

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G697		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  01/09/2012	
NAME OF PROVIDER OR SUPPLIER  DEVELOPMENTAL SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 4251 RIVER RD COLUMBUS, IN 47203			
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W000C	<p>This visit was for the fundamental recertification and state licensure survey.</p> <p>Survey dates: January 3, 4, 5, 6 and 9, 2012</p> <p>Facility Number: 003184 Provider Number: 15G697 AIM Number: 200368720</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/19/12 by Ruth Shackelford, Medical Surveyor III.</p>			W0000			

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

TITLE

(X6) DATE

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

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W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the governing body failed to ensure:</p> <p>1) doors and walls in the home were repainted, 2) a living room chair was cleaned, covered or removed and 3) the home was free of a urine smell.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 1/3/12 from 3:56 PM to 5:34 PM and 1/4/12 from 5:56 AM to 7:41 AM.</p> <p>1) During the observations, the inside front door was missing paint down to the metal around the doorknob. The area was 12 inches by 4 inches. The door leading from the inside of the group home to the garage was missing paint around the doorknob area. The door had scuff marks and dirt on it both on the inside and the outside of the door. The wall connecting the living room, dining room and kitchen was scuffed by two recliners leaning against the wall. The wall behind the recliners had a straight line, 3 feet in length of marks matching up to the backs of the two chairs. This affected clients</p>	W0104	<p>W104</p> <p>SGL Manager and QIDP notified the Property Manager of the need for the maintenance issues cited during the survey. The walls are being painted, the chair will be repaired or removed, and the urine odor problem will be resolved. The QIDP or designee will conduct at least monthly observations in the home to identify problem areas that need addressed. The maintenance department also conducts routine checks in each group home. All maintenance needs found by direct support staff, QIDP, or other staff are reported to the Property's Manager on a work request form who is responsible for scheduling work needed.</p> <p>Responsible for QA: Director of Family Services, SGL Manager, QIDP</p>	02/08/2012

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	<p>#1, #2, #3, #4, #5 and #6.</p> <p>An interview with Administrative staff (AS) #1 was conducted on 1/5/12 at 2:30 PM. AS #1 indicated the facility was responsible for maintaining the group home.</p> <p>2) During the observations, a chair used by clients #1 and #2 was stained and discolored. The chair was located in between the dining room and the back room of the home. The chair had dark stains and discoloration covering the armrests and the headrest of the chair.</p> <p>An interview with Administrative staff (AS) #1 was conducted on 1/5/12 at 2:30 PM. AS #1 indicated the group home should maintain, in good condition, the furniture in the group home.</p> <p>3) During the observations at the group home on 1/3/12 and 1/4/12, the hallway outside of client #2, #4 and #6's bedrooms smelled of urine. Client #6's bedroom had a urine smell as well as clients #2 and #4's bedrooms.</p> <p>An interview with Direct Care Staff (DCS) #1 was conducted on 1/4/12 at 6:54 AM. DCS #1 indicated the smell was a urine smell. DCS #1 indicated client #2 was incontinent at night and</p>				

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	<p>client #6 urinated in areas of his room as a behavior.</p> <p>An interview was conducted with AS #1 on 1/5/12 at 2:30 PM. AS #1 indicated the home should not smell of urine. AS #1 indicated clients #2 and #6 had issues with incontinence.</p> <p>9-3-1(a)</p>			
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W0125	<p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, interview and record review for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility failed to ensure the sharp knives were not locked.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 1/3/12 from 3:56 PM to 5:34 PM. At 4:58 PM, the two cabinets below the kitchen sink were observed to have plastic loops on the handles. The loops, when closed, locked the cabinet. The cabinet was not locked during this observation. Staff #3 indicated the cabinet used to be locked in the past but she was not sure if the cabinet should remain unlocked or needed to be locked. There was a storage bin of sharp knives in the left side cabinet. During an observation on 1/4/12 from 5:56 AM to 7:41 AM, the cabinets below the kitchen sink were locked. This affected clients #1, #2, #3, #4, #5 and #6.</p> <p>A review of client #1's record was conducted on 1/5/12 at 11:36 AM. There was no documentation in his record</p>	W0125	<p>W125 QIDP will retrain staff on client rights to include free access to knives as needed for daily living. The sharp knives are no longer locked within this home. QIDP or designee will monitor compliance in this area through random observations at least monthly. Responsible for QA: QIDP</p>	02/08/2012			

