

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G431	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/08/2016
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN	STREET ADDRESS, CITY, STATE, ZIP CODE 525 S SKYVIEW DR JASPER, IN 47546
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W 0000 Bldg. 00	<p>This visit was for the investigation of complaints #IN00192910, #IN00193055 and #IN00193699.</p> <p>Complaint #IN00192910: Substantiated, federal and state deficiencies related to the allegation(s) are cited at W102, W104, W122, W140, W149, W154, W157, W158, W159, W186, W195, W196, W249 and W331.</p> <p>Complaint #IN00193055: Substantiated, federal and state deficiencies related to the allegation(s) are cited at: W102, W104, W122, W149, W154 and W331.</p> <p>Complaint #IN00193699: Substantiated, federal and state deficiencies related to the allegation(s) are cited at: W102, W104, W122, W140, W149, W154, W157, W158, W159, W186, W195, W196, W249 and W331.</p> <p>Unrelated deficiency cited.</p> <p>Dates of Survey: 3/30/16, 3/31/16, 4/1/16, 4/4/16, 4/7/16 and 4/8/16.</p> <p>Facility Number: 000945 Provider Number: 15G431 AIMS Number: 100235210</p>	W 0000		

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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W 0102 Bldg. 00	<p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/14/16.</p> <p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, F and G).</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A's personal finances were relinquished upon her discharge from the facility, to ensure a full and complete accounting of clients A, B, C, D, E and G's personal finances, to implement its written policy and procedures to prevent financial exploitation/theft regarding clients A and C, an alleged fractured knee and alleged</p>	W 0102	<p>W102: The facility must ensure that specific governing body and management requirements are met.</p> <p>Corrective Action: (Specific): All staff at the home will be in-serviced on the operation standard for management of client finances, medication administration policies and procedures, active treatment, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights and following physician orders and nursing recommendations as written. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy procedure, the completion of thorough investigations, which includes investigating fractures, aspiration pneumonia and allegations</p>	05/08/2016

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	<p>aspiration pneumonia regarding client A and incidents of PICA (eating disorder) regarding client B, to complete thorough investigations of allegations of neglect regarding clients A, B, C, D, E, and G, financial exploitation regarding clients A, B, C and G, an alleged fractured knee and aspiration pneumonia regarding client A and a pattern of incidents of PICA regarding client B and to develop and implement effective corrective actions to prevent recurrence of financial exploitation/theft regarding clients A, B, C, D, E and G's finances, to prevent falls regarding client A and to prevent recurrence of PICA incidents/behavior regarding client B and to ensure adequate staffing in the home.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) ensured clients A, B, C, D, E, F and G's active treatment programs were integrated, coordinated and monitored, there were sufficient staff in the home to meet the needs of clients B, C, D, E, F and G, to ensure clients B, C, D, E, F and G received a continuous, aggressive active treatment program necessary for them to function with as much self-determination and independence as possible, to ensure client</p>		<p>of missing client finances, reporting the findings of investigations to the administrator within 5 business days and including recommendations for all investigations. The Residential Manager will be in-serviced on ensuring that staffing ratios are consistent with the scheduled hours for the home. An audit of finances for the last 6 months for client's A, B, C, D, E, F and G will be completed and any expenditure that does not have an accompanying receipt will be reimbursed. Client B's BSP will be reviewed and revised to include the diagnosis of PICA along with preventative and reactive strategies along with goals to decrease the PICA behavior and all other clients BSP's in the home will be reviewed and any changes needed will be made and all staff will be in-serviced on any changes. The home nurse will be in-serviced on developing risk plans for each individual's diagnosis that require medical oversight, evaluation and follow up and evaluation of those plans at least quarterly and revisions to plans as need arise. A risk plan for client B's diagnosis of PICA and all staff will be trained on that plan. The schedule for the home has been revised to ensure that there is two staff in the home for the morning routine.</p> <p>How others will be identified: (Systemic): The Residential Manager will be in the home at least five times weekly to complete an audit of all client finances and document those audits on the finance ledger, ensure</p>	

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	<p>B's BSP (Behavior Support Plan) specified how client B should be monitored to reduce or eliminate client B's PICA (eating disorder) behaviors, to ensure clients B, C, D, E, F and G received a continuous active treatment program and to ensure staff implemented nursing measures regarding client A's temperature, ensure staff administered client A's PRN (As Needed Medication) as ordered and failed to update/review client B's PICA (eating disorder) following incidents of PICA.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 3 of 3 sampled clients (A, B and C), plus 3 additional clients (D, E and G).</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Facility Staffing for 2 of 3 sampled clients (B and C), plus 4 additional clients (D, E, F and G).</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of</p>		<p>that staffing ratios in the home are consistent with the scheduled hours and that all clients are receiving active treatment according to their plans. . The QIDP will be in the home at least twice weekly to complete an audit of all client finances and document those audits on the finance ledger and ensure that staffing ratios in the home are consistent with the scheduled hours. The Program Manager will be in the home at least weekly to complete an audit of all client finances and document those audits on the finance ledger and ensure that staffing ratios in the home are consistent with the scheduled hours. The home nurse will be in the home at least twice weekly for 30 days then weekly thereafter to review documentation on all clients MAR's to ensure everything is documented accordingly. The QIDP and the Nurse will review all clients' program plans at least quarterly with the team and make any necessary changes as indicated. The Program Manager will meet with QA at least weekly to review al incident reports for the home and ensure that investigations are initiated per policy, and that the results and recommendations are reported to administrator within 5 business days.</p> <p>Measures to be put in place: All staff at the home will be in-serviced on the operation standard for management of client finances, medication administration policies and procedures, active treatment, and following physician orders and nursing recommendations as written. The Quality Assurance Manager will be</p>		

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	<p>Participation: Active Treatment Services for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, F and G).</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A's personal finances were relinquished upon her discharge from the facility, to ensure a full and complete accounting of clients A, B, C, D, E and G's personal finances, to implement its written policy and procedures to prevent financial exploitation/theft regarding clients A and C, an alleged fractured knee and alleged aspiration pneumonia regarding client A and incidents of PICA (eating disorder) regarding client B, to complete thorough investigations of allegations of neglect regarding clients A, B, C, D, E, and G, financial exploitation regarding clients A, B, C and G, an alleged fractured knee and aspiration pneumonia regarding client A and a pattern of incidents of PICA regarding client B and to develop and implement effective corrective actions to prevent recurrence of financial exploitation/theft regarding clients A, B, C, D, E and G's finances, to prevent falls regarding client A and to prevent recurrence of PICA incidents/behavior regarding client B and to ensure adequate</p>		<p>in-serviced on the BDDS reporting policy procedure, the completion of thorough investigations, which includes investigating fractures, aspiration pneumonia and allegations of missing client finances, reporting the findings of investigations to the administrator within 5 business days and including recommendations for all investigations. The Residential Manager will be in-serviced on ensuring that staffing ratios are consistent with the scheduled hours for the home. An audit of finances for the last 6 months for client's A, B, C, D, E, F and G will be completed and any expenditure that does not have an accompanying receipt will be reimbursed. Client B's BSP will be reviewed and revised to include the diagnosis of PICA along with preventative and reactive strategies along with goals to decrease the PICA behavior and all other clients BSP's in the home will be reviewed and any changes needed will be made and all staff will be in-serviced on any changes. The home nurse will be in-serviced on developing risk plans for each individual's diagnosis that require medical oversight, evaluation and follow up and evaluation of those plans at least quarterly and revisions to plans as need arise. A risk plan for client B's diagnosis of PICA and all staff will be trained on that plan. The schedule for the home has been revised to ensure that there is two staff in the home for the morning routine.</p> <p>Monitoring of Corrective Action: All staff at the home will be in-serviced on the operation standard for management</p>		

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	<p>staffing in the home.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) ensured clients A, B, C, D, E, F and G's active treatment programs were integrated, coordinated and monitored, there were sufficient staff in the home to meet the needs of clients B, C, D, E, F and G, to ensure clients B, C, D, E, F and G received a continuous, aggressive active treatment program necessary for them to function with as much self-determination and independence as possible, to ensure client B's BSP (Behavior Support Plan) specified how client B should be monitored to reduce or eliminate client B's PICA (eating disorder) behaviors, to ensure clients B, C, D, E, F and G received a continuous active treatment program and to ensure staff implemented nursing measures regarding client A's temperature, ensure staff administered client A's PRN (As Needed Medication) as ordered and failed to update/review client B's PICA (eating disorder) following incidents of PICA. Please see W104.</p> <p>2. The governing body failed to exercise general policy, budget and operating</p>		<p>of client finances, medication administration policies and procedures, active treatment, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights and following physician orders and nursing recommendations as written. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy procedure, the completion of thorough investigations, which includes investigating fractures, aspiration pneumonia and allegations of missing client finances, reporting the findings of investigations to the administrator within 5 business days and including recommendations for all investigations. The Residential Manager will be in-serviced on ensuring that staffing ratios are consistent with the scheduled hours for the home. An audit of finances for the last 6 months for client's A, B, C, D, E, F and G will be completed and any expenditure that does not have an accompanying receipt will be reimbursed. Client B's BSP will be reviewed and revised to include the diagnosis of PICA along with preventative and reactive strategies along with goals to decrease the PICA behavior and all other clients BSP's in the home will be reviewed and any changes needed will be made and all staff will be in-serviced on any changes. The home nurse will be in-serviced on developing risk plans for each individual's diagnosis that require medical oversight, evaluation and follow up and evaluation of those plans at least quarterly and revisions to</p>		

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W 0104	<p>direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 3 of 3 sampled clients (A, B and C), plus 3 additional clients (D, E and G). Please see W122.</p> <p>3. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Facility Staffing for 2 of 3 sampled clients (B and C), plus 4 additional clients (D, E, F and G). Please see W158.</p> <p>4. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Active Treatment Services for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, F and G). Please see W195.</p> <p>This federal tag relates to complaints #IN00193699, #IN00193055 and #IN00192910.</p> <p>9-3-1(a)</p> <p>483.410(a)(1) GOVERNING BODY</p>		<p>plans as need arise. A risk plan for client B's diagnosis of PICA and all staff will be trained on that plan. The schedule for the home has been revised to ensure that there is two staff in the home for the morning routine.</p> <p>Completion date: 05/08/2016</p>		

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Bldg. 00	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C), plus 3 additional clients (D, E and G), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure client A's personal finances were relinquished upon her discharge from the facility, to ensure a full and complete accounting of clients A, B, C, D, E and G's personal finances, to implement its written policy and procedures to prevent financial exploitation/theft regarding clients A and C, an alleged fractured knee and alleged aspiration pneumonia regarding client A and incidents of PICA (eating disorder) regarding client B, to complete thorough investigations of allegations of neglect regarding clients A, B, C, D, E, and G, financial exploitation regarding clients A, B, C and G, an alleged fractured knee and aspiration pneumonia regarding client A and a pattern of incidents of PICA regarding client B and to develop and implement effective corrective actions to prevent recurrence of financial exploitation/theft regarding clients A, B, C, D, E and G's finances, to prevent falls regarding client A and to prevent recurrence of PICA incidents/behavior regarding client B and</p>	W 0104	<p>W104: The governing body must exercise general policy, budget and operating direction over the facility.</p> <p>Corrective Action: (Specific): All staff at the home will be in-serviced on the operation standard for management of client finances, medication administration policies and procedures, active treatment, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights and following physician orders and nursing recommendations as written. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy procedure, the completion of thorough investigations, which includes investigating fractures, aspiration pneumonia and allegations of missing client finances, reporting the findings of investigations to the administrator within 5 business days and including recommendations for all investigations. The Residential Manager will be in-serviced on ensuring that staffing ratios are consistent with the scheduled hours for the home. An audit of finances for the last 6 months for client's A, B, C, D, E, F and G will be completed and any expenditure that does not have an accompanying receipt will be reimbursed. Client B's BSP will be reviewed and revised to include the diagnosis of PICA along with preventative and reactive strategies</p>	05/08/2016

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	<p>to ensure adequate staffing in the home.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) ensured clients A, B, C, D, E, F and G's active treatment programs were integrated, coordinated and monitored, there were sufficient staff in the home to meet the needs of clients B, C, D, E, F and G, to ensure clients B, C, D, E, F and G received a continuous, aggressive active treatment program necessary for them to function with as much self-determination and independence as possible, to ensure client B's BSP (Behavior Support Plan) specified how client B should be monitored to reduce or eliminate client B's PICA (eating disorder) behaviors, to ensure clients B, C, D, E, F and G received a continuous active treatment program and to ensure staff implemented nursing measures regarding client A's temperature, ensure staff administered client A's PRN (As Needed Medication) as ordered and failed to update/review client B's PICA (eating disorder) following incidents of PICA.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on</p>		<p>along with goals to decrease the PICA behavior and all other clients BSP's in the home will be reviewed and any changes needed will be made and all staff will be in-serviced on any changes. The home nurse will be in-serviced on developing risk plans for each individual's diagnosis that require medical oversight, evaluation and follow up and evaluation of those plans at least quarterly and revisions to plans as need arise. A risk plan for client B's diagnosis of PICA and all staff will be trained on that plan. The schedule for the home has been revised to ensure that there is two staff in the home for the morning routine.</p> <p>How others will be identified: (Systemic): The Residential Manager will be in the home at least five times weekly to complete an audit of all client finances and document those audits on the finance ledger, ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients are receiving active treatment according to their plans. . The QIDP will be in the home at least twice weekly to complete an audit of all client finances and document those audits on the finance ledger and ensure that staffing ratios in the home are consistent with the scheduled hours. The Program Manager will be in the home at least weekly to complete an audit of all client finances and document those audits on the finance ledger and ensure that staffing ratios in the home are consistent with the scheduled hours. The home nurse will</p>		

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	<p>3/31/16 at 10:00 AM. Client A's Discharge Summary form, undated, indicated client A was discharged from the facility on 2/4/16.</p> <p>Client A's financial record was reviewed on 3/31/16 at 9:00 AM. The review indicated the facility had \$99.53 of client A's petty cash. The facility's RFMS (Resident Fund Management Service) form dated 6/1/15 through 3/28/16 indicated client A's personal finance balance was \$5,880.13. The review indicated the facility had \$5,979.66 of client A's personal funds which had not been distributed to client A upon her discharge on 2/4/16.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 3/31/16 at 12:20 PM. QIDP #1 indicated client A's financial account should be closed. QIDP #1 indicated the business manager would be closing client A's account 3/31/16.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure a full and complete accounting of clients A, B, C, D, E and G's personal finances. Please see W140.</p> <p>3. The governing body failed to exercise</p>		<p>be in the home at least twice weekly for 30 days then weekly thereafter to review documentation on all clients MAR's to ensure everything is documented accordingly. The QIDP and the Nurse will review all clients' program plans at least quarterly with the team and make any necessary changes as indicated. The Program Manager will meet with QA at least weekly to review al incident reports for the home and ensure that investigations are initiated per policy, and that the results and recommendations are reported to administrator within 5 business days.</p> <p>Measures to be put in place: All staff at the home will be in-serviced on the operation standard for management of client finances, medication administration policies and procedures, active treatment, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights and following physician orders and nursing recommendations as written. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy procedure, the completion of thorough investigations, which includes investigating fractures, aspiration pneumonia and allegations of missing client finances, reporting the findings of investigations to the administrator within 5 business days and including recommendations for all investigations. The Residential Manager will be in-serviced on ensuring that staffing ratios are consistent with the scheduled hours for</p>	

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	<p>general policy, budget and operating direction over the facility to implement its written policy and procedures to prevent financial exploitation/theft regarding clients A and C, an alleged fractured knee and alleged aspiration pneumonia regarding client A and incidents of PICA (eating disorder) regarding client B, to complete thorough investigations of allegations of neglect regarding clients A, B, C, D, E, and G, financial exploitation regarding clients A, B, C and G, an alleged fractured knee and aspiration pneumonia regarding client A and a pattern of incidents of PICA regarding client B and to develop and implement effective corrective actions to prevent recurrence of financial exploitation/theft regarding clients A, B, C, D, E and G's finances, to prevent falls regarding client A and to prevent recurrence of PICA incidents/behavior regarding client B and to ensure adequate staffing in the home. Please see W149.</p> <p>4. The governing body failed to exercise general policy, budget and operating direction over the facility to complete thorough investigations of allegations of neglect regarding clients A, B, C, D, E, and G, financial exploitation regarding clients A, B, C and G, an alleged fractured knee and aspiration pneumonia regarding client A and a pattern of</p>		<p>the home. An audit of finances for the last 6 months for client's A, B, C, D, E, F and G will be completed and any expenditure that does not have an accompanying receipt will be reimbursed. Client B's BSP will be reviewed and revised to include the diagnosis of PICA along with preventative and reactive strategies along with goals to decrease the PICA behavior and all other clients BSP's in the home will be reviewed and any changes needed will be made and all staff will be in-serviced on any changes. The home nurse will be in-serviced on developing risk plans for each individual's diagnosis that require medical oversight, evaluation and follow up and evaluation of those plans at least quarterly and revisions to plans as need arise. A risk plan for client B's diagnosis of PICA and all staff will be trained on that plan. The schedule for the home has been revised to ensure that there is two staff in the home for the morning routine.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly to complete an audit of all client finances and document those audits on the finance ledger, ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients are receiving active treatment according to their plans. The QIDP will be in the home at least twice weekly to complete an audit of all client finances and document those audits on the finance ledger and ensure</p>	

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	<p>incidents of PICA regarding client B. Please see W154.</p> <p>5. The governing body failed to exercise general policy, budget and operating direction over the facility to develop and implement effective corrective actions to prevent recurrence of financial exploitation/theft regarding clients A, B, C, D, E and G's finances, to prevent falls regarding client A and to prevent recurrence of PICA incidents/behavior regarding client B and to ensure adequate staffing in the home. Please see W157.</p> <p>6. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) ensured clients A, B, C, D, E, F and G's active treatment programs were integrated, coordinated and monitored. Please see W159.</p> <p>7. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure there were sufficient staff in the home to meet the needs of clients B, C, D, E, F and G. Please see W186.</p> <p>8. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure</p>		<p>that staffing ratios in the home are consistent with the scheduled hours. The Program Manager will be in the home at least weekly to complete an audit of all client finances and document those audits on the finance ledger and ensure that staffing ratios in the home are consistent with the scheduled hours. The home nurse will be in the home at least twice weekly for 30 days then weekly thereafter to review documentation on all clients MAR's to ensure everything is documented accordingly. The QIDP and the Nurse will review all clients' program plans at least quarterly with the team and make any necessary changes as indicated. The Program Manager will meet with QA at least weekly to review al incident reports for the home and ensure that investigations are initiated per policy, and that the results and recommendations are reported to administrator within 5 business days.</p> <p>Completion date: 05/08/2016</p>		

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	<p>clients B, C, D, E, F and G received a continuous, aggressive active treatment program necessary for them to function with as much self-determination and independence as possible. Please see W196.</p> <p>9. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client B's BSP (Behavior Support Plan) specified how client B should be monitored to reduce or eliminate client B's PICA (eating disorder) behaviors. Please see W227.</p> <p>10. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients B, C, D, E, F and G received a continuous active treatment program. Please see W249.</p> <p>11. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure staff implemented nursing measures regarding client A's temperature, ensure staff administered client A's PRN (As Needed Medication) as ordered and failed to update/review client B's PICA (eating disorder) following incidents of PICA. Please see W331.</p>			

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W 0122 Bldg. 00	<p>This federal tag relates to complaints #IN00193699, #IN00193055 and #IN00192910.</p> <p>9-3-1(a)</p> <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 3 of 3 sampled clients (A, B and C), plus 3 additional clients (D, E and G).</p> <p>The facility failed to maintain a full and complete accounting of clients A, B, C, D, E and G's personal finances</p> <p>The facility failed to implement its written policy and procedures to prevent financial exploitation/theft regarding clients A and C, an alleged fractured knee and alleged aspiration pneumonia regarding client A and incidents of PICA (eating disorder) regarding client B, to complete thorough investigations of allegations of neglect regarding clients A, B, C, D, E, and G, financial exploitation regarding clients A, B, C and G, an alleged fractured knee and aspiration pneumonia regarding client A and a</p>	W 0122	<p>W122: The facility must ensure that specific client protections requirements are met.</p> <p>Corrective Action: (Specific): All staff at the home will be in-serviced on the operation standard for management of client finances, medication administration policies and procedures, active treatment, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights and following physician orders and nursing recommendations as written. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy procedure, the completion of thorough investigations, which includes investigating fractures, aspiration pneumonia and allegations of missing client finances, reporting the findings of investigations to the administrator within 5 business days and including recommendations for all investigations. The Residential Manager will be in-serviced on</p>	05/08/2016

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	<p>pattern of incidents of PICA regarding client B and to develop and implement effective corrective actions to prevent recurrence of financial exploitation/theft regarding clients A, B, C, D, E and G's finances, to prevent falls regarding client A and to prevent recurrence of PICA incidents/behavior regarding client B and to ensure adequate staffing in the home.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility failed to maintain a full and complete accounting of clients A, B, C, D, E and G's personal finances. Please see W140. 2. The facility failed to implement its written policy and procedures to prevent financial exploitation/theft regarding clients A and C, an alleged fractured knee and alleged aspiration pneumonia regarding client A and incidents of PICA (eating disorder) regarding client B, to complete thorough investigations of allegations of neglect regarding clients A, B, C, D, E, and G, financial exploitation regarding clients A, B, C and G, an alleged fractured knee and aspiration pneumonia regarding client A and a pattern of incidents of PICA regarding client B and to develop and implement effective corrective actions to prevent recurrence of financial exploitation/theft 		<p>ensuring that staffing ratios are consistent with the scheduled hours for the home. An audit of finances for the last 6 months for client's A, B, C, D, E, F and G will be completed and any expenditure that does not have an accompanying receipt will be reimbursed. Client B's BSP will be reviewed and revised to include the diagnosis of PICA along with preventative and reactive strategies along with goals to decrease the PICA behavior and all other clients BSP's in the home will be reviewed and any changes needed will be made and all staff will be in-serviced on any changes. The home nurse will be in-serviced on developing risk plans for each individual's diagnosis that require medical oversight, evaluation and follow up and evaluation of those plans at least quarterly and revisions to plans as need arise. A risk plan for client B's diagnosis of PICA and all staff will be trained on that plan. The schedule for the home has been revised to ensure that there is two staff in the home for the morning routine.</p> <p>How others will be identified: (Systemic): The Residential Manager will be in the home at least five times weekly to complete an audit of all client finances and document those audits on the finance ledger, ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients are receiving active treatment according to their plans. . The QIDP will be in the home at least twice weekly to complete an audit of</p>	

