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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G303 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>12/29/2014 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>VOCA CORPORATION OF INDIANA | STREET ADDRESS, CITY, STATE, ZIP CODE<br>12736 EVAN LN<br>AURORA, IN 47001 |
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| W000000            | <p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>This visit was in conjunction with the post certification revisit (PCR) survey to the PCR survey on 07/11/14 to the investigation of complaint #IN00147450 completed on 05/29/14.</p> <p>Dates of Survey: December 4, 5, 8, 9, 10, 11, 12 and 29, 2014.</p> <p>Facility Number: 000822<br/>Provider Number: 15G303<br/>AIM Number: 100243630</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed January 6, 2015 by Dotty Walton, QIDP.</p> | W000000       |  |                      |
| W000102            | <p>483.410<br/>GOVERNING BODY AND MANAGEMENT<br/>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review and interview 2 of 3 sampled clients (B and C) and 2 additional clients (E and F), the facility failed to meet the Condition of</p>  | W000102       | <b>W102: Governing Body and Management: The facility must ensure that specific governing body and management</b> | 01/28/2015           |

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

TITLE

(X6) DATE

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

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|   | <p>Participation: Governing Body.</p> <p>The governing body failed to exercise general policy and operating direction over the facility to ensure:</p> <p>__ Clients B, C, E and F received their medications as prescribed by their physician.</p> <p>__ The facility conducted an investigation in regard to the facility's failure to provide clients B, C, E and F their medications as prescribed by their physician.</p> <p>__ The DP (Day Program) followed client C's program plans in regard to client C's SIB (Self Injurious Behaviors) and self stimulatory behaviors.</p> <p>__ The DP provided sufficient staff to supervise and implement client C's programs and dining needs.</p> <p>__ The DP staff were trained to implement client C's BSP (Behavior Support Plan).</p> <p>__ The DP provided client C with items to meet the client's sensory/stimulatory needs.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure:</p> <p>__ The facility conducted an investigation in regard to the facility's failure to</p> |   | <p><b>requirements are met.</b></p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· The nurse will re-train staff on Clients B, C, E and F medication administration needs as prescribed by their physician. (Attachment A)</li> <li>· All appropriate parties will be in-serviced on failure to follow, ResCare policy and procedures to prevent abuse, neglect and or mistreatment of clients by any staff or other clients (Attachment B).</li> <li>· All appropriate parties will be in-serviced on definition of and identifying all issues of abuse, neglect, and mistreatment by any staff or other clients. (Attachment B)</li> <li>· All appropriate parties have been in-serviced on, failure to follow ResCare policy on completing a thorough investigation. (Attachment B)</li> <li>· Clinical Supervisor will re-train the Day Program on Client C's BSP to include reactive strategies for Client C's SIB and self-stimulatory behaviors. (Attachment C)</li> <li>· A sensory/stimulatory assessment will be sought and scheduled for Client C to determine</li> </ul> |  |  |   |  |

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|                    | <p>provide the clients their medications as prescribed by their physician from 8/27/14 through 9/4/14 for clients B, C, E and F.</p> <p>__ The DP (Day Program) followed client C's program plans in regard to client C's SIB (Self Injurious Behaviors) and self stimulatory behaviors.</p> <p>__ The DP provided sufficient staff to supervise and implement client C's programs and dining needs.</p> <p>__ The DP staff were trained to implement client C's BSP (Behavior Support Plan).</p> <p>__ The DP provided client C with items to meet the client's sensory/stimulatory needs.<br/>Please see W104.</p> <p>2. The governing body failed to ensure the facility met the Condition of Participation: Heath Care Services for clients B, C, E and F. The facility health care services failed to ensure:</p> <p>__ Clients B, C, E and F were provided with their prescribed medications as ordered by their physician.</p> <p>__ Staff notified nursing of medications not given and/or not available for clients B, C, E and F.</p> <p>__ The staff followed the guidelines of Core A and Core B when giving medications to client B.</p> <p>__ Changes in client B's physician's orders</p> |               | <p>sensory needs and the assessment including recommendations will be shared and in-serviced to the Day Program to ensure sensory needs are met while Client C attends the Day Program. (Attachment D)</p> <ul style="list-style-type: none"> <li>· Clinical Supervisor will in-service Day Program on the need for increased staffing levels to ensure that Client C's programming is implemented and dining needs are met. Day Program will be further in-serviced on the need to contact facility if staffing ratio's can not be maintained on any given day (Attachment E).</li> <li>· The Nurse will in-service staff on the 7 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A &amp; B. (Attachment A)</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· The nurse and Residential Manager will follow up to ensure all medication orders are filled and in the home. (Attachments A &amp; B).</li> <li>· All allegations of abuse/neglect/mistreatment will be immediately reported to Program Manager &amp; Executive Director (Attachment B).</li> <li>· All investigations must be complete with-in five business days.</li> </ul> |                      |

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|                    | <p>were transcribed onto client B's MAR (Medication Administration Record). Please see W318.</p> <p>9-3-1(a)</p>       |               | <p>This is to include Peer Review and any approvals needed from any additional parties. (Attachment B)</p> <ul style="list-style-type: none"> <li>· All recommended corrective actions determined by peer review will be delivered in a timely manner (Attachment B).</li> <li>· Clinical Supervisor will re-train the Day Program on Client C's BSP to include reactive strategies for Client C's SIB and self-stimulatory behaviors. (Attachment C)</li> <li>· A sensory/stimulatory assessment will be sought and scheduled for Client C to determine sensory needs and the assessment including recommendations will be shared and in-serviced to the Day Program to ensure sensory needs are met while Client C attends the Day Program. (Attachment D)</li> <li>· Clinical Supervisor will in-service Day Program on the need for increased staffing levels to ensure that Client C's programming is implemented and dining needs are met. Day Program will be further in-serviced on the need to contact facility if staffing ratio's can not be maintained on any given day. (Attachment E)</li> <li>· The Nurse will in-service staff on the 7 rights of administration of medication to include ensuring</li> </ul> |                      |

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|                    |  |               | <p>prescriptions and MAR entries match as outlined in Core A &amp; B. (Attachment A)</p> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· Clinical Supervisor will re-train the Day Program on Client C's BSP to include reactive strategies for Client C's SIB and self-stimulatory behaviors. (Attachment C)</li> <li>· A sensory/stimulatory assessment will be sought and scheduled for Client C to determine sensory needs and the assessment including recommendations will be shared and in-serviced to the Day Program to ensure sensory needs are met while Client C attends the Day Program. (Attachment D)</li> <li>· Clinical Supervisor will in-service Day Program on the need for increased staffing levels to ensure that Client C's programming is implemented and dining needs are met. Day Program will be further in-serviced on the need to contact facility if staffing ratio's can not be maintained on any given day (Attachment E).</li> <li>· The Nurse will in-service staff on the 6 rights of administration of medication to include ensuring prescriptions and MAR entries</li> </ul> |                      |