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	<p>indicating sharp knives needed to be locked.</p> <p>A review of client #2's record was conducted on 1/5/12 at 12:16 PM. There was no documentation in his record indicating sharp knives needed to be locked.</p> <p>A review of client #3's record was conducted on 1/5/12 at 1:02 PM. There was no documentation in his record indicating sharp knives needed to be locked.</p> <p>A review of client #4's record was conducted on 1/5/12 at 2:34 PM. There was no documentation in his record indicating sharp knives needed to be locked.</p> <p>A review of client #5's record was conducted on 1/5/12 at 2:41 PM. There was no documentation in his record indicating sharp knives needed to be locked.</p> <p>A review of client #6's record was conducted on 1/5/12 at 2:39 PM. There was no documentation in his record indicating sharp knives needed to be locked.</p> <p>An interview with the Qualified Mental</p>			
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	Retardation Professional (QMRP) was conducted on 1/5/12 at 3:47 PM. The QMRP indicated none of the clients had a plan for the sharp knives to be locked. The QMRP indicated there was no reason for the sharp knives to be locked.  9-3-2(a)			
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W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for 2 of 23 incident/investigative reports reviewed affecting clients #1, #2, #5 and #6, the facility failed to implement their policies and procedures to conduct thorough investigations.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 1/3/12 at 2:59 PM.</p> <p>-On 10/11/11 at 1:45 PM, client #2 fell onto the floor at the facility-operated workshop. The report indicated, "This was not observed by any staff." The report concluded, "[Client #2] sustained a red area (1/2 centimeter) that could possibly bruise on his left wrist." On 10/15/11 in the Bureau of Developmental Disabilities Services (BDDS) follow-up report, the facility indicated the following, "Yesterday evening (10/14/11) he had a 1 inch bruise reported on his right shoulder when he arrived home. Q (Qualified Mental Retardation Professional) thought that was likely from this same fall. Today Q received a page around 12:45 PM from (staff #8), house staff, who reported that [client #2's] right shoulder was swollen as was the area from his shoulder to his</p>	W0149	<p>W149</p> <p>Agency policy and procedures were reviewed and found to be appropriate in addressing necessary information needed for thorough investigations. QIDP's will be retrained on policy and procedures for investigations to include interviewing all persons who may have witnessed the incident. SGL Manager, Director of Family Services, and Director of Adult Services and Quality Assurance will review investigations to further ensure compliance.</p> <p>Responsible for QA: QIDP, SGL Manager, Director of Family Services, and Director of Adult Services</p>	02/08/2012			

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	<p>neck. Staff was instructed to take him to [name of urgent care facility] to assess his injury. The doctor took an x-ray and told staff that [client #2] had a broken, displaced clavicle and that it looked like it had happened several days ago...". There was no documentation the facility took steps to re-interview the workshop staff, the clients in the workshop, or the staff at the group home to ascertain if there was another fall or incident involving client #2. There were no statements obtained from client #2's peers at the group home. The investigative report did not indicate client #2 had a displaced, broken clavicle.</p> <p>-On 5/6/11 at 3:40 PM, client #6 "was angry for apparently no reason" while in the van and began hitting his housemates. This happened during transport from the workshop to the group home. Client #1 sustained a 3 centimeter (cm) superficial scratch behind his left ear. Client #5 had scratches on his chin and the following day he had a bruised area appear above his left eye approximately 1.5 cm. On 5/7/11, client #6 "ended up with a bruise" (1 cm) in the inner part of his right eye. The conclusion of the investigation indicated the following, "It is unknown who hit whom in the back of the van on the date in question. Staff were aware that there was scuffle among the housemates but neither staff felt that the</p>			
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	<p>scuffle was serious enough that any of the housemates would be injured. This was incorrect. In order to prevent this situation from happening again staff should be present in the back of the vehicle...". The details of the investigation indicated the following, "Due to the time that had passed since the incident the Q did not question any of the housemates regarding what had happened as it was felt that their statements would not be reliable."</p> <p>A review of the facility's policy and procedure for Identifying and Reporting Violations of Client Rights, dated 4/12/06, was reviewed on 1/3/12 at 2:54 PM. The policy indicated rights violations included abuse, neglect, exploitation and mistreatment. Abuse was defined as, "the intentional or willful infliction of physical injury, the unnecessary use of physical or chemical restraints or isolation, punishment that results in physical harm or pain." Neglect was defined as, "Placing an individual in a situation that may endanger his or her life or health; includes failure to provide appropriate care, food, medical care, shelter, or supervision." Injuries of unknown origin was defined as, "Any significant injury or unknown origin should be investigated as potential abuse and neglect."</p>						