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	<p>regarding clients A, B, C, D, E and G's finances, to prevent falls regarding client A and to prevent recurrence of PICA incidents/behavior regarding client B and to ensure adequate staffing in the home. Please see W149.</p> <p>3. The facility failed to complete thorough investigations of allegations of neglect regarding clients A, B, C, D, E, and G, financial exploitation regarding clients A, B, C and G, an alleged fractured knee and aspiration pneumonia regarding client A and a pattern of incidents of PICA regarding client B. Please see W154.</p> <p>4. The facility failed to develop and implement effective corrective actions to prevent recurrence of financial exploitation/theft regarding clients A, B, C, D, E and G's finances, to prevent falls regarding client A and to prevent recurrence of PICA incidents/behavior regarding client B and to ensure adequate staffing in the home. Please see W157.</p> <p>This federal tag relates to complaints #IN00193699, #IN00193055 and #IN00192910.</p> <p>9-3-2(a)</p>		<p>all client finances and document those audits on the finance ledger and ensure that staffing ratios in the home are consistent with the scheduled hours. The Program Manager will be in the home at least weekly to complete an audit of all client finances and document those audits on the finance ledger and ensure that staffing ratios in the home are consistent with the scheduled hours. The home nurse will be in the home at least twice weekly for 30 days then weekly thereafter to review documentation on all clients MAR's to ensure everything is documented accordingly. The QIDP and the Nurse will review all clients' program plans at least quarterly with the team and make any necessary changes as indicated. The Program Manager will meet with QA at least weekly to review al incident reports for the home and ensure that investigations are initiated per policy, and that the results and recommendations are reported to administrator within 5 business days.</p> <p>Measures to be put in place: All staff at the home will be in-serviced on the operation standard for management of client finances, medication administration policies and procedures, active treatment, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights and following physician orders and nursing recommendations as written. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy procedure, the completion of</p>				

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			<p>thorough investigations, which includes investigating fractures, aspiration pneumonia and allegations of missing client finances, reporting the findings of investigations to the administrator within 5 business days and including recommendations for all investigations. The Residential Manager will be in-serviced on ensuring that staffing ratios are consistent with the scheduled hours for the home. An audit of finances for the last 6 months for client's A, B, C, D, E, F and G will be completed and any expenditure that does not have an accompanying receipt will be reimbursed. Client B's BSP will be reviewed and revised to include the diagnosis of PICA along with preventative and reactive strategies along with goals to decrease the PICA behavior and all other clients BSP's in the home will be reviewed and any changes needed will be made and all staff will be in-serviced on any changes. The home nurse will be in-serviced on developing risk plans for each individual's diagnosis that require medical oversight, evaluation and follow up and evaluation of those plans at least quarterly and revisions to plans as need arise. A risk plan for client B's diagnosis of PICA and all staff will be trained on that plan. The schedule for the home has been revised to ensure that there is two staff in the home for the morning routine.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly to</p>	

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			<p>complete an audit of all client finances and document those audits on the finance ledger, ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients are receiving active treatment according to their plans. . The QIDP will be in the home at least twice weekly to complete an audit of all client finances and document those audits on the finance ledger and ensure that staffing ratios in the home are consistent with the scheduled hours. The Program Manager will be in the home at least weekly to complete an audit of all client finances and document those audits on the finance ledger and ensure that staffing ratios in the home are consistent with the scheduled hours. The home nurse will be in the home at least twice weekly for 30 days then weekly thereafter to review documentation on all clients MAR's to ensure everything is documented accordingly. The QIDP and the Nurse will review all clients' program plans at least quarterly with the team and make any necessary changes as indicated. The Program Manager will meet with QA at least weekly to review al incident reports for the home and ensure that investigations are initiated per policy, and that the results and recommendations are reported to administrator within 5 business days.</p> <p>Completion date: 05/08/2016</p>	

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W 0140 Bldg. 00	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 3 of 3 sampled clients (A, B and C), plus 3 additional clients (D, E and G), the facility failed to maintain a full and complete accounting of clients A, B, C, D, E and G's personal finances.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IIRs (Internal Incident Reports) and Investigations were reviewed on 3/31/16 at 9:00 AM. The BDDS, IIRs and Investigations reviewed dated from 3/30/16 through 9/30/15 (6 months). The review indicated the following:</p> <p>1. BDDS report dated 10/19/15 indicated, "On 10/19/15, [BDDS Generalist #1] spoke to [Guardians #1 and #2], the guardians for [client G], regarding ResCare. The guardians stated that they have requested some financial records for [client G] to monitor her spending. Based on the documentation they have received, their (sic) have been multiple transactions</p>	W 0140	<p>W140: The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of the clients.</p> <p>Corrective Action: (Specific): All staff at the home will be in-serviced on the operation standard for management of client finances and the operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights. An audit of finances for the last 6 months for client's A, B, C, D, E, F and G will be completed and any expenditure that does not have an accompanying receipt will be reimbursed. A summary breakdown, RFMS statements and statements from workshop earnings were sent to Client G's guardian on 10/8/15 which went back to 1/1/15. Another</p>	05/08/2016

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	<p>that cannot be accounted for. The guardians have requested additional information from ResCare but have not received documentation or an explanation for the missing money from [client G's] account."</p> <p>-Follow up BDDS report dated 10/21/15 indicated, "ResCare has reviewed RFMS (Resident Fund Management Statements) and all money has been accounted for. ResCare has also been in contact with guardians over (the) past few weeks and provided them with requested documentation."</p> <p>Client G's record was reviewed on 3/31/16 at 11:55 AM. Client G's ISP (Individual Support Plan) Quarterly Review form dated 12/30/15 indicated, "[Client G's guardians] also stated that they had concerns about the handling of her finances."</p> <p>Client G's Guardian was interviewed on 4/4/16 at 8:47 AM. Client G's Guardian stated, "The money issues were never really resolved and were ongoing. We didn't feel like we were provided with a full accounting of [client G's] money. There would be purchases that seemed to be duplicates or like expenses from housemates being mixed with [client G's] funds. Like once she had a receipt from a</p>		<p>breakdown will be completed and sent to the guardian from 10/8/15 to her discharge date and the guardians will be contacted to schedule a call to discuss if they wish. A new safe for the home will be purchased and access to the combination will be limited to the Residential Manager, the QIDP and the Program Manager and a copy of the combination will be kept at the core office.</p> <p>How others will be identified: (Systemic): The Residential Manager will be in the home at least five times weekly to complete an audit of all client finances and document those audits on the finance ledger. The QIDP will be in the home at least twice weekly to complete an audit of all client finances and document those audits on the finance ledger. The Program Manager will be in the home at least weekly to complete an audit of all client finances and document those audits on the finance ledger.</p> <p>Measures to be put in place: All staff at the home will be in-serviced on the operation</p>				

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	<p>grocery store for a \$30.00 razor. Then the next week she had another expense for another \$30.00 razor. That's just an example, it seemed like the staff weren't tracking the receipts and purchases were mixed." Client G's Guardian stated, "They would do spend downs and we would never be aware. There was an \$800.00 spend down and we weren't aware of how she spent the money." Client G's Guardian stated, "[Client G] got her waiver and moved out at the end of February (2/26/16). ResCare ended up taking almost all of her money, they said it was care costs from November 2015 that she owed. [Client G] moved out into her new home and didn't have money to get started with because of how they did her finances."</p> <p>BDDS Generalist #1 was interviewed on 3/30/16 at 4:05 PM. BDDS Generalist indicated client G was billed by ResCare in March 2016 for November 2015. BDDS Generalist #1 indicated client G's guardians alleged they were not provided with client G's RFMS (Residential Fund Management Services) financial ledgers.</p> <p>2. BDDS report dated 12/22/15 indicated, "It was reported by [staff #3] that [client A] was missing money from her account. [QAC (Quality Assurance Coordinator) #1] went to the site to audit all funds and</p>		<p>standard for management of client finances and the operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights. An audit of finances for the last 6 months for client's A, B, C, D, E, F and G will be completed and any expenditure that does not have an accompanying receipt will be reimbursed. A summary breakdown, RFMS statements and statements from workshop earnings were sent to Client G's guardian on 10/8/15 which went back to 1/1/15. Another breakdown will be completed and sent to the guardian from 10/8/15 to her discharge date and the guardians will be contacted to schedule a call to discuss if they wish. A new safe for the home will be purchased and access to the combination will be limited to the Residential Manager, the QIDP and the Program Manager and a copy of the combination will be kept at the core office.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly to complete an audit of</p>				

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	<p>discovered [client C] was missing \$90.00 and [client A] was missing \$1,090.00."</p> <p>-Investigative Summary form dated 12/28/15 indicated the following:</p> <p>Summary of Interviews:</p> <p>-"[RM #2], 1/13/16, States all staff except [overnight staff #1] know the safe code. Did not know that the safe was being left on the last number to open the safe until recently. Does not know who did it, didn't ask, recently found out (sic). States she does not recall [client B] ever getting \$300.00 and definitely not anyone reporting it missing. Reports that there was a time in the beginning of the month after the turnover where she looked at one client's book and it was off completely and she wanted to talk to all staff before reporting missing money because they are bad at writing up receipts. She states she has in serviced on this many times. Cannot explain why the two audits for [client C] with her name state less amounts with no transactions in between. Cannot remember why. Reports that sometimes clients return from [day services] and she will come in to work with money taped to her desk and she won't know whose it is or where it came from. She states that she has questioned [day services] driver about this but did</p>		<p>all client finances and document those audits on the finance ledger. The QIDP will be in the home at least twice weekly to complete an audit of all client finances and document those audits on the finance ledger. The Program Manager will be in the home at least weekly to complete an audit of all client finances and document those audits on the finance ledger.</p> <p>Completion date: 05/08/2016</p>		

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	<p>not receive an answer."</p> <p>Factual Findings:</p> <p>- "All staff except for one admit to knowing the safe code. The money was last accounted for on 12/17/15 in the morning before work and was missing 12/18/15 in the morning before work. Staff in the home in that time frame were [RM #1], [staff #4] and [RM #2]. Staff that last saw the money was [staff #4] and staff that reported the money missing was [staff #3]."</p> <p>"[RM #2] was questioned about her name being on the audit multiple days in a row where finances are short and no transactions are shown in between. [RM #2] states she does not know why this is the case, she does not remember writing it. She would have reported if she found missing money. She cannot explain why she did not."</p> <p>- Client B's financial record was reviewed on 3/31/16 at 9:00 AM. Client B's March Monthly Finance Ledger dated 3/2016 indicated client B's personal in house finances should total \$99.45. Client B's actual cash total was \$99.52.</p> <p>- Client C's financial record was reviewed on 3/31/16 at 9:10 AM. Client C's March</p>				

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	<p>Monthly Financial Ledger dated 3/2016 indicated client C's personal in house finances should total \$92.37. Client C's actual cash total was \$73.27.</p> <p>-Client D's financial record was reviewed on 3/31/16 at 9:15 AM. Client D's March Monthly Financial Ledger dated 3/2016 indicated client D's personal in house finances should total \$43.26. Client D's actual cash total was \$44.26.</p> <p>-Client E's financial record was reviewed on 3/31/16 at 9:20 AM. Client E's March Monthly Financial Ledger dated 3/2016 indicated client E's personal in house finances should total \$75.86. Client E's actual cash total was \$72.45.</p> <p>QIDP #1 was interviewed on 3/31/16 at 9:25 AM. QIDP #1 indicated clients B, C and E should not have more than \$50.00 in house money. QIDP #1 indicated clients A, B, C, D, E and G's personal finances should be accounted for.</p> <p>This federal tag relates to complaints #IN00193699 and #IN00192910.</p> <p>9-3-2(a)</p>			

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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. Based on record review and interview for 3 of 3 sampled clients (A, B and C), plus 3 additional clients (D, E and G), the facility failed to implement its written policy and procedures to prevent financial exploitation/theft regarding clients A, B and C, an alleged fractured knee and alleged aspiration pneumonia regarding client A and incidents of PICA (eating disorder) regarding client B.</p> <p>The facility failed to complete thorough investigations of allegations of neglect regarding clients A, B, C, D, E, and G, financial exploitation regarding clients A, B, C and G, an alleged fractured knee and aspiration pneumonia regarding client A and a pattern of incidents of PICA regarding client B.</p> <p>The facility failed to develop and implement effective corrective actions to prevent recurrence of financial exploitation/theft regarding clients A, B, C, D, E and G's finances, to prevent falls regarding client A and to prevent recurrence of PICA incidents/behavior regarding client B and to ensure adequate staffing in the home.</p>	W 0149	<p>W149: The facility must develop and implement written procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Corrective Action: (Specific): All staff at the home will be in-serviced on the operation standard for management of client finances, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights and following physician orders and nursing recommendations as written. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy procedure, the completion of thorough investigations, which includes investigating fractures, aspiration pneumonia and allegations of missing client finances, reporting the findings of investigations to the administrator within 5 business days and including recommendations for all investigations. The Residential Manager will be in-serviced on ensuring that staffing ratios are consistent with the scheduled hours for the home and that all individuals attend workshop timely. An audit of finances for the last 6 months for client's A, B, C, D, E, F and G will be completed and any expenditure that does not have an accompanying receipt will be reimbursed. A summary breakdown, RFMS statements and statements from workshop earnings were sent to Client G's guardian on 10/8/15 which went back to 1/1/15. Another breakdown will be completed and sent to the guardian</p>	05/08/2016	

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	<p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IIRs (Internal Incident Reports) and Investigations were reviewed on 3/31/16 at 9:00 AM. The BDDS, IIRs and Investigations reviewed dated from 3/30/16 through 9/30/15 (6 months). The review indicated the following:</p> <p>1. BDDS report dated 10/19/15 indicated, "On 10/19/15, [BDDS Generalist #1] spoke to [Guardians #1 and #2], the guardians for [client G], regarding ResCare. The guardians stated that they have requested some financial records for [client G] to monitor her spending. Based on the documentation they have received, their (sic) have been multiple transactions that cannot be accounted for. The guardians have requested additional information from ResCare but have not received documentation or an explanation for the missing money from [client G's] account."</p> <p>-Follow up BDDS report dated 10/21/15 indicated, "ResCare has reviewed RFMS (Resident Fund Management Statements) and all money has been accounted for. ResCare has also been in contact with guardians over (the) past few weeks and provided them with requested</p>		<p>from 10/8/15 to her discharge date and the guardians will be contacted to schedule a call to discuss if they wish. Client B's BSP will be reviewed and revised to include the diagnosis of PICA along with preventative and reactive strategies along with goals to decrease the PICA behavior and all other clients BSP's in the home will be reviewed and any changes needed will be made and all staff will be in-serviced on any changes. The home nurse will be in-serviced on developing risk plans for each individual's diagnosis that require medical oversight, evaluation and follow up and evaluation of those plans at least quarterly and revisions to plans as need arise. A risk plan for client B's diagnosis of PICA and all staff will be trained on that plan. The schedule for the home has been revised to ensure that there is two staff in the home for the morning routine.</p> <p>How others will be identified: (Systemic): The Residential Manager will be in the home at least five times weekly to complete an audit of all client finances and document those audits on the finance ledger, ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients are receiving active treatment according to their plans. . The QIDP will be in the home at least twice weekly to complete an audit of all client finances and document those audits on the finance ledger, ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients attend day service as scheduled. The Program Manager will be in the home at least weekly to complete an audit of all client finances and document those audits on</p>				

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	<p>documentation."</p> <p>-The review did not indicate documentation of an Investigation summary/report regarding the 10/19/15 allegation.</p> <p>Client G's record was reviewed on 3/31/16 at 11:55 AM. Client G's ISP (Individual Support Plan) Quarterly Review form dated 12/30/15 indicated, "[Client G's guardians] expressed grievances with her residential provider, including lack of timely medical care, physical aggression against [client G] by one of her housemates, poor communication, lack of staffing and lack of punctuality. [Client G's guardians] also stated that they had concerns about the handling of her finances."</p> <p>The review did not indicate documentation of an investigation regarding client G's Guardians 12/30/15 allegations.</p> <p>Client G's Guardian was interviewed on 4/4/16 at 8:47 AM. Client G's Guardian stated, "The money issues were never really resolved and were ongoing. We didn't feel like we were provided with a full accounting of [client G's] money. There would be purchases that seemed to be duplicates or like expenses from</p>		<p>the finance ledger and ensure that staffing ratios in the home are consistent with the scheduled hours. The home nurse will be in the home at least twice weekly for 30 days then weekly thereafter to review documentation on all clients MAR's to ensure everything is documented accordingly. The QIDP and the Nurse will review all clients' program plans at least quarterly with the team and make any necessary changes as indicated. The Program Manager will meet with QA at least weekly to review al incident reports for the home and ensure that investigations are initiated per policy, and that the results and recommendations are reported to administrator within 5 business days.</p> <p>Measures to be put in place: All staff at the home will be in-serviced on the operation standard for management of client finances, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights and following physician orders and nursing recommendations as written. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy procedure, the completion of thorough investigations, which includes investigating fractures, aspiration pneumonia and allegations of missing client finances, reporting the findings of investigations to the administrator within 5 business days and including recommendations for all investigations. The Residential Manager will be in-serviced on ensuring that staffing ratios are consistent with the scheduled hours for the home and that all individuals attend workshop timely. An audit of finances for the last 6 months for client's A, B, C, D, E, F and G will be completed and any expenditure that does</p>		

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	<p>housemates being mixed with [client G's] funds. Like once she had a receipt from a grocery store for a \$30.00 razor. Then the next week she had another expense for another \$30.00 razor. That's just an example, it seemed like the staff weren't tracking the receipts and purchases were mixed." Client G's Guardian stated, "They would do spend downs and we would never be aware. There was an \$800.00 spend down and we weren't aware of how she spent the money." Client G's Guardian stated, "[Client G] got her waiver and moved out at the end of February (2/26/16). ResCare ended up taking almost all of her money, they said it was care costs from November 2015 that she owed. [Client G] moved out into her new home and didn't have money to get started with because of how they did her finances."</p> <p>BDDS Generalist #1 was interviewed on 3/30/16 at 4:05 PM. BDDS Generalist indicated client G was billed by ResCare in March 2016 for November 2015. BDDS Generalist #1 indicated client G's guardians alleged they were not provided with client G's RFMS (Residential Fund Management Services) financial ledgers.</p> <p>2. BDDS report dated 1/19/16 indicated, "On 1/19/16, [BDDS Generalist #1] received a call from [guardian #1], the</p>		<p>not have an accompanying receipt will be reimbursed. A summary breakdown, RFMS statements and statements from workshop earnings were sent to Client G's guardian on 10/8/15 which went back to 1/1/15. Another breakdown will be completed and sent to the guardian from 10/8/15 to her discharge date and the guardians will be contacted to schedule a call to discuss if they wish. Client B's BSP will be reviewed and revised to include the diagnosis of PICA along with preventative and reactive strategies along with goals to decrease the PICA behavior and all other clients BSP's in the home will be reviewed and any changes needed will be made and all staff will be in-serviced on any changes. The home nurse will be in-serviced on developing risk plans for each individual's diagnosis that require medical oversight, evaluation and follow up and evaluation of those plans at least quarterly and revisions to plans as need arise. A risk plan for client B's diagnosis of PICA and all staff will be trained on that plan. The schedule for the home has been revised to ensure that there is two staff in the home for the morning routine.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly to complete an audit of all client finances and document those audits on the finance ledger, ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients are receiving active treatment according to their plans. . The QIDP will be in the home at least twice weekly to complete an audit of all client finances and document those audits on the finance ledger, ensure that staffing</p>				

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	<p>guardian for [client G] (who lived) in the [group home], regarding an incident that occurred on 1/17/16. [Guardian #1] had arrived at the [group home] at 12:00 PM on 1/17/16. [Guardian #1] stated there was only one staff member working at the home when she arrived. When she questioned this, she was informed another staff member had quit on 1/15/16 which caused the staffing issues in the home. [Guardian #1] also stated the staff member was unable to provide adequate care due to the staff member being on a lift restriction of nothing heavier than fifty pounds."</p> <p>-Follow up BDDS report dated 1/20/16 indicated, "1. Was an investigation initiated? Yes, an investigation has been initiated. 2. What plans are in place to ensure the home is adequately staffed? Due to staff leaving without notice, [RM (Residential Manager) #1] and [QIDP (Qualified Intellectual Disabilities Professional) #1] have looked at the schedule and asked current staff to fill openings and will fill in any opening left over. This will be done weekly until staff is replaced. 3. Please update investigation results if allegations are substantiated or unsubstantiated."</p> <p>-Follow up BDDS report dated 1/24/16 indicated, "The allegation that the home</p>		<p>ratios in the home are consistent with the scheduled hours and that all clients attend day service as scheduled. The Program Manager will be in the home at least weekly to complete an audit of all client finances and document those audits on the finance ledger and ensure that staffing ratios in the home are consistent with the scheduled hours. The home nurse will be in the home at least twice weekly for 30 days then weekly thereafter to review documentation on all clients MAR's to ensure everything is documented accordingly. The QIDP and the Nurse will review all clients' program plans at least quarterly with the team and make any necessary changes as indicated. The Program Manager will meet with QA at least weekly to review al incident reports for the home and ensure that investigations are initiated per policy, and that the results and recommendations are reported to administrator within 5 business days.</p> <p>Completion date: 05/08/2016</p>				

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	<p>was understaffed during the time of the incident can be substantiated. The allegation that staff was incapable of working in the home with her restriction was unsubstantiated. Staff does have a restriction on file with ResCare but the restriction can be met in the home."</p> <p>Observations were conducted at the group home on 3/31/16 from 7:00 AM through 9:30 AM. Staff #1 was the only staff on duty in the group home from 7:00 AM through 7:50 AM. During the 7:00 AM through 7:50 AM period of observation clients B, C, D, E and F were present in the home. Clients C and F utilized manual wheelchairs for mobility and required assistance from staff to transfer in and out of their wheelchairs. At 7:10 AM, client F was laying in her bed while clients B, C, D and E were in the home's kitchen area socializing while staff #1 was in the home's medication administration room completing the morning medication administration. At 7:10 AM, client F called out, "[Staff #1], I'm ready to get up now." Client F repeated requesting assistance from staff #1 to assist her to get out of her bed and transfer into her wheelchair. At 7:13 AM, client D went into client F's bedroom and asked her what she needed and told client F that she would let staff #1 know that she was ready to get up. Client D exited</p>			

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	<p>client F's bedroom and entered the medication administration room then returned to client F's bedroom and told her staff #1 would assist her when she was finished administering medications. Client F remained in her bed while clients B, C, D and E socialized, received their morning medications, prepared and ate breakfast. At 7:45 AM, staff #2 arrived at the group home. Upon entering the group home, clients B, C, D and E greeted staff #2. Client F, stated, "[Staff #2]? I'm ready to get up. Can you come here?" Staff #2 and staff #1 were in the home's medication administration room. Client D entered client F's bedroom and told client F staff #2 was in the home and would come assist her. At 7:50 AM, staff #2 entered client F's bedroom and assisted client F to transfer from her bed to her wheelchair. Staff #2 assisted client F to dress and join her peers in the home's kitchen at 8:07 AM. Clients B, C, D and E had finished eating and were preparing to leave the home for their day services. At 8:45 AM, clients B, C, D and E left for their day services.</p> <p>Client F was interviewed on 3/31/16 at 8:07 AM. Client F indicated she had moved to the home on 3/22/16. Client F indicated she utilized a wheelchair for mobility. Client F indicated she needed assistance from staff to get out of her bed</p>			