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|                    |  |               | <p>match as outlined in Core A &amp; B. (Attachment A)</p> <ul style="list-style-type: none"> <li>· Clinical Supervisor or appropriate designee will complete investigation. (Attachment B)</li> <li>· Investigation results will be forwarded to Program Manager &amp; Executive Director within 5 business days (Attachment B).</li> <li>· All investigation findings forwarded to Program Manager &amp; Executive Director will be kept with BDDS file for review. (Attachment B).</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Direct Care Staff preform weekly medication audits.</li> <li>· Residential Manager reviews and monitors medication audits 2 times monthly to ensure medications are present and available as ordered by physician.</li> <li>· The Nurse will review and monitor medication audits monthly at the end of each month to ensure medications are present and available to clients as ordered by the physician.</li> <li>· Weekly Day Program</li> </ul> |                      |

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| W000104            | <p>483.410(a)(1)<br/>GOVERNING BODY<br/>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 2 of 3 sampled clients (B and C) and 2 additional clients (E and F), the governing body failed to exercise general policy and operating direction over the facility to ensure:</p> <p>__ The DP (Day Program) followed client C's program plans in regard to client C's SIB (Self Injurious Behaviors) and self stimulatory behaviors.</p> <p>__ The DP provided sufficient staff to supervise and implement client C's programs and dining needs.</p> <p>__ The DP staff were trained to implement client C's BSP (Behavior Support Plan).</p> <p>__ The DP provided client C with items to meet client C's sensory/stimulatory needs.</p> <p>__ The facility conducted an investigation</p> | W000104       | <p>observations to be conducted by Residential Managers, QIDP, and Clinical Supervisor.</p> <p><b>Completion Date: 1-28-2015</b></p> <p><b><u>W104: Governing Body: The governing body must exercise general policy, budge, and operating direction over the facility.</u></b></p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>·</li> <li>· The nurse will re-train staff on Clients B, C E and F medication administration needs as prescribed by their physician. (Attachment A)</li> <li>· All appropriate parties will be in-serviced on failure to follow, ResCare policy and procedures to prevent abuse, neglect and or mistreatment of clients by any staff or other clients (Attachment B).</li> <li>· All appropriate parties will be</li> </ul> | 01/28/2015           |

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|                    | <p>in regard to the facility's failure to provide clients B, C, E and F their medications as prescribed by their physician from 8/27/14 through 9/4/14.</p> <p>Findings include:</p> <p>1. The governing body failed to ensure the facility's DP:<br/>           ___ Followed client C's program plans in regard to client C's SIB and self stimulatory behaviors.<br/>           ___ Provided sufficient staff to supervise and implement client C's program and dining needs.<br/>           ___ Staff were trained to implement client C's BSP.<br/>           ___ Provided client C with items to meet the client's sensory/stimulatory needs. Please see W120.</p> <p>2. The governing body failed to implement its policy and procedures to ensure the facility conducted an investigation in regard to the facility's failure to provide clients B, C, E and F their medications as prescribed by their physician. Please see W149.</p> <p>3. The governing body failed to ensure the facility conducted an investigation in regard to the facility's failure to provide clients B, C, E and F their medications as prescribed by their physician. Please see</p> |               | <p>in-serviced on definition of and identifying all issues of abuse, neglect, and mistreatment by any staff or other clients. (Attachment B)</p> <ul style="list-style-type: none"> <li>· All appropriate parties have been in-serviced on, failure to follow ResCare policy on completing a thorough investigation. (Attachment B)</li> <li>· Clinical Supervisor will re-train the Day Program on Client C's BSP to include reactive strategies for Client C's SIB and self-stimulatory behaviors (Attachment C).</li> <li>· A sensory/stimulatory assessment will be sought and scheduled for Client C to determine sensory needs and the assessment including recommendations will be shared and in-serviced to the Day Program to ensure sensory needs are met while Client C attends the Day Program. (Attachment D)</li> <li>· Clinical Supervisor will in-service Day Program on the need for increased staffing levels to ensure that Client C's programming is implemented and dining needs are met. Day Program will be further in-serviced on the need to 2contact facility if staffing ratio's can not be maintained on any given day. (Attachment E)</li> <li>· The Nurse will in-service staff</li> </ul> |                      |

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|   | W154.<br><br>9-3-1(a)  |   | <p>on the 7 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A &amp; B. (Attachment A)</p> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· The nurse and Residential Manager will follow up to ensure all medication orders are filled and in the home. (Attachment A)</li> <li>· All allegations of abuse/neglect/mistreatment will be immediately reported to Program Manager &amp; Executive Director (Attachment B).</li> <li>· All investigations must be complete with-in five business days. This is to include Peer Review and any approvals needed from any additional parties (Attachment B).</li> <li>· All recommended corrective actions determined by peer review will be delivered in a timely manner. (Attachment B)</li> <li>· Clinical Supervisor will re-train the Day Program on Client C's BSP to include reactive strategies for Client C's SIB and self-stimulatory behaviors. Attachment C).</li> <li>· A sensory/stimulatory</li> </ul> |                      |   |

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|   |  |   | <p>assessment will be sought and scheduled for Client C to determine sensory needs and the assessment including recommendations will be shared and in-serviced to the Day Program to ensure sensory needs are met while Client C attends the Day Program. (Attachment D)</p> <ul style="list-style-type: none"> <li>Clinical Supervisor will in-service Day Program on the need for increased staffing levels to ensure that Client C's programming is implemented and dining needs are met. Day Program will be further in-serviced on the need to contact facility if staffing ratio's can not be maintained on any given day. (Attachment E)</li> <li>Weekly facility observations to be completed at Day Program by Residential Mangers, QIDP and Clinical Supervisor. (Attachment K)</li> <li>The Nurse will in-service staff on the 7 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A &amp; B. (Attachment A)</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>Clinical Supervisor will re-train the Day Program on Client C's BSP to include reactive strategies for Client C's SIB and self-</li> </ul> |                      |   |

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|   |  |   | <p>stimulatory behaviors.</p> <ul style="list-style-type: none"> <li>· A sensory/stimulatory assessment will be sought and scheduled for Client C to determine sensory needs and the assessment including recommendations will be shared and in-serviced to the Day Program to ensure sensory needs are met while Client C attends the Day Program.</li> <li>· Clinical Supervisor will in-service Day Program on the need for increased staffing levels to ensure that Client C's programming is implemented and dining needs are met. Day Program will be further in-serviced on the need to contact facility if staffing ratio's can not be maintained on any given day.</li> <li>· The Nurse will in-service staff on the 7 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A &amp; B.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> |                      |   |