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	<p>On 1/5/12 at 2:28 PM, Administrative staff (AS) #1 was interviewed. AS #1 indicated the facility should have attempted to obtain additional information from staff and clients regarding client #2's broken clavicle. AS #1 indicated the clients should have been interviewed after the 5/6/11 incident in the van.</p> <p>9-3-2(a)</p>			
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W0154	<p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 2 of 23 incident/investigative reports reviewed affecting clients #1, #2, #5 and #6, the facility failed to conduct thorough investigations.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 1/3/12 at 2:59 PM.</p> <p>-On 10/11/11 at 1:45 PM, client #2 fell onto the floor at the facility-operated workshop. The report indicated, "This was not observed by any staff." The report concluded, "[Client #2] sustained a red area (1/2 centimeter) that could possibly bruise on his left wrist." On 10/15/11 in the Bureau of Developmental Disabilities Services (BDDS) follow-up report, the facility indicated the following, "Yesterday evening (10/14/11) he had a 1 inch bruise reported on his right shoulder when he arrived home. Q (Qualified Mental Retardation Professional) thought that was likely from this same fall. Today Q received a page around 12:45 PM from (staff #8), house staff, who reported that [client #2's] right shoulder was swollen as was the area from his shoulder to his neck. Staff was instructed to take him to</p>	W0154	<p>W154</p> <p>Agency policy and procedures were reviewed and found to be appropriate in addressing necessary information needed for thorough investigations. QIDP's will be retrained on policy and procedures for investigations to include interviewing all persons who may have witnessed the incident. SGL Manager, Director of Family Services, and Director of Adult Services and Quality Assurance will review investigations to further ensure compliance.</p> <p>Responsible for QA: QIDP, SGL Manager, Director of Family Services, and Director of Adult Services</p>	02/08/2012			

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	<p>[name of urgent care facility] to assess his injury. The doctor took an x-ray and told staff that [client #2] had a broken, displaced clavicle and that it looked like it had happened several days ago...". There was no documentation the facility took steps to re-interview the workshop staff, the clients in the workshop, or the staff at the group home to ascertain if there was another fall or incident involving client #2. There were no statements obtained from client #2's peers at the group home. The investigative report did not indicate client #2 had a displaced, broken clavicle.</p> <p>-On 5/6/11 at 3:40 PM, client #6 "was angry for apparently no reason" while in the van and began hitting his housemates. This happened during transport from the workshop to the group home. Client #1 sustained a 3 centimeter (cm) superficial scratch behind his left ear. Client #5 had scratches on his chin and the following day he had a bruised area appear above his left eye approximately 1.5 cm. On 5/7/11, client #6 "ended up with a bruise" (1 cm) in the inner part of his right eye. The conclusion of the investigation indicated the following, "It is unknown who hit whom in the back of the van on the date in question. Staff were aware that there was scuffle among the housemates but neither staff felt that the scuffle was serious enough that any of the</p>				

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	<p>housemates would be injured. This was incorrect. In order to prevent this situation from happening again staff should be present in the back of the vehicle...". The details of the investigation indicated the following, "Due to the time that had passed since the incident the Q did not question any of the housemates regarding what had happened as it was felt that their statements would not be reliable."</p> <p>On 1/5/12 at 2:28 PM, Administrative staff (AS) #1 was interviewed. AS #1 indicated the facility should have attempted to obtain additional information from staff and clients regarding client #2's broken clavicle. AS #1 indicated the clients should have been interviewed after the 5/6/11 incident in the van.</p> <p>9-3-2(a)</p>			
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W0227	<p>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 non-sampled clients (#4), the facility failed to ensure he had a culinary training objective as recommended by his support plan.</p> <p>Findings include:</p> <p>A review of client #4's record was conducted on 1/5/12 at 2:34 PM. Client #4's Individual Program Plan (IPP), dated 2/10 - 2/11, indicated the following in the recommendations section: "Needs programming designed to develop culinary skills." A review of the training documentation sheets in client #4's record indicated he did not have a training goal for culinary skills.</p> <p>An interview with Administrative staff (AS) #1 was conducted on 1/5/12 at 2:30 PM. AS #1 indicated client #4 should have a training goal for increasing his culinary skills.</p> <p>9-3-4(a)</p>	W0227	<p>W227</p> <p>QIDP revised client #4's program plan to include a culinary objective. Staff will be trained on the revision and objective will be implemented. QIDP or designee will observe at least weekly for one month and at least monthly thereafter to ensure compliance in this area.</p> <p>Responsible for QA: QIDP</p>	02/08/2012			