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	<p>and to transfer in and out of her wheelchair. Client F indicated she had wanted to get up from bed at 7:00 AM. Client F indicated there were days she would like to be up at 5:30 AM when her roommate gets up.</p> <p>Staff #1 was interviewed on 3/31/16 at 8:30 AM. Staff #1 indicated she was scheduled to work from 12:00 AM through 8:00 AM. Staff #1 indicated she was the only staff scheduled to work in the home until 8:00 AM. Staff #1 indicated a second staff comes in at 8:00 AM to assist with the morning routine and transport clients B, C, D and E to their day services. Staff #1 indicated client F had not started attending day services and was admitted to the home on 3/22/16. Staff #1 stated, "We are usually late in getting [clients B, C, D and E] out the door in the morning. They usually leave between 8:30 AM and 9:00 AM or after. [Clients C, D and E] go to [day services] in [city]." Staff #1 stated, "[Clients B, C, D, E and F] can't start breakfast until I'm done with passing meds. They aren't supposed to be in the kitchen without supervision." Staff #1 indicated client B had a history of eating non-food items and frozen meats. Staff #1 indicated client B should be supervised in the home's kitchen area. Staff #1 stated, "I can't really monitor the</p>			

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	<p>kitchen while I'm in the medication room passing meds." Staff #1 stated, "[Client F] is usually awake when I go into her room to get [client E] up at 5:30 AM. [Client F] will ask if she can get up at 5:30 AM. We usually let her stay in bed until after 7:00 AM." Staff #1 stated, "[Client F] would probably like to get up and eat with the ladies. She is social and likes to talk but we don't get her up until later."</p> <p>RM (Residential Manager) #1 was interviewed on 3/31/16 at 8:45 AM. RM #1 indicated there was one staff scheduled in the group home from 12:00 AM through 8:00 AM. RM #1 stated, "I usually try to get here before 8:00 AM to help out because there's not anyone scheduled and they have trouble getting out on time." RM #1 indicated client F should be assisted out of her bed and participate in the home's family style meal. RM #1 stated, "They usually get to their day programs late. By the time they get to [city] its usually closer to 10 AM or 11 AM and they usually leave at 1:00 PM." RM #1 stated, "Yes, there have been times, a few months ago, that the ladies couldn't go to day services because there wasn't enough staff to take them. We were short staffed. Yes, there were days they missed going to day services and some outings." RM #1</p>			

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	<p>indicated the group home and the day services provider were located in different time zones. The day program was one hour behind the group home's time.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 4/1/16 at 12:20 PM. QIDP #1 stated, "I just started at this home as the QIDP. It's been a couple of weeks." QIDP #1 indicated the group home should have enough staff working the home to ensure client needs are met and to ensure clients are punctual in attendance at their day services.</p> <p>Day Services QIDP #1 was interviewed on 4/4/16 at 11:09 AM. Day Services QIDP #1 indicated clients C, D and E attended the day services location. Day Services QIDP #1 indicated clients C, D and E arrived at the day services on a daily basis at 9:00 AM or after. Day Services QIDP #1 indicated the group home and the day services provider are in different time zones. QIDP #1 indicated clients C, D and E should arrive for their day services programs and work at 7:00 AM.</p> <p>Confidential Interview A indicated, "There are not enough staff at the facility to meet the needs of the consumers.</p>			

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	<p>There is only one staff person in the facility who works 16 to 24 hours without relief. Because of this shortage of staff, clients are unable to attend work or day programs 2 or 3 times a week."</p> <p>Client G's Guardian was interviewed on 4/4/16 at 8:47 AM. Client G's Guardian stated, "I would do drop in visits and there were many times they only had one staff working in the home." Client G's Guardian stated, "I dropped in once and there was a client [physical description of client A], sitting on the couch and had soiled herself. The staff working wasn't able to lift the client up from the couch to get her changed. I ended up helping the staff get [physical description of client A] up from the couch to get her changed. I know they were short staffed but they had people working there that used canes and couldn't walk. They had two different ladies in wheelchairs at that time. I don't know how they could expect someone walking with a cane to be able to transfer someone from a wheelchair or load them into a van."</p> <p>-BDDS report dated 2/4/16 indicated, "The [group home] has insufficient staffing. The home routinely has one staff member working with six residents."</p> <p>-BDDS report dated 2/12/16 indicated,</p>			

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	<p>"[BDDS Generalist #1] visited the [group home] on 2/11/16. During the visit, it was discovered that a staff member, [staff #3], had worked a 24 hour shift from 2/10/16 to 2/11/16. The residents were unable to attend day services due to insufficient staffing on 2/11/16. Only one staff has been working in the home with five residents. Plan to resolve: ResCare needs to ensure the home is sufficiently staffed to ensure that each resident is receiving appropriate active treatment."</p> <p>BDDS Generalist #1 was interviewed on 3/31/16 at 4:05 PM. BDDS Generalist #1 indicated the group home did not have sufficient staff working in the home to implement active treatment. BDDS Generalist #1 indicated clients B, C, D, E, F and G attended day services a total of 7 times in the month of February due to not having enough staff.</p> <p>-Client B's record was reviewed on 3/31/16 at 11:20 AM. Client B's BSP (Behavior Support Plan) dated 5/9/15 indicated, "[Client B] will have a rights restriction in place to prevent her from having in her possession items that are small enough, could break and be small enough, or have pieces that my be removed and small enough that she could swallow them. Staff will monitor her and make sure that she is not engaging in</p>			

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	<p>swallowing non-food items throughout the day." Client B's History of PICA (eating disorder) form dated 8/4/15 indicated, "Staff will monitor for attempts to consumer non-edible items." Client B's Active Treatment Schedule form, undated, indicated Monday through Friday from the hours of 8:00 AM through 4:00 PM client B should be in vocational programming.</p> <p>-Client C's record was reviewed on 3/31/16 at 11:30 AM. Client C's Active Treatment Schedule, undated, indicated Monday through Friday from the hours of 8:00 AM through 4:00 PM client C should be in vocational programming.</p> <p>-Client D's record was reviewed on 3/31/16 at 11:45 AM. Client D's Active Treatment Schedule, undated, indicated Monday through Friday from the hours of 8:00 AM through 4:00 PM, client D should be in vocational programming.</p> <p>-Client E's record was reviewed on 3/31/16 at 11:50 AM. Client E's Active Treatment Schedule, undated, indicated Monday through Friday from the hours of 8:00 AM through 4:00 PM, client E should be in vocational programming.</p> <p>-Client G's record was reviewed on 3/31/16 at 11:55 AM. Client G's ISP</p>			

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	<p>(Individual Support Plan) Quarterly Review form dated 12/30/15 indicated, "[Client G's guardians] expressed grievances with her residential provider, including... lack of staffing and lack of punctuality." Client G's Discharge Summary dated 2/26/16 indicated client G was discharged from the home on 2/26/16.</p> <p>The review indicated the facility failed to develop and implement effective corrective measures to ensure the group home was adequately staffed to meet clients B, C, D, E and F's needs. The review did not indicate documentation of an Investigation summary/report regarding the 1/17/16 allegation.</p> <p>3. BDDS report dated 10/12/15 indicated, "Staff was assisting [client A] to the bathroom when she jerked away and fell to her knees. Staff helped her up and checked her over. The nurse was notified and no apparent injuries were found. Staff was instructed to continue to monitor [client A]. About an hour after the incident [client A] began to complain of pain around her knee. The nurse was contacted again and instructed staff to take [client A] to the ER (Emergency Room) to be evaluated. Upon arriving to the ER [client A] was assessed by the</p>			

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	<p>on-duty physician. [Medical Tests] were taken and [client A] was diagnosed with a contusion to her left knee. Staff was instructed to have her wear an ace wrap as needed and take Acetaminophen (pain relief) for the pain. [Client A] was brought back to the home where she was monitored closely by staff throughout the night. In the morning (10/13/15) residential staff was contacted by the ER staff asking to bring [client A] back to the ER because a break was found. [Client A] was transported back to the hospital by ambulance. Upon arriving to the ER [client A] was examined by the on-duty physician. After review of x-rays it was determined that [client A] suffered a fracture in the left knee lateral tibial plateau (shinbone/joint with knee). [Client A] was instructed to wear an immobilizer and follow up with [physician] for further instruction on 10/13/15. Staff will continue to monitor [client A] closely and report any concerns to nursing immediately. An investigation has been initiated into the incident."</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 4/7/16 at 1:55 PM. LPN #1 stated, "[Client A] had a follow up appointment with her Orthopedic doctor a few days after the ER told us she had a fractured knee (10/13/15). Ortho told us there was not a fracture."</p>			

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	<p>The review did not indicate documentation of an investigation regarding client A's 10/13/15 alleged fractured knee. The review did not indicate documentation of the development and implementation of corrective measures to prevent further falls.</p> <p>-BDDS report dated 1/16/16 indicated, "Staff had noticed swelling in [client A's] ankles/feet. The nurse was notified of the information and instructed staff to have her taken to the ER to be evaluated. While getting into the van to go to the ER [client A's] foot slipped off the runner and she scraped her left shin. The nurse was notified and stated to have that checked at the ER as well. Upon arriving at the ER [client A] was evaluated by the on duty physician. Basic first aid was applied on her shin and it was bandaged. The doctor stated not to remove the bandage until the wound begins to scab due to [client A's] fragile skin type."</p> <p>Client A's record was reviewed on 3/31/16 at 10:00 AM. Client A's Fall Injury Nursing Care Plan dated 9/21/15 indicated, "Staff will assist [client A] with ambulation as needed to ensure safety." Client A's Potential for injury regarding falls document dated 9/21/15</p>			

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	<p>indicated, "The nurse will review the risk plan at least quarterly and revised (sic) as needed." The review did not indicate documentation of review or revision to client A's Potential For Injury regarding falls document since 9/21/15. Client A's Doctor's Orders and Progress Notes dated 10/6/14 indicated client A had a physical therapy evaluation regarding her mobility needs and resulted in no recommendations. The review indicated client A's mobility needs/physical therapy needs had not been re-assessed since the 10/6/14 evaluation.</p> <p>4. BDDS report dated 2/5/16 indicated, "[Client A] has a bowel movement on herself. Staff assisted [client A] to the shower to get cleaned up. [Client A] then vomited. Staff took [client A's] temperature which was 101.7 and contacted the nurse. The nurse advised to administer 2 Tylenol (fever) and transport the (sic) ER for evaluation." The 2/5/16 BDDS report indicated, "Upon arrival to the ER, sepsis work ups were completed and it was determined that [client A] would be admitted in the ICU (Intensive Care Unit). [Client A] was diagnosed with aspiration, pneumonia, sepsis and hypertension."</p> <p>-Follow up BDDS report dated 2/17/16 indicated, "[Client A] remains in the</p>			

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	<p>nursing facility and is in droplet isolation with a diagnosis of sepsis and pneumonia."</p> <p>-BDDS report dated 2/17/16 indicated, "[Client A] was admitted to [hospital] on 2/4/16. The team remained in contact with the [hospital] and on 2/11/16 the [RM #1] called to get a status update on [client A] and was informed that [client A] had been moved to the [nursing home] in [town] on 2/9/16. [Client A] was in droplet isolation with diagnosis of sepsis and pneumonia."</p> <p>Client A's record was reviewed on 3/31/16 at 10:00 AM. Client A's Dining Plan dated 2/10/15 indicated client A should be on a Pureed diet.</p> <p>Client A's Discharge Summary form dated 2/6/16 indicated, "[Client A] requires a pureed diet with thin liquids and must have supervision during family style dining at all times to prompt her to eat slow and take small bites."</p> <p>Client A's History of Pneumonia/URI (Upper Respiratory Infection) plan dated 9/21/15 indicated, "Staff will monitor [client A] for signs and symptoms of pneumonia, i.e. fever, congestion, breathing difficulty, coughing, watering of the eyes, refusing meals, etc."</p>			

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	<p>RM (Residential Manager) #1 was interviewed on 3/31/16 at 8:45 AM. RM #1 indicated client A was on a pureed diet order and was supervised during meals to prevent choking, or aspiration.</p> <p>The review did not indicate documentation of an investigation to determine if facility staff implemented client A's Dining Plan or History of Pneumonia/URI plan to prevent client A's aspiration pneumonia.</p> <p>5. BDDS report dated 10/29/15 indicated, "Clients were all asleep and staff was in the office completing paperwork. [Client B] came into the office and reported to staff that her stomach hurt and that she had eaten raw chicken earlier in the week. She also claimed she had hidden raw chicken in her body cavities in order to sneak it to her room and eat it. Staff called the nurse to inform her of the incident and took client to the ER to be evaluated."</p> <p>-Follow up BDDS report dated 11/3/15 indicated, "A few days after her ER visit, the hospital called to report that [client B] had bacteria in her stool and she was started on a daily probiotic. [Client B] had a follow up with her physician on 11/2/15 where he noted that the issue was</p>			

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	<p>resolved. He ordered more probiotics to be taken daily for 14 days and to only return if symptoms worsen."</p> <p>-Follow up BDDS report dated 11/9/15 indicated, "Yes, [client B] did ingest raw chicken. Risk plans and behavior tracking are in place for these behaviors and conditions. They have been updated. [Client B] is doing well, there are no further concerns at this time. Staff have been trained on updates due to recent behavior."</p> <p>Client B's record was reviewed on 3/31/16 at 11:20 AM. Client B's History of PICA (eating disorder) document dated 8/4/15 indicated, "Staff will monitor for attempts to consume non-edible items. The nurse will review the risk plan at least quarterly and revised (sic) as needed." The review did not indicate documentation of review/revision since 8/4/15.</p> <p>Client B's BSP (Behavior Support Plan) dated 5/9/15 indicated, "Behaviors to be tracked: Swallowing non-food items: any time [client B] places a non-food item in her mouth, threatens to swallow non-food items, breaks things in order to swallow them; Stealing food: anytime [client B] steals food, hides foods (and) eats uncooked food in her room." Client B's</p>			

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	<p>BSP dated 5/9/15 indicated, "[Client B] will have a rights restriction in place to prevent her from having in her possession items that are small enough, could break and be small enough, or have pieces that may be removed and small enough that she could swallow them. Staff will monitor her and make sure that she is not engaging in swallowing non-food items throughout the day."</p> <p>The review did not indicate documentation of review/revision of client B's 5/9/15 BSP to address client B's ongoing incidents of PICA.</p> <p>Client B's Doctors Orders and Progress Notes form dated 11/11/14 indicated, "X-ray to see if magnetic pen is in same location." The 11/11/14 form indicated client B had ingested a magnetic pen.</p> <p>Client B's Digestive Care Center documents dated 12/9/14 indicated, "The swallowed foreign body was absent on your most recent x-ray, indicating its passage." The 12/9/14 form indicated client B's 11/11/14 magnetic pen had passed.</p> <p>Client B's Doctors Orders and Progress Notes form dated 1/8/15 indicated, "Follow up from swallowing a pen." The review indicated the 1/8/15 incident was a separate/additional incident to the</p>			

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	<p>11/11/14 incident.</p> <p>Client B's Clinical Report form dated 8/15/15 indicated, "Chief complaint: swallowed foreign body." The 8/15/15 form indicated, "This started last night (8/14/15) at 11:00 PM. [Client B] is a [age] female who presents at emergency department with complaint of swallowing a hair clip."</p> <p>Client B's Doctors Order and Progress notes form dated 9/11/15 indicated, "Follow up from ER, swallowing hair clip."</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 4/4/16 at 11:36 AM. LPN #1 indicated she was the Director of Health Services for the group home. LPN #1 stated, "[Client B] doesn't carry an actual PICA diagnosis. I've been at the home since 2010 and she has never had the official diagnosis." LPN #1 stated, "[Client B] doesn't have a PICA high risk plan because she doesn't have the diagnosis. Without the diagnosis it's a behavioral issue and should be addressed in her BSP."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 4/1/16 at 12:20 PM. QIDP #1 indicated client B's 5/9/15 BSP did not identify</p>			

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	<p>PICA as a targeted behavior. QIDP #1 indicated client B's 5/9/15 BSP included the tracking of incidents of client B's PICA. QIDP #1 indicated client B's 5/9/15 BSP should be reviewed in regard to her PICA behaviors.</p> <p>The review indicated the facility failed to prevent client B's PICA behaviors, failed to conduct an investigation regarding an incident of PICA and failed to develop and implement corrective measures to prevent further incidents of PICA behavior.</p> <p>6. BDDS report dated 12/22/15 indicated, "It was reported by [staff #3] that [client A] was missing money from her account. [QAC (Quality Assurance Coordinator) #1] went to the site to audit all funds and discovered [client C] was missing \$90.00 and [client A] was missing \$1,090.00."</p> <p>-Investigative Summary form dated 12/28/15 indicated the following:</p> <p>Summary of Interviews:</p> <p>-"[Staff #3], support associate, 12/21/15- States that she reported the incident of missing money the day she discovered it (12/18/15). Talked to [RM (Resident Manager) #2] who stated she would pass along the information. She checked on</p>			

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	<p>Monday (12/21/15) and nobody had been informed of the incident. States that the checks totaling \$900.00 were cashed on Tuesday (12/15/15) that week and on Thursday (12/17/15) she reviewed finances while getting money for other consumers. The envelope with [clients A and C's] \$900.00 was still there, on Friday morning (12/18/15) it was not. States that all staff in the home have access to the finances. [RM #2] typically puts the first two numbers in the safe so staff in the home only have to know and enter the last number to open the safe. The staff working in between Thursday and Friday when the money went missing was (sic) [RM #1] and [staff #4]. [RM #2] did come in that night but as RM she does not clock in to the site. Reports she has not seen [RM #2] in weeks and she does not respond to phone calls."</p> <p>-"[Staff #4], Support Associate, 12/23/15, [RM #2] was at the home with her in the office on 12/17/15 and that was the last time she had seen her. Reports that she has not seen [RM #2] very much since starting."</p> <p>-"[RM #1], Support Associate (at time of interview), 12/23/15 Reports that she has seen [RM #2] very seldom in the past few weeks."</p>				

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	<p>-"[Client B], 12/21/15, Reports that she had not seen [RM #2] in a while, until 12/17/15."</p> <p>-"[Client E], 12/21/15, Reports that she has not seen [RM #2] in a few weeks."</p> <p>-"[Client D], 12/21/15, Reports that last time she saw [RM #2] was one day last week after work. States that she calls [RM #2] sometimes when she in on leave to talk to her about issues and [RM #2] does not answer her phone ever."</p> <p>-"[RM #2], 1/13/16, States all staff except [overnight staff #1] know the safe code. Did not know that the safe was being left on the last number to open the safe until recently. Does not know who did it, didn't ask, recently found out (sic). States she does not recall [client B] ever getting \$300.00 and definitely not anyone reporting it missing. Reports that there was a time in the beginning of the month after the turnover where she looked at one client's book and it was off completely and she wanted to talk to all staff before reporting missing money because they are bad at writing up receipts. She states she has in serviced on this many times. Cannot explain why the two audits for [client C] with her name states less amounts with no transactions in between. Cannot remember why.</p>			

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	<p>Reports that sometimes clients return from [day services] and she will come in to work with money taped to her desk and she won't know whose it is or where it came from. She states that she has questioned [day services] driver about this but did not receive an answer."</p> <p>Factual Findings:</p> <p>-"All staff except for one admit to knowing the safe code. The money was last accounted for on 12/17/15 in the morning before work and was missing 12/18/15 in the morning before work. Staff in the home in that time frame were [RM #1], [staff #4] and [RM #2]. Staff that last saw the money was [staff #4] and staff that reported the money missing was [staff #3]. Text messages on [staff #3's] phone show the incident was reported to [RM #2] on 12/18/15 and she failed to report it. [RM #2] states she was not aware that the money was missing and she did not follow up because she had family issues going on at the time. The last time any staff had seen or heard from [RM #2] was 12/17/15 at the site and 12/18/15 when she responded to [staff #3's] text. Multiple staff and clients report she was in the office by herself with the door locked on 12/17/15 when she was there. [RM #2] claims she was never in the office alone, she did not have</p>			

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	<p>the door locked and she did not count controlled medications that day. [RM #2] was questioned about her name being on the audit multiple days in a row where finances are short and no transactions are shown in between. [RM #2] states she does not know why this is the case, she does not remember writing it. She would have reported if she found missing money. She cannot explain why she did not."</p> <p>The review did not indicate documentation of an interview with the home's QIDP or other administrative staff regarding oversight of financial audits and allegations of RM #2 routinely not reporting to work, not responding to staff and client phone calls/texts or address RM #2's failure to report missing client finances. The review did not indicate documentation of reconciliation or clarification regarding RM #2's statements regarding client B missing \$300.00.</p> <p>-Client B's financial record was reviewed on 3/31/16 at 9:00 AM. Client B's March Monthly Finance Ledger dated 3/2016 indicated client B's personal in house finances should total \$99.45. Client B's actual cash total was \$99.52.</p> <p>-Client C's financial record was reviewed</p>			

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	<p>on 3/31/16 at 9:10 AM. Client C's March Monthly Financial Ledger dated 3/2016 indicated client C's personal in house finances should total \$92.37. Client C's actual cash total was \$73.27.</p> <p>-Client D's financial record was reviewed on 3/31/16 at 9:15 AM. Client D's March Monthly Financial Ledger dated 3/2016 indicated client D's personal in house finances should total \$43.26. Client D's actual cash total was \$44.26.</p> <p>-Client E's financial record was reviewed on 3/31/16 at 9:20 AM. Client E's March Monthly Financial Ledger dated 3/2016 indicated client E's personal in house finances should total \$75.86. Client E's actual cash total was \$72.45.</p> <p>The review did not indicate documentation of the development or implementation of corrective measures to address the home's accounting of clients' personal funds.</p> <p>QIDP #1 was interviewed on 3/31/16 at 9:25 AM. QIDP #1 indicated clients B, C and E should not have more than \$50.00 in house money. QIDP #1 indicated clients B, C, D and E's personal finances should be accounted for.</p> <p>QAM (Quality Assurance Manager) #1</p>			

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	<p>was interviewed 4/1/16 at 9:19 AM. QAM #1 indicated RM #2's supervisor at the time of the 12/22/15 allegations was QIDP #2 and QAM #2 would have been a CS (Clinical Supervisor) over RM #2 during time period. QAM #1 indicated the 12/28/15 investigation did not include documentation of an interview with QIDP #2 to determine if she was providing oversight regarding RM #2 and the group home's finances. QAM #1 indicated QAM #2 was on a medical leave of absence from the agency. QAM #1 indicated QAM #2 completed the 12/28/15 investigation. QAM #1 indicated the 12/28/15 investigation did not reconcile or clarify RM #2's statements regarding client B missing \$300.00. QAM #1 indicated the 12/28/15 investigation did not include documentation of reconciliation, clarification or corrective measures to address RM #2's alleged monthly finance audit inconsistencies.</p> <p>QIDP #1 was interviewed on 3/31/16 at 12:20 PM. QIDP #1 indicated the facility's abuse and neglect policy should be implemented, all allegations of abuse, neglect, mistreatment and exploitation should be thoroughly investigated and corrective measures to prevent recurrence of abuse, neglect, mistreatment and exploitation should be developed and</p>			