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| W000120   | 483.410(d)(3)<br>SERVICES PROVIDED WITH OUTSIDE SOURCES  |   | <ul style="list-style-type: none"> <li>· Direct Care Staff preform weekly medication audits.</li> <li>· Residential Manager reviews and monitors medication audits 2 times monthly to ensure medications are present and available as ordered by physician.</li> <li>· The Nurse will review and monitor medication audits monthly at the end of each month to ensure medications are present and available to clients as ordered by the physician.</li> <li>· Weekly Day Program observations to be conducted by Residential Managers, QIDP, and Clinical Supervisor.</li> </ul> <p><b>Completion Date: 1-28-2015</b></p> |                      |   |

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|                    | <p>The facility must assure that outside services meet the needs of each client. Based on observation, record review and interview for 1 of 4 sampled clients attending outside services (client C), the facility failed to ensure the DP (Day Program):</p> <p>__ Staff followed client C's program plans in regard to client C's SIB (Self Injurious Behaviors) and self stimulatory behaviors.</p> <p>__ Provided sufficient staff to supervise and implement client C's program needs.</p> <p>__ Staff were trained to implement client C's BSP (Behavior Support Plan).</p> <p>__ Provided client C with items to meet her sensory/stimulatory needs.</p> <p>Findings include:</p> <p>Observations were conducted at the day program on 12/10/14 between 10:30 AM and 12:30 PM.</p> <p>At 10:30 AM client C was in an activity room with one staff and six clients. Client C sat on the floor against the wall in a curved high back gaming chair with a bean bag chair at her feet. Client C scooted off the gaming chair onto the floor then onto the bean bag chair and then back onto the gaming chair, pulling on the bean bag chair and trying to cover herself with the bean bag chair. Client C</p> | W000120       | <p><b>ADDENDUM:</b></p> <p>W120: Services Provided with Outside Sources: The facility must assure that outside services meet the needs of each client.</p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>Specifically, the procedure if Day Program staffing ratios are not met, Day Program will notify facility and clients will be picked up from the Day Program for that day. (Attachment A)</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>Day Program will notify the facility, on any given day, if staffing ratio is not met at the Day Program. Clients will be picked up from the Day Program for that day.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>Clinical Supervisor has trained Day Program on the procedure should Day Program ratio not be met.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Weekly Day Program observations to be conducted by Residential Managers, QIDP, and Clinical Supervisor (Attachment B).</li> </ul> | 01/28/2015           |

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|   | <p>self stimulated by sucking her thumb and displayed SIB (Self Injurious Behaviors) of hitting herself on the forehead and biting at the heel of her hand.</p> <p>At 10:55 AM DP staff #1 was asked what the staff were to do when client C was sucking her thumb and/or hitting herself. DP staff #1 stated, "She (client C) doesn't like to do much. She'll sit in that chair (and pointed to the gaming chair on the floor) and will cover herself with the bean bag. When [client C] gets over stimulated or she's hungry, she hits herself or will start biting her hand." DP staff #1 stated, "A lot of times I (DP staff #1) just stand beside her and she'll rub my hand and that seems to calm her. I know that's what I do and it seems to work for her. I don't know what everybody else does. But as you can see, we're down some staff today and I can't just stand there with her." DP staff #1 indicated she normally had four clients to care for and today the DP was understaffed and she (DP staff #1) was not able to stay with client C to calm her while having SIB.</p> <p>At 11:00 AM DP staff #2 entered the room with additional clients. DP staff #1 indicated DP staff #2 was the lead staff today because the facility was short staffed. DP staff #1 prompted client C to</p> |   | <p><b>Completion Date: 1-28-2015</b><br/>W120: Services Provided with Outside Sources: The facility must assure that outside services meet the needs of each client.<br/>· <b>Corrective action:</b> · Clinical Supervisor will re-train the Day Program on Client C's BSP to include reactive strategies for Client C's SIB and self-stimulatory behaviors (Attachment C). · A sensory/stimulatory assessment will be sought and scheduled for Client C to determine sensory needs and the assessment including recommendations will be shared and in-serviced to the Day Program to ensure sensory needs are met while Client C attends the Day Program (Attachment D). · Clinical Supervisor will in-service Day Program on the need for increased staffing levels to ensure that Client C's programming is implemented and dining needs are met. Day Program will be further in-serviced on the need to contact facility if staffing ratio's can not be maintained on any given day. (Attachment E) · Weekly Day Program observations to be conducted by Residential Managers, QIDP, and Clinical Supervisor (Attachment K).<br/><b>How we will identify others:</b> · Clinical Supervisor will re-train the Day Program on Client C's BSP</p> |                      |   |

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|   | <p>get up from the floor. Client C got up from the floor and began hitting herself on the forehead. DP staff #1 and #2 did not intervene or prompt client C to stop. DP staff #2 left the activity room, leaving DP staff #1 now with eight clients. Client C returned to the gaming chair on the floor and continued to suck her thumb and bite the heel of her hand and hit her forehead with the palm of her hand. Client C remained sitting on the floor in the gaming chair until 11:20 AM.</p> <p>At 11:20 AM DP staff #1 prompted client C to get up from the floor.<br/>         __ Client C got up and immediately began biting the heel of her hand and hitting herself on the forehead.<br/>         __ Client C quickly walked out of the program room.<br/>         __ DP staff #1 followed behind client C and guided her back into the activity room.<br/>         __ DP staff #2 entered the program room and prompted everyone to move to an activity room with a television.<br/>         __ Upon entering the other activity room client C immediately went to the couch to lie down and began sucking her thumb.<br/>         __ DP staff #1 gave client C a string of beads to hold.<br/>         __ Client C twirled the beads in one hand while sucking her thumb of the other hand.</p> |   | <p>to include reactive strategies for Client C's SIB and self-stimulatory behaviors (Attachment C). · A sensory/stimulatory assessment will be sought and scheduled for Client C to determine sensory needs and the assessment including recommendations will be shared and in-serviced to the Day Program to ensure sensory needs are met while Client C attends the Day Program. (Attachment D) · Clinical Supervisor will in-service Day Program on the need for increased staffing levels to ensure that Client C's programming is implemented and dining needs are met. Day Program will be further in-serviced on the need to contact facility if staffing ratio's can not be maintained on any given day (Attachmetn c). <b>Measures to be put in place:</b> · Clinical Supervisor will re-train the Day Program on Client C's BSP to include reactive strategies for Client C's SIB and self-stimulatory behaviors. · A sensory/stimulatory assessment will be sought and scheduled for Client C to determine sensory needs and the assessment including recommendations will be shared and in-serviced to the Day Program to ensure sensory needs are met while Client C attends the Day Program. · Clinical Supervisor will in-service Day Program on the need for</p> |                      |   |

