blue bruises were found on her right forearm. They measure 1 1/2 inch by 1/2 inch and the other two are pea size. When I asked [client #4] where she got them she signed camp...."</p> <p>Client #5:</p> <p>-GER dated 6/14/15 involving client #5 indicated: "When staff did [client #5]'s body check, staff found three 1/2 inch by 1/2 inch bruises on the back of her thigh.</p>			

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	<p>She could not tell me what happened and there was nothing written in the health notes...."</p> <p>-GER dated 6/21/15 involving client #5 indicated: "While doing [client #5]'s morning body check, staff found two purplish bruises on her right calf. Staff asked her how she got them and [client #5] did not say anything. There was nothing written in the health notes. During [client #5]'s body check yesterday staff did not see anything and there was nothing in the health notes."</p> <p>-GER dated 6/23/15 involving client #5 indicated: "After med pass was done notice doing body check a bruise on the back of clients (sic) left ankle measure 1 1/2 inch. Client is nonverbal could not tell staff how bruise happen (sic)."</p> <p>-GER dated 6/25/15 involving client #5 indicated: "While staff was giving [client #5] a shower she observed a bruise on her abdomen. She notified (assistant manager). Staff said that she saw the bruise on Tuesday and mentioned it to (manager) asking where the bruises came from. There was a miscommunication due to [client #5] having another bruise on her stomach prior."</p> <p>An interview with the Qualified</p>			

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W 0157 Bldg. 00	<p>Intellectual Disabilities Professional (QIDP) was conducted on 7/28/15 at 10:20 A.M.. The QIDP indicated there was no documentation available for review to indicated thorough investigations were conducted in regards to the documented incidents of injuries of unknown origin.</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 3 of 3 sampled clients and 2 additional clients (clients #1, #2, #3, #4 and #5), the facility failed to take sufficient/effective corrective measures in regard to preventing client to client aggression and a pattern of injuries of unknown origin.</p> <p>Findings include:</p>	W 0157	To prevent client to client aggression, the team has implemented a new behavior support plan for the client. All staff were trained on the behavior support plan on 8.19.15. This plan was developed and is being monitored by a behaviorist. The behaviorist monitors the plan through data review/collection and monthly site visits. In	08/19/2015

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	<p>1. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) and General Event Reports/Internal Reports (GERs/IRs) was conducted on 7/22/15 at 1:45 P.M. and indicated the following:</p> <p>Incidents of injury of unknown origin:</p> <p>-GER dated 6/23/15 involving client #1 indicated: "While performing body check found 4 bruises in a row circular (sic) their measurements are 1 3/4 inch, 1/2 inch, 1/4 inch and 1/2 inch. Staff ask (sic) where she got them she said at workshop she said she did not know how (sic)."</p> <p>-GER dated 7/12/15 involving client #1 indicated: "On 7/6/15, [client #1] had a 3/4 inch bruise on the right leg calf documented in the health notes. On 7/11/15 during [client #1]'s morning body check, the bruise was still the same length and color. This morning, on 7/12/15, during the morning body check, staff noticed that there were three bruises in the same area, on her right leg/calf. They are 1.5 inches by 1/2 inch, purple and yellow, 1.5 inch by 3/4 inch, purple and yellow, and the last one is 1/2 inch by 1/2 inch. [Client #1] was asked how she got the bruises and if she could tell staff and [client #1] shook her head and</p>		<p>addition, the IDT discusses the behavior plan, with the behaviorist, at monthly IDT meetings.</p>	

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	<p>said 'no'."</p> <p>-GER dated 7/13/15 involving client #1 indicated: "While assisting [client #1] with her bath, I noticed a bruise on the side of her left calf. It is red and blue in color. It measures 1 1/4 inch by 3/4 inch. I asked her how she got the bruise and she said, 'I don't know'. The bruise was not noted in the body check or health notes from the previous shift."</p> <p>Client #2:</p> <p>-GER dated 2/26/15 involving client #2 indicated: "While staff #14 was going to give [client #2] a shower, staff #14 noticed the scratch and called staff #15 to look at it. I asked [client #2] if it hurt and she said no. I asked her if she knew where she got the scratch and she stated [Male name] (the person who fitted her for her first prosthetic). I waited a few minutes and asked the question again and she said [Female name] did it. While talking to [Qualified Intellectual Disabilities Professional (QIDP)], [client #2] was asked again if she knew where the scratch came from and she said [Male name] again. It is not determined where the scratch came from due to only certain staff seeing the scratch."</p> <p>-GER dated 6/16/15 involving client #2</p>			

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	<p>indicated: "While assisting [client #2] with her shower I noticed a bruise on the back of her right calf. It is 2 inches by 1 1/2 inches and green in color. When I asked her how she got the bruise she said 'Mom'. I asked her if mom did it and she said 'Yes'. [Client #2] has not seen her mom. I asked staff if they noticed anything occur that could cause the bruise and they did not...."</p> <p>Client #3:</p> <p>-GER dated 5/28/15 involving client #3 indicated: "While assisting [client #3] with her shower I noticed a bruise on the top of her left buttocks. It is 2 inches by 2 1/2 inches and green and yellow in color. When I asked her how she got the bruise she didn't; reply....There were marks documented in the health notes from previous shift."</p> <p>-GER dated 7/2/15 involving client #3 indicated: "Noticed a red scratch on top of right shoulder, 2 inches in size. Assistant manager was notified."</p> <p>Client #4:</p> <p>-GER dated 5/12/15 involving client #4 indicated: "While completing a body check I noticed a very faint bruise on her left shoulder. It is dime side and blue in</p>			

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	<p>color. She also has a purple bruise 1/4 inch on the back of her left arm, by her arm pit. She has a third bruise on her inner left thigh. It is black in color and 2 inches by 1/4 inch. When I asked her how she got the bruise she signed camp."</p> <p>-GER dated 6/11/15 involving client #4 indicated: "While [client #4] was waking out of the bathroom after a tornado drill was completed I noticed a bruise in the crook of her arm. The bruise is 1 inch by 3/4 inch. It is green and black in color. I asked her where she got the bruise and she just pointed to it. I asked the midnight staff if she observed anything occur that could have caused the bruise and she did not...."</p> <p>-GER dated 6/23/15 involving client #4 indicated: "While completing a body check three light blue bruises were found on her right forearm. They measure 1 1/2 inch by 1/2 inch and the other two are pea size. When I asked [client #4] where she got them she signed camp...."</p> <p>Client #5:</p> <p>-GER dated 6/14/15 involving client #5 indicated: "When staff did [client #5]'s body check, staff found three 1/2 inch by 1/2 inch bruises on the back of her thigh. She could not tell me what happened and</p>			