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	<p>implemented.</p> <p>The facility's policy and procedures were reviewed on 4/7/16 at 3:30 PM. The facility's Abuse, Neglect, Exploitation Policy dated June 2010 indicated the following:</p> <p>- "Community Alternatives South East (CASE) staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect and/or exploitation shall be reported and thoroughly investigated."</p> <p>- "The Clinical Supervisor will report he suspected abuse, neglect and/or exploitation within 24 hours to the appropriate contacts, which may include... BDDS."</p> <p>- "The Clinical Supervisor will assign an investigative team and a thorough investigation will be completed within 5 business days of the report of the incident."</p> <p>- "A. Abuse- Physical Definition: 1. The act or failure to act, that results or could result in physical injury to an individual."</p> <p>- "E. Abuse- Exploitation Definition: 1. An act that deprives an individual of real or personal property by fraudulent or</p>			

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	<p>illegal means."</p> <p>- "E. Neglect- Emotional/Physical: 1. Failure to provide goods and/or services necessary for the individual to avoid physical harm; 2. Failure to provide the support necessary to an individuals psychological and social well being; 3. Failure to meet the basic need requirements such as food , shelter, clotting and to provide a safe environment. Examples... 3. Individual receiving services fell when transferring self because there was not adequate supervision."</p> <p>- "F. Neglect- Program Implementation/Intervention Definition: 1. Failure to provide goods and/or services necessary for the individual to avoid physical harm; 2. Intentional failure to implement a support plan...."</p> <p>- "Prepare investigation report: Convey the results of the investigation to understand what happened (description and chronology); Why it happened (causal factors); What can be done to prevent a recurrence; Make recommendations."</p> <p>This federal tag relates to complaints #IN00193699, #IN00193055 and #IN00192910.</p>			

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W 0154 Bldg. 00	<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. Based on record review and interview for 6 of 9 allegations of abuse, neglect, mistreatment and exploitation reviewed, the facility failed to complete thorough investigations of allegations of neglect regarding clients A, B, C, D, E, and G, financial exploitation regarding clients A, B, C and G, an alleged fractured knee and aspiration pneumonia regarding client A and a pattern of incidents of PICA regarding client B.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IIRs (Internal Incident Reports) and Investigations were reviewed on 3/31/16 at 9:00 AM. The BDDS, IIRs and Investigations reviewed dated from 3/30/16 through 9/30/15 (6 months). The review indicated the following:</p>	W 0154	<p>W154: The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Corrective Action: (Specific): All staff at the home will be in-serviced on the operation standard for management of client finances, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights and following physician orders and nursing recommendations as written. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy procedure, the completion of thorough investigations, which includes investigating fractures, aspiration pneumonia and allegations of missing client finances, reporting the findings of investigations to the administrator within 5 business days and including recommendations for all investigations. The Residential Manager will be in-serviced on ensuring that staffing ratios are consistent with the scheduled hours for the home and that all individuals attend workshop timely. An audit of finances for the last 6 months for client's A, B, C, D, E, F and G will be</p>	05/08/2016

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	<p>1. BDDS report dated 10/19/15 indicated, "On 10/19/15, [BDDS Generalist #1] spoke to [Guardians #1 and #2], the guardians for [client G], regarding ResCare. The guardians stated that they have requested some financial records for [client G] to monitor her spending. Based on the documentation they have received, their (sic) have been multiple transactions that cannot be accounted for. The guardians have requested additional information from ResCare but have not received documentation or an explanation for the missing money from [client G's] account."</p> <p>-Follow up BDDS report dated 10/21/15 indicated, "ResCare has reviewed RFMS (Resident Fund Management Statements) and all money has been accounted for. ResCare has also been in contact with guardians over (the) past few weeks and provided them with requested documentation."</p> <p>-The review did not indicate documentation of an Investigation summary/report regarding the 10/19/15 allegation.</p> <p>Client G's record was reviewed on 3/31/16 at 11:55 AM. Client G's ISP (Individual Support Plan) Quarterly Review form dated 12/30/15 indicated,</p>		<p>completed and any expenditure that does not have an accompanying receipt will be reimbursed. A summary breakdown, RFMS statements and statements from workshop earnings were sent to Client G's guardian on 10/8/15 which went back to 1/1/15. Another breakdown will be completed and sent to the guardian from 10/8/15 to her discharge date and the guardians will be contacted to schedule a call to discuss if they wish. Client B's BSP will be reviewed and revised to include the diagnosis of PICA along with preventative and reactive strategies along with goals to decrease the PICA behavior and all other clients BSP's in the home will be reviewed and any changes needed will be made and all staff will be in-serviced on any changes. The home nurse will be in-serviced on developing risk plans for each individual's diagnosis that require medical oversight, evaluation and follow up and evaluation of those plans at least quarterly and revisions to plans as need arise. A risk plan for client B's diagnosis of PICA and all staff will be trained on that plan. The schedule for the home has been revised to ensure that there is two staff in the home for the morning routine.</p> <p>How others will be identified: (Systemic): The Residential Manager will be in the home at least five times weekly to complete an audit of all client finances and document those audits on the finance ledger, ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients are receiving active treatment according to their plans. The QIDP will be in the home at least twice weekly to complete an audit of all client finances and</p>	

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	<p>"[Client G's guardians] expressed grievances with her residential provider, including lack of timely medical care, physical aggression against [client G] by one of her housemates, poor communication, lack of staffing and lack of punctuality. [Client G's guardians] also stated that they had concerns about the handling of her finances."</p> <p>The review did not indicate documentation of an investigation regarding client G's Guardians 12/30/15 allegations.</p> <p>Client G's Guardian was interviewed on 4/4/16 at 8:47 AM. Client G's Guardian stated, "The money issues were never really resolved and were ongoing. We didn't feel like we were provided with a full accounting of [client G's] money. There would be purchases that seemed to be duplicates or like expenses from housemates being mixed with [client G's] funds. Like once she had a receipt from a grocery store for a \$30.00 razor. Then the next week she had another expense for another \$30.00 razor. That's just an example, it seemed like the staff weren't tracking the receipts and purchases were mixed." Client G's Guardian stated, "They would do spend downs and we would never be aware. There was an \$800.00 spend down and we weren't</p>		<p>document those audits on the finance ledger, ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients attend day service as scheduled. The Program Manager will be in the home at least weekly to complete an audit of all client finances and document those audits on the finance ledger and ensure that staffing ratios in the home are consistent with the scheduled hours. The home nurse will be in the home at least twice weekly for 30 days then weekly thereafter to review documentation on all clients MAR's to ensure everything is documented accordingly. The QIDP and the Nurse will review all clients' program plans at least quarterly with the team and make any necessary changes as indicated. The Program Manager will meet with QA at least weekly to review al incident reports for the home and ensure that investigations are initiated per policy, and that the results and recommendations are reported to administrator within 5 business days.</p> <p>Measures to be put in place: All staff at the home will be in-serviced on the operation standard for management of client finances, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights and following physician orders and nursing recommendations as written. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy procedure, the completion of thorough investigations, which includes investigating fractures, aspiration pneumonia and allegations of missing client finances, reporting the findings of investigations to the administrator within 5 business days and including recommendations for all investigations.</p>	

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	<p>aware of how she spent the money." Client G's Guardian stated, "[Client G] got her waiver and moved out at the end of February (2/26/16). ResCare ended up taking almost all of her money, they said it was care costs from November 2015 that she owed. [Client G] moved out into her new home and didn't have money to get started with because of how they did her finances."</p> <p>BDDS Generalist #1 was interviewed on 3/30/16 at 4:05 PM. BDDS Generalist indicated client G was billed by ResCare in March 2016 for November 2015. BDDS Generalist #1 indicated client G's guardians alleged they were not provided with client G's RFMS (Residential Fund Management Services) financial ledgers.</p> <p>2. BDDS report dated 1/19/16 indicated, "On 1/19/16, [BDDS Generalist #1] received a call from [guardian #1], the guardian for [client G] (who lived) in the [group home], regarding an incident that occurred on 1/17/16. [Guardian #1] had arrived at the [group home] at 12:00 PM on 1/17/16. [Guardian #1] stated there was only one staff member working at the home when she arrived. When she questioned this, she was informed another staff member had quit on 1/15/16 which caused the staffing issues in the home. [Guardian #1] also stated the staff</p>		<p>The Residential Manager will be in-serviced on ensuring that staffing ratios are consistent with the scheduled hours for the home and that all individuals attend workshop timely. An audit of finances for the last 6 months for client's A, B, C, D, E, F and G will be completed and any expenditure that does not have an accompanying receipt will be reimbursed. A summary breakdown, RFMS statements and statements from workshop earnings were sent to Client G's guardian on 10/8/15 which went back to 1/1/15. Another breakdown will be completed and sent to the guardian from 10/8/15 to her discharge date and the guardians will be contacted to schedule a call to discuss if they wish. Client B's BSP will be reviewed and revised to include the diagnosis of PICA along with preventative and reactive strategies along with goals to decrease the PICA behavior and all other clients BSP's in the home will be reviewed and any changes needed will be made and all staff will be in-serviced on any changes. The home nurse will be in-serviced on developing risk plans for each individual's diagnosis that require medical oversight, evaluation and follow up and evaluation of those plans at least quarterly and revisions to plans as need arise. A risk plan for client B's diagnosis of PICA and all staff will be trained on that plan. The schedule for the home has been revised to ensure that there is two staff in the home for the morning routine.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly to complete an audit of all client finances and document those audits on the finance ledger, ensure</p>				

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	<p>member was unable to provide adequate care due to the staff member being on a lift restriction of nothing heavier than fifty pounds."</p> <p>-Follow up BDDS report dated 1/20/16 indicated, "1. Was an investigation initiated? Yes, an investigation has been initiated. 2. What plans are in place to ensure the home is adequately staffed? Due to staff leaving without notice, [RM (Residential Manager) #1] and [QIDP (Qualified Intellectual Disabilities Professional) #1] have looked at the schedule and asked current staff to fill openings and will fill in any opening left over. This will be done weekly until staff is replaced. 3. Please update investigation results if allegations are substantiated or unsubstantiated."</p> <p>-Follow up BDDS report dated 1/24/16 indicated, "The allegation that the home was understaffed during the time of the incident can be substantiated. The allegation that staff was incapable of working in the home with her restriction was unsubstantiated. Staff does have a restriction on file with ResCare but the restriction can be met in the home."</p> <p>Client G's Guardian was interviewed on 4/4/16 at 8:47 AM. Client G's Guardian stated, "I would do drop in visits and</p>		<p>that staffing ratios in the home are consistent with the scheduled hours and that all clients are receiving active treatment according to their plans. . The QIDP will be in the home at least twice weekly to complete an audit of all client finances and document those audits on the finance ledger, ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients attend day service as scheduled. The Program Manager will be in the home at least weekly to complete an audit of all client finances and document those audits on the finance ledger and ensure that staffing ratios in the home are consistent with the scheduled hours. The home nurse will be in the home at least twice weekly for 30 days then weekly thereafter to review documentation on all clients MAR's to ensure everything is documented accordingly. The QIDP and the Nurse will review all clients' program plans at least quarterly with the team and make any necessary changes as indicated. The Program Manager will meet with QA at least weekly to review al incident reports for the home and ensure that investigations are initiated per policy, and that the results and recommendations are reported to administrator within 5 business days.</p> <p>Completion date: 05/08/2016</p>	

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	<p>there were many times they only had one staff working in the home." Client G's Guardian stated, "I dropped in once and there was a client [physical description of client A], sitting on the couch and had soiled herself. The staff working wasn't able to lift the client up from the couch to get her changed. I ended up helping the staff get [physical description of client A] up from the couch to get her changed. I know they were short staffed but they had people working there that used canes and couldn't walk. They had two different ladies in wheelchairs at that time. I don't know how they could expect someone walking with a cane to be able to transfer someone from a wheelchair or load them into a van."</p> <p>The review did not indicate documentation of an Investigation summary/report regarding the 1/17/16 allegation.</p> <p>3. BDDS report dated 10/12/15 indicated, "Staff was assisting [client A] to the bathroom when she jerked away and fell to her knees. Staff helped her up and checked her over. The nurse was notified and no apparent injuries were found. Staff was instructed to continue to monitor [client A]. About an hour after the incident [client A] began to complain of pain around her knee. The nurse was</p>			

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	<p>contacted again and instructed staff to take [client A] to the ER (Emergency Room) to be evaluated. Upon arriving to the ER [client A] was assessed by the on-duty physician. [Medical Tests] were taken and [client A] was diagnosed with a contusion to her left knee. Staff was instructed to have her wear an ace wrap as needed and take Acetaminophen (pain relief) for the pain. [Client A] was brought back to the home where she was monitored closely by staff throughout the night. In the morning residential staff was contacted by the ER staff asking to bring [client A] back to the ER because a break was found. [Client A] was transported back to the hospital by ambulance. Upon arriving to the ER [client A] was examined by the on-duty physician. After review of x-rays it was determined that [client A] suffered a fracture in the left knee lateral tibial plateau (shinbone/joint with knee). [Client A] was instructed to wear an immobilizer and follow up with [physician] for further instruction on 10/13/15. Staff will continue to monitor [client A] closely and report any concerns to nursing immediately. An investigation has been initiated into the incident."</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 4/7/16 at 1:55 PM. LPN #1 stated, "[Client A] had a follow up appointment with her Orthopedic doctor</p>			

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	<p>a few days after the ER told us she had a fractured knee (10/13/15). Ortho told us there was not a fracture."</p> <p>The review did not indicate documentation of an investigation regarding client A's 10/13/15 alleged fractured knee. The review did not indicate documentation of the development and implementation of corrective measures to prevent further falls.</p> <p>Client A's record was reviewed on 3/31/16 at 10:00 AM. Client A's Fall Injury Nursing Care Plan dated 9/21/15 indicated, "Staff will assist [client A] with ambulation as needed to ensure safety."</p> <p>4. BDDS report dated 2/5/16 indicated, "[Client A] has a bowel movement on herself. Staff assisted [client A] to the shower to get cleaned up. [Client A] then vomited. Staff took [client A's] temperature which was 101.7 and contacted the nurse. The nurse advised to administer 2 Tylenol (fever) and transport the (sic) ER for evaluation." The 2/5/16 BDDS report indicated, "Upon arrival to the ER, sepsis work ups were completed and it was determined that [client A] would be admitted in the ICU (Intensive Care Unit). [Client A] was diagnosed</p>			

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	<p>with aspiration, pneumonia, sepsis and hypertension."</p> <p>-Follow up BDDS report dated 2/17/16 indicated, "[Client A] remains in the nursing facility and is in droplet isolation with a diagnosis of sepsis and pneumonia."</p> <p>-BDDS report dated 2/17/16 indicated, "[Client A] was admitted to [hospital] on 2/4/16. The team remained in contact with the [hospital] and on 2/11/16 the [RM #1] called to get a status update on [client A] and was informed that [client A] had been moved to the [nursing home] in [town] on 2/9/16. [Client A] was in droplet isolation with diagnosis of sepsis and pneumonia."</p> <p>Client A's record was reviewed on 3/31/16 at 10:00 AM. Client A's Dining Plan dated 2/10/15 indicated client A should be on a Pureed diet.</p> <p>Client A's Discharge Summary form dated 2/6/16 indicated, "[Client A] requires a pureed diet with thin liquids and must have supervision during family style dining at all times to prompt her to eat slow and take small bites."</p> <p>Client A's History of Pneumonia/URI (Upper Respiratory Infection) plan dated</p>			

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	<p>9/21/15 indicated, "Staff will monitor [client A] for signs and symptoms of pneumonia, i.e. fever, congestion, breathing difficulty, coughing, watering of the eyes, refusing meals, etc."</p> <p>RM (Residential Manager) #1 was interviewed on 3/31/16 at 8:45 AM. RM #1 indicated client A was on a pureed diet order and was supervised during meals to prevent choking, or aspiration.</p> <p>The review did not indicate documentation of an investigation to determine if facility staff implemented client A's Dining Plan or History of Pneumonia/URI plan to prevent client A's aspiration pneumonia.</p> <p>5. BDDS report dated 10/29/15 indicated, "Clients were all asleep and staff was in the office completing paperwork. [Client B] came into the office and reported to staff that her stomach hurt and that she had eaten raw chicken earlier in the week. She also claimed she had hidden raw chicken in her body cavities in order to sneak it to her room and eat it. Staff called the nurse to inform her of the incident and took client to the ER to be evaluated."</p> <p>-Follow up BDDS report dated 11/3/15 indicated, "A few days after her ER visit,</p>			

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	<p>the hospital called to report that [client B] had bacteria in her stool and she was started on a daily probiotic. [Client B] had a follow up with her physician on 11/2/15 where he noted that the issue was resolved. He ordered more probiotics to be taken daily for 14 days and to only return if symptoms worsen."</p> <p>-Follow up BDDS report dated 11/9/15 indicated, "Yes, [client B] did ingest raw chicken. Risk plans and behavior tracking are in place for these behaviors and conditions. They have been updated. [Client B] is doing well, there are no further concerns at this time. Staff have been trained on updates due to recent behavior."</p> <p>Client B's record was reviewed on 3/31/16 at 11:20 AM. Client B's History of PICA (eating disorder) document dated 8/4/15 indicated, "Staff will monitor for attempts to consume non-edible items. The nurse will review the risk plan at least quarterly and revised (sic) as needed." The review did not indicate documentation of review/revision since 8/4/15.</p> <p>Client B's BSP (Behavior Support Plan) dated 5/9/15 indicated, "Behaviors to be tracked: Swallowing non-food items: any time [client B] places a non-food item in</p>			

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	<p>her mouth, threatens to swallow non-food items, breaks things in order to swallow them; Stealing food: anytime [client B] steals food, hides foods (and) eats uncooked food in her room." Client B's BSP dated 5/9/15 indicated, "[Client B] will have a rights restriction in place to prevent her from having in her possession items that are small enough, could break and be small enough, or have pieces that may be removed and small enough that she could swallow them. Staff will monitor her and make sure that she is not engaging in swallowing non-food items throughout the day."</p> <p>The review did not indicate documentation of review/revision of client B's 5/9/15 BSP to address client B's ongoing incidents of PICA.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 4/4/16 at 11:36 AM. LPN #1 indicated she was the Director of Health Services for the group home. LPN #1 stated, "[Client B] doesn't carry an actual PICA diagnosis. I've been at the home since 2010 and she has never had the official diagnosis." LPN #1 stated, "[Client B] doesn't have a PICA high risk plan because she doesn't have the diagnosis. Without the diagnosis it's a behavioral issue and should be addressed in her BSP."</p>			

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	<p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 4/1/16 at 12:20 PM. QIDP #1 indicated client B's 5/9/15 BSP did not identify PICA has a targeted behavior. QIDP #1 indicated client B's 5/9/15 BSP included the tracking of incidents of client B's PICA. QIDP #1 indicated client B's 5/9/15 BSP should be reviewed in regard to her PICA behaviors.</p> <p>The review did not indicate documentation of an investigation regarding client B's incident of PICA.</p> <p>6. BDDS report dated 12/22/15 indicated, "It was reported by [staff #3] that [client A] was missing money from her account. [QAC (Quality Assurance Coordinator) #1] went to the site to audit all funds and discovered [client C] was missing \$90.00 and [client A] was missing \$1,090.00."</p> <p>-Investigative Summary form dated 12/28/15 indicated the following:</p> <p>Summary of Interviews:</p> <p>-"[Staff #3], support associate, 12/21/15- States that she reported the incident of missing money the day she discovered it (12/18/15). Talked to [RM (Resident Manager) #2] who stated she would pass along the information. She checked on</p>			

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	<p>Monday (12/21/15) and nobody had been informed of the incident. States that her checks totaling \$900.00 were cashed on Tuesday (12/15/15) that week and on Thursday (12/17/15) she reviewed finances while getting money for other consumers. The envelope with [clients A and C's] \$900.00 was still there, on Friday morning (12/18/15) it was not. States that all staff in the home have access to the finances. [RM #2] typically puts the first two numbers in the safe so staff in the home only have to know and enter the last number to open the safe. The staff working in between Thursday and Friday when the money went missing was (sic) [RM #1] and [staff #4]. [RM #2] did come in that night but as RM she does not clock in to the site. Reports she has not seen [RM #2] in weeks and she does not respond to phone calls."</p> <p>-"[Staff #4], Support Associate, 12/23/15, [RM #2] was at the home with her in the office on 12/17/15 and that was the last time she had seen her. Reports that she has not seen [RM #2] very much since starting."</p> <p>-"[RM #1], Support Associate (at time of interview), 12/23/15 Reports that she has seen [RM #2] very seldom in the past few weeks."</p>			

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	<p>-"[Client B], 12/21/15, Reports that she had not seen [RM #2] in a while, until 12/17/15."</p> <p>-"[Client E], 12/21/15, Reports that she has not seen [RM #2] in a few weeks."</p> <p>-"[Client D], 12/21/15, Reports that last time she saw [RM #2] was one day last week after work. States that she calls [RM #2] sometimes when she in on leave to talk to her about issues and [RM #2] does not answer her phone ever."</p> <p>-"[RM #2], 1/13/16, States all staff except [client #6] (overnight staff) know the safe code. Did not know that the safe was being left on the last number to open the safe until recently. Does not know who did it, didn't ask, recently found out (sic). States she does not recall [client B] ever getting \$300.00 and definitely not anyone reporting it missing. Reports that there was a time in the beginning of the month after the turnover where she looked at one client's book and it was off completely and she wanted to talk to all staff before reporting missing money because they are bad at writing up receipts. She states she has in serviced on this many times. Cannot explain why the two audits for [client C] with her name state less amounts with no transactions in between. Cannot remember why. Reports</p>			

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	<p>that sometimes clients return from [day services] and she will come in to work with money taped to her desk and she won't know whose it is or where it came from. She states that she has questioned [day services] driver about this but did not receive an answer."</p> <p>Factual Findings:</p> <p>-"All staff except for one admit to knowing the safe code. The money was last accounted for on 12/17/15 in the morning before work and was missing 12/18/15 in the morning before work. Staff in the home in that time frame were [RM #1], [staff #4] and [RM #2]. Staff that last saw the money was [staff #4] and staff that reported the money missing was [staff #3]. Text messages on [staff #3's] phone show the incident was reported to [RM #2] on 12/18/15 and she failed to report it. [RM #2] states she was not aware that the money was missing and she did not follow up because she had family issues going on at the time. The last time any staff had seen or heard from [RM #2] was 12/17/15 at the site and 12/18/15 when she responded to [staff #3's] text. Multiple staff and clients report she was in the office by herself with the door locked on 12/17/15 when she was there. [RM #2] claims she was never in the office alone, she did not have</p>			