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W0249	<p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 3 of 6 clients living in the group home (#1, #3 and #4), the facility failed to ensure staff implemented their program plans.</p> <p>Findings include:</p> <p>1) An observation was conducted at the group home on 1/4/12 from 5:56 AM to 7:41 AM. At 7:13 AM, client #3 was sitting in his recliner in the living room. Staff #1 approached client #3 and asked him if she could shave his face. Client #3 agreed. Staff #1 then shaved client #3's using his electric razor. Staff #1 did not prompt client #3 to assist with the shaving. Staff #1 provided no training to client #3 with shaving his face. At 7:15 AM, client #3 was assisted by staff #7 to the table. Staff #7 held client #3's hand while she escorted client #3 to the table; staff #7 did not talk to client #3 about where he was going or what was going on in his environment. Once client #3 was at the table, staff #7 took client #3 his drink. Client #3 was not involved in making or</p>	W0249	<p>W249 Staff will be retrained on program implementation to include the training objectives for clients #1, #3, and #4. QIDP or designee will observe at least weekly for one month and at least monthly thereafter to ensure all training objectives are being implemented as indicated within the program plan. Responsible for QA: QIDP</p>	02/08/2012

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	<p>getting his own drink.</p> <p>A review of client #3's record was conducted on 1/5/12 at 1:02 PM. His Individual Program Plan (IPP), dated 2/11-2/12, indicated client #3 had a training objective to shave independently. The training steps included obtaining his own razor and shaving each part of his face. Client #3 had a training objective to get his own drink. The training steps included being asked if he was thirsty, if he wanted water, getting a cup from the cupboard, filling the cup and taking it to the table. Client #3 had a "Directives for Assisting [client #3] with Walking/Movement" in his record. The instructions indicated staff were to put out their right arm and bend it at the elbow. Client #3 was to place his thumb on the inside of the staff's upper bended arm and 4 fingers on the outside of the staff's upper bended arm. Staff were to walk slightly in front of him and give him verbal cues when guiding him to cue as to what was going on in his environment.</p> <p>On 1/5/12 at 3:42 PM, an interview with the Qualified Mental Retardation Professional (QMRP) was conducted. The QMRP indicated staff should implement client #3's walking plan as written.</p>			
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	<p>On 1/5/12 at 2:30 PM, an interview with Administrative staff (AS) #1 was conducted. AS #1 indicated the staff should implement client #3's IPP as written including getting his own drink and shaving.</p> <p>2) An observation was conducted at the group home on 1/4/12 from 5:56 AM to 7:41 AM. At 6:14 AM, client #1 received his medications (Olanzapine, Ferrous Sulfate, Gemfibrozil, Metoprolol, Risperidone, Senna S, Nystop, Clobetasol, and Uramaxin) from staff #6. During the med pass, staff #6 did not ask client #1 to name side effects of his medications. At 6:32 AM, client #4 received his medications (Dilantin, Levetiracetam, Olanzapine, Primidone, Risperidone, Sertraline, Vitamin B-12, Vitamin D-3, and Advair) from staff #6. During the med pass, staff #6 did not ask client #4 to name side effects of his medications.</p> <p>A review of client #1's record was conducted on 1/5/12 at 11:36 AM. His IPP, dated 1/11-1/12, indicated he had a medication administration training objective to name medication side effects using picture symbols.</p> <p>A review of client #4's record was conducted on 1/5/12 at 2:34 PM. Client #4's IPP, dated 2/11 to 2/12, indicated he</p>						