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	<p>there was nothing written in the health notes...."</p> <p>-GER dated 6/21/15 involving client #5 indicated: "While doing [client #5]'s morning body check, staff found two purplish bruises on her right calf. Staff asked her how she got them and [client #5] did not say anything. There was nothing written in the health notes. During [client #5]'s body check yesterday staff did not see anything and there was nothing in the health notes."</p> <p>-GER dated 6/23/15 involving client #5 indicated: "After med pass was done notice doing body check a bruise on the back of clients (sic) left ankle measure 1 1/2 inch. Client is nonverbal could not tell staff how bruise happen (sic)."</p> <p>-GER dated 6/25/15 involving client #5 indicated: "While staff was giving [client #5] a shower she observed a bruise on her abdomen. She notified (assistant manager). Staff said that she saw the bruise on Tuesday and mentioned it to (manager) asking where the bruises came from. There was a miscommunication due to [client #5] having another bruise on her stomach prior."</p> <p>Further review of the reports failed to indicate the facility took</p>			

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	<p>effective/sufficient corrective action to prevent recurrence.</p> <p>2. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) and General Event Reports/Internal Reports (GERs/IRs) was conducted on 7/22/15 at 1:45 P.M. and indicated the following:</p> <p>-GER dated 3/3/15 involving clients #3 and #6 indicated: "While staff was busy administering medications and another staff was helping another client off the toilet. (sic) Staff heard [client #6] yelling 'Stop'. When staff came into the room, [client #3] had a hold of [client #6]'s right hand. Staff asked [client #3] to let [client #6]'s wrist go and she wouldn't. Staff did a finger peel on [client #3] 's fingers to release her hands from around [client #6]'s wrist. [Client #3] then went to her room to cool off for 5 minutes."</p> <p>-BDDS report dated 5/18/15 involving clients #3 and #2 indicated: "I [QIDP] was notified of the incident. [Client #3] had gone to her room to look at her pictures. GHM (Group Home Manager) was helping prepare dinner when she looked up and [client #3] was pulling [client #2]'s hair. I prompted [client #3] hands down and began a finger peel to</p>			

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	<p>release [client #2]'s hair from [client #3]'s hands. GHM asked for help from a second staff. The other staff assisted GHM with completing the finger peel. Once the peel was completed GHM assisted [client #3] away from [client #2] by placing her hands on her arms and turning her. [Client #3] then began to walk to her room on her own. While in her room she stood in her room. GHM completed a body check on [client #3] and her right thumb and fingers were red. GHM rechecked her hand about an hour later and the redness was gone...Staff attempted to look at [client #2]'s scalp and head but [client #2] does not like to be touched and would not allow staff to look at the area very long. It was first thought that there was (sic) no marks. I attempted to look again a few minutes later and did see an area of redness at her hair line and scalp on the left side. I asked her if it hurt and she said 'NO'. I asked her if I could apply ice and she said 'yes'. I applied the ice for about 10 minutes. The red area was about 2 inches by 1 3/4 inches."</p> <p>-GER dated 6/28/15 involving clients #1 and #3 indicated: "[Client #3] and another client were sitting at the kitchen table. Both on opposite sides of the table. [Client #3] got up and pointed to her room. Staff said that was fine. Staff</p>			

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	<p>observed [client #3] starting to walk toward the entrance to the hallway to head to her room. Staff looked away for a few seconds and when staff looked back up, [client #3] was standing right beside the other client (client #1). Staff started to walk towards [client #3] and the other client and asked [client #3] to step back because she was not supposed to be that close to the other client. [Client #3] then grabbed the other client's hair on the left side of her head. Staff prompted [client #3] to let go as staff had their hand on [client #3]'s hand When [client #3] did not release, staff did a finger peel to get [client #3] to release. When staff first put their hand on [client #3], as she started to pull the other client's hair, the client took her fist and attempted to hit [client #3] to get [client #3] off of her but she ended up hitting staff's hand instead. Staff then used touch guidance and verbal prompts to assist her to her room to calm down...."</p> <p>-GER dated 7/13/15 involving clients #1 and #3 indicated: "[Client #3] was standing in the entrance to the hallway when her housemate (client #1) was walking to go to the bathroom. As her housemate approached her, [client #3] slowly began to move out of her way. As [client #3] was moving out of her housemates (sic) way, [client #3] grabbed</p>			

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	<p>her housemates (sic) right wrist aggressively. [Client #3] pulled her housemates (sic) toward her while squeezing it. I verbally prompted [client #3] to put her hands down and she refused. I then placed my hands on her wrist to assist [client #3] away from her housemate...."</p> <p>A review of client #3's record was conducted on 7/24/15 at 11:00 A.M.. Review of her Individual Support Plan (ISP) dated 11/25/14 indicated: "... [Client #3] 1:1 staffing at the group home due to her aggressing towards peers. This means staff should remain within arm's length of [client #3]...The group home staff have mentioned [client #3] targeting individuals there depending on who is in her vicinity when she begins to misbehave." The Behavior Support Plan (BSP) dated 1/3/15 indicated: "[Client #3] often grabs other people or invades other's personal space in an attempt to gain attention. Caregivers should be aware of this potential and interrupt the behavior before it happens.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/28/15 at 10:20 A.M.. The QIDP indicated staff are trained on implementing the clients' BSPs upon hire. The QIDP indicated staff are</p>			

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	<p>retrained when incidents occur. The QIDP indicated staff are to prevent client to client aggression and client #3's is on "in eye sight staffing". The QIDP indicated there were no other measures put in place to address client #3's aggression. The QIDP indicated staff do body checks on clients every morning and during bathing and document any injuries. When asked if the IDT met and addressed the documented injuries of unknown origin, the QIDP indicated they did meet. The QIDP indicated the IDT did not meet after each incident and further indicated there was no written documentation to indicate they had met and addressed the incidents. No documentation was submitted for review to indicate the IDT met and addressed the incidents of injuries of unknown origin. No documentation was submitted for review to indicate the facility took effective/sufficient corrective action to prevent recurrence of client to client aggression and injuries of unknown origin.</p> <p>9-3-2(a)</p>			