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|   | <p>At 11:50 AM:</p> <p>__ DP staff #1 escorted client C and three other clients, two of them in wheelchairs, to the dining room along with client C for their afternoon meal.</p> <p>__ The dining room was small with several tables and chairs and a small room connected to the dining room with a kitchenette.</p> <p>__ DP staff #2 was in the kitchenette warming client C's lunch.</p> <p>__ DP staff #2 showed this surveyor the contents of client C's lunch box. Client C had a small can of chili macaroni with a pull top lid, a juice box, two Ziploc baggies with cheese puffs and two chocolate pudding snack packs.</p> <p>__ DP staff #2 warmed the chili macaroni in the microwave and placed it into a divided plate along with the two baggies of cheese puffs.</p> <p>At 11:51 AM:</p> <p>__ DP staff #1 prompted client C to sit down at a table in the dining room that was pushed up against the wall.</p> <p>__ Client C sat down at the table against the wall and was facing the wall.</p> <p>__ DP staff #1 placed a plastic clothing protector on client C.</p> <p>__ Client C began biting the heel of her hand and hitting her forehead.</p> <p>__ DP staff #2 placed a juice box and the</p> |   | <p>increased staffing levels to ensure that Client C's programming is implemented and dining needs are met. Day Program will be further in-serviced on the need to contact facility if staffing ratio's can not be maintained on any given day.</p> <p><b>Monitoring of Corrective Action:</b> · Weekly Day Program observations to be conducted by Residential Managers, QIDP, and Clinical Supervisor. <b>Completion Date: 1-28-2015</b></p> |  |  |   |  |

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|                    | <p>divided plate with the chili mac and cheese puffs down at the table in front of client C and returned to the kitchenette.</p> <p>__ Client C immediately picked up her juice box and drank the contents.</p> <p>__ DP staff #1 stood behind client C while she ate her meal and assisted/supervised two other clients in wheelchairs that were waiting for their lunch to be warmed.</p> <p>__ DP staff #1 did not sit with client C while client C ate her meal and/or prompt client C to slow down and/or to take smaller bites of food while eating.</p> <p>At 11:55 AM:</p> <p>__ DP staff #1 indicated client C had behaviors of stealing food and stuffing food into her mouth and required a staff with her at all times while eating.</p> <p>__ DP staff #1 stated, "As you can see, it's just me in here and I have two more (clients) that have to be fed and can't be just with her (client C)."</p> <p>__ DP staff #1 indicated client C was seated alone at a table pushed up against the wall and facing the wall to prevent client C from grabbing food from other clients.</p> <p>__ DP staff #1 indicated she (DP staff #1) did not sit with client C while client C ate her meal because she had three other clients to supervise and two of those clients also required assistance while</p> |               |   |                      |

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|  | <p>eating.</p> <p>__ DP staff #1 indicated the DP did not have sufficient staff to supervise and assist client C 1:1 (one staff to one client) while in the dining room.</p> <p>At 11:58 AM:<br/>__ Client C had ate her cheesy puffs and took two large bites of the chili macaroni, pushed her plate back and stood up and DP staff #1 removed client C's plastic clothing protector. DP staff #1 stated, "She (client C) probably doesn't want the chili mac because she gets it every day and she's probably tired of it." DP staff #1 stated, "I know she's had it at least three times this week."</p> <p>At 11:59 AM Client C then left the dining room unsupervised.<br/>__ DP staff #1 left the dining room to find client C.<br/>__ The client that DP staff #1 was supervising in the dining room began picking up cheese puffs from the floor and eating them.<br/>__ DP staff #1 returned to the dining room with client C and stated, "When she's (client C) done eating she wants to go to the snooze room."</p> <p>At 12:03 PM:<br/>__ DP staff #2 came out of the kitchenette and handed DP staff #1 a</p> |  |  |  |
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|  | <p>snack pack of chocolate pudding and stated, "Here give her this, she likes chocolate pudding."<br/>           __ Client C sat back down at the table, quickly ate the snack pack of chocolate pudding, got up from the table and again left the dining room.<br/>           __ DP staff #1 yelled for staff assistance as she left the dining room to follow client C. __ DP staff #1 escorted client C to a quiet room with dim lighting where client C lay on a bean bag and sucked her thumb.<br/>           __ DP staff #1 asked DP staff #3 to stay with client C so she (DP staff #1) could return to the dining room to assist other clients.<br/>           __ DP staff #1 returned to the dining room to assist other clients.<br/>           __ DP staff #3 stood outside the room and stated, "As long as someone is in the snooze room, a staff has to be with them."<br/> <br/>           During this observation period:<br/>           __ The DP staff did not offer and/or provide client C with a selection and/or choice of sensory stimulation items.<br/>           __ The DP staff did not offer client C with a blanket to place across her lap/body when client C was displaying self stimulating behaviors.<br/>           __ The DP did not provide client C with alternate stimulatory items and/or</p> |  |  |  |
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|                    | <p>activities each time client C self stimulated by sucking her thumb.</p> <p>__ The DP staff did not prompt and/or try to physically block client C when biting her hand and/or hitting herself.</p> <p>__ The DP staff did say stop to client C and/or use hand language to sign stop when displaying SIB and/or when sucking her thumb.</p> <p>__ The DP staff did provide a communication board for client C to use.</p> <p>__ The DP staff did not sit with client C while client C ate her meal and/or prompt client C to slow her pace of eating and/or drinking.</p> <p>Client C's record was reviewed on 12/9/14 at 3 PM.</p> <p>Client C's BSP (Behavior Support Plan) dated 9/17/14 indicated client C had targeted behaviors of, not all inclusive:</p> <p>__ "SIB defined as: Hitting or slapping self, biting the heel of her hand, banging her elbows and legs on items, hitting her legs with the heel of her feet, scratching self, banging head on items, hitting her forehead with heel of her hand.</p> <p>__ Non-abusive self-stimulation defined as: Sucking thumb, grinding teeth, holding breath, waving fingers/hands in air, stomping feet.</p> <p>__ Food grabbing defined as: Grabbing others (sic) food at mealtimes and food</p> |               |   |                      |