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	<p>had a medication training objective to identify the possible side effects of his medications.</p> <p>An interview with AS #1 was conducted on 1/5/12 at 2:30 PM. AS #1 indicated the staff should implement the clients' med training objectives at each med pass.</p> <p>3) An observation was conducted at the group home on 1/3/12 from 3:56 PM to 5:34 PM. At 5:15 PM, dinner started. Client #5 was being prompted and assisted by staff #5. Staff #5 held a spoon and used it to remove food from client #5's spoon to ensure a small bite size portion was being consumed. This continued throughout the dinner observation.</p> <p>A review of client #5's record was conducted on 1/9/12 at 1:29 PM. His Dining Plan, dated 3/27/11, did not indicate staff were to use a spoon to remove food from client #5's spoon. The plan indicated staff should be 1:1 (one on one) seated at eye level at arm's length. The plan indicated the staff should monitor for sneaking foods/drinks unsupervised, chewing/swallowing difficulties/portion control. The plan did not indicate the use of a spoon held by staff for portion control.</p>						

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	An interview with AS #1 was conducted on 1/5/12 at 2:30 PM. AS #1 indicated client #5 did not have a plan for staff to use a spoon to remove food from client #5's spoon to ensure small bite sizes. AS #1 indicated staff should not being doing this intervention.  9-3-4(a)			
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W0252	<p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 3 of 3 clients in the sample (#1, #2 and #3), the facility failed to ensure staff were documenting, per the plan, bowel movements (BM).</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 1/5/12 at 11:36 AM. His Physician's Orders (POs), dated 10/29/11, indicated the following in regard to BM documentation, "Monitor and record BMs every shift. Notify nurse in no BM in 3 days." His Health/Risk Plan, dated 1/18/11, for constipation indicated, "Staff will mark BM on as instructed on MAR (Medication Administration Record)." The MARs indicated, "Monitor and Record BM's Every Shift."</p> <p>Number of days with no documentation from MARs:</p> <ul style="list-style-type: none"> <li>-January 2012 - Day shift (7:00 AM to 3:00 PM) 4/5, Evening shift (3:00 PM to 11:00 PM) 0/5, Night shift - 0/5</li> <li>-December 2011 - Day shift - 26/31, Evening shift - 1/31, Night shift - 7/31</li> <li>-November 2011 - no MARs to review</li> <li>-October 2011 - Day shift - 26/31, Evening shift - 4/31, Night shift - 12/31</li> <li>-September 2011 - Day shift - 21/30,</li> </ul>	W0252	<p>W252</p> <p>Staff will be retrained on appropriate documentation needed per program plan, specific to this citation, documentation of bowel movements for clients #1, #2, and #3. QIDP or designee will review documentation weekly for one month to ensure compliance. QIDP and agency nurse will review documentation at least monthly to ensure continued compliance.</p> <p>Responsible for QA: QIDP, Agency nurse</p>	02/08/2012			

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	<p>Evening shift - 7/30, Night shift - 11/30.</p> <p>A review of client #2's record was conducted on 1/5/12 at 12:16 PM. His Individual Program Plan (IPP), dated 3/11 - 3/12 indicated the following, "On 3/1/07 [client #2] was diagnosed with a fecal impaction. He continues to be on Amitiza to prevent further occurrence of this. This was added on 8/3/09 and has been very beneficial for [client #2]. He now has a regular BM daily. Still included in his medications are Colyte and an Enema should he not have a BM within 3-4 days (see MAR - Medication Administration Record) but these are no longer used weekly. They have in fact not been needed since the Amitiza began." His POs, dated 10/29/11, indicated the following, "Bowel movement record every shift. Notify nurse if no BM in 3 days." His Health/Risk Plan for constipation indicated, "Administer PRN (as needed) Colyte every week as directed for no BM for 4 days."</p> <p>Number of days with no documentation from MARs (MAR indicated, "Bowel Movement Record Every Shift"):</p> <ul style="list-style-type: none"> <li>-January 2012 - Day shift - 3/5, Evening shift - 0/5, Night shift - 0/5</li> <li>-December 2011 - Day shift - 24/31, Evening shift - 2/31, Night shift - 9/31</li> <li>-November 2011 - no MARs to review</li> <li>-October 2011 - Day shift - 21/31,</li> </ul>			
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	<p>Evening shift - 4/31, Night shift - 30/31 -September 2011 - Day shift - 19/30, Evening shift - 6/30, Night shift - 8/30.</p> <p>A review of client #3's record was conducted on 1/5/12 at 1:02 PM. His POs, dated 10/29/11, indicated, "Record Bowel Movements Every Shift." His Health/Risk Plan for constipation, dated 2/3/11, indicated, "Staff will mark BM on bowel chart kept with MAR." Number of days with no documentation from MARs (MAR indicated, "Record Bowel Movements Every Shift"): -January 2012 - Day shift - 5/5, Evening shift - 1/5, Night shift - 2/5 -December 2011 - Day shift - 23/31, Evening shift - 2/31, Night shift - 6/31 -November 2011 - no MARs to review -October 2011 - Day shift - 24/31, Evening shift - 2/31, Night shift - 10/31 -September 2011 - Day shift - 25/30, Evening shift - 6/30, Night shift - 5/30.</p> <p>An interview with the nurse was conducted on 1/5/12 at 3:21 PM. The nurse indicated the staff should document bowel movements every shift for clients #1, #2 and #3.</p> <p>An interview with Administrative staff (AS) #1 was conducted on 1/5/12 at 2:30 PM. AS #1 indicated the staff should document bowel movements daily for</p>						