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W 0189 Bldg. 00	<p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>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 3 of 3 sampled clients and 1 additional client (clients #1, #2, #3 and #6), the facility failed to ensure all staff who worked with the clients were sufficiently trained to assure competence in regard to administering medications as ordered and in regard to providing supervision to prevent elopement. The facility failed to ensure staff assured competence in preventing client to client aggression.</p> <p>Findings include:</p> <p>1. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) and General Event Reports/Internal Reports (GERs/IRs) was conducted on 7/22/15 at 1:45 P.M. and indicated the following:</p> <p>-GER dated 4/24/15 involving client #4 indicated: "When staff began to assist clients on to the van this morning, two pills were found. These pills were</p>	W 0189	<p>All staff, that commit an error during medication administration, will be retrained on medication administration, according to agency policy (See Attached). To ensure aptitude, and before a staff is re-certified, the staff must demonstrate competency, during a mock pass, before a nurse, according to company policy. Further compliance in this area will be monitored through the Nurse conducting random monthly home visits and observing staff during med administration. The manager will also monitor med passes by the certified med passer while on shift. If it is determined at any time, that staff are failing to follow the policy for med administration, they will be required to retake Med Core A and B within 30 days, as taught by a certified nursing instructor. He/she will be suspended from med passes during this time. The certified Nurse trainer will ensure the appropriate measures have occurred. To prevent client to client aggression and elopement,</p>	08/19/2015

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	<p>identified as [client #4]'s Topiramate (seizures) and Thera (supplement). [Client #4] attends evening activity on Tuesdays and Thursdays. She sometimes gets her P.M. medication on the van before going to activity. Staff have observed her put the medication in her mouth and drink the water when she takes her medications. We have not had any issues in the past with her spitting medications out. This is the first time this has occurred. Staff from now on will ask [client #4] to open her mouth to ensure pills have been swallowed. [Client #4] does take a third medication at P.M. med pass, Clomipramine (Obsessive compulsive disorder). Staff searched the van but did not find this pill. It appeared she did swallow one of her medications and spit the other two out."</p> <p>-BDDS report dated 5/21/15 involving client #4 indicated: "I [Qualified Intellectual Disabilities Professional (QIDP)] was notified that [client #4] did not receive her Fluvoxamine 50 mg (milligram) (major depression) on 5/20/15. GHAM (Group Home Assistant Manager) stated when she conducted her med pass on 5/21/15 she noticed that [client #4]'s pill was still in the back (sic). Staff informed nursing and the nursing stated to monitor [client #4] for any adverse reaction and return pill to the</p>		<p>the team has implemented a new behavior support plan for the client. All staff were trained on the behavior support plan on 8.19.15. This plan was developed and is being monitored by a behaviorist. The behaviorist monitors the plan through data review/collection and monthly site visits. In addition, the IDT discusses the behavior plan, with the behaviorist, at monthly IDT meetings.</p>	

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	<p>nursing station."</p> <p>An interview with the QIDP was conducted on 7/28/15 at 10:20 A.M.. The QIDP indicated staff were to administer the clients' medications as ordered and indicated all staff are trained on proper medication administration upon hire, before working at the group home.</p> <p>2. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) and General Event Reports/Internal Reports (GERs/IRs) was conducted on 7/22/15 at 1:45 P.M. and indicated the following:</p> <p>-BDDS report dated 5/21/15 involving client #3 indicated: "I [QIDP] was notified of the incident. GHAM stated when she went to show a new staff where things were to give a client shower (sic) [client #3] eloped across the street. GHAM stated she was not gone long to show the new staff where the items were. When she went back into the living room [client #3] was across the street. There was another client in the bathroom with the new staff and that's why GHAM did not bring [client #3] with her to show the new staff where the items were. When GHAM saw [client #3] across the street she immediately went across the street to</p>			

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	<p>get [client #3] and assist her back to the house. GHAM stated she did not have any issues with getting [client #3] back to the house. [Client #3] does have a BSP that states [client #3] does elope. [Client #3] has not eloped in years and we have not had any issues with her eloping lately. Staff will continue to monitor [client #3] closely while at the house. Staff will be informed that they need to continue to have [client #3] in eye sight at all times. [Client #3]'s Behavioral Specialist will be informed that she did elope."</p> <p>A review of client #3's record was conducted on 7/24/15 at 11:00 A.M.. Review of her Individual Support Plan (ISP) dated 11/25/14 indicated: "... [Client #3] 1:1 staffing at the group home due to her aggressing towards peers. This means staff should remain within arm's length of [client #3]...The group home staff have mentioned [client #3] targeting individuals there depending on who is in her vicinity when she begins to misbehave." The Behavior Support Plan (BSP) dated 1/3/15 indicated: "[Client #3] often grabs other people or invades other's personal space in an attempt to gain attention. Caregivers should be aware of this potential and interrupt the behavior before it happens. A review of client #3's Informed Consent Assessment (CFA) dated 9/2/14 indicated she needed</p>			

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	<p>complete assistance with pedestrian safety skills.</p> <p>An interview with the QIDP was conducted on 7/28/15 at 10:20 A.M.. The QIDP indicated all staff are trained on client protocols and risk plans prior to working at the group home. The QIDP indicated staff are to provide supervision of clients at all times. The QIDP indicated staff are to supervise client #3 at all times due to her elopement and physical aggression towards others. The QIDP further indicated client #3 did not have any pedestrian safety skills.</p> <p>3. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) and General Event Reports/Internal Reports (GERs/IRs) was conducted on 7/22/15 at 1:45 P.M. and indicated the following:</p> <p>-GER dated 3/3/15 involving clients #3 and #6 indicated: "While staff was busy administering medications and another staff was helping another client off the toilet. (sic) Staff heard [client #6] yelling 'Stop'. When staff came into the room, [client #3] had a hold of [client #6]'s right hand. Staff asked [client #3] to let [client #6]'s wrist go and she wouldn't. Staff did a finger peel on [client #3] 's fingers to release her hands</p>			