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	<p>the door locked and she did not count controlled medications that day. [RM #2] was questioned about her name being on the audit multiple days in a row where finances are short and no transactions are shown in between. [RM #2] states she does not know why this is the case, she does not remember writing it. She would have reported if she found missing money. She cannot explain why she did not."</p> <p>The review did not indicate documentation of an interview with the home's QIDP or other administrative staff regarding oversight of financial audits and allegations of RM #2 routinely not reporting to work, not responding to staff and client phone calls/texts or address RM #2's failure to report missing client finances. The review did not indicate documentation of reconciliation or clarification regarding RM #2's statements regarding client B missing \$300.00.</p> <p>QAM (Quality Assurance Manager) #1 was interviewed 4/1/16 at 9:19 AM. QAM #1 indicated RM #2's supervisor at the time of the 12/22/15 allegations was QIDP #2 and QAM #2 would have been a CS (Clinical Supervisor) over RM #2 during time period. QAM #1 indicated the 12/28/15 investigation did not include</p>			

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W 0157 Bldg. 00	<p>documentation of an interview with QIDP #2 to determine if she was providing oversight regarding RM #2 and the group home's finances. QAM #1 indicated QAM #2 was on a medical leave of absence from the agency. QAM #1 indicated QAM #2 completed the 12/28/15 investigation. QAM #1 indicated the 12/28/15 investigation did not reconcile or clarify RM #2's statements regarding client B missing \$300.00.</p> <p>QIDP #1 was interviewed on 3/31/16 at 12:20 PM. QIDP #1 indicated all allegations of abuse, neglect, mistreatment and exploitation should be thoroughly investigated.</p> <p>This federal tag relates to complaints #IN00193699, #IN00193055 and #IN00192910.</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 observation, record review and interview for 6 of 9 allegations of abuse,</p>	W 0157	<p>W157: If the alleged violation is verified, appropriate corrective action</p>	05/08/2016

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	<p>neglect, mistreatment and exploitation reviewed for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, F and G), the facility failed to develop and implement effective corrective actions to prevent recurrence of financial exploitation/theft regarding clients A, B, C, D, E, F and G's finances, to prevent falls regarding client A and to prevent recurrence of PICA incidents/behavior regarding client B.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IIRs (Internal Incident Reports) and Investigations were reviewed on 3/31/16 at 9:00 AM. The BDDS, IIRs and Investigations reviewed dated from 3/30/16 through 9/30/15 (6 months). The review indicated the following:</p> <p>1. BDDS report dated 10/19/15 indicated, "On 10/19/15, [BDDS Generalist #1] spoke to [Guardians #1 and #2], the guardians for [client G], regarding ResCare. The guardians stated that they have requested some financial records for [client G] to monitor her spending. Based on the documentation they have received, their (sic) have been multiple transactions that cannot be accounted for. The guardians have requested additional</p>		<p>must be taken.</p> <p>Corrective Action: (Specific): All staff at the home will be in-serviced on the operation standard for management of client finances, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights and following physician orders and nursing recommendations as written. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy procedure, the completion of thorough investigations, which includes investigating fractures, aspiration pneumonia and allegations of missing client finances, reporting the findings of investigations to the administrator within 5 business days and including recommendations for all investigations. The Residential Manager will be in-serviced on ensuring that staffing ratios are consistent with the scheduled hours for the home and that all individuals attend workshop timely. An audit of finances for the last 6 months for client's A, B, C, D, E, F and G will be completed and any expenditure that does not have an accompanying receipt will be reimbursed. A summary breakdown, RFMS statements and statements from workshop earnings were sent to Client G's guardian on 10/8/15 which went back to 1/1/15. Another breakdown will be completed and sent to the guardian from 10/8/15 to her discharge date and the guardians will be contacted to schedule a call to discuss if they wish. Client B's BSP will be reviewed and revised to include the diagnosis of PICA along with preventative and reactive strategies along with goals to decrease the PICA behavior and all other clients BSP's in the home will be reviewed and</p>				

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	<p>information from ResCare but have not received documentation or an explanation for the missing money from [client G's] account."</p> <p>-Follow up BDDS report dated 10/21/15 indicated, "ResCare has reviewed RFMS (Resident Fund Management Statements) and all money has been accounted for. ResCare has also been in contact with guardians over (the) past few weeks and provided them with requested documentation."</p> <p>Client G's record was reviewed on 3/31/16 at 11:55 AM. Client G's ISP (Individual Support Plan) Quarterly Review form dated 12/30/15 indicated, "[Client G's guardians] expressed grievances with her residential provider, including lack of timely medical care, physical aggression against [client G] by one of her housemates, poor communication, lack of staffing and lack of punctuality. [Client G's guardians] also stated that they had concerns about the handling of her finances."</p> <p>Client G's Guardian was interviewed on 4/4/16 at 8:47 AM. Client G's Guardian stated, "The money issues were never really resolved and were ongoing. We didn't feel like we were provided with a full accounting of [client G's] money."</p>		<p>any changes needed will be made and all staff will be in-serviced on any changes. The home nurse will be in-serviced on developing risk plans for each individual's diagnosis that require medical oversight, evaluation and follow up and evaluation of those plans at least quarterly and revisions to plans as need arise. A risk plan for client B's diagnosis of PICA and all staff will be trained on that plan. The schedule for the home has been revised to ensure that there is two staff in the home for the morning routine.</p> <p>How others will be identified: (Systemic): The Residential Manager will be in the home at least five times weekly to complete an audit of all client finances and document those audits on the finance ledger, ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients are receiving active treatment according to their plans. . The QIDP will be in the home at least twice weekly to complete an audit of all client finances and document those audits on the finance ledger, ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients attend day service as scheduled. The Program Manager will be in the home at least weekly to complete an audit of all client finances and document those audits on the finance ledger and ensure that staffing ratios in the home are consistent with the scheduled hours. The home nurse will be in the home at least twice weekly for 30 days then weekly thereafter to review documentation on all clients MAR's to ensure everything is documented accordingly. The QIDP and the Nurse will review all clients'</p>	

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	<p>There would be purchases that seemed to be duplicates or like expenses from housemates being mixed with [client G's] funds. Like once she had a receipt from a grocery store for a \$30.00 razor. Then the next week she had another expense for another \$30.00 razor. That's just an example, it seemed like the staff weren't tracking the receipts and purchases were mixed." Client G's Guardian stated, "They would do spend downs and we would never be aware. There was an \$800.00 spend down and we weren't aware of how she spent the money." Client G's Guardian stated, "[Client G] got her waiver and moved out at the end of February (2/26/16). ResCare ended up taking almost all of her money, they said it was care costs from November 2015 that she owed. [Client G] moved out into her new home and didn't have money to get started with because of how they did her finances."</p> <p>-BDDS report dated 12/22/15 indicated, "It was reported by [staff #3] that [client A] was missing money from her account. [QAC (Quality Assurance Coordinator) #1] went to the site to audit all funds and discovered [client C] was missing \$90.00 and [client A] was missing \$1,090.00."</p> <p>-Investigative Summary form dated 12/28/15 indicated the following:</p>		<p>program plans at least quarterly with the team and make any necessary changes as indicated. The Program Manager will meet with QA at least weekly to review al incident reports for the home and ensure that investigations are initiated per policy, and that the results and recommendations are reported to administrator within 5 business days.</p> <p>Measures to be put in place: All staff at the home will be in-serviced on the operation standard for management of client finances, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights and following physician orders and nursing recommendations as written. The Quality Assurance Manager will be in-serviced on the BDDS reporting policy procedure, the completion of thorough investigations, which includes investigating fractures, aspiration pneumonia and allegations of missing client finances, reporting the findings of investigations to the administrator within 5 business days and including recommendations for all investigations. The Residential Manager will be in-serviced on ensuring that staffing ratios are consistent with the scheduled hours for the home and that all individuals attend workshop timely. An audit of finances for the last 6 months for client's A, B, C, D, E, F and G will be completed and any expenditure that does not have an accompanying receipt will be reimbursed. A summary breakdown, RFMS statements and statements from workshop earnings were sent to Client G's guardian on 10/8/15 which went back to 1/1/15. Another breakdown will be completed and sent to the guardian from 10/8/15 to her discharge date and the guardians will be contacted to</p>	

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	<p>Summary of Interviews:</p> <p>-"[Staff #3], support associate, 12/21/15- States that she reported the incident of missing money the day she discovered it (12/18/15). Talked to [RM (Resident Manager) #2] who stated she would pass along the information. She checked on Monday (12/21/15) and nobody had been informed of the incident. States that her checks totaling \$900.00 were cashed on Tuesday (12/15/15) that week and on Thursday (12/17/15) she reviewed finances while getting money for other consumers. The envelope with [clients A and C's] \$900.00 was still there, on Friday morning (12/18/15) it was not. States that all staff in the home have access to the finances. [RM #2] typically puts the first two numbers in the safe so staff in the home only have to know and enter the last number to open the safe. The staff working in between Thursday and Friday when the money went missing was (sic) [RM #1] and [staff #4]. [RM #2] did come in that night but as RM she does not clock in to the site. Reports she has not seen [RM #2] in weeks and she does not respond to phone calls."</p> <p>-"[Staff #4], Support Associate, 12/23/15, [RM #2] was at the home with her in the office on 12/17/15 and that was the last</p>		<p>schedule a call to discuss if they wish. Client B's BSP will be reviewed and revised to include the diagnosis of PICA along with preventative and reactive strategies along with goals to decrease the PICA behavior and all other clients BSP's in the home will be reviewed and any changes needed will be made and all staff will be in-serviced on any changes. The home nurse will be in-serviced on developing risk plans for each individual's diagnosis that require medical oversight, evaluation and follow up and evaluation of those plans at least quarterly and revisions to plans as need arise. A risk plan for client B's diagnosis of PICA and all staff will be trained on that plan. The schedule for the home has been revised to ensure that there is two staff in the home for the morning routine.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly to complete an audit of all client finances and document those audits on the finance ledger, ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients are receiving active treatment according to their plans. The QIDP will be in the home at least twice weekly to complete an audit of all client finances and document those audits on the finance ledger, ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients attend day service as scheduled. The Program Manager will be in the home at least weekly to complete an audit of all client finances and document those audits on the finance ledger and ensure that staffing ratios in the home are consistent with the scheduled hours. The</p>				

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	<p>time she had seen her. Reports that she has not seen [RM #2] very much since starting."</p> <p>-"[RM #1], Support Associate (at time of interview), 12/23/15 Reports that she has seen [RM #2] very seldom in the past few weeks."</p> <p>-"[Client B], 12/21/15, Reports that she had not seen [RM #2] in a while, until 12/17/15."</p> <p>-"[Client E], 12/21/15, Reports that she has not seen [RM #2] in a few weeks."</p> <p>-"[Client D], 12/21/15, Reports that last time she saw [RM #2] was one day last week after work. States that she calls [RM #2] sometimes when she in on leave to talk to her about issues and [RM #2] does not answer her phone ever."</p> <p>-"[RM #2], 1/13/16, States all staff except [client #6] (overnight staff) know the safe code. Did not know that the safe was being left on the last number to open the safe until recently. Does not know who did it, didn't ask, recently found out (sic). States she does not recall [client B] ever getting \$300.00 and definitely not anyone reporting it missing. Reports that there was a time in the beginning of the month after the turnover where she</p>		<p>home nurse will be in the home at least twice weekly for 30 days then weekly thereafter to review documentation on all clients MAR's to ensure everything is documented accordingly. The QIDP and the Nurse will review all clients' program plans at least quarterly with the team and make any necessary changes as indicated. The Program Manager will meet with QA at least weekly to review al incident reports for the home and ensure that investigations are initiated per policy, and that the results and recommendations are reported to administrator within 5 business days.</p> <p>Completion date: 05/08/2016</p>	

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	<p>looked at one client's book and it was off completely and she wanted to talk to all staff before reporting missing money because they are bad at writing up receipts. She states she has in serviced on this many times. Cannot explain why the two audits for [client C] with her name state less amounts with no transactions in between. Cannot remember why. Reports that sometimes clients return from [day services] and she will come in to work with money taped to her desk and she won't know whose it is or where it came from. She states that she has questioned [day services] driver about this but did not receive an answer."</p> <p>Factual Findings:</p> <p>-"All staff except for one admit to knowing the safe code. The money was last accounted for on 12/17/15 in the morning before work and was missing 12/18/15 in the morning before work. Staff in the home in that time frame were [RM #1], [staff #4] and [RM #2]. Staff that last saw the money was [staff #4] and staff that reported the money missing was [staff #3]. Text messages on [staff #3's] phone show the incident was reported to [RM #2] on 12/18/15 and she failed to report it. [RM #2] states she was not aware that the money was missing and she did not follow up because she</p>			

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	<p>had family issues going on at the time. The last time any staff had seen or heard from [RM #2] was 12/17/15 at the site and 12/18/15 when she responded to [staff #3's] text. Multiple staff and clients report she was in the office by herself with the door locked on 12/17/15 when she was there. [RM #2] claims she was never in the office alone, she did not have the door locked and she did not count controlled medications that day. [RM #2] was questioned about her name being on the audit multiple days in a row where finances are short and no transactions are shown in between. [RM #2] states she does not know why this is the case, she does not remember writing it. She would have reported if she found missing money. She cannot explain why she did not."</p> <p>-Client B's financial record was reviewed on 3/31/16 at 9:00 AM. Client B's March Monthly Finance Ledger dated 3/2016 indicated client B's personal in house finances should total \$99.45. Client B's actual cash total was \$99.52.</p> <p>-Client C's financial record was reviewed on 3/31/16 at 9:10 AM. Client C's March Monthly Financial Ledger dated 3/2016 indicated client C's personal in house finances should total \$92.37. Client C's actual cash total was \$73.27.</p>			

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	<p>-Client D's financial record was reviewed on 3/31/16 at 9:15 AM. Client D's March Monthly Financial Ledger dated 3/2016 indicated client D's personal in house finances should total \$43.26. Client D's actual cash total was \$44.26.</p> <p>-Client E's financial record was reviewed on 3/31/16 at 9:20 AM. Client E's March Monthly Financial Ledger dated 3/2016 indicated client E's personal in house finances should total \$75.86. Client E's actual cash total was \$72.45.</p> <p>QIDP #1 was interviewed on 3/31/16 at 9:25 AM. QIDP #1 indicated clients B, C and E should not have more than \$50.00 in house money. QIDP #1 indicated clients B, C, D and E's personal finances should be accounted for.</p> <p>QAM (Quality Assurance Manager) #1 was interviewed 4/1/16 at 9:19 AM. QAM #1 indicated the 12/28/15 investigation did not include documentation of reconciliation, clarification or corrective measures to address RM #2's alleged monthly finance audit inconsistencies.</p> <p>BDDS Generalist #1 was interviewed on 3/30/16 at 4:05 PM. BDDS Generalist indicated client G was billed by ResCare</p>			

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	<p>in March 2016 for November 2015. BDDS Generalist #1 indicated client G's guardians alleged they were not provided with client G's RFMS (Residential Fund Management Services) financial ledgers.</p> <p>The review did not indicate documentation of the development or implementation of corrective measures to address the home's accounting of clients' personal funds.</p> <p>2. BDDS report dated 1/19/16 indicated, "On 1/19/16, [BDDS Generalist #1] received a call from [guardian #1], the guardian for [client G] (who lived) in the [group home], regarding an incident that occurred on 1/17/16. [Guardian #1] had arrived at the [group home] at 12:00 PM on 1/17/16. [Guardian #1] stated there was only one staff member working at the home when she arrived. When she questioned this, she was informed another staff member had quit on 1/15/16 which caused the staffing issues in the home. [Guardian #1] also stated the staff member was unable to provide adequate care due to the staff member being on a lift restriction of nothing heavier than fifty pounds."</p> <p>-Follow up BDDS report dated 1/20/16 indicated, "1. Was an investigation initiated? Yes, an investigation has been</p>			

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	<p>initiated. 2. What plans are in place to ensure the home is adequately staffed? Due to staff leaving without notice, [RM (Residential Manager) #1] and [QIDP (Qualified Intellectual Disabilities Professional) #1] have looked at the schedule and asked current staff to fill openings and will fill in any opening left over. This will be done weekly until staff is replaced. 3. Please update investigation results if allegations are substantiated or unsubstantiated."</p> <p>-Follow up BDDS report dated 1/24/16 indicated, "The allegation that the home was understaffed during the time of the incident can be substantiated. The allegation that staff was incapable of working in the home with her restriction was unsubstantiated. Staff does have a restriction on file with ResCare but the restriction can be met in the home."</p> <p>Observations were conducted at the group home on 3/31/16 from 7:00 AM through 9:30 AM. Staff #1 was the only staff on duty in the group home from 7:00 AM through 7:50 AM. During the 7:00 AM through 7:50 AM period of observation clients B, C, D, E and F were present in the home. Clients C and F utilized manual wheelchairs for mobility and required assistance from staff to transfer in and out of their wheelchairs.</p>			

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	<p>At 7:10 AM, client F was laying in her bed while clients B, C, D and E were in the home's kitchen area socializing while staff #1 was in the home's medication administration room completing the morning medication administration. At 7:10 AM, client F called out, "[Staff #1], I'm ready to get up now." Client F repeated requesting assistance from staff #1 to assist her to get out of her bed and transfer into her wheelchair. At 7:13 AM, client D went into client F's bedroom and asked her what she needed and told client F that she would let staff #1 know that she was ready to get up. Client D exited client F's bedroom and entered the medication administration room then returned to client F's bedroom and told her staff #1 would assist her when she was finished administering medications. Client F remained her bed while clients B, C, D and E socialized, received their morning medications, prepared and ate breakfast. At 7:45 AM, staff #2 arrived at the group home. Upon entering the group home, clients B, C, D and E greeted staff #2. Client F, stated, "[Staff #2]? I'm ready to get up. Can you come here?" Staff #2 and staff #1 were in the home's medication administration room. Client D entered client F's bedroom and told client F staff #2 was in the home and would come assist her. At 7:50 AM, staff #2 entered client F's bedroom and assisted</p>			

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	<p>client F to transfer from her bed to her wheelchair. Staff #2 assisted client F to dress and join her peers in the home's kitchen at 8:07 AM. Clients B, C, D and E had finished eating and were preparing to leave the home for their day services. At 8:45 AM, clients B, C, D and E left for their day services.</p> <p>Client F was interviewed on 3/31/16 at 8:07 AM. Client F indicated she had moved to the home on 3/22/16. Client F indicated she utilized a wheelchair for mobility. Client F indicated she needed assistance from staff to get out of her bed and to transfer in and out of her wheelchair. Client F indicated she had wanted to get up from bed at 7:00 AM. Client F indicated there were days she would like to be up at 5:30 AM when her roommate gets up.</p> <p>Staff #1 was interviewed on 3/31/16 at 8:30 AM. Staff #1 indicated she was scheduled to work from 12:00 AM through 8:00 AM. Staff #1 indicated she was the only staff scheduled to work in the home until 8:00 AM. Staff #1 indicated a second staff comes in at 8:00 AM to assist with the morning routine and transport clients B, C, D and E to their day services. Staff #1 indicated client F had not started attending day services and was admitted to the home on</p>			

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	<p>3/22/16. Staff #1 stated, "We are usually late in getting [clients B, C, D and E] out the door in the morning. They usually leave between 8:30 AM and 9:00 AM or after. [Clients C, D and E] go to [day services] in [city]." Staff #1 stated, "[Clients B, C, D, E and F] can't start breakfast until I'm done with passing meds. They aren't supposed to be in the kitchen without supervision." Staff #1 indicated client B had a history of eating non-food items and frozen meats. Staff #1 indicated client B should be supervised in the home's kitchen area. Staff #1 stated, "I can't really monitor the kitchen while I'm in the medication room passing meds." Staff #1 stated, "[Client F] is usually awake when I go into her room to get [client E] up at 5:30 AM. [Client F] will ask if she can get up at 5:30 AM. We usually let her stay in bed until after 7:00 AM." Staff #1 stated, "[Client F] would probably like to get up and eat with the ladies. She is social and likes to talk but we don't get her up until later."</p> <p>RM (Residential Manager) #1 was interviewed on 3/31/16 at 8:45 AM. RM #1 indicated there was one staff scheduled in the group home from 12:00 AM through 8:00 AM. RM #1 stated, "I usually try to get here before 8:00 AM to help out because there's not anyone</p>			

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	<p>scheduled and they have trouble getting out on time." RM #1 indicated client F should be assisted out of her bed and participate in the home's family style meal. RM #1 stated, "They usually get to their day programs late. By the time they get to [city] its usually closer to 10 AM or 11 AM and they usually leave at 1:00 PM." RM #1 stated, "Yes, there have been times, a few months ago, that the ladies couldn't go to day services because there wasn't enough staff to take them. We were short staffed. Yes, there were days they missed going to day services and some outings." RM #1 indicated the group home and the day services provider were located in different time zones. The day program was one hour behind the group home's time."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 4/1/16 at 12:20 PM. QIDP #1 stated, "I just started at this home as the QIDP. It's been a couple of weeks." QIDP #1 indicated the group home should have enough staff working the home to ensure client needs are met and to ensure clients are punctual in attendance at their day services.</p> <p>Day Services QIDP #1 was interviewed on 4/4/16 at 11:09 AM. Day Services</p>			

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	<p>QIDP #1 indicated clients C, D and E attended the day services location. Day Services QIDP #1 indicated clients C, D and E arrived at the day services on a daily basis at 9:00 AM or after. Day Services QIDP #1 indicated the group home and the day services provider are in different time zones. QIDP #1 indicated clients C, D and E should arrive for their day services programs and work at 7:00 AM.</p> <p>Confidential Interview A indicated, "There are not enough staff at the facility to meet the needs of the consumers. There is only one staff person in the facility who works 16 to 24 hours without relief. Because of this shortage of staff, clients are unable to attend work or day programs 2 or 3 times a week."</p> <p>Client G's Guardian was interviewed on 4/4/16 at 8:47 AM. Client G's Guardian stated, "I would do drop in visits and there were many times they only had one staff working in the home." Client G's Guardian stated, "I dropped in once and there was a client [physical description of client A], sitting on the couch and had soiled herself. The staff working wasn't able to lift the client up from the couch to get her changed. I ended up helping the staff get [physical description of client A] up from the couch to get her changed. I</p>			

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	<p>know they were short staffed but they had people working there that used canes and couldn't walk. They had two different ladies in wheelchairs at that time. I don't know how they could expect someone walking with a cane to be able to transfer someone from a wheelchair or load them into a van."</p> <p>-BDDS report dated 2/4/16 indicated, "The [group home] has insufficient staffing. The home routinely has one staff member working with six residents."</p> <p>-BDDS report dated 2/12/16 indicated, "[BDDS Generalist #1] visited the [group home] on 2/11/16. During the visit, it was discovered that a staff member, [staff #3], had worked a 24 hour shift from 2/10/16 to 2/11/16. The residents were unable to attend day services due to insufficient staffing on 2/11/16. Only one staff has been working in the home with five residents. Plan to resolve: ResCare needs to ensure the home is sufficiently staff to ensure that each resident is receiving appropriate active treatment."</p> <p>BDDS Generalist #1 was interviewed on 3/31/16 at 4:05 PM. BDDS Generalist #1 indicated the group home did not have sufficient staff working in the home to implement active treatment. BDDS Generalist #1 indicated clients B, C, D,</p>			