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|   | <p>off the stove/counters during mealtime."</p> <p>Client C's BSP indicated:<br/>__ "REPLACEMENT BEHAVIOR:<br/>Through functional assessment, it was determined that the self-abuse, ongoing non-abusive self-stimulation, and public masturbation have caused or can cause the most interruption in [client C's] daily life and are ongoing safety risks. Sensory integration activities will be implemented to assist in lowering the amount of inappropriate sensory stimulation by increasing her ability to process information through her senses.<br/>PROACTIVE STRATEGIES: 1. Staff will engage [client C] in sensory integration activities to increase the appropriate use of her senses. At least two times per day, staff will pick an activity from the sensory integration list.... 3. Staff will provide [client C] with a favored sensory stimulation activity (lighted items, things that vibrate, items with various textures to touch). 4. Staff will be aware of [client C's] tendencies to grab food off stoves/counters/other's plates. She will be provided the ability to eat in the kitchen with staff and other residents so that appropriate mealtime training and supervision for safety can be implemented.... 7. If in appropriate setting, i.e. at home, in a vehicle, break time at day program and it is not too</p> |   |   |  |  |   |  |

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|                    | <p>warm; staff may provide [client C] with a blanket to place across her lap/body when she appears to be wanting more sensory stimulation than her immediate environment/staff can provide. The extra weight/warmth can have a calming effect.... REACTIVE STRATEGIES:...</p> <p>SIB: 1. Block as possible with staff person forearm/hand and say '[Client B] stop.' (If possible use sign for 'stop' at the same time). 2. Assess immediate situation for an agitating factor or a reasonable way to provide [client C] with what she is wanting/needng. 3. If calmed, refer to communication board and say 'Show me' in an attempt to see if she is wanting/needng something.</p> <p>Non-abusive self-stimulation: 1. Offer [client C] options of a favored/appropriate self stimulant activity or training opportunity. Use actual items or pictures from communication board. 2. Redirect to task on hand.... Grabbing food: 1. Staff will say '[Client C], stop' or '[Client C], no.' If possible, use in conjunction with the sign for stop...."</p> <p>Client C's ISP (Individual Support Plan) dated 9/17/14 indicated client C had an objective to set her spoon down between bites of food with two verbal prompts from the staff.</p> <p>Client C's Risk Plan dated 9/17/14</p> |               |   |                      |

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|                    | <p>indicated client C was at risk of choking and the staff were to encourage client C to put her spoon down between bites and her drink down between drinks. "Staff will monitor client during meal time."</p> <p>Client C's Dining Plan dated 9/22/14 indicated, not all inclusive:<br/>           __ "Staff to sit with [client C] at meals to prevent stealing others (sic) food.<br/>           __ EATING: [Client C] feeds self and uses a teaspoon and divided plate due to taking too large amounts of food in a bite, staff cue [client C] to put her spoon down between bites.<br/>           __ DRINKING: [Client C] is independent with drinking, staff cue [client C] to put drink down between sips."</p> <p>Client C's record did not indicate client C was to be seated alone at a table against the wall while eating her meal at the day program.</p> <p>During interview with DP staff #1 on 12/10/14 at 11 AM, DP staff #1:<br/>           __ Stated she had read client C's program plans and had been provided general training and stated, "But after working with her (client C) for awhile now, I don't think that training was specific enough."<br/>           __ Stated she did not feel that she had been "sufficiently trained" to care for client C prior to having to care for client</p> |               |   |                      |

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|  | <p>C.</p> <p>___ Stated, "I just know what I do that works for her and if I can give her one on one attention then she usually doesn't do what you are seeing today."</p> <p>___ Indicated when client C bites the heel of her hand or hits herself she (DP staff #1) stands near client C and client C will rub DP staff's hand and stated, "That usually calms her."</p> <p>___ Stated she was "usually assigned" a group of four clients and client C was one of her four clients she was often assigned to care for throughout the day while at the day program.</p> <p>___ Stated, "Most of the time, we (DP staff #1 and the clients she supervises) just stay in the snooze room. We couldn't today because we didn't have enough staff."</p> <p>___ When asked if client C had specific stimulatory items that were to be offered to client C while at the DP, DP staff #1 stated, "Not that I'm aware of."</p> <p>___ Indicated she did not know what a sensory integration list was in regard to client C.</p> <p>___ Indicated client C did not have a communication board.</p> <p>___ Indicated the DP supervisor insisted only selective items go into each of the activity rooms at the DP and stated, "There's a string of beads in one of the rooms I know she likes."</p> |  |  |  |
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|   | <p>__ Indicated she (DP staff #1) had not been shown how to use sign language and/or to sign stop when client C was biting the heel of her hand and/or hitting her forehead.</p> <p>During interview with DP staff #2 on 12/10/14 at 12:05 PM, DP staff #2:<br/>           __ Stated, "We are four staff down today."<br/>           __ Stated, "[Client C] needs to have 1:1 supervision and we don't have the staff to do that even on a good day."<br/>           __ Indicated the DP staff were to sit with client C while eating because of her behaviors of grabbing food and drinks and stated, "But we don't have the staffing to give her 1:1 supervision."<br/>           __ Indicated the group home staff would often pack the same items in client C's lunch box several days in a row and stated, "I think she gets tired of it."</p> <p>The QIDPD (Qualified Intellectual Disabilities Professional Designee) and the RM (Residential Manager) were interviewed on 12/12/14 at 11:30 AM.<br/>           __ The QIDPD indicated the DP staff were to follow client C's program plans.<br/>           __ The QIDPD indicated all staff had been trained in client C's program plans.<br/>           __ The QIDPD stated, "I thought we took some of [client C's] sensory items to the DP when they moved."<br/>           __ The RM indicated sensory items had</p> |   |   |                      |   |

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|  | <p>been taken to the DP for client C to have but those items might not have been transferred when the DP had recently moved to a different location.</p> <p>__ When asked where is client C's communication board, the RM retrieved a white board from the office and indicated she (the RM) did not know if client C had been provided a communication board at the DP.</p> <p>__ The QIDPD stated, "There should be one (a communication board)" at the DP.</p> <p>__ The QIDPD indicated client C was to be closely supervised with all meals and the staff were to sit with client C while eating.</p> <p>__ The RM indicated when client C was at home, the staff provided client C one on one supervision while awake and/or out of her bedroom.</p> <p>__ The RM indicated the staffing levels had been increased at the home to meet the needs of the clients especially during meal time and client C's food seeking behaviors.</p> <p>__ The RM indicated client #1 was 1:1 (one staff to one client) supervision while at the home and around food.</p> <p>__ The QIDPD indicated having client C sit alone and face the wall while dining at the DP was not part of client C's program plans.</p> <p>__ The QIDPD indicated the DP staff were to prompt client C to put down her</p> |  |  |  |
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| W000149            | <p>spoon between bites and her drink down between sips of liquids.</p> <p>__The QIDPD stated the DP "should not" be using a clothing protector for client C as the IDT (Interdisciplinary Team) had decided client C did not require the use of a clothing protector.</p> <p>9-3-1(a)</p> <p>483.420(d)(1)<br/>STAFF TREATMENT OF CLIENTS<br/>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 2 of 3 sampled clients (B and C) and 2 additional clients (E and F), the facility failed to implement its policy and procedures to ensure an investigation was conducted in regard to the facility's failure to provide clients their medications as prescribed by their physician for clients B, C, E and F.</p> <p>Findings include:</p> <p>Review of the revised 7/18/11 facility policy entitled "Abuse, Neglect, Exploitation" on 12/4/14 at 11 AM indicated "CASC (Community Alternatives South Central) staff actively advocate for the rights and safety of all</p> | W000149       | <p><b>ADDENDUM:</b><br/>W149: Staff treatment of clients: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· Clinical Supervisor will be in-serviced on failure to follow, ResCare policy and procedures to prevent abuse, neglect and or mistreatment of clients by any staff or other clients. (Attachment C)</li> <li>· Clinical Supervisor will be in-serviced on definition of and identifying all issues of abuse,</li> </ul> | 01/28/2015           |