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	<p>from around [client #6]'s wrist. [Client #3] then went to her room to cool off for 5 minutes."</p> <p>-BDDS report dated 5/18/15 involving clients #3 and #2 indicated: "I [QIDP] was notified of the incident. [Client #3] had gone to her room to look at her pictures. GHM (Group Home Manager) was helping prepare dinner when she looked up and [client #3] was pulling [client #2]'s hair. I prompted [client #3] hands down and began a finger peel to release [client #2]'s hair from [client #3]'s hands. GHM asked for help from a second staff. The other staff assisted GHM with completing the finger peel. Once the peel was completed GHM assisted [client #3] away from [client #2] by placing her hands on her arms and turning her. [Client #3] then began to walk to her room on her own. While in her room she stood in her room. GHM completed a body check on [client #3] and her right thumb and fingers were red. GHM rechecked her hand about an hour later and the redness was gone...Staff attempted to look at [client #2]'s scalp and head but [client #2] does not like to be touched and would not allow staff to look at the area very long. It was first thought that there was (sic) no marks. I attempted to look again a few minutes later and did see an area of redness at her</p>			

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	<p>hair line and scalp on the left side. I asked her if it hurt and she said 'NO' I asked her if I could apply ice and she said 'yes'. I applied the ice for about 10 minutes. The red area was about 2 inches by 1 3/4 inches."</p> <p>-GER dated 6/28/15 involving clients #1 and #3 indicated: "[Client #3] and another client were sitting at the kitchen table. Both on opposite sides of the table. [Client #3] got up and pointed to her room. Staff said that was fine. Staff observed [client #3] starting to walk toward the entrance to the hallway to head to her room. Staff looked away for a few seconds and when staff looked back up, [client #3] was standing right beside the other client (client #1). Staff started to walk towards [client #3] and the other client and asked [client #3] to step back because she was not supposed to be that close to the other client. [Client #3] then grabbed the other client's hair on the left side of her head. Staff prompted [client #3] to let go as staff had their hand on [client #3]'s hand. When [client #3] did not release, staff did a finger peel to get [client #3] to release. When staff first put their hand on [client #3], as she started to pull the other client's hair, the client took her fist and attempted to hit [client #3] to get [client #3] off of her but she ended up hitting</p>			

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	<p>staff's hand instead. Staff then used touch guidance and verbal prompts to assist her to her room to calm down...."</p> <p>-GER dated 7/13/15 involving clients #1 and #3 indicated: "[Client #3] was standing in the entrance to the hallway when her housemate (client #1) was walking to go to the bathroom. As her housemate approached her, [client #3] slowly began to move out of her way. As [client #3] was moving out of her housemates (sic) way, [client #3] grabbed her housemates (sic) right wrist aggressively. [Client #3] pulled her housemates (sic) toward her while squeezing it. I verbally prompted [client #3] to put her hands down and she refused. I then placed my hands on her wrist to assist [client #3] away from her housemate...."</p> <p>A review of client #3's record was conducted on 7/24/15 at 11:00 A.M.. Review of her Individual Support Plan (ISP) dated 11/25/14 indicated: "... [Client #3] 1:1 staffing at the group home due to her aggressing towards peers. This means staff should remain within arm's length of [client #3]...The group home staff have mentioned [client #3] targeting individuals there depending on who is in her vicinity when she begins to misbehave." The Behavior Support Plan</p>			
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W 0249	<p>(BSP) dated 1/3/15 indicated: "[Client #3] often grabs other people or invades other's personal space in an attempt to gain attention. Caregivers should be aware of this potential and interrupt the behavior before it happens.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/28/15 at 10:20 A.M.. The QIDP indicated all clients are to be free of physical abuse. The QIDP indicated staff are to provide supervision of clients at all times to prevent physical aggression. The QIDP indicated staff are to supervise client #3 at all times due to her physical aggression and elopement as indicated in her BSP. The QIDP indicated all staff are trained on client's BSPs upon hire and annually and should implement the BSPs to prevent aggression.</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p>			

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Bldg. 00	<p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview, the facility failed to implement written objectives during times of opportunity for 3 of 3 sampled clients (clients #1, #2 and #5).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/24/15 from 5:45 A.M. until 7:45 AM. At 5:51 A.M., Direct Support Professional (DSP) #1, toasted and prepared client #1's toast and placed it on a plate in front of her while she sat at the table with no activity. Client #1 required assistance with communication in that she could not be understood when speaking. Client #1 did not use a communication device when communicating. From 6:00 A.M. until 7:45 A.M., clients #1, #2 and #5 sat in the living room with no activity while DSP #2 was in the back of the group home with client #3 and DSP #1 was in the kitchen with client #6. DSP #3 was in the medication office preparing for medication administration. DSPs #1, #2</p>	W 0249	<p>The QDDP will retrain staff on active treatment. To ensure consistent active treatment, quality assurance checks will be conducted once a day, by the Group Home Manager and/or Assistant Manager and/or QDDP and/or Group Home Director. After seven quality checks, the QDDP will assess and determine if further quality checks are needed. If it is determined that daily checks are no longer needed; the Group Home Manager and/or Assistant Manager and/or QDDP and/or Group Home Director will monitor active treatment, specifically meal preparation, through weekly quality assurance checks. After 2 months, the QDDP will assess and determine if further quality checks are needed and if it is determined that weekly checks are no longer needed, the QDDP will monitor through bi-monthly record checks and home visits. After 6 months, the QDDP will assess and determine if further quality assurance checks are needed, and if it is determined that bi-monthly checks are not needed, then the QDDP will monitor active treatment through</p>	08/28/2015	

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	<p>and #3 would occasionally walk into the living room and check on clients #1, #2 and #5, but did not offer any meaningful activity. Client #5 was non verbal in that she did not speak. No communication training was observed during this observation.</p> <p>A review of client #1's record was conducted on 7/24/15 at 10:00 A.M.. The Individual Support Plan (ISP) dated 11/26/14 indicated the following training objectives that could have been implemented during the observation period: "Will use communication device daily...Will exercise of her choice...Will identify a quarter and dime in a coin lineup...Will participate in a social activity."</p> <p>A review of client #2's record was conducted on 7/24/15 at 10:30 A.M.. The ISP dated 12/9/14 indicated: "Will walk with walker...Will complete PT (Physical Therapy) exercises...Will complete stretches...Will choose vegetable and transfer to pot."</p> <p>A review of client #5's record was conducted on 7/24/15 at 11:45 A.M.. The ISP dated 3/22/15 indicated: "Will exercise...Will pick a dollar out of a money lineup...Will use communication book to communicate at least 1 thing to</p>		monthly home visits.	