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	each shift.  9-3-4(a)			
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W0312	<p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 2 of 3 sampled clients (#1 and #2), the facility failed to ensure there was a specific plan of reduction for each psychotropic medication.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 1/5/12 at 11:36 AM. Client #1's Behavior Management Program (BMP), dated 6/22/10, indicated he was taking the following psychotropic medications: Celexa (obsessive-compulsive disorder), Risperdal (psychosis) and Zyprexa (anger/agitation). The plan did not contain a specific plan of reduction for each medication. The plan did not indicate the order of reduction.</p> <p>A review of client #2's record was conducted on 1/5/12 at 12:16 PM. Client #2's BMP, dated 6/5/11, indicated he was taking the following psychotropic medications: Seroquel (as needed for agitation), Seroquel (bipolar disorder), Lithium (bipolar disorder), Zyprexa (bipolar disorder) and Trileptal (bipolar</p>	W0312	<p>W312 Client's #1 and #2 behavior support plans will be revised to include specific criteria for reducing each psychotropic medication. QIDP will review behavior plans at least annually to ensure that reduction plans are included in each behavior support plan. Responsible for QA: QIDP</p>	02/08/2012

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	<p>disorder). The plan did not contain a specific plan of reduction for each medication. The plan did not indicate the order of reduction.</p> <p>An interview with Administrative staff (AS) #1 was conducted on 1/5/12 at 2:30 PM. AS #1 indicated she understood from previous survey findings there needed to be a specific plan of reduction for each psychotropic medication. AS #1 indicated the facility had not developed a specific plan of reduction for each psychotropic medication.</p> <p>9-3-5(a)</p>			
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W0331	<p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview for 3 of 3 clients in the sample (#1, #2 and #3), the facility's nursing services failed to ensure: 1) client #1 had a plan for a low pulse, 2) client #2 had an annual dental appointment, and 3) client #3 had an annual vision exam.</p> <p>Findings include:</p> <p>1) An observation was conducted at the group home on 1/4/12 from 5:56 AM to 7:41 AM. At 6:14 AM, client #1's medication pass started. Prior to receiving medications, staff #6 took client #1's blood pressure (126/106) and pulse (49). Upon getting the readings, staff #6 indicated he needed to contact the nurse due to client #1's low pulse. Staff #6 indicated he would contact the nurse after administering client #1's medications. Staff #6 left a voice message with the blood pressure and pulse readings at 6:30 AM.</p> <p>A review of client #1's record was conducted on 1/5/12 at 11:36 AM. Client #1 did not have a protocol in place regarding what staff were to do if his pulse was low. His Physician's Orders, dated 10/29/11, indicated staff were to</p>	W0331	<p>W331</p> <p>A plan for client #1's low pulse will be developed. Appointments for clients #2 and #3 have been scheduled. The QIDP Assistant responsible for medical appointments has been retrained on the importance of ensuring timely medical appointments. The agency nurse will review charts at least monthly and note all medical exams coming due and share this information with the QIDP and QIDP Assistant. The QIDP will ensure the exams are scheduled timely. Responsible for QA: QIDP, QIDP Assistant, Agency nurse</p>	02/08/2012			