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	<p>E, F and G attended day services a total of 7 times in the month of February due to not having enough staff.</p> <p>-Client B's record was reviewed on 3/31/16 at 11:20 AM. Client B's BSP (Behavior Support Plan) dated 5/9/15 indicated, "[Client B] will have a rights restriction in place to prevent her from having in her possession items that are small enough, could break and be small enough, or have pieces that may be removed and small enough that she could swallow them. Staff will monitor her and make sure that she is not engaging in swallowing non-food items throughout the day." Client B's History of PICA (eating disorder) form dated 8/4/15 indicated, "Staff will monitor for attempts to consumer non-edible items." Client B's Active Treatment Schedule form, undated, indicated Monday through Friday from the hours of 8:00 AM through 4:00 PM client B should be in vocational programming.</p> <p>-Client C's record was reviewed on 3/31/16 at 11:30 AM. Client C's Active Treatment Schedule, undated, indicated Monday through Friday from the hours of 8:00 AM through 4:00 PM client C should be in vocational programming.</p> <p>-Client D's record was reviewed on</p>			

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	<p>3/31/16 at 11:45 AM. Client D's Active Treatment Schedule, undated, indicated Monday through Friday from the hours of 8:00 AM through 4:00 PM, client D should be in vocational programming.</p> <p>-Client E's record was reviewed on 3/31/16 at 11:50 AM. Client E's Active Treatment Schedule, undated, indicated Monday through Friday from the hours of 8:00 AM through 4:00 PM, client E should be in vocational programming.</p> <p>-Client G's record was reviewed on 3/31/16 at 11:55 AM. Client G's ISP (Individual Support Plan) Quarterly Review form dated 12/30/15 indicated, "[Client G's guardians] expressed grievances with her residential provider, including... lack of staffing and lack of punctuality." Client G's Discharge Summary dated 2/26/16 indicated client G was discharged from the home on 2/26/16.</p> <p>The review indicated the facility failed to develop and implement effective corrective measures to ensure the group home was adequately staffed to meet clients B, C, D, E and F's needs.</p> <p>3. BDDS report dated 10/12/15 indicated, "Staff was assisting [client A] to the bathroom when she jerked away and fell</p>			

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	to her knees. Staff helped her up and checked her over. The nurse was notified and no apparent injuries were found. Staff was instructed to continue to monitor [client A]. About an hour after the incident [client A] began to complain of pain around her knee. The nurse was contacted again and instructed staff to take [client A] to the ER (Emergency Room) to be evaluated. Upon arriving to the ER [client A] was assessed by the on-duty physician. [Medical Tests] were taken and [client A] was diagnosed with a contusion to her left knee. Staff was instructed to have her wear an ace wrap as needed and take Acetaminophen (pain relief) for the pain. [Client A] was brought back to the home where she was monitored closely by staff throughout the night. In the morning residential staff was contacted by the ER staff asking to bring [client A] back to the ER because a break was found. [Client A] was transported back to the hospital by ambulance. Upon arriving to the ER [client A] was examined by the on-duty physician. After review of x-rays it was determined that [client A] suffered a fracture in the left knee lateral tibial plateau (shinbone/joint with knee). [Client A] was instructed to wear an immobilizer and follow up with [physician] for further instruction on 10/13/15. Staff will continue to monitor [client A] closely and report any concerns			

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	<p>to nursing immediately. An investigation has been initiated into the incident."</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 4/7/16 at 1:55 PM. LPN #1 stated, "[Client A] had a follow up appointment with her Orthopedic doctor a few days after the ER told us she had a fractured knee (10/13/15). Ortho told us there was not a fracture."</p> <p>The review did not indicate documentation of the development and implementation of corrective measures to prevent further falls.</p> <p>-BDDS report dated 1/16/16 indicated, "Staff had noticed swelling in [client A's] ankles/feet. The nurse was notified of the information and instructed staff to have her taken to the ER to be evaluated. While getting into the van to go to the ER [client A's] foot slipped off the runner and she scraped her left shin. The nurse was notified and stated to have that checked at the ER as well. Upon arriving at the ER [client A] was evaluated by the on duty physician. Basic first aid was applied on her shin and it was bandaged. The doctor stated not to remove the bandage until the wound begins to scab due to [client A's] fragile skin type."</p> <p>Client A's record was reviewed on</p>			

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	<p>3/31/16 at 10:00 AM. Client A's Fall Injury Nursing Care Plan dated 9/21/15 indicated, "Staff will assist [client A] with ambulation as needed to ensure safety." Client A's Potential for injury regarding falls document dated 9/21/15 indicated, "The nurse will review the risk plan at least quarterly and revised (sic) as needed." The review did not indicate documentation of review or revision to client A's Potential For Injury regarding falls document since 9/21/15. Client A's Doctor's Orders and Progress Notes dated 10/6/14 indicated client A had a physical therapy evaluation regarding her mobility needs and resulted in no recommendations. The review indicated client A's mobility needs/physical therapy needs had not been re-assessed since the 10/6/14 evaluation.</p> <p>4. BDDS report dated 10/29/15 indicated, "Clients were all asleep and staff was in the office completing paperwork. [Client B] came into the office and reported to staff that her stomach hurt and that she had eaten raw chicken earlier in the week. She also claimed she had hidden raw chicken in her body cavities in order to sneak it to her room and eat it. Staff called the nurse to inform her of the incident and took client to the ER to be evaluated."</p>			

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	<p>-Follow up BDDS report dated 11/3/15 indicated, "A few days after her ER visit, the hospital called to report that [client B] had bacteria in her stool and she was started on a daily probiotic. [Client B] had a follow up with her physician on 11/2/15 where he noted that the issue was resolved. He ordered more probiotics to be taken daily for 14 days and to only return if symptoms worsen."</p> <p>-Follow up BDDS report dated 11/9/15 indicated, "Yes, [client B] did ingest raw chicken. Risk plans and behavior tracking are in place for these behaviors and conditions. They have been updated. [Client B] is doing well, there are no further concerns at this time. Staff have been trained on updates due to recent behavior."</p> <p>Client B's record was reviewed on 3/31/16 at 11:20 AM. Client B's History of PICA (eating disorder) document dated 8/4/15 indicated, "Staff will monitor for attempts to consume non-edible items. The nurse will review the risk plan at least quarterly and revised (sic) as needed." The review did not indicate documentation of review/revision since 8/4/15.</p> <p>Client B's BSP (Behavior Support Plan) dated 5/9/15 indicated, "Behaviors to be</p>			

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	<p>tracked: Swallowing non-food items: any time [client B] places a non-food item in her mouth, threatens to swallow non-food items, breaks things in order to swallow them; Stealing food: anytime [client B] steals food, hides foods (and) eats uncooked food in her room." Client B's BSP dated 5/9/15 indicated, "[Client B] will have a rights restriction in place to prevent her from having in her possession items that are small enough, could break and be small enough, or have pieces that may be removed and small enough that she could swallow them. Staff will monitor her and make sure that she is not engaging in swallowing non-food items throughout the day."</p> <p>The review did not indicate documentation of review/revision of client B's 5/9/15 BSP to address client B's ongoing incidents of PICA.</p> <p>Client B's Doctors Orders and Progress Notes form dated 11/11/14 indicated, "X-ray to see if magnetic pen is in same location." The 11/11/14 form indicated client B had ingested a magnetic pen.</p> <p>Client B's Digestive Care Center documents dated 12/9/14 indicated, "The swallowed foreign body was absent on your most recent x-ray, indicating its passage." The 12/9/14 form indicated client B's 11/11/14 magnetic pen had</p>			

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	<p>passed.</p> <p>Client B's Doctors Orders and Progress Notes form dated 1/8/15 indicated, "Follow up from swallowing a pen." The review indicated the 1/8/15 incident was a separate/additional incident to the 11/11/14 incident.</p> <p>Client B's Clinical Report form dated 8/15/15 indicated, "Chief complaint: swallowed foreign body." The 8/15/15 form indicated, "This started last night (8/14/15) at 11:00 PM. [Client B] is a [age] female who presents at emergency department with complaint of swallowing a hair clip."</p> <p>Client B's Doctors Order and Progress notes form dated 9/11/15 indicated, "Follow up from ER, swallowing hair clip."</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 4/4/16 at 11:36 AM. LPN #1 indicated she was the Director of Health Services for the group home. LPN #1 stated, "[Client B] doesn't carry an actual PICA diagnosis. I've been at the home since 2010 and she has never had the official diagnosis." LPN #1 stated, "[Client B] doesn't have a PICA high risk plan because she doesn't have the diagnosis. Without the diagnosis it's a</p>			

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W 0158 Bldg. 00	<p>behavioral issue and should be addressed in her BSP."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 4/1/16 at 12:20 PM. QIDP #1 indicated client B's 5/9/15 BSP did not identify PICA has a targeted behavior. QIDP #1 indicated client B's 5/9/15 BSP included the tracking of incidents of client B's PICA. QIDP #1 indicated client B's 5/9/15 BSP should be reviewed in regard to her PICA behaviors.</p> <p>The review did not indicate documentation of the development or implementation of effective corrective measures to prevent further incidents of client B's PICA behavior.</p> <p>QIDP #1 was interviewed on 3/31/16 at 12:20 PM. QIDP #1 indicated corrective measures to prevent recurrence of abuse, neglect, mistreatment and exploitation should be developed and implemented.</p> <p>This federal tag relates to complaints #IN00193699 and #IN00192910.</p> <p>9-3-2(a)</p> <p>483.430 FACILITY STAFFING The facility must ensure that specific facility</p>			

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	<p>staffing requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Facility Staffing for 3 of 3 sampled clients (A, B and C), plus 4 additional clients (D, E, F and G). The QIDP (Qualified Intellectual Disabilities Professional) failed to ensure clients A, B, C, D, E, F and G's active treatment programs were integrated, coordinated and monitored and to ensure there were sufficient staff in the home to meet the clients' needs.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility failed to ensure the QIDP ensured clients A, B, C, D, E, F and G's active treatment programs were integrated, coordinated and monitored. Please see W159. 2. The facility failed to ensure there were sufficient staff in the home to meet the needs of clients B, C, D, E and F. Please see W186. <p>This federal tag relates to complaints #IN00193699 and #IN00192910.</p> <p>9-3-3(a)</p>	W 0158	<p>W158: The facility must ensure that specific facility staffing requirements are met.</p> <p>Corrective Action (Specific): All staff at the home will be in-serviced on the operation standard for management of client finances, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights and active treatment.</p> <p>How others will be identified (Systemic): The Residential Manager will be in the home at least five times weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients are receiving active treatment according to their plans. . The QIDP will be in the home at least twice weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that all are receiving active treatment in accordance with their program plans. The Program Manager will be in the home at least weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that all are receiving active treatment in accordance with their program plans.</p>	05/08/2016	

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			<p>Measures to be put in place: All staff at the home will be in-serviced on the operation standard for management of client finances, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights and active treatment.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients are receiving active treatment according to their plans. The QIDP will be in the home at least twice weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that all are receiving active treatment in accordance with their program plans. The Program Manager will be in the home at least weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that all are receiving active treatment in accordance with their program plans.</p>	

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	<p>clients A, B, C, D, E and G's personal finances, to ensure there were sufficient staff in the home to implement active treatment and meet the needs of clients B, C, D, E, F and G, to ensure client B's BSP (Behavior Support Plan) specified how client B should be monitored to reduce or eliminate client B's PICA (eating disorder) behaviors and to ensure clients B, C, D, E, F and G received a continuous active treatment program.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The QIDP failed to ensure clients A, B, C, D, E, F and G's active treatment programs were integrated, coordinated and monitored by failing to ensure a full and complete accounting of clients A, B, C, D, E and G's personal finances. Please see W140. 2. The QIDP failed to ensure clients B, C, D, E, F and G's active treatment programs were integrated, coordinated and monitored by failing to ensure there were sufficient staff in the home to implement active treatment and meet the needs of clients B, C, D, E, F and G. Please see W186. 3. The QIDP failed to ensure clients B, C, D, E, F and G's active treatment programs were integrated, coordinated 		<p>standard for management of client finances, active treatment, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights. The Residential Manager will be in-serviced on ensuring that staffing ratios are consistent with the scheduled hours for the home and active treatment being provided in accordance with each client's program plan. An audit of finances for the last 6 months for client's A, B, C, D, E, F and G will be completed and any expenditure that does not have an accompanying receipt will be reimbursed. Client B's BSP will be reviewed and revised to include the diagnosis of PICA along with preventative and reactive strategies along with goals to decrease the PICA behavior and all other clients BSP's in the home will be reviewed and any changes needed will be made and all staff will be in-serviced on any changes. A risk plan for client B's diagnosis of PICA and all staff will be trained on that plan. The schedule for the home has been revised to ensure that there is two staff in the home for the morning routine.</p>	

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	<p>and monitored by failing to ensure clients B, C, D, E, F and G received a continuous, aggressive active treatment program necessary for them to function with as much self-determination and independence as possible. Please see W196.</p> <p>4. The QIDP failed to ensure client B's active treatment programs were integrated, coordinated and monitored by failing to ensure client B's BSP (Behavior Support Plan) specified how client B should be monitored to reduce or eliminate client B's PICA (eating disorder) behaviors. Please see W227.</p> <p>5. The QIDP failed to ensure clients B, C, D, E, F and G's active treatment programs were integrated, coordinated and monitored by failing to ensure clients B, C, D, E, F and G received a continuous active treatment program. Please see W249.</p> <p>This federal tag relates to complaints #IN00193699 and #IN00192910.</p> <p>9-3-3(a)</p>		<p>How others will be identified (Systemic): The Residential Manager will be in the home at least five times weekly to complete an audit of all client finances and document those audits on the finance ledger, ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients are receiving active treatment according to their plans. . The QIDP will be in the home at least twice weekly to complete an audit of all client finances and document those audits on the finance ledger, ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients attend day service as scheduled. The Program Manager will be in the home at least weekly to complete an audit of all client finances and document those audits on the finance ledger and ensure that staffing ratios in the home are consistent with the scheduled hours. The QIDP and the Nurse will review all clients' program plans at least quarterly with the team and make any necessary changes as indicated</p>		

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			<p>Measures to be put in place: All staff at the home will be in-serviced on the operation standard for management of client finances, active treatment, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights. The Residential Manager will be in-serviced on ensuring that staffing ratios are consistent with the scheduled hours for the home and active treatment being provided in accordance with each client's program plan. An audit of finances for the last 6 months for client's A, B, C, D, E, F and G will be completed and any expenditure that does not have an accompanying receipt will be reimbursed. Client B's BSP will be reviewed and revised to include the diagnosis of PICA along with preventative and reactive strategies along with goals to decrease the PICA behavior and all other clients BSP's in the home will be reviewed and any changes needed will be made and all staff will be in-serviced on any changes. A risk plan for client</p>	

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			<p>B's diagnosis of PICA and all staff will be trained on that plan. The schedule for the home has been revised to ensure that there is two staff in the home for the morning routine.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly to complete an audit of all client finances and document those audits on the finance ledger, ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients are receiving active treatment according to their plans. . The QIDP will be in the home at least twice weekly to complete an audit of all client finances and document those audits on the finance ledger, ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients attend day service as scheduled. The Program Manager will be in the home at least weekly to complete an audit of all client finances and document those audits on the finance ledger and ensure that staffing ratios in the home are consistent with the scheduled</p>	

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W 0186 Bldg. 00	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (B and C), plus 4 additional clients (D, E, F and G), the facility failed to ensure there were sufficient staff in the home to meet the clients' needs.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/31/16 from 7:00 AM through 9:30 AM. Staff #1 was the only staff on duty in the group home from 7:00 AM through 7:50 AM. During the</p>	W 0186	<p>hours. The QIDP and the Nurse will review all clients' program plans at least quarterly with the team and make any necessary changes as indicated</p> <p>Correction Date: 5/8/2016</p> <p>W186: The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Corrective Action: (Specific): All staff at the home will be in-serviced on the operation standard for management of client finances, active treatment, operation standard for reporting and investigating allegations of abuse, neglect, exploitation,</p>	05/08/2016	

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	<p>7:00 AM through 7:50 AM period of observation clients B, C, D, E and F were present in the home. Clients C and F utilized manual wheelchairs for mobility and required assistance from staff to transfer in and out of their wheelchairs. At 7:10 AM, client F was laying in her bed while clients B, C, D and E were in the home's kitchen area socializing while staff #1 was in the home's medication administration room completing the morning medication administration. At 7:10 AM, client F called out, "[Staff #1], I'm ready to get up now." Client F repeated requesting assistance from staff #1 to assist her to get out of her bed and transfer into her wheelchair. At 7:13 AM, client D went into client F's bedroom and asked her what she needed and told client F that she would let staff #1 know that she was ready to get up. Client D exited client F's bedroom and entered the medication administration room then returned to client F's bedroom and told her staff #1 would assist her when she was finished administering medications. Client F remained in her bed while clients B, C, D and E socialized, received their morning medications, prepared and ate breakfast. At 7:45 AM, staff #2 arrived at the group home. Upon entering the group home, clients B, C, D and E greeted staff #2. Client F, stated, "[Staff #2]? I'm ready to get up. Can you come</p>		<p>mistreatment or violation of an individual's rights. The Residential Manager will be in-serviced on ensuring that staffing ratios are consistent with the scheduled hours for the home and active treatment being provided in accordance with each client's program plan and clients attend day service as scheduled. The schedule for the home has been revised to ensure that there is two staff in the home for the morning routine.</p> <p>How others will be identified: (Systemic): The Residential Manager will be in the home at least five times weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients are receiving active treatment according to their plans. . The QIDP will be in the home at least twice weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that all are receiving active treatment in accordance with their program plans. The Program Manager will be in the home at least weekly to ensure that staffing ratios in the home are consistent with the scheduled</p>	

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	<p>here?" Staff #2 and staff #1 were in the home's medication administration room. Client D entered client F's bedroom and told client F staff #2 was in the home and would come assist her. At 7:50 AM, staff #2 entered client F's bedroom and assisted client F to transfer from her bed to her wheelchair. Staff #2 assisted client F to dress and join her peers in the home's kitchen at 8:07 AM. Clients B, C, D and E had finished eating and were preparing to leave the home for their day services. At 8:45 AM, clients B, C, D and E left for their day services.</p> <p>Client F was interviewed on 3/31/16 at 8:07 AM. Client F indicated she had moved to the home on 3/22/16. Client F indicated she utilized a wheelchair for mobility. Client F indicated she needed assistance from staff to get out of her bed and to transfer in and out of her wheelchair. Client F indicated she had wanted to get up from bed at 7:00 AM. Client F indicated there were days she would like to be up at 5:30 AM when her roommate gets up.</p> <p>Staff #1 was interviewed on 3/31/16 at 8:30 AM. Staff #1 indicated she was scheduled to work from 12:00 AM through 8:00 AM. Staff #1 indicated she was the only staff scheduled to work in the home until 8:00 AM. Staff #1</p>		<p>hours and that all are receiving active treatment in accordance with their program plans.</p> <p>Measures to be put in place: All staff at the home will be in-serviced on the operation standard for management of client finances, active treatment, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights. The Residential Manager will be in-serviced on ensuring that staffing ratios are consistent with the scheduled hours for the home and active treatment being provided in accordance with each client's program plan and clients attend day service as scheduled. The schedule for the home has been revised to ensure that there is two staff in the home for the morning routine.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients are receiving active</p>	

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	<p>indicated a second staff comes in at 8:00 AM to assist with the morning routine and transport clients B, C, D and E to their day services. Staff #1 indicated client F had not started attending day services and was admitted to the home on 3/22/16. Staff #1 stated, "We are usually late in getting [clients B, C, D and E] out the door in the morning. They usually leave between 8:30 AM and 9:00 AM or after. [Clients C, D and E] go to [day services] in [city]." Staff #1 stated, "[Clients B, C, D, E and F] can't start breakfast until I'm done with passing meds. They aren't supposed to be in the kitchen without supervision." Staff #1 indicated client B had a history of eating non-food items and frozen meats. Staff #1 indicated client B should be supervised in the home's kitchen area. Staff #1 stated, "I can't really monitor the kitchen while I'm in the medication room passing meds." Staff #1 stated, "[Client F] is usually awake when I go into her room to get [client E] up at 5:30 AM. [Client F] will ask if she can get up at 5:30 AM. We usually let her stay in bed until after 7:00 AM." Staff #1 stated, "[Client F] would probably like to get up and eat with the ladies. She is social and likes to talk but we don't get her up until later."</p> <p>RM (Residential Manager) #1 was</p>		<p>treatment according to their plans. . The QIDP will be in the home at least twice weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that all are receiving active treatment in accordance with their program plans. The Program Manager will be in the home at least weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that all are receiving active treatment in accordance with their program plans.</p> <p>Completion date: 05/08/2016</p>				

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	<p>interviewed on 3/31/16 at 8:45 AM. RM #1 indicated there was one staff scheduled in the group home from 12:00 AM through 8:00 AM. RM #1 stated, "I usually try to get here before 8:00 AM to help out because there's not anyone scheduled and they have trouble getting out on time." RM #1 indicated client F should be assisted out of her bed and participate in the home's family style meal. RM #1 stated, "They usually get to their day programs late. By the time they get to [city] its usually closer to 10 AM or 11 AM and they usually leave at 1:00 PM." RM #1 stated, "Yes, there have been times, a few months ago, that the ladies couldn't go to day services because there wasn't enough staff to take them. We were short staffed. Yes, there were days they missed going to day services and some outings." RM #1 indicated the group home and the day services provider were located in different time zones. The day program was one hour behind the group home's time.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 4/1/16 at 12:20 PM. QIDP #1 stated, "I just started at this home as the QIDP. It's been a couple of weeks." QIDP #1 indicated the group home should have enough staff working the home to ensure</p>			

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	<p>client needs are met and to ensure clients are punctual in attendance at their day services.</p> <p>Day Services QIDP #1 was interviewed on 4/4/16 at 11:09 AM. Day Services QIDP #1 indicated clients C, D and E attended the day services location. Day Services QIDP #1 indicated clients C, D and E arrived at the day services on a daily basis at 9:00 AM or after. Day Services QIDP #1 indicated the group home and the day services provider are in different time zones. QIDP #1 indicated clients C, D and E should arrive for their day services programs and work at 7:00 AM.</p> <p>Confidential Interview A indicated, "There are not enough staff at the facility to meet the needs of the consumers. There is only one staff person in the facility who works 16 to 24 hours without relief. Because of this shortage of staff, clients are unable to attend work or day programs 2 or 3 times a week."</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IIRs (Internal Incident Reports) and Investigations were reviewed on 3/31/16 at 9:00 AM. The BDDS, IIRs and Investigations reviewed were from 3/30/16 through 9/30/15 (6 months). The</p>			