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W 0322 Bldg. 00	<p>staff... Will participate in a social activity."</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 7/28/15 at 10:20 A.M.. The QIDP indicated active treatment should be ongoing and training should be both formal and informal.</p> <p>9-3-4(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview, the facility failed for 2 of 3 sampled clients (clients #1 and #3) to provide an annual physical.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 7/24/15 at 10:00 A.M.. Client #1's record did not contain evidence she had an annual physical.</p> <p>A review of client #3's record was conducted on 7/24/15 at 11:00 A.M..</p>	W 0322	Client#1 had a physical evaluation completed on 2.10.15 (see attached). Client #3 had a physical evaluation completed on 4.29.15 (see attached). To ensure that annual physical evaluations are completed and the documentation thereof is in the client record, the group home director will audit client records, once a month, to ensure that all client records are up to date.	08/28/2015

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W 0323 Bldg. 00	<p>Client #3's record did not contain evidence she had an annual physical.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/28/15 at 10:20 A.M.. The QIDP indicated clients should have a physical annually. There was no documentation in clients #1 and #3's record to indicate they had an annual physical completed.</p> <p>9-3-6(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #2), to have a hearing evaluation/assessment in her record.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 7/24/15 at 10:30 A.M.. Client #2's record indicated an admission date of 6/18/08. Client #2's record failed to indicate a hearing assessment/evaluation had been</p>	W 0323	Client#2 had a hearing evaluation completed on 8.21.12 (See Attached), with a recommendation, from the physician, for a follow up in three years. At the time of the survey, client #2 was not due for a hearing evaluation. No other clients were affected and to ensure that annual evaluations are completed and the documentation thereof is in the client record, the	08/28/2015

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W 0331 Bldg. 00	<p>completed.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/28/15 at 10:20 A.M.. The QIDP indicated clients should have a hearing evaluation/assessment completed of their hearing in their record. There was no documentation in client #2's record to indicate an evaluation/assessment had been completed of her hearing.</p> <p>9-3-6(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 3 of 3 sampled clients and 2 additional clients (clients #1, #2, #3, #4 and #5), the facility's nursing staff failed to ensure the pharmacist's recommendations were reported to the physician and Interdisciplinary Team (IDT). The facility's nursing services failed to ensure clients were provided proper nursing services in regard to medical assessments/evaluations of injuries of unknown origin.</p>	W 0331	<p>group home director will audit client records, once a month, to ensure that all client records are up to date.</p> <p>To better assess and evaluate clients, when an injury of unknown origin is discovered, the group home nurse, or their designee, will evaluate the injury and consider if further treatment is necessary. The documentation of these evaluations or assessments will be housed in the facility's electronic incident reporting system. Nursing will continue to send the quarterly pharmacy reviews to the physician's for follow-up. All recommendations will be sent to the appropriate physician with a</p>	08/28/2015			

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	<p>Findings include:</p> <p>1. A review of the facility's records was conducted at the facility's administrative office on 7/22/15 at 12:30 P.M.. A review of the facility's "Consultant Pharmacist's Medication Regimen Review" records dated 4/21/15 to 4/24/15, was conducted and indicated:</p> <p>Client #2- "Consultant Pharmacist: Please update the indication for Medroxyprogesterone injection." (abnormal menstruation) Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT (Interdisciplinary Team) and physician.</p> <p>Client #3- "[Client #3] receives Citalopram (Celexa) (antidepressant) 10 mg (milligrams) every 12 hours. SSRIs (Selective serotonin reuptake inhibitors, antidepressant) like Celexa last 24 hours. Recommend: 1. Change order to 20 mg daily..." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT (Interdisciplinary Team) and physician.</p> <p>Client #4- "[Client #4] receives Abilify 7.5 mg at bedtime, Clomipramine 25 mg twice daily, Clonazepam 2 mg twice</p>		<p>letter of request for follow up. Further, the nurse will document the pharmacy recommendations on their monthly summary so the recommendations can be discussed by the IDT. The QA coordinator will conduct random checks, with the nursing office, to ensure these pharmacy checks are being sent to the physicians.</p>	

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	<p>daily, Topiramate 100 mg twice daily and Fluvoxamine 100 mg at bedtime for psychosis and mood disorder. Would a dose reduction on one of her medications be appropriate? Recommend: Reduce Abilify to 5 mg at bedtime...." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT (Interdisciplinary Team) and physician.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/28/15 at 10:20 A.M.. The QIDP indicated there was no documentation to indicate the pharmacist's recommendations were reported to the IDT.</p> <p>2. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) and General Event Reports/Internal Reports (GERs/IRs) was conducted on 7/22/15 at 1:45 P.M. and indicated the following:</p> <p>Incidents of injury of unknown origin:</p> <p>-GER dated 6/23/15 involving client #1 indicated: "While performing body check found 4 bruises in a row circular (sic) their measurements are 1 3/4 inch, 1/2 inch, 1/4 inch and 1/2 inch. Staff ask (sic) where she got them she said at</p>			

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	<p>workshop she said she did not know how." The report failed to indicate the nurse assessed this injury of unknown origin.</p> <p>-GER dated 7/12/15 involving client #1 indicated: "on 7/6/15, [client #1] had a 3/4 inch bruise on the right leg calf documented in the health notes. On 7/11/15 during [client #1]'s morning body check, the bruise was still the same length and color. This morning, on 7/12/15, during the morning body check, staff noticed that there were three bruises in the same area, on her right leg/calf. They are 1.5 inches by 1/2 inch, purple and yellow, 1.5 inch by 3/4 inch, purple and yellow, and the last one is 1/2 inch by 1/2 inch. [Client #1] was asked how she got the bruises and if she could tell staff and [client #1] shook her head and said 'no'." The report failed to indicate the nurse assessed this injury of unknown origin.</p> <p>-GER dated 7/13/15 involving client #1 indicated: "While assisting [client #1] with her bath, I noticed a bruise on the side of her left calf. It is red and blue in color. It measures 1 1/4 inch by 3/4 inch. I asked her how she got the bruise and she said, 'I don't know'. The bruise was not noted in the body check or health notes from the previous shift." The</p>			