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	<p>take his blood pressure and pulse 3 times per week alternating in the morning and evening and call the nurse if his pulse was above 100.</p> <p>An interview with the nurse was conducted on 1/5/12 at 3:21 PM. The nurse indicated there was no protocol in place for holding client #1's meds if his pulse was low. The nurse indicated she needed to contact the physician for guidelines regarding what to do when client #1's pulse was low.</p> <p>2) A review of client #2's record was conducted on 1/5/12 at 12:16 PM. Client #2 had a dental exam on 12/20/10. The form indicated he was to return in one year. There was no documentation in his record indicating client #2 returned to the dentist in 2011.</p> <p>An interview with Administrative staff (AS) #1 was conducted on 1/5/12 at 2:30 PM. AS #1 indicated client #2's follow-up appointment with his dentist had not been scheduled and it had not occurred. AS #1 indicated the appointment should have been held or scheduled.</p> <p>An interview with the nurse was conducted on 1/5/12 at 3:21 PM. The nurse indicated client #2 should have been</p>						

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	<p>seen by his dentist as recommended.</p> <p>3) A review of client #3's record was conducted on 1/5/12 at 1:02 PM. Client #3 had a vision exam on 1/5/11. The appointment form indicated a one year follow-up due to cataracts. There was no documentation in client #3's record he had an exam in one year following the 1/5/11 appointment.</p> <p>An interview with Administrative staff (AS) #1 was conducted on 1/5/12 at 2:30 PM. AS #1 indicated the appointment had not occurred and had not been scheduled at the time of the interview.</p> <p>An interview with the nurse was conducted on 1/5/12 at 3:21 PM. The nurse indicated client #3 had not had his annual appointment. The nurse stated when asked if client #3 should have had an appointment or one scheduled, "Usually like to see that."</p> <p>9-3-6(a)</p>						

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W045	<p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview for 2 of 6 clients living in the group home (#1 and #6), the facility failed to ensure client #1 washed his hands after applying powder to his groin area and client #6's toothbrush and case were cleaned.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 1/4/12 from 5:56 AM to 7:41 AM. At 6:14 AM, client #1 received his meds from staff #6. Staff #6 poured powder (Nystop) into client #1's hands and prompted client #1 to run the powder on his groin area. After applying the powder to his groin area, client #1 left the med room and went into the kitchen. Staff #7 prompted client #1 to assist with unloading the dishwasher. Client #1 unloaded the clean dishes from the dishwasher without washing his hands. At 6:41 AM, client #6 was given his toothbrush and toothpaste by staff #6. Client #6's toothbrush was covered with toothpaste from previous brushings. The container holding his toothbrush was covered with toothpaste. Staff #6, #7 and #1 did not prompt client #6 to wash his toothbrush or container during the observation.</p>	W0455	<p>W455</p> <p>Staff have been retrained on hygiene practices involving client #1's application of powder to his groin and client #6's toothbrush and case as well as general hygiene practices necessary to prevent and control infectious diseases. QIDP or designee will observe at least weekly for one month and at least monthly thereafter to ensure compliance in this area. Responsible for QA: QIDP</p>	02/08/2012

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	<p>An interview with Administrative staff (AS) #1 was conducted on 1/5/12 at 2:30 PM. AS #1 indicated client #6 should be assisted to keep his toothbrush and the container it was stored in clean. AS #1 indicated the staff should have prompted client #1 to wash his hands after applying the powder to his groin. AS #1 stated, "it's not appropriate" the staff did not prompt his to wash his hands.</p> <p>9-3-7(a)</p>			
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W0484	<p>The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview for 5 of 6 clients living in the group home (#1, #2, #3, #5 and #6), the facility failed to ensure the clients were provided forks and knives during dinner.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 1/3/12 from 3:56 PM to 5:34 PM. At 5:15 PM, dinner started (client #4 was not present for dinner due to going grocery shopping). Clients #1, #2, #3, #5 and #6 were not provided or offered forks and knives during the meal (sloppy joes on buns, green beans, corn and potato slices).</p> <p>An interview with Administrative staff (AS) #1 was conducted on 1/5/12 at 2:30 PM. AS #1 indicated the clients should be provided forks, spoons and knives at each meal.</p> <p>9-3-8(a)</p>	W0484	<p>W484</p> <p>QIDP will retrain staff on the appropriate table service at meal time for this group home that meets the developmental needs of these clients. QIDP or designee will do random observations at least weekly for one month and at least monthly thereafter to ensure compliance. Responsible for QA: QIDP</p>	02/08/2012			