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|                    | <p>individuals. All allegations or occurrences of abuse, neglect, exploitation, or mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of Community Alternatives South Central, local, state and federal guidelines.... Any ResCare staff person who suspects an individual is the victim of abuse/neglect/exploitation should immediately notify the direct supervisor, who will then notify the Director of Supported Group Living or director of Supported Living. Staff will then complete an Incident Report.... The Executive Director or designee will assign an investigative team. A full investigation will be conducted by investigators who have received training from Labor Relations Association and ResCare's internal procedures on investigations...."</p> <p>The facility failed to implement written policy and procedures to ensure the facility conducted an investigation in regard to the failure to provide clients B, C, E and F their prescribed medications. Please see W154.</p> <p>9-3-2(a)</p> |               | <p>neglect, and mistreatment by any staff or other clients. (Attachment C)</p> <ul style="list-style-type: none"> <li>Clinical Supervisor will be in-serviced on failure to follow ResCare policy on completing a thorough investigation. (Attachment C)</li> <li>Clinical Supervisor and Residential Manager will have daily communication to discuss any issues that have occurred that day, or any follow up to previous issues.</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>All allegations of abuse/neglect/mistreatment will be immediately reported to Program Manager &amp; Executive Director (Attachment C).</li> <li>All investigations must be complete with-in five business days. This is to include Peer Review and any approvals needed from any additional parties (Attachment C).</li> <li>All recommended corrective actions determined by peer review will be delivered in a timely manner (Attachment C).</li> <li>All incidents will be monitored by Program Manager to ensure recognition of abuse, neglect or mistreatment.</li> </ul> |                      |

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|                    |  |               | <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· Clinical Supervisor or appropriate designee will complete investigation.</li> <li>· Investigation results will be forwarded to Program Manager &amp; Executive Director within 5 business days.</li> <li>· All investigation findings forwarded to Program Manager &amp; Executive Director will be kept with BDDS file for review.</li> <li>· A staff meeting will be held monthly to review recognition on n of abuse neglect, mistreatment</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· All incident report data will be reviewed by safety committee.</li> <li>· All investigations will be completed within 5 business days including peer review.</li> <li>· Clinical Supervisor and appropriate Management personnel will perform periodic service reviews to ensure that all regulations are being adhered to in accordance with state law.</li> </ul> |                      |

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|   |  |   | <p><b>Completion Date: 1-28-2015</b></p> <p>W149: Staff treatment of clients: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. <b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· All appropriate parties will be in-serviced on failure to follow, ResCare policy and procedures to prevent abuse, neglect and or mistreatment of clients by any staff or other clients. (Attachment B)</li> <li>· All appropriate parties will be in-serviced on definition of and identifying all issues of abuse, neglect, and mistreatment by any staff or other clients. (Attachment B)</li> <li>· All appropriate parties have been in-serviced on, failure to follow ResCare policy on completing a thorough investigation. (Attachment B)</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· All allegations of abuse/neglect/mistreatment will be immediately reported to Program Manager &amp; Executive Director (Attachment B).</li> <li>· All investigations must be complete with-in five business days. This is to include Peer Review and any approvals needed from any additional parties (Attachment B).</li> <li>· All recommended corrective actions determined by peer review will be delivered in a timely manner (Attachment B)/r.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>· Clinical Supervisor or appropriate designee will complete</li> </ul> |                      |   |

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| W000154            | <p>483.420(d)(3)<br/>STAFF TREATMENT OF CLIENTS<br/>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 4 of 4 allegations of neglect in regard to the failure to provide the clients with their prescribed medications, the facility failed to conduct an investigation for clients B, C, E and F.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 12/4/14 at 2</p> | W000154       | <p>investigation. · Investigation results will be forwarded to Program Manager &amp; Executive Director within 5 business days.</p> <p>· All investigation findings forwarded to Program Manager &amp; Executive Director will be kept with BDDS file for review.</p> <p><b>Monitoring of Corrective Action:</b> · All incident report data will be reviewed by safety committee. · All investigations will be completed within 5 business days including peer review. · Clinical Supervisor and appropriate Management personnel will perform periodic service reviews to ensure that all regulations are being adhered to in accordance with state law. · .</p> <p><b>Completion Date: 1-28-2015</b></p> <p>ADDENDUM: W154: Staff treatment of clients: The facility must have evidence that all alleged violations are thoroughly investigated. <b>Corrective action:</b> · Clinical Supervisor will be in-serviced on failure to follow, ResCare policy and procedures to prevent abuse, neglect and or mistreatment of clients by any staff or other clients. (Attachment C) · Clinical Supervisor will be in-serviced on definition of and identifying all issues of abuse,</p> | 01/28/2015           |