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	<p>report failed to indicate the nurse assessed this injury of unknown origin.</p> <p>Client #2:</p> <p>-GER dated 2/26/15 involving client #2 indicated: "While staff #14 was going to give [client #2] a shower, staff #14 noticed the scratch and called staff #15 to look at it. I asked [client #2] if it hurt and she said no. I asked her if she knew where she got the scratch and she stated [Male name] (the person who fitted her for her first prosthetic). I waited a few minutes and asked the question again and she said [Female name] did it. While talking to [Qualified Intellectual Disabilities Professional (QIDP)], [client #2] was asked again if she knew where the scratch came from and she said [Male name] again. It is not determined where the scratch came from due to only certain staff seeing the scratch." The report failed to indicate the nurse assessed this injury of unknown origin.</p> <p>-GER dated 6/16/15 involving client #2 indicated: "While assisting [client #2] with her shower I noticed a bruise on the back of her right calf. It is 2 inches by 1 1/2 inches and green in color. When I asked her how she got the bruise she said 'Mom'. I asked her if mom did it and she said 'Yes'. [Client #2] has not seen her</p>			

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	<p>mom. I asked staff if they noticed anything occur that could cause the bruise and they did not...." The report failed to indicate the nurse assessed this injury of unknown origin.</p> <p>Client #3:</p> <p>-GER dated 5/28/15 involving client #3 indicated: "While assisting [client #3] with her shower I noticed a bruise on the top of her left buttocks. It is 2 inches by 2 1/2 inches and green and yellow in color. When I asked her how she got the bruise she didn't reply....There were marks documented in the health notes from previous shift." The report failed to indicate the nurse assessed this injury of unknown origin.</p> <p>-GER dated 7/2/15 involving client #3 indicated: "Noticed a red scratch on top of right shoulder, 2 inches in size. Assistant manager was notified." The report failed to indicate the nurse assessed this injury of unknown origin.</p> <p>Client #4:</p> <p>-GER dated 5/12/15 involving client #4 indicated: "While completing a body check I noticed a very faint bruise on her left shoulder. It is dime size and blue in color. She also has a purple bruise 1/4</p>			

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	<p>inch on the back of her left arm, by her arm pit. She has a third bruise on her inner left thigh. It is black in color and 2 inches by 1/4 inch. When I asked her how she got the bruise she signed camp." The report failed to indicate the nurse assessed this injury of unknown origin.</p> <p>-GER dated 6/11/15 involving client #4 indicated: "While [client #4] was walking out of the bathroom after a tornado drill was completed I noticed a bruise in the crook of her arm. The bruise is 1 inch by 3/4 inch. It is green and black in color. I asked her where she got the bruise and she just pointed to it. I asked the midnight staff if she observed anything occur that could have caused the bruise and she did not..." The report failed to indicate the nurse assessed this injury of unknown origin.</p> <p>-GER dated 6/23/15 involving client #4 indicated: "While completing a body check three light blue bruises were found on hr right forearm. They measure 1 1/2 inch by 1/2 inch and the other two are pea size. When I asked [client #4] where she got them she signed camp..." The report failed to indicate the nurse assessed this injury of unknown origin.</p> <p>Client #5:</p>			

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	<p>-GER dated 6/14/15 involving client #5 indicated: "When staff did [client #5]'s body check, staff found three 1/2 inch by 1/2 inch bruises on the back of her thigh. She could not tell me what happened and there was nothing written in the health notes...." The report failed to indicate the nurse assessed this injury of unknown origin.</p> <p>-GER dated 6/21/15 involving client #5 indicated: "While doing [client #5]'s morning body check, staff found two purplish bruises on her right calf. Staff asked her how she got them and [client #5] did not say anything. There was nothing written in the health notes. During [client #5]'s body check yesterday staff did not see anything and there was nothing in the health notes." The report failed to indicate the nurse assessed this injury of unknown origin.</p> <p>-GER dated 6/23/15 involving client #5 indicated: "After med pass was done notice doing body check a bruise on the back of clients (sic) left ankle measure 1 1/2 inch. Client is nonverbal could not tell staff how bruise happen (sic)." The report failed to indicate the nurse assessed this injury of unknown origin.</p> <p>-GER dated 6/25/15 involving client #5 indicated: "While staff was giving [client</p>			

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	<p>#5] a shower she observed a bruise on her abdomen. She notified (assistant manager). Staff said that she saw the bruise on Tuesday and mentioned it to (manager) asking where the bruises came from. There was a miscommunication due to [client #5] having another bruise on her stomach prior." The report failed to indicate the nurse assessed this injury of unknown origin.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/28/15 at 10:20 A.M.. The QIDP indicated when the nurse assesses the clients it is documented on the GER when the nurse reviews them. There was no documentation available for review to indicated the nurse assessed the clients' injuries of unknown origin.</p> <p>Please refer to W322: The facility nursing services failed for 2 of 3 sampled clients (clients #1 and #3) to provide an annual physical.</p> <p>Please refer to W323: The facility nursing services failed for 1 of 3 sampled clients (client #2), to have a hearing evaluation/assessment in her record.</p> <p>Please refer to W336: The facility failed</p>			

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W 0336 Bldg. 00	<p>for 3 of 3 sampled clients (clients #1, #2 and #3), to conduct quarterly nursing assessments of the clients' health status and medical needs.</p> <p>9-3-6(a)</p> <p>483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview for 3 of 3 sampled clients (clients #1, #2 and #3), the facility's nursing services failed to conduct quarterly nursing assessments of the clients' health status and medical needs.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 7/24/15 at 10:00 A.M.. Client #1's record indicated no nursing</p>	W 0336	Nursing Quarterlies were completed and documented accordingly. Please see attached documents. To ensure compliance, the QA coordinator will conduct random checks with the nursing office to ensure these quarterlies are being completed and documented.	08/28/2015