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W048E	<p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 6 of 6 clients living in the group home (#1, #2, #3, #4, #5 and #6), the facility failed to ensure the clients were involved in family-style dining, meal preparation and clean up.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 1/3/12 from 3:56 PM to 5:34 PM. At 4:30 PM, staff #3 was cooking dinner. Clients #2, #3 and #5 were present in the living room and available to assist however none of the clients were asked to assist. At 4:34 PM, staff #3 was cooking without any clients. At 4:35 PM, staff #3 prompted client #6 to assist; he refused. Staff #3 did not prompt clients #1, #2, #3 or #5 to assist (client #4 left to go grocery shopping at 4:32 PM). At 4:37 PM and 4:42 PM, staff #3 was cooking without client involvement. At 4:43 PM, client #5 was asked to assist with dinner prep. At 4:47 PM, staff #3 used scissors to cut up the buns for clients #1, #3 and #5; none were asked to assist. At 5:01 PM, staff #3 used the food processor to puree food for clients #2 and #6; clients #2, #3 and #5 were present and available to assist but</p>	W048E	<p>W488</p> <p>QIDP will retrain staff in how to support each client in the meal preparation and in dining that is consistent with their skill level and as identified in their IPP's. The QIDP or designee will observe mealtime procedures at least weekly for one month to ensure compliance in this area. Random observations will continue at least monthly. Responsible for QA: QIDP</p>	02/08/2012			

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	<p>were not prompted. At 5:06 PM, staff #3 poured beef broth over the cut up buns. At 5:11 PM, staff #3 poured the clients' milk. At 5:13 PM, the clients were called over to get their prepared plates from the kitchen island to take to the table. At 5:15 PM, dinner started. There were no serving bowls or pitchers to pass around. Each plate was prepared by staff #3. At 5:29 PM, staff #3 was in the kitchen rinsing off the pots and pans without the clients assisting.</p> <p>An observation was conducted at the group home on 1/4/12 from 5:56 AM to 7:41 AM. At 6:50 AM, staff #7 started to make instant coffee for client #2. Client #2 was available but not asked to assist. At 6:54 AM, staff #7 took client #2 his coffee and then obtained a napkin for him after asking him if he needed one. At 6:59 AM, staff #7 told client #4 she would get his coffee. She poured the coffee into a coffee cup, added water and sweetener and then microwaved it while client #4 sat in a recliner in the living room. He was not asked to assist. At 7:04 AM, staff #7 told client #4 his coffee was going to be hot. He stated, "milk" and staff #7 took his coffee back into the kitchen and put milk in. At 7:06 AM, staff #7 took client #4 his coffee. At 7:06 AM, staff #7 asked client #3 if he wanted toast with his breakfast. Client #3</p>						

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	<p>indicated he did want toast. At 7:11 AM, staff #7 asked client #3 if he wanted Cheerios or Fruit Loops for breakfast. Client #3 indicated Fruit Loops. Staff #7 poured client #3's cereal and buttered his toast while client #3 sat in a recliner in the living room. At 7:13 AM, staff #7 poured milk onto client #3's cereal while staff #1 shaved client #3's face in the living room. At 7:15 AM, staff #7 assisted client #3 to the table. She took his napkin and drink and client #6 took client #3's cereal and toast to him at the table. At 7:16 AM, client #6 got out a coffee cup for staff #7; staff #7 poured in coffee and gave to him to microwave. At 7:35 AM, staff #1 was observed washing the food processor parts. None of the clients were prompted to assist with the cleaning.</p> <p>An interview with staff #7 was conducted on 1/4/12 at 7:35 AM. Staff #7 indicated all the clients were capable of doing some part with the meal preparation. Staff #7 indicated the staff were at the home to assist the clients to do as much as possible for themselves.</p> <p>An interview with Administrative staff (AS) #1 was conducted on 1/5/12 at 2:30 PM. AS #1 indicated the clients should be involved as much as possible and to the extent they were able to assist with meal prep and clean-up. AS #1 indicated</p>						

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	<p>the clients should be eating family style with at least one item available to pass to each other.</p> <p>9-3-8(a)</p>			
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