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|   | <p>PM.</p> <p>A 9/4/14 BDDS (Bureau of Developmental Disabilities Services) report indicated client B did not receive her Benzotropine (given for physical side effects associated with taking antipsychotic medications) 0.5 mg (milligrams) mg bid (twice a day) as ordered by her physician from 8/27/14 through 9/4/14. The report indicated client B's Benzotropine was called into client B's doctor for renewal and the doctor was to call the facility pharmacy with the updated prescription. A DSP (Direct Support Professional) contacted the pharmacy when the medication was not delivered to the home and the DSP was told the prescription was not called to the pharmacy by the client's doctor and the pharmacy would contact client B's doctor for the updated prescription. Client B's medication was then called to the facility's "backup pharmacy" and client B received her Benzotropine as scheduled 9/4/14 at 7 PM. The report indicated client B did not experience any negative side effects from the medication errors.</p> <p>A 9/4/14 BDDS report indicated client C did not receive her Phenytoin EX (for seizures) 100 mg bid as ordered by her physician from 9/1/14 through 9/4/14.</p> |   | <p>neglect, and mistreatment by any staff or other clients. (Attachment C) · Clinical Supervisor will be in-serviced on, failure to follow ResCare policy on completing a thorough investigation. (Attachment C) · Clinical Supervisor and Residential Manager will have daily communication to discuss any issues that have occurred that day, or any follow up to previous issues.. <b>How we will identify others:</b> · All allegations of abuse/neglect/mistreatment will be immediately reported to Program Manager &amp; Executive Director (Attachment C). · All investigations must be complete with-in five business days. This is to include Peer Review and any approvals needed from any additional parties (Attachment C). · All recommended corrective actions determined by peer review will be delivered in a timely manner (Attachment C). · All incidents will be monitored by Program Manager to issue recognition of abuse, neglects or mistreatment. <b>Measures to be put in place:</b> · Clinical Supervisor or appropriate designee will complete investigation. · Investigation results will be forwarded to Program Manager &amp; Executive Director within 5 business days. · All investigation findings forwarded to Program Manager &amp; Executive Director will be kept with BDDS file for review. · A</p> |                      |   |

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|   | <p>The report indicated client C's Phenytoin EX was called into client C's doctor for renewal and the doctor was to call the facility pharmacy with the updated prescription. A DSP contacted the pharmacy when the medication was not delivered to the home and the DSP was told the prescription was not called to the pharmacy by the client's doctor and the pharmacy would contact client C's doctor for the updated prescription. Client C's medication was then called to the facility's "backup pharmacy" and client C received her Phenytoin EX as scheduled 9/4/14 at 8 PM. The report indicated client C did not experience any negative side effects from the medication errors.</p> <p>A 9/4/14 BDDS report indicated client E did not receive her Certavite (a vitamin) or her Citrucel (a laxative) qd (once a day) as ordered by her physician from 9/1/14 though 9/5/14. The report indicated client E's Certavite and Citrucel were called into client E's doctor for renewal and the doctor was to call the facility pharmacy with the updated prescription. A DSP contacted the pharmacy when the medications were not delivered to the home and the DSP was told the prescriptions were not called to the pharmacy by the client's doctor and the pharmacy would contact client E's doctor for the updated prescription.</p> |   | <p>staff meeting will be held monthly to review recognition of abuse neglect, mistreatment.</p> <p><b>Monitoring of Corrective Action:</b> · All incident report data will be reviewed by safety committee. · All investigations will be completed within 5 business days including peer review. · Clinical Supervisor and appropriate Management personnel will perform periodic service reviews to ensure that all regulations are being adhered to in accordance with state law.</p> <p><b>Completion Date: 1-28-2015</b></p> <p>W154: Staff treatment of clients: The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p><b>Corrective action:</b> · All appropriate parties will be in-serviced on failure to follow, ResCare policy and procedures to prevent abuse, neglect and or mistreatment of clients by any staff or other clients. (Attachment B) · All appropriate parties will be in-serviced on definition of and identifying all issues of abuse, neglect, and mistreatment by any staff or other clients. (Attachment B) · All appropriate parties have been in-serviced on, failure to follow ResCare policy on completing a thorough investigation. (Attachment B) · .</p> <p><b>How we will identify others:</b> · All allegations of abuse/neglect/mistreatment will be immediately reported to Program Manager &amp; Executive</p> |  |  |   |  |

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|   | <p>Client E's medications were then called to the facility's "backup pharmacy." The Certavite was picked up 9/3/14 and was given to client E at the 7 am medication pass 9/4/14. The report indicated the Citrucel would not be available until 9/5/14 and client E would not receive her regularly scheduled dose until 9/6/14 at 7 AM. The report indicated client E did not experience any negative side effects from the medication errors.</p> <p>A 9/4/14 BDDS report indicated client F did not receive her Clonidine 0.1 mg bid for high blood pressure and her Loratadine (for allergies) 10 mg and Durezol Emulsion (ophthalmic steroid) .05% drops qd as ordered by her physician from 9/1/14 through 9/4/14. The report indicated client F's Clonidine, Loratadine and Durezol were called into client F's doctor for renewal and the doctor was to call the facility pharmacy with the updated prescriptions. A DSP contacted the pharmacy when the medications were not delivered to the home and the DSP was told the prescriptions were not called to the pharmacy by the client's doctor and the pharmacy would contact client F's doctor for the updated prescriptions. Client F's medications were then called to the facility's "backup pharmacy." The medications were picked up 9/4/14 and</p> |   | <p>Director (Attachment B). · All investigations must be complete with-in five business days. This is to include Peer Review and any approvals needed from any additional parties. (Attachment B)</p> <p>· All recommended corrective actions determined by peer review will be delivered in a timely manner (Attachment B).</p> <p><b>Measures to be put in place:</b> · Clinical Supervisor or appropriate designee will complete investigation. · Investigation results will be forwarded to Program Manager &amp; Executive Director within 5 business days.</p> <p>· All investigation findings forwarded to Program Manager &amp; Executive Director will be kept with BDDS file for review.</p> <p><b>Monitoring of Corrective Action:</b> · All incident report data will be reviewed by safety committee. · All investigations will be completed within 5 business days including peer review. · Clinical Supervisor and appropriate Management personnel will perform periodic service reviews to ensure that all regulations are being adhered to in accordance with state law. ·</p> <p><b>Completion Date: 1-28-2015</b></p> |  |  |   |  |

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|                    | <p>client F received her medications as scheduled at the 8 PM medication pass on 9/4/14. The report indicated client F did not experience any negative side effects from the medication errors.</p> <p>The facility records indicated no investigation in regard to the failure to provide client B with her prescribed medications from 8/27/14 through 9/4/14 and the failure to provide clients C, E and F with their prescribed medications from 9/1/14 through 9/4/14.</p> <p>The facility's TL (Team Lead) was interviewed on 12/5/14 at 6 AM. The TL:<br/>           ___ Indicated the clients' medications were delivered to the home by the facility pharmacy.<br/>           ___ Indicated some of client B's, C's, E's and F's medications were not delivered to the home with the regular pharmacy order/delivery in September 2014.<br/>           ___ Indicated when medications were not available for the clients the staff were to notify the facility nurse immediately.<br/>           ___ Stated the staff had not notified the facility nurse of client B's, C's, E's and F's insufficient medications because, "Each of us (the staff) thought it had been reported but in fact hadn't been."<br/>           ___ Stated, "Everyone just assumed the other one (the staff) had called the nurse and reported it."</p> |               |   |                      |