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	<p>quarterlies were conducted from 7/14 to 7/24/15. There was no documentation in the record to indicate client #1 had an annual physical completed. Client #1's 7/15 physician orders indicated client #1 received routine medications. There was no documentation to indicate nursing quarterlies were completed for the quarters of 7/14, 10/14, 1/15 and 4/15.</p> <p>A review of client #2's record was conducted on 7/24/15 at 10:30 A.M.. Client #2's record indicated no nursing quarterlies were conducted from 7/14 to 7/24/15. Client #2's most current annual physical was dated 8/5/14. Client #2's 6/14 physician orders indicated client #2 received routine medications. There was no documentation to indicate nursing quarterlies were completed for the quarters of 10/14,1/15 and 4/15.</p> <p>A review of client #3's record was conducted on 7/24/15 at 11:00 A.M.. Client #3's record indicated no nursing quarterlies were conducted from 7/14 to 7/24/15. There was no documentation in the record to indicate client #3 had an annual physical completed. Client #3's 6/14 physician orders indicated client #3 received routine medications. There was no documentation to indicate nursing quarterlies were completed for the quarters of 7/14, 10/14,1/15 and 4/15</p>			

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W 0352 Bldg. 00	<p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/28/15 at 10:20 A.M.. The QIDP indicated nursing quarterlies are to be completed quarterly. The QIDP further indicated there was no documentation in the clients' records to indicate nursing quarterlies were completed.</p> <p>9-3-6(a)</p> <p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually.</p> <p>Based on record review and interview, the facility failed to assure 1 of 3 sampled clients (client #2) returned for a dental evaluation and diagnosis as recommended by the dentist.</p> <p>Findings include:</p>	W 0352	Client#2 had a dental examination completed on 6.23.15, (see attached appointment form). To ensure that annual evaluations are completed and the documentation thereof is in the client record, the	08/28/2015

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W 0362 Bldg. 00	<p>A review of client #2's record was conducted on 7/24/15 at 10:30 A.M.. Review of client #2's record indicated a most current dental evaluation dated 2/17/15 with a dentist recommendation of returning within 4 months.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted at the group home on 7/28/15 at 10:20 A.M.. The QIDP indicated client #2 should have returned to the dentist as recommended. There was no documentation in client #2's record to indicate she returned to the dentist in 4 months as recommended by the dentist.</p> <p>9-3-6(a)</p> <p>483.460(j)(1) DRUG REGIMEN REVIEW</p> <p>A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. Based on record review and interview, the facility failed for 3 of 3 sampled clients, (clients #1, #2 and #3) to ensure the pharmacist reviewed clients' medications on a quarterly basis.</p> <p>Findings include:</p>	W 0362	<p>group home director will audit client records, once a month, to ensure that all client records are up to date.</p> <p>Nursing will continue to send the quarterly pharmacy reviews to the physician for follow-up. All recommendations will be sent to the appropriate physician with a letter of request for follow up. Further, the nurse will document the pharmacy recommendations on their monthly summary so the</p>	08/28/2015			

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	<p>The pharmacist's medication review record was reviewed on 7/22/15 at 12:30 P.M.. Review of the pharmacist's medication review record indicated no medication reviews for the third and fourth quarters of 2014 for clients #1, #3, #4 and #5.</p> <p>A review of client #1's record was conducted on 7/24/15 at 10:00 A.M.. The record indicated client #1 was prescribed medications which consisted of: Simvastatin (cholesterol), Rivastigmine (dementia), Polyethylene Glycol powder (Stool softener), Oxybutynin (over active bladder), Mupirocin (antibiotic), Mag Oxide (supplement), Loratadine (allergies), Hydrochlorothiazide (diuretic), Escitalopram (depression), Buspirone (mood) and Alendronate (osteoporosis).</p> <p>A review of client #2's record was conducted on 7/24/15 at 10:30 A.M.. The record indicated client #2 was prescribed medications which consisted of: Ammonium Lactate (xerosis) Hydrochlorothiazide (high blood pressure), Ketoconazole (fungus) Omeprazole (gastroesophageal reflux disease, GERD), Polyethylene Glyco (stool softener), Vesicare (overactive bladder) and Albuterol (breathing treatment).</p>		<p>recommendations can be discussed by the IDT. The QA coordinator will conduct random checks, with the nursing office, to ensure these pharmacy checks are being sent to the physicians.</p>	

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	<p>A review of client #3's record was conducted on 7/24/15 at 11:00 A.M.. The record indicated client #3 was prescribed medications which consisted of: Benzoyl Peroxide (acne), Chlorhexidine Solution (oral rinse), Citalopram (antidepressant), Clonazepam (mood), Imipramine (antidepressant), Lamotrigine (seizures) and Linessa (birth control).</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/28/15 at 10:20 A.M.. The QIDP indicated clients #1, #2 and #3 were prescribed medications. When asked how often medications are to be reviewed by the pharmacist, the QIDP indicated they should be reviewed quarterly.</p> <p>9-3-6(a)</p>			
W 0488 Bldg. 00	<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>			

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	<p>Based on observation and interview, the facility failed to assure 1 of 3 sampled clients (client #1), was involved in meal preparation.</p> <p>Findings include:</p> <p>An observation was conducted at the group on 7/24/15 from 5:45 A.M. until 7:45 A.M.. At 6:15 A.M., Direct Support Professional (DSP) #1 put pieces of bread in the toaster while client #1 sat at the table with no activity. DSP #1 spread butter on the toast and placed the toast on a plate in front of client #1. Client #1 ate her toast independently. Client #1 did not and was not prompted to prepare her toast.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/28/15 at 10:20 A.M.. The QIDP indicated client #1 was capable of assisting in preparing her toast and further indicated she should be assisting in preparing her toast at all times.</p> <p>9-3-8(a)</p>	W 0488	<p>The QDDP will retrain staff on active treatment which includes involving the clients in meal preparation and serving themselves, according to their abilities. Staff will ensure that clients have access to condiments, according to the meal at hand. To ensure consistent active treatment, quality assurance checks will be conducted once a day, by the Group Home Manager and/or Assistant Manager and/or QDDP and/or Group Home Director. After seven quality checks, the QDDP will assess and determine if further quality checks are needed. If it is determined that daily checks are no longer needed; the Group Home Manager and/or Assistant Manager and/or QDDP and/or Group Home Director will monitor active treatment, specifically meal preparation, through weekly quality assurance checks. After 2 months, the QDDP will assess and determine if further quality checks are needed and if it is determined that weekly checks are no longer needed, the QDDP will monitor through bi-monthly record checks and home visits. After 6 months, the QDDP will</p>	08/28/2015	