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	<p>review indicated the following:</p> <p>-BDDS report dated 1/19/16 indicated, "On 1/19/16, [BDDS Generalist #1] received a call from [guardian #1], the guardian for [client G] (who lived) in the [group home], regarding an incident that occurred on 1/17/16. [Guardian #1] had arrived at the [group home] at 12:00 PM on 1/17/16. [Guardian #1] stated there was only one staff member working at the home when she arrived. When she questioned this, she was informed another staff member had quit on 1/15/16 which caused the staffing issues in the home. [Guardian #1] also stated the staff member was unable to provide adequate care due to the staff member being on a lift restriction of nothing heavier than fifty pounds."</p> <p>-Follow up BDDS report dated 1/24/16 indicated, "The allegation that the home was understaffed during the time of the incident can be substantiated. The allegation that staff was incapable of working in the home with her restriction was unsubstantiated. Staff does have a restriction on file with ResCare but the restriction can be met in the home."</p> <p>Client G's Guardian was interviewed on 4/4/16 at 8:47 AM. Client G's Guardian stated, "I would do drop in visits and</p>				

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	<p>there were many times they only had one staff working in the home." Client G's Guardian stated, "I dropped in once and there was a client [physical description of client A], sitting on the couch and had soiled herself. The staff working wasn't able to lift the client up from the couch to get her changed. I ended up helping the staff get [physical description of client A] up from the couch to get her changed. I know they were short staffed but they had people working there that used canes and couldn't walk. They had two different ladies in wheelchairs at that time. I don't know how they could expect someone walking with a cane to be able to transfer someone from a wheelchair or load them into a van."</p> <p>-BDDS report dated 2/4/16 indicated, "The [group home] has insufficient staffing. The home routinely has one staff member working with six residents."</p> <p>-BDDS report dated 2/12/16 indicated, "[BDDS Generalist #1] visited the [group home] on 2/11/16. During the visit, it was discovered that a staff member, [staff #3], had worked a 24 hour shift from 2/10/16 to 2/11/16. The residents were unable to attend day services due to insufficient staffing on 2/11/16. Only one staff has been working in the home with five residents. Plan to resolve: ResCare needs</p>			

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	<p>to ensure the home is sufficiently staff to ensure that each resident is receiving appropriate active treatment."</p> <p>BDDS Generalist #1 was interviewed on 3/31/16 at 4:05 PM. BDDS Generalist #1 indicated the group home did not have sufficient staff working in the home to implement active treatment. BDDS Generalist #1 indicated clients B, C, D, E, F and G attended day services a total of 7 times in the month of February due to not having enough staff.</p> <p>1. Client B's record was reviewed on 3/31/16 at 11:20 AM. Client B's BSP (Behavior Support Plan) dated 5/9/15 indicated, "[Client B] will have a rights restriction in place to prevent her from having in her possession items that are small enough, could break and be small enough, or have pieces that my be removed and small enough that she could swallow them. Staff will monitor her and make sure that she is not engaging in swallowing non-food items throughout the day." Client B's History of PICA (eating disorder) form dated 8/4/15 indicated, "Staff will monitor for attempts to consumer non-edible items." Client B's Active Treatment Schedule form, undated indicated Monday through Friday from the hours of 8:00 AM through 4:00 PM client B should be in</p>			

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	<p>vocational programming.</p> <p>2. Client C's record was reviewed on 3/31/16 at 11:30 AM. Client C's Active Treatment Schedule, undated, indicated Monday through Friday from the hours of 8:00 AM through 4:00 PM client C should be in vocational programming.</p> <p>3. Client D's record was reviewed on 3/31/16 at 11:45 AM. Client D's Active Treatment Schedule, undated, indicated Monday through Friday from the hours of 8:00 AM through 4:00 PM, client D should be in vocational programming.</p> <p>4. Client E's record was reviewed on 3/31/16 at 11:50 AM. Client E's Active Treatment Schedule, undated, indicated Monday through Friday from the hours of 8:00 AM through 4:00 PM, client E should be in vocational programming.</p> <p>5. Client G's record was reviewed on 3/31/16 at 11:55 AM. Client G's ISP (Individual Support Plan) Quarterly Review form dated 12/30/15 indicated, "[Client G's guardians] expressed grievances with her residential provider, including... lack of staffing and lack of punctuality." Client G's Discharge Summary dated 2/26/16 indicated client G was discharged from the home on 2/26/16.</p>			

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W 0195 Bldg. 00	<p>This federal tag relates to complaints #IN00193699 and #IN00192910.</p> <p>9-3-3(a)</p> <p>483.440 ACTIVE TREATMENT SERVICES The facility must ensure that specific active treatment services requirements are met. Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Active Treatment Services for 2 of 3 sampled clients (B and C), plus 4 additional clients (D, E, F and G).</p> <p>The facility failed to ensure clients B, C, D, E, F and G received a continuous, aggressive active treatment program necessary for them to function with as much self-determination and independence as possible and to ensure client B's BSP (Behavior Support Plan) specified how client B should be monitored to reduce or eliminate client B's PICA (eating disorder) behaviors.</p> <p>Findings include:</p> <p>1. The facility failed to ensure clients B, C, D, E, F and G received a continuous, aggressive active treatment program necessary for them to function with as</p>	W 0195	<p>W195: The facility must ensure that specific active treatment services requirements are met</p> <p>Corrective Action: (Specific): All staff at the home will be in-serviced on the operation standard for management of client finances, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights and active treatment. Client B's BSP will be reviewed and revised to include the diagnosis of PICA along with preventative and reactive strategies along with goals to decrease the PICA behavior and all other clients BSP's in the home will be reviewed and any changes</p>	05/08/2016

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	<p>much self-determination and independence as possible. Please see W196.</p> <p>2. The facility failed to ensure client B's BSP (Behavior Support Plan) specified how client B should be monitored to reduce or eliminate client B's PICA (eating disorder) behaviors. Please see W227.</p> <p>3. The facility failed to ensure clients B, C, D, E, F and G received a continuous, aggressive active treatment program when opportunities existed. Please see W249.</p> <p>This federal tag relates to complaints #IN00193699 and #IN00192910.</p> <p>9-3-4(a)</p>		<p>needed will be made and all staff will be in-serviced on any changes. The home nurse will be in-serviced on developing risk plans for each individual's diagnosis that require medical oversight, evaluation and follow up and evaluation of those plans at least quarterly and revisions to plans as need arise. A risk plan for client B's diagnosis of PICA and all staff will be trained on that plan.</p> <p>How others will be identified: (Systemic): The Residential Manager will be in the home at least five times weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients are receiving active treatment according to their plans. . The QIDP will be in the home at least twice weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients attend day service as scheduled. The Program Manager will be in the home at least weekly to ensure that staffing ratios in the home are consistent with the scheduled hours. The QIDP and the Nurse will review all clients' program plans at least quarterly with the team and make any necessary</p>		

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			<p>changes as indicated. The Program Manager will meet with QA at least weekly to review all incident reports for the home and ensure that investigations are initiated per policy, and that the results and recommendations are reported to administrator within 5 business days. The home nurse will be in-serviced on developing risk plans for each individual's diagnosis that require medical oversight, evaluation and follow up and evaluation of those plans at least quarterly and revisions to plans as need arise. The home nurse will be I the home at least twice weekly for the next 30 days then weekly thereafter to ensure that staff is following all medical risk plans as written.</p> <p>Measures to be put in place: All staff at the home will be in-serviced on the operation standard for management of client finances, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights and active treatment. Client B's BSP will be reviewed and revised to include the diagnosis of PICA along with preventative and reactive strategies along with</p>	

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			<p>goals to decrease the PICA behavior and all other clients BSP's in the home will be reviewed and any changes needed will be made and all staff will be in-serviced on any changes. The home nurse will be in-serviced on developing risk plans for each individual's diagnosis that require medical oversight, evaluation and follow up and evaluation of those plans at least quarterly and revisions to plans as need arise. A risk plan for client B's diagnosis of PICA and all staff will be trained on that plan.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients are receiving active treatment according to their plans. . The QIDP will be in the home at least twice weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients attend day service as scheduled. The Program Manager will be in the home at least weekly to ensure that staffing ratios in the home are consistent with the scheduled</p>		

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W 0196 Bldg. 00	483.440(a)(1) ACTIVE TREATMENT Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related		hours. The QIDP and the Nurse will review all clients' program plans at least quarterly with the team and make any necessary changes as indicated. The Program Manager will meet with QA at least weekly to review al incident reports for the home and ensure that investigations are initiated per policy, and that the results and recommendations are reported to administrator within 5 business days. The home nurse will be in-serviced on developing risk plans for each individual's diagnosis that require medical oversight, evaluation and follow up and evaluation of those plans at least quarterly and revisions to plans as need arise. The home nurse will be I the home at least twice weekly for the next 30 days then weekly thereafter to ensure that staff is following all medical risk plans as written. Completion date: 05/08/2016	

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	<p>services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (B and C), plus 4 additional clients (D, E, F and G), the facility failed to ensure clients B, C, D, E, F and G received a continuous, aggressive active treatment program necessary for them to function with as much self-determination and independence as possible.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/31/16 from 7:00 AM through 9:30 AM. Staff #1 was the only staff on duty in the group home from 7:00 AM through 7:50 AM. During the 7:00 AM through 7:50 AM period of observation clients B, C, D, E and F were present in the home. Clients C and F utilized manual wheelchairs for mobility and required assistance from staff to transfer in and out of their wheelchairs. At 7:10 AM, client F was laying in her bed while clients B, C, D and E were in the home's kitchen area socializing while staff #1 was in the home's medication</p>	W 0196	<p>W196: Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>Corrective Action (Specific): All staff at the home will be in-serviced on the operation standard for management of client finances, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights and active treatment. The schedule for the home has been revised to ensure that there is two staff during the morning routine.</p>	05/08/2016			

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	<p>administration room completing the morning medication administration. At 7:10 AM, client F called out, "[Staff #1], I'm ready to get up now." Client F repeated requesting assistance from staff # to assist her to get out of her bed and transfer into her wheelchair. At 7:13 AM, client D went into client F's bedroom and asked her what she needed and told client F that she would let staff #1 know that she was ready to get up. Client D exited client F's bedroom and entered the medication administration room then returned to client F's bedroom and told her staff #1 would assist her when she was finished administering medications. Client F remained in her bed while clients B, C, D and E socialized, received their morning medications, prepared and ate breakfast. At 7:45 AM, staff #2 arrived at the group home. Upon entering the group home, clients B, C, D and E greeted staff #2. Client F, stated, "[Staff #2]? I'm ready to get up. Can you come here?" Staff #2 and staff #1 were in the home's medication administration room. Client D entered client F's bedroom and told client F staff #2 was in the home and would come assist her. At 7:50 AM, staff #2 entered client F's bedroom and assisted client F to transfer from her bed to her wheelchair. Staff #2 assisted client F to dress and join her peers in the home's kitchen at 8:07 AM. Clients B, C,</p>		<p>How others will be identified (Systemic): The Residential Manager will be in the home at least five times weekly to ensure that staffing ratios in the home are consistent with the scheduled hours, that all clients are receiving active treatment according to their plans and that all clients attend day service as scheduled. The QIDP will be in the home at least twice weekly to ensure that staffing ratios in the home are consistent with the scheduled hours, that all clients are receiving active treatment according to their plans and that all clients attend day service as scheduled. The Program Manager will be in the home at least weekly to ensure that staffing ratios in the home are consistent with the scheduled hours, that all clients are receiving active treatment according to their plans and that all clients attend day service as scheduled.</p> <p>Measures to be put in place: All staff at the home will be in-serviced on the operation standard for management of client finances, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or</p>	

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	<p>D and E had finished eating and were preparing to leave the home for their day services. At 8:45 AM, clients B, C, D and E left for their day services. Client F did not participate in the home's family style dining.</p> <p>Client F was interviewed on 3/31/16 at 8:07 AM. Client F indicated she had moved to the home on 3/22/16. Client F indicated she utilized a wheelchair for mobility. Client F indicated she needed assistance from staff to get out of her bed and to transfer in and out of her wheelchair. Client F indicated she had wanted to get up from bed at 7:00 AM. Client F indicated there were days she would like to be up at 5:30 AM when her roommate gets up.</p> <p>Staff #1 was interviewed on 3/31/16 at 8:30 AM. Staff #1 indicated she was scheduled to work from 12:00 AM through 8:00 AM. Staff #1 indicated she was the only staff scheduled to work in the home until 8:00 AM. Staff #1 indicated a second staff comes in at 8:00 AM to assist with the morning routine and transport clients B, C, D and E to their day services. Staff #1 indicated client F had not started attending day services and was admitted to the home on 3/22/16. Staff #1 stated, "We are usually late in getting [clients B, C, D and E] out</p>		<p>violation of an individual's rights and active treatment. The schedule for the home has been revised to ensure that there is two staff during the morning routine.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that all clients are receiving active treatment according to their plans. . The QIDP will be in the home at least twice weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that all are receiving active treatment in accordance with their program plans. The Program Manager will be in the home at least weekly to ensure that staffing ratios in the home are consistent with the scheduled hours and that all are receiving active treatment in accordance with their program plans.</p> <p>Correction Date: 5/8/2016</p>	

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	<p>the door in the morning. They usually leave between 8:30 AM and 9:00 AM or after. [Clients C, D and E] go to [day services] in [city]." Staff #1 stated, "[Clients B, C, D, E and F] can't start breakfast until I'm done with passing meds." Staff #1 stated, "[Client F] is usually awake when I go into her room to get [client E] up at 5:30 AM. [Client F] will ask if she can get up at 5:30 AM. We usually let her stay in bed until after 7:00 AM." Staff #1 stated, "[Client F] would probably like to get up and eat with the ladies. She is social and likes to talk but we don't get her up until later."</p> <p>RM (Residential Manager) #1 was interviewed on 3/31/16 at 8:45 AM. RM #1 indicated there was one staff scheduled in the group home from 12:00 AM through 8:00 AM. RM #1 stated, "I usually try to get here before 8:00 AM to help out because there's not anyone scheduled and they have trouble getting out on time." RM #1 indicated client F should be assisted out of her bed and participate in the home's family style meal. RM #1 stated, "They usually get to their day programs late. By the time they get to [city] its usually closer to 10 AM or 11 AM and they usually leave at 1:00 PM. RM #1 stated, "Yes, there have been times, a few months ago, that the ladies couldn't go to day services because there</p>			

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	<p>wasn't enough staff to take them. We were short staffed. Yes, there were days they missed going to day services and some outings." RM #1 indicated the group home and the day services provider were located in different time zones. The day program was one hour behind the group home's time.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 4/1/16 at 12:20 PM. QIDP #1 stated, "I just started at this home as the QIDP. It's been a couple of weeks." QIDP #1 indicated the group home should have enough staff working the home to ensure client needs are met and to ensure clients are punctual in attendance at their day services.</p> <p>Day Services QIDP #1 was interviewed on 4/4/16 at 11:09 AM. Day Services QIDP #1 indicated clients C, D and E attended the day services location. Day Services QIDP #1 indicated clients C, D and E arrived at the day services on a daily basis at 9:00 AM or after. Day Services QIDP #1 indicated the group home and the day services provider are in different time zones. QIDP #1 indicated clients C, D and E should arrive for their day services programs and work at 7:00 AM.</p>			

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	<p>Confidential Interview A stated, "... clients are unable to attend work or day programs 2 or 3 times a week."</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IIRs (Internal Incident Reports) and Investigations were reviewed on 3/31/16 at 9:00 AM. The BDDS, IIRs and Investigations reviewed were from 3/30/16 through 9/30/15 (6 months). The review indicated the following:</p> <p>-BDDS report dated 2/12/16 indicated, "[BDDS Generalist #1] visited the [group home] on 2/11/16. During the visit, it was discovered that a staff member, [staff #3], had worked a 24 hour shift from 2/10/16 to 2/11/16. The residents were unable to attend day services due to insufficient staffing on 2/11/16. Only one staff has been working in the home with five residents. Plan to resolve: ResCare needs to ensure the home is sufficiently staff to ensure that each resident is receiving appropriate active treatment."</p> <p>BDDS Generalist #1 was interviewed on 3/31/16 at 4:05 PM. BDDS Generalist #1 indicated the group home did not have sufficient staff working in the home to implement active treatment. BDDS Generalist #1 indicated clients B, C, D, E, F and G attended day services a total</p>			

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	<p>of 7 times in the month of February due to not having enough staff.</p> <p>1. Client B's record was reviewed on 3/31/16 at 11:20 AM. Client B's Active Treatment Schedule form, undated, indicated Monday through Friday from the hours of 8:00 AM through 4:00 PM client B should be in vocational programming.</p> <p>2. Client C's record was reviewed on 3/31/16 at 11:30 AM. Client C's Active Treatment Schedule, undated, indicated Monday through Friday from the hours of 8:00 AM through 4:00 PM client C should be in vocational programming.</p> <p>3. Client D's record was reviewed on 3/31/16 at 11:45 AM. Client D's Active Treatment Schedule, undated, indicated Monday through Friday from the hours of 8:00 AM through 4:00 PM, client D should be in vocational programming.</p> <p>4. Client E's record was reviewed on 3/31/16 at 11:50 AM. Client E's Active Treatment Schedule, undated, indicated Monday through Friday from the hours of 8:00 AM through 4:00 PM, client E should be in vocational programming.</p> <p>5. Client G's record was reviewed on 3/31/16 at 11:55 AM. Client G's ISP</p>			

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W 0227 Bldg. 00	<p>(Individual Support Plan) Quarterly Review form dated 12/30/15 indicated, "[Client G's guardians] expressed grievances with her residential provider, including... lack of staffing and lack of punctuality." Client G's Discharge Summary dated 2/26/16 indicated client G was discharged from the home on 2/26/16.</p> <p>This federal tag relates to complaints #IN00193699 and #IN00192910.</p> <p>9-3-4(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on record review and interview for 1 of 3 sampled clients (B), the facility failed to ensure client B's BSP (Behavior Support Plan) specified how client B should be monitored to reduce or eliminate client B's PICA (eating disorder) behaviors.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services)</p>	W 0227	<p>W227: The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph ©(3) of this section. Corrective Action (specific): The QIDP will be in-serviced on including all behavior diagnosis and target behaviors related to the diagnosis in each individual's behavior support plan. Client B's BSP will be revised to include the PICA diagnosis along with preventative</p>	05/08/2016

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	<p>reports, IIRs (Internal Incident Reports) and Investigations were reviewed on 3/31/16 at 9:00 AM. The BDDS, IIRs and Investigations reviewed dated from 3/30/16 through 9/30/15 (6 months). The review indicated the following:</p> <p>-BDDS report dated 10/29/15 indicated, "Clients were all asleep and staff was in the office completing paperwork. [Client B] came into the office and reported to staff that her stomach hurt and that she had eaten raw chicken earlier in the week. She also claimed she had hidden raw chicken in her body cavities in order to sneak it to her room and eat it. Staff called the nurse to inform her of the incident and took client to the ER to be evaluated."</p> <p>-Follow up BDDS report dated 11/3/15 indicated, "A few days after her ER visit, the hospital called to report that [client B] had bacteria in her stool and she was started on a daily probiotic. [Client B] had a follow up with her physician on 11/2/15 where he noted that the issue was resolved. He ordered more probiotics to be taken daily for 14 days and to only return if symptoms worsen."</p> <p>-Follow up BDDS report dated 11/9/15 indicated, "Yes, [client B] did ingest raw chicken. Risk plans and behavior tracking</p>		<p>and reactive strategies. The home nurse will be in-serviced on developing risk plans for each individual's diagnosis that require medical oversight, evaluation and follow up and evaluation of those plans at least quarterly and revisions to plans as need arise. A risk plan for client B's PICA diagnosis will be developed and all staff will be trained on the plan. How others will be identified (systemic): All other client program plans in the home will be reviewed, any necessary revisions will be made and staff will be trained on revised plans. The QIDP will review data collected on all clients at least monthly, review progress with the team at least quarterly and make any revisions as indicated. The Program Manager will be in the home at least weekly and meet with the QIDP at least monthly to review collected data to ensure that plans are being updated as indicated. The home nurse will be l the home at least twice weekly for the next 30 days then weekly thereafter to ensure that staff is following all medical risk plans as written. Measures to be put in place: The QIDP will be in-serviced on including all behavior diagnosis and target behaviors related to the diagnosis in each individual's behavior support plan. Client B's BSP will be revised to include the PICA diagnosis along with preventative and reactive strategies. The</p>	

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	<p>are in place for these behaviors and conditions. They have been updated. [Client B] is doing well, there are no further concerns at this time. Staff have been trained on updates due to recent behavior."</p> <p>Client B's record was reviewed on 3/31/16 at 11:20 AM. Client B's History of PICA (eating disorder) document dated 8/4/15 indicated, "Staff will monitor for attempts to consume non-edible items. The nurse will review the risk plan at least quarterly and revised (sic) as needed." The review did not indicate documentation of review/revision since 8/4/15.</p> <p>Client B's BSP (Behavior Support Plan) dated 5/9/15 indicated, "Behaviors to be tracked: Swallowing non-food items: any time [client B] places a non-food item in her mouth, threatens to swallow non-food items, breaks things in order to swallow them; Stealing food: anytime [client B] steals food, hides foods (and) eats uncooked food in her room." Client B's BSP dated 5/9/15 indicated, "[Client B] will have a rights restriction in place to prevent her from having in her possession items that are small enough, could break and be small enough, or have pieces that may be removed and small enough that she could swallow them. Staff will</p>		<p>home nurse will be in-serviced on developing risk plans for each individual's diagnosis that require medical oversight, evaluation and follow up and evaluation of those plans at least quarterly and revisions to plans as need arise. A risk plan for client B's PICA diagnosis will be developed and all staff will be trained on the plan.</p> <p>Monitoring of Corrective Action: All other client program plans in the home will be reviewed, any necessary revisions will be made and staff will be trained on revised plans. The QIDP will review data collected on all clients at least monthly, review progress with the team at least quarterly and make any revisions as indicated. The Program Manager will be in the home at least weekly and meet with the QIDP at least monthly to review collected data to ensure that plans are being updated as indicated. The home nurse will be l the home at least twice weekly for the next 30 days then weekly thereafter to ensure that staff is following all medical risk plans as written. Correction Date: 05/08/2016</p>	

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	<p>monitor her and make sure that she is not engaging in swallowing non-food items throughout the day."</p> <p>The review did not indicate documentation of review/revision of client B's 5/9/15 BSP to address client B's ongoing incidents of PICA.</p> <p>Client B's Doctors Orders and Progress Notes form dated 11/11/14 indicated, "X-ray to see if magnetic pen is in same location." The 11/11/14 form indicated client B had ingested a magnetic pen.</p> <p>Client B's Digestive Care Center documents dated 12/9/14 indicated, "The swallowed foreign body was absent on your most recent x-ray, indicating its passage." The 12/9/14 form indicated client B's 11/11/14 magnetic pen had passed.</p> <p>Client B's Doctors Orders and Progress Notes form dated 1/8/15 indicated, "Follow up from swallowing a pen." The review indicated the 1/8/15 incident was a separate/additional incident to the 11/11/14 incident.</p> <p>Client B's Clinical Report form dated 8/15/15 indicated, "Chief complaint: swallowed foreign body." The 8/15/15 form indicated, "This started last night (8/14/15) at 11:00 PM. [Client B] is a</p>			