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W 9999 Bldg. 00	<p>State Findings:</p> <p>460 IAC 9-3-1(b) The following Community Residential Facilities for Persons with Developmental Disabilities rule was not met:</p> <p>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 the division.</p> <p>This state rule is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed for 1 additional client (client #6), to report to the Bureau of Developmental Disabilities Services (BDDS) in a timely manner.</p>	W 9999	<p>assess and determine if further quality assurance checks are needed, and if it is determined that bi-monthly checks are not needed, then the QDDP will monitor active treatment through monthly home visits.</p> <p>The QDDP will investigate all injuries of unknown origin. To document investigations, related to injuries of unknown origin, the QDDP will follow a separate investigation format, specifically designed to examine injuries of unknown origin. Once completed, the QDDP will attach this separate report to the incident report on file. The QDDP will ensure that all BDDS reportable incidents are reported in the proper timeframe; both to BDDS and to the administrator. Employee #12 failed to complete the required annual mantoux test/screening and is currently scheduled to complete this test on 8.31.15. The facilities policy is for every employee to complete this test annual (see attached policy).</p>	08/28/2015

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	<p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) and General Event Reports/Internal Reports (GERs/IRs) was conducted on 7/22/15 at 1:45 P.M. and indicated the following:</p> <p>-BDDS report dated 3/10/15...Date of Knowledge: 3/10/15...Submitted Date: 3/15/15 involving client #6 indicated: "On 3/10/15 I [Qualified Intellectual Disabilities Professional (QIDP)] was notified that [client #6] was going to Urgent Care due to her having a fever. [Client #6] was due to see [Physician name] (neurologist) on 3/10/15, so [client #6] was taken to [Hospital name] so [Neurologist] is able to see her while she is there being check (sic) for her fever. [Neurologist] has doctor privileges to see her there but not urgent care so it was best to take her to [Hospital] where he could evaluate her as well. Staff stated that labs were done and blood was drawn. [Client #6] was given medication to help break the fever but her fever only went down a little so they admitted [client #6] into the hospital to monitor her symptoms closely. [Client #6] has Alzheimer's and due to her Alzheimer's staff have to constantly prompt [client #6] to swallow when she eats. GH</p>			
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	(Group Home) staff informed nursing staff at the hospital [client #6]'s diagnosis with Alzheimer's and how she has to be constantly reminded to swallow when she eats or drinks. To continue to run test and monitor [client #6] the hospital kept her over night. [Client #6] while at the hospital on 3/11/15 she did not eat much of anything and when staff asked her to eat she would refuse. On 3/11/15 the doctor ordered for [client #6] to get an MRI and an cookie swallow. [Client #6] received an MRI the night of 3/11/15 and the cookie swallow on 3/11/15. [Group Home Nurse] called the hospital and the nurse informed [Group Home Nurse] that the MRI report showed a new and chronic infract meaning an area of dead tissue resulting from lack of oxygen to the tissue. The cookie swallow was done on 3/11/15 and they did have some issues with her swallowing and focusing during the cookie swallow. The speech therapist stated they were going to monitor her bedside with her eating. On 3/12/15 [client #6] remained in the hospital but was moved to the third floor to monitor her heart. Staff stated [client #6] was doing much better on 3/12/15 but when she began to eat staff continued to prompt her several times to swallow and to come out of her daze (which are common signs of Alzheimer's). The speech therapist did come back on			

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	<p>3/12/15 and monitor (sic) [client #6]'s eating and drinking and stated [client #6] did do better but still needed a lot of prompting to swallow. On 3/12/15 an EEG was ordered for [client #6]...I [QIDP] understand the importance of turning in a BDDS report in a timely matter (sis). The day [client #6] went into the hospital a BDDS report needed to be done. [QIDP] did not realize a GER/BDDS report was not submitted until 3/15/15...." Further review of the report failed to indicate this hospitalization was immediately reported to BDDS.</p> <p>A review of the Bureau of Developmental Disabilities Services (BDDS) reporting policy effective March 1, 2011 was conducted on 7/22/15 at 5:30 P.M.. The policy indicated: "It is the policy of the Bureau of Quality Improvement Services (BQIS) to utilize an incident reporting and management system as an integral tool in ensuring the health and welfare of the individuals receiving services administered by BDDS...Incidents to be reported to BQIS include any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual including but not limited to:</p> <p>11. An emergency intervention for the</p>						

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	<p>individual resulting from: a. a physical symptom; b. a medical or psychiatric condition; c. any other event. 12. Any injury to an individual where the cause is unknown and the injury could be indicative of abuse, neglect or exploitation."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/28/15 at 10:20 A.M.. The QIDP indicated the documented incidents were not reported within 24 hours to BDDS.</p> <p>9-3-1(b)</p> <p>2. The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>460 IAC 9-3-3 Facility Staffing</p> <p>(e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10)</p>			

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	<p>millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician.</p> <p>This state rule is not met as evidenced by:</p> <p>Based on interview and record review for 1 of 3 staff personnel records reviewed (staff #12), the facility failed to ensure staff #12 received an annual mantoux test/screening.</p> <p>Findings include:</p> <p>The facility's employee records were reviewed on 7/24/15 at 12:15 P.M.. Review of staff #12's personnel file indicated a start date of 4/8/04. Staff #12's personnel file indicated a most current mantoux test/screening dated 10/4/12. A review of the group home schedule dated 7/1/15 to 7/28/15 was conducted on 7/24/15 at 12:45 P.M. and indicated Staff #12 worked at the group home with clients #1, #2, #3, #4 and #5.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 7/28/15 at 10:20 A.M.. When asked how often staff are to get mantoux</p>			

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	test/screening, the QIDP indicated annually. There was no documentation in Staff #12's record to indicate an annual mantoux test/screening had been completed. 9-3-3(e)			