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	<p>[age] female who presents at emergency department with complaint of swallowing a hair clip."</p> <p>Client B's Doctors Order and Progress notes form dated 9/11/15 indicated, "Follow up from ER, swallowing hair clip."</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 4/4/16 at 11:36 AM. LPN #1 indicated she was the Director of Health Services for the group home. LPN #1 stated, "[Client B] doesn't carry an actual PICA diagnosis. I've been at the home since 2010 and she has never had the official diagnosis." LPN #1 stated, "[Client B] doesn't have a PICA high risk plan because she doesn't have the diagnosis. Without the diagnosis it's a behavioral issue and should be addressed in her BSP."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 4/1/16 at 12:20 PM. QIDP #1 indicated client B's 5/9/15 BSP did not identify PICA has a targeted behavior. QIDP #1 indicated client B's 5/9/15 BSP included the tracking of incidents of client B's PICA. QIDP #1 indicated client B's 5/9/15 BSP should be reviewed in regard to her PICA behaviors.</p>			

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W 0249 Bldg. 00	<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 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 3 sampled clients (B and C), plus 4 additional clients (D, E, F and G), the facility failed to ensure clients B, C, D, E, F and G received a continuous active treatment program.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/31/16 from 7:00 AM through 9:30 AM. Staff #1 was the only staff on duty in the group home from 7:00 AM through 7:50 AM. During the 7:00 AM through 7:50 AM period of observation clients B, C, D, E and F were present in the home. Clients C and F utilized manual wheelchairs for mobility and required assistance from staff to transfer in and out of their wheelchairs. At 7:10 AM, client F was laying in her</p>			W 0249	<p>W249: As soon as the interdisciplinary team has formulated a clients' individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Corrective Action: (Specific): All staff at the home will be in-serviced on the operation standard for management of client finances, active treatment, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights. The Residential Manager will be in-serviced on ensuring that</p>		05/08/2016

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	<p>bed while clients B, C, D and E were in the home's kitchen area socializing while staff #1 was in the home's medication administration room completing the morning medication administration. At 7:10 AM, client F called out, "[Staff #1], I'm ready to get up now." Client F repeated requesting assistance from staff #1 to assist her to get out of her bed and transfer into her wheelchair. At 7:13 AM, client D went into client F's bedroom and asked her what she needed and told client F that she would let staff #1 know that she was ready to get up. Client D exited client F's bedroom and entered the medication administration room then returned to client F's bedroom and told her staff #1 would assist her when she was finished administering medications. Client F remained her bed while clients B, C, D and E socialized, received their morning medications, prepared and ate breakfast. At 7:45 AM, staff #2 arrived at the group home. Upon entering the group home, clients B, C, D and E greeted staff #2. Client F, stated, "[Staff #2]? I'm ready to get up. Can you come here?" Staff #2 and staff #1 were in the home's medication administration room. Client D entered client F's bedroom and told client F staff #2 was in the home and would come assist her. At 7:50 AM, staff #2 entered client F's bedroom and assisted client F to transfer from her bed to her</p>		<p>staffing ratios are consistent with the scheduled hours for the home and active treatment being provided in accordance with each client's program plan and clients attend day service as scheduled. The schedule for the home has been revised to ensure that there is two staff in the home for the morning routine.</p> <p>How others will be identified: (Systemic): The Residential Manager will be in the home at least five times weekly to ensure that staffing ratios in the home are consistent with the scheduled hours, that all clients are receiving active treatment according to their plans and that all clients are attending day service as scheduled. The QIDP will be in the home at least twice weekly to ensure that staffing ratios in the home are consistent with the scheduled hours that all clients are receiving active treatment according to their plans and that all clients are attending day service as scheduled. The Program Manager will be in the home at least weekly to ensure that staffing ratios in the home are consistent with the scheduled that all clients are receiving</p>	

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	<p>wheelchair. Staff #2 assisted client F to dress and join her peers in the home's kitchen at 8:07 AM. Clients B, C, D and E had finished eating and were preparing to leave the home for their day services. At 8:45 AM, clients B, C, D and E left for their day services. Client F did not participate in the home's family style dining.</p> <p>Client F was interviewed on 3/31/16 at 8:07 AM. Client F indicated she had moved to the home on 3/22/16. Client F indicated she utilized a wheelchair for mobility. Client F indicated she needed assistance from staff to get out of her bed and to transfer in and out of her wheelchair. Client F indicated she had wanted to get up from bed at 7:00 AM. Client F indicated there were days she would like to be up at 5:30 AM when her roommate gets up.</p> <p>Staff #1 was interviewed on 3/31/16 at 8:30 AM. Staff #1 indicated she was scheduled to work from 12:00 AM through 8:00 AM. Staff #1 indicated she was the only staff scheduled to work in the home until 8:00 AM. Staff #1 indicated a second staff comes in at 8:00 AM to assist with the morning routine and transport clients B, C, D and E to their day services. Staff #1 indicated client F had not started attending day</p>		<p>active treatment according to their plans and that all clients are attending day service as scheduled.</p> <p>Measures to be put in place: All staff at the home will be in-serviced on the operation standard for management of client finances, active treatment, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights. The Residential Manager will be in-serviced on ensuring that staffing ratios are consistent with the scheduled hours for the home and active treatment being provided in accordance with each client's program plan and clients attend day service as scheduled. The schedule for the home has been revised to ensure that there is two staff in the home for the morning routine.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly to ensure that staffing ratios in the home are consistent with the scheduled hours, that all</p>	

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	<p>services and was admitted to the home on 3/22/16. Staff #1 stated, "We are usually late in getting [clients B, C, D and E] out the door in the morning. They usually leave between 8:30 AM and 9:00 AM or after. [Clients C, D and E] go to [day services] in [city]." Staff #1 stated, "[Clients B, C, D, E and F] can't start breakfast until I'm done with passing meds." Staff #1 stated, "[Client F] is usually awake when I go into her room to get [client E] up at 5:30 AM. [Client F] will ask if she can get up at 5:30 AM. We usually let her stay in bed until after 7:00 AM." Staff #1 stated, "[Client F] would probably like to get up and eat with the ladies. She is social and likes to talk but we don't get her up until later."</p> <p>RM (Residential Manager) #1 was interviewed on 3/31/16 at 8:45 AM. RM #1 indicated there was one staff scheduled in the group home from 12:00 AM through 8:00 AM. RM #1 stated, "I usually try to get here before 8:00 AM to help out because there's not anyone scheduled and they have trouble getting out on time." RM #1 indicated client F should be assisted out of her bed and participate in the home's family style meal. RM #1 stated, "They usually get to their day programs late. By the time they get to [city] its usually closer to 10 AM or 11 AM and they usually leave at 1:00</p>		<p>clients are receiving active treatment according to their plans and that all clients are attending day service as scheduled. The QIDP will be in the home at least twice weekly to ensure that staffing ratios in the home are consistent with the scheduled hours that all clients are receiving active treatment according to their plans and that all clients are attending day service as scheduled. The Program Manager will be in the home at least weekly to ensure that staffing ratios in the home are consistent with the scheduled that all clients are receiving active treatment according to their plans and that all clients are attending day service as scheduled.</p> <p>Completion date: 05/08/2016</p>				

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	<p>PM. RM #1 stated, "Yes, there have been times, a few months ago, that the ladies couldn't go to day services because there wasn't enough staff to take them. We were short staffed. Yes, there were days they missed going to day services and some outings." RM #1 indicated the group home and the day services provider were located in different time zones. The day program was one hour behind the group home's time.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 4/1/16 at 12:20 PM. QIDP #1 stated, "I just started at this home as the QIDP. It's been a couple of weeks." QIDP #1 indicated the group home should have enough staff working the home to ensure client needs are met and to ensure clients are punctual in attendance at their day services.</p> <p>Day Services QIDP #1 was interviewed on 4/4/16 at 11:09 AM. Day Services QIDP #1 indicated clients C, D and E attended the day services location. Day Services QIDP #1 indicated clients C, D and E arrived at the day services on a daily basis at 9:00 AM or after. Day Services QIDP #1 indicated the group home and the day services provider are in different time zones. QIDP #1 indicated clients C, D and E should arrive for their</p>			

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	<p>day services programs and work at 7:00 AM.</p> <p>Confidential Interview A stated, "... clients are unable to attend work or day programs 2 or 3 times a week."</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IIRs (Internal Incident Reports) and Investigations were reviewed on 3/31/16 at 9:00 AM. The BDDS, IIRs and Investigations reviewed were from 3/30/16 through 9/30/15 (6 months). The review indicated the following:</p> <p>-BDDS report dated 2/12/16 indicated, "[BDDS Generalist #1] visited the [group home] on 2/11/16. During the visit, it was discovered that a staff member, [staff #3], had worked a 24 hour shift from 2/10/16 to 2/11/16. The residents were unable to attend day services due to insufficient staffing on 2/11/16. Only one staff has been working in the home with five residents. Plan to resolve: ResCare needs to ensure the home is sufficiently staff to ensure that each resident is receiving appropriate active treatment."</p> <p>BDDS Generalist #1 was interviewed on 3/31/16 at 4:05 PM. BDDS Generalist #1 indicated the group home did not have sufficient staff working in the home to</p>			

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	<p>implement active treatment. BDDS Generalist #1 indicated clients B, C, D, E, F and G attended day services a total of 7 times in the month of February due to not having enough staff.</p> <p>1. Client B's record was reviewed on 3/31/16 at 11:20 AM. Client B's Active Treatment Schedule form, undated, indicated Monday through Friday from the hours of 8:00 AM through 4:00 PM client B should be in vocational programming.</p> <p>2. Client C's record was reviewed on 3/31/16 at 11:30 AM. Client C's Active Treatment Schedule, undated, indicated Monday through Friday from the hours of 8:00 AM through 4:00 PM client C should be in vocational programming.</p> <p>3. Client D's record was reviewed on 3/31/16 at 11:45 AM. Client D's Active Treatment Schedule, undated, indicated Monday through Friday from the hours of 8:00 AM through 4:00 PM, client D should be in vocational programming.</p> <p>4. Client E's record was reviewed on 3/31/16 at 11:50 AM. Client E's Active Treatment Schedule, undated, indicated Monday through Friday from the hours of 8:00 AM through 4:00 PM, client E should be in vocational programming.</p>			

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W 0331 Bldg. 00	<p>5. Client G's record was reviewed on 3/31/16 at 11:55 AM. Client G's ISP (Individual Support Plan) Quarterly Review form dated 12/30/15 indicated, "[Client G's guardians] expressed grievances with her residential provider, including... lack of staffing and lack of punctuality." Client G's Discharge Summary dated 2/26/16 indicated client G was discharged from the home on 2/26/16.</p> <p>This federal tag relates to complaints #IN00193699 and #IN00192910.</p> <p>9-3-4(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 2 of 3 sampled clients (A and B), the facility's nursing services failed to ensure staff implemented nursing measures regarding client A's temperature, ensure staff administered client A's PRN (As Needed Medication) as ordered and failed to update/review client B's PICA (eating disorder) following incidents of PICA.</p>	W 0331	<p>W331: The facility must provide clients with nursing services in accordance with their needs.</p> <p>Corrective Action: (Specific): All staff at the home will be in-serviced on the medication administration policies and procedures, operation standard for reporting and investigating allegations of abuse, neglect,</p>	05/08/2016

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	<p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, IIRs (Internal Incident Reports) and Investigations were reviewed on 3/31/16 at 9:00 AM. The BDDS, IIRs and Investigations reviewed were from 3/30/16 through 9/30/15 (6 months). The review indicated the following:</p> <p>1. BDDS report dated 2/5/16 indicated, "[Client A] has a bowel movement on herself. Staff assisted [client A] to the shower to get cleaned up. [Client A] then vomited. Staff took [client A's] temperature which was 101.7 and contacted the nurse. The nurse advised to administer 2 Tylenol (fever) and transport the (sic) ER for evaluation." The 2/5/16 BDDS report indicated, "Upon arrival to the ER, sepsis work ups were completed and it was determined that [client A] would be admitted in the ICU (Intensive Care Unit). [Client A] was diagnosed with aspiration, pneumonia, sepsis and hypertension."</p> <p>-Follow up BDDS report dated 2/17/16 indicated, "[Client A] remains in the nursing facility and is in droplet isolation with a diagnosis of sepsis and pneumonia."</p>		<p>exploitation, mistreatment or violation of an individual's rights and following physician orders and nursing recommendations as written. The home nurse will be in-serviced on developing risk plans for each individual's diagnosis that require medical oversight, evaluation and follow up and evaluation of those plans at least quarterly and revisions to plans as need arise. A risk plan for client B's diagnosis of PICA will be developed and all staff will be trained on that plan.</p> <p>How others will be identified: (Systemic): The Residential Manager will be in the home at least five times weekly to review documentation on the MARS to ensure timely, accurate and complete documentation for all clients. The QIDP will be in the home at least twice weekly to review documentation on the MARS to ensure timely, accurate and complete documentation for all clients. The Program Manager will be in the home at least weekly to weekly to review documentation on the MARS to ensure timely, accurate and complete documentation for all clients. The home nurse will be</p>		

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	<p>-BDDS report dated 2/17/16 indicated, "[Client A] was admitted to [hospital] on 2/4/16. The team remained in contact with the [hospital] and on 2/11/16 the [RM #1] called to get a status update on [client A] and was informed that [client A] had been moved to the [nursing home] in [town] on 2/9/16. [Client A] was in droplet isolation with diagnosis of sepsis and pneumonia."</p> <p>Client A's record was reviewed on 3/31/16 at 10:00 AM.</p> <p>Client A's Doctor's Orders and Progress Notes form dated 1/5/16 indicated client A was diagnosed with acute Bronchitis and prescribed Doxycycline 100 milligrams capsule twice a day for ten days.</p> <p>Client A's Doctor's Orders and Progress Note form dated 1/26/16 indicated client A was seen for fatigue and altered mental status, UTI (Urinary Tract Infection) and prescribed Keflex 500 milligrams twice a day for seven days.</p> <p>Client A's History of Pneumonia/URI (Upper Respiratory Infection) plan dated 9/21/15 indicated, "Staff will monitor [client A] for signs and symptoms of pneumonia, i.e. fever, congestion, breathing difficulty, coughing, watering</p>		<p>in the home at least twice weekly for 30 days then weekly thereafter to review documentation on all clients MAR's to ensure everything is documented accordingly. The home nurse will review all client risk plans to determine if changes need to be made, make necessary changes and train staff as indicated.</p> <p>Measures to be put in place: All staff at the home will be in-serviced on the medication administration policies and procedures, operation standard for reporting and investigating allegations of abuse, neglect, exploitation, mistreatment or violation of an individual's rights and following physician orders and nursing recommendations as written. The home nurse will be in-serviced on developing risk plans for each individual's diagnosis that require medical oversight, evaluation and follow up and evaluation of those plans at least quarterly and revisions to plans as need arise. A risk plan for client B's diagnosis of PICA will be developed and all staff will be trained on that plan.</p>				

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	<p>of the eyes, refusing meals, etc."</p> <p>Client A's January 2016 MAR (Medication Administration Record) indicated the following:</p> <p>- "Doxycycline Hyclate 100 milligram capsule. Take one capsule by mouth 2 times daily. Take temperature each time given, mark on the back of MAR." The MAR indicated client A would start taking the Doxycycline at 7:00 AM on 1/5/16, then twice daily at 7:00 AM and 7:00 PM and stop after the 7:00 AM dose on 1/14/16.</p> <p>- "Take temperature every 2 hours and document of back of MARS. Stop on 12/14/16 (sic)."</p> <p>- "Cephalexin 500 milligram capsule. Take one capsule by mouth twice daily for 7 days. Take temperature when given. Cannot give hour prior or after." The MAR indicated client A would start taking the Cephalexin at 8:00 PM on 1/26/16, twice daily at 8:00 AM and 8:00 PM and stop after 2/2/16 at 8:00 AM.</p> <p>- The review indicated client A's temperature was recorded on the back of client A's January 2016 MAR on the following days and times:</p>		<p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly to review documentation on the MARS to ensure timely, accurate and complete documentation for all clients. The QIDP will be in the home at least twice weekly to review documentation on the MARS to ensure timely, accurate and complete documentation for all clients. The Program Manager will be in the home at least weekly to weekly to review documentation on the MARS to ensure timely, accurate and complete documentation for all clients. The home nurse will be in the home at least twice weekly for 30 days then weekly thereafter to review documentation on all clients MAR's to ensure everything is documented accordingly. The home nurse will review all client risk plans to determine if changes need to be made, make necessary changes and train staff as indicated.</p> <p>Completion date: 05/08/2016</p>	

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	-1/6/16 at 11:00 AM, 99.6			
	-1/6/16 at 1:00 PM, 99.3			
	-1/6/16 at 3:00 PM, 97.8			
	-1/6/16 at 5:00 PM, 98.5			
	-1/6/16 at 7:00 PM, 99.2			
	-1/11/16 at 7:00 PM, 95.4			
	-1/12/16 at 8:00 PM, 96.2			
	-1/14/16 at 6:15 PM, 97.4			
	-1/26/16 at 8:00 PM, 95.8			
	-1/27/16 at 7:00 AM, 95.7			
	-1/27/16 at 8:00 PM, 96.4			
	-1/28/16 at 8:00 AM, 96.1			
	-1/28/16 at 8:00 PM, 97.1			
	-1/29/16 at 8:00 AM, 95.7			
	-1/29/16 at 8:00 PM, 96.8			
	-1/30/16 at 8:00 AM, 98.6			
	-1/31/16 at 8:00 AM, 98.6			

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	<p>-1/31/16 at 8:00 PM, 98.1.</p> <p>The review did not indicate additional documentation of client A's temperature being monitored during January 2016.</p> <p>Client A's February 2016 MAR indicated the following:</p> <p>-2/1/16, 10:30 AM, Temperature 99.6</p> <p>-2/1/16, 8:00 PM, Temperature 98.7</p> <p>-2/2/16, 8:00 PM, Temperature 97.1.</p> <p>Client A's PRN (As Needed) Medication Information form dated February 2016 indicated, "Acetaminophen 325 milligram tablet. Give two tablets, 650 milligrams by mouth every 4 hours as needed for pain or fever."</p> <p>The review indicated client A received Acetaminophen 325 milligrams for fever on 2/1/16 at 10:56 AM with no result regarding effectiveness documented. Client A received Acetaminophen 325 milligrams tablet on 2/2/16, no time noted for leg pain and on 2/4/16 at 10:30 AM for a fever with the result indicating improvement in her fever. The review did not indicate documentation of client A receiving Acetaminophen at 8:00 PM on 2/1/16 regarding her continued fever or</p>			

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	<p>on 2/2/16 at 8:00 PM regarding her fever. The review did not indicate documentation of client A receiving 650 milligrams, or two 325 milligram tablets of Acetaminophen on 2/1/16, 2/2/16, or 2/4/16.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 4/7/16 at 1:55 PM. LPN #1 indicated there was not additional documentation of client A's temperature being monitored during January 2016. LPN #1 indicated she had instructed staff to monitor client A's temperature as a nursing measure to client A being on multiple doses of antibiotics. LPN #1 indicated client A's temperature should be monitored and documented to ensure client A's antibiotics were effective and to ensure client A's infection/illness was improving. LPN #1 indicated client A's PRN dose of Acetaminophen should be two 325 milligram tablets for a total of 650 milligrams per dose.</p> <p>2. BDDS report dated 10/29/15 indicated, "Clients were all asleep and staff was in the office completing paperwork. [Client B] came into the office and reported to staff that her stomach hurt and that she had eaten raw chicken earlier in the week. She also claimed she had hidden raw chicken in her body cavities in order to sneak it to her room and eat it. Staff</p>			

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	<p>called the nurse to inform her of the incident and took client to the ER to be evaluated."</p> <p>-Follow up BDDS report dated 11/3/15 indicated, "A few days after her ER visit, the hospital called to report that [client B] had bacteria in her stool and she was started on a daily probiotic. [Client B] had a follow up with her physician on 11/2/15 where he noted that the issue was resolved. He ordered more probiotics to be taken daily for 14 days and to only return if symptoms worsen."</p> <p>-Follow up BDDS report dated 11/9/15 indicated, "Yes, [client B] did ingest raw chicken. Risk plans and behavior tracking are in place for these behaviors and conditions. They have been updated. [Client B] is doing well, there are no further concerns at this time. Staff have been trained on updates due to recent behavior."</p> <p>LPN #1 was interviewed on 4/4/16 at 11:36 AM. LPN #1 indicated she was the Director of Health Services for the group home. LPN #1 stated, "[Client B] doesn't carry an actual Pica diagnosis. I've been at the home since 2010 and she has never had the official diagnosis." LPN #1 stated, "[Client B] doesn't have a Pica high risk plan because she doesn't have</p>			

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	<p>the diagnosis. Without the diagnosis its a behavioral issue and should be addressed in her BSP."</p> <p>Client B's record was reviewed on 3/31/16 at 11:20 AM. Client B's History of PICA (eating disorder) document dated 8/4/15 indicated, "Staff will monitor for attempts to consume non-edible items. The nurse will review the risk plan at least quarterly and revised (sic) as needed." The review did not indicate documentation of review/revision since 8/4/15.</p> <p>Client B's Digestive Care Center form dated 1/8/15 indicated, "Diagnosis: Foreign body, stomach. Pica...."</p> <p>Client B's ISP (Individual Support Plan) dated 5/9/15 indicated client B's diagnosis included but was not limited to Pica.</p> <p>Client B's Annual Health assessment and ISP Medical Input form dated 8/17/15 indicated, "Diagnosis ... Pica."</p> <p>Client B's Emergency Room Visit form dated 8/15/15 indicated client B's diagnosis included but was not limited to Pica.</p> <p>Client B's Medical Group document</p>			

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	<p>dated 3/8/16 indicated, "Pica, status Active. Onset Date: 11/10/11."</p> <p>Client B's Doctors Orders and Progress Notes form dated 11/11/14 indicated, "X-ray to see if magnetic pen is in same location." The 11/11/14 form indicated client B had ingested a magnetic pen.</p> <p>Client B's Digestive Care Center documents dated 12/9/14 indicated, "The swallowed foreign body was absent on your most recent x-ray, indicating its passage." The 12/9/14 form indicated client B's 11/11/14 magnetic pen had passed.</p> <p>Client B's Doctors Orders and Progress Notes form dated 1/8/15 indicated, "Follow up from swallowing a pen." The review indicated the 1/8/15 incident was a separate/additional incident to the 11/11/14 incident.</p> <p>Client B's Clinical Report form dated 8/15/15 indicated, "Chief complaint: swallowed foreign body." The 8/15/15 form indicated, "This started last night (8/14/15) at 11:00 PM. [Client B] is a [age] female who presents at emergency department with complaint of swallowing a hair clip."</p> <p>Client B's Doctors Order and Progress</p>			

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	<p>notes form dated 9/11/15 indicated, "Follow up from ER, swallowing hair clip."</p> <p>The review did not indicate documentation of review/revision of client B's Pica Risk Plan since 8/4/15.</p> <p>This federal tag relates to complaints #IN00193699, #IN00193055 and #IN00192910.</p> <p>9-3-6(a)</p>				