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|  | <p>__ Indicated the staff that checked the pharmacy medications into the home should have notified the nurse of any discrepancies.</p> <p>The facility's LPN, the RM (Residential Manager), the QIDPD (Qualified Intellectual Disabilities Professional Designee) and the CS (Clinical supervisor) were interviewed on 12/12/14 at 11:30 AM.</p> <p>The LPN:</p> <p>__ Indicated in September 2014 some of client B's, C's, E's and F's prescriptions had expired.</p> <p>__ Indicated client B's, C's, E's and F's physician had not called the facility pharmacy to renew the clients' prescriptions.</p> <p>__ Indicated the pharmacy was waiting on new prescriptions from the physician to refill client B's, C's, E's and F's medications.</p> <p>__ Indicated when the group home DSP received and checked in the pharmacy delivery the DSP noted the missing medications for clients B, C, E and F.</p> <p>__ Indicated the DSP then contacted the facility pharmacy and was told the prescriptions were not called to the pharmacy and the pharmacy would contact the clients' doctor for new prescriptions.</p> |  |  |  |
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|   | <p>___ Stated, "I was not aware the prescriptions had expired."<br/>___ Stated, "I was not notified" of the insufficient medication in the home for clients B, C, E and F.<br/>___ Indicated she was not made aware of the missing medications until 9/3/14.<br/>___ Indicated when a client runs out of a medication and/or their medications are not delivered to the home, the nurse was to be notified immediately and the medication would then be filled at the back up pharmacy.<br/>___ When asked why did the clients go without their medications for so many days without someone notifying the nurse, the LPN stated, "I don't know, but it will never happen again."<br/>___ Stated each DSP "assumed the other (staff) had called and it never got reported to me."</p> <p>The RM:<br/>___ Indicated the DSPs were to notify nursing immediately of all medications that were not given and/or not available to be given.<br/>___ Indicated she (the RM) normally did not give the medications and was not aware of medications not being delivered from the pharmacy.</p> <p>The CS:<br/>___ Indicated failure to provide goods and</p> |   |   |  |  |   |  |

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| W000210   | <p>services to the clients was considered neglect.<br/>           ___ Indicated an investigation had not been conducted.<br/>           ___ When asked does the facility investigate all allegations and/or incidents of neglect, the CS stated, "Yes we do. I guess we didn't look at it as neglect but I see your point."<br/>           9-3-2(a)</p> <p>483.440(c)(3)<br/>           INDIVIDUAL PROGRAM PLAN<br/>           Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.<br/>           Based on observation, record review and interview for 1 of 4 sample clients (C), the facility failed to ensure client C's sensory needs were assessed.</p> <p>Findings include:<br/>           Observations were conducted at the group home on 12/4/14 between 4:25 PM and 6 PM and on 12/5/14 between 5:30 AM and 7:15 AM and at the day program on 12/10/14 between 10:30 AM and 12:30 PM.<br/>           ___ Client C was a young non verbal</p> | W000210   | <p>W210: Individual Program Plan:<br/>           Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p><b>Corrective action:</b><br/>           A sensory/stimulatory assessment will be sought and</p> | 01/28/2015   |  |   |  |

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|   | <p>woman that communicated with expressions and physical gestures.</p> <p>__ Client C was observed to bite the heel of her hand, hit her forehead and suck her thumb numerous times throughout all observations.</p> <p>__ Client C required close staff supervision and redirection to prevent self harm and to redirect client C's self stimulation behaviors.</p> <p>Client C's record was reviewed on 12/9/14 at 3 PM. Client C's record indicated diagnoses of, but not limited to, Severe mental disability, Autism and Impaired Hearing.</p> <p>Client C's BSP (Behavior Support Plan) dated 9/17/14 indicated client C had targeted behaviors of, not all inclusive:</p> <p>__ SIB defined as hitting or slapping self, biting the heel of her hand, banging her elbows and legs on items, hitting her legs with the heel of her feet, scratching self, banging head on items, hitting her forehead with heel of her hand.</p> <p>__ Non-abusive self-stimulation defined as: Sucking thumb, grinding teeth, holding breath, waving fingers/hands in air, stomping feet.</p> <p>__ Public masturbation defined as placing her hands down her pants to stimulate in public locations.</p> |   | <p>scheduled for Client C to determine sensory needs as related to Client C's SIB and self stimulation behaviors. This assessment including recommendations will be shared and in-serviced to the Day Program to ensure sensory needs are met while Client C attends the Day Program. (Attachment D)</p> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>Residential Manager will schedule a sensory/stimulatory assessment for Client C to determine sensory needs as related to Client C's SIB and self-stimulation behaviors. The assessment including recommendations will be shared and in-serviced to the Day Program to ensure sensory needs are met while Client C attends the Day Program.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>QIDP will develop programming per sensory assessment recommendations.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> |  |  |   |  |

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|   | <p>Client C's BSP indicated "Through functional assessment, it was determined that the self-abuse, ongoing non-abusive self-stimulation, and public masturbation have caused or can cause the most interruption in [client C's] daily life and are ongoing safety risks. Sensory integration activities will be implemented to assist in lowering the amount of inappropriate sensory stimulation by increasing her ability to process information through her senses.... Staff will engage [client C] in sensory integration activities to increase the appropriate use of her senses. At least two times per day, staff will pick an activity from the sensory integration list.... 3. Staff will provide [client C] with a favored sensory stimulation activity (lighted items, things that vibrate, items with various textures to touch).... 7. If in appropriate setting, i.e. at home, in a vehicle, break time at day program and it is not too warm; staff may provide [client C] with a blanket to place across her lap/body when she appears to be wanting more sensory stimulation than her immediate environment/staff can provide. The extra weight/warmth can have a calming effect....</p> <p>The QIDPD (Qualified Intellectual Disabilities Professional Designee) was interviewed on 12/12/14 at 11:30 AM.</p> |   | <ul style="list-style-type: none"> <li>· QIDP will monitor montly progress and needed programming revisions.</li> <li>· QIDP will convene Client C's IDT as needed to ensure appropriate programming.</li> </ul> <p><b>Completion Date: 1-28-2015</b></p> |  |  |   |  |

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| W000220            | <p>The QIDPD:<br/>           ___ Indicated the facility had purchased some infant toys that lit up, made noises and vibrated for the staff to offer client C.<br/>           ___ Indicated client C had not been assessed by an Occupational Therapist or other therapist in regard to her sensory and/or stimulatory needs.<br/>           ___ Indicated the facility was in the process of getting client C an appointment with OT to assess her sensory needs.</p> <p>9-3-4(a)</p> <p>483.440(c)(3)(v)<br/>           INDIVIDUAL PROGRAM PLAN<br/>           The comprehensive functional assessment must include speech and language development.<br/>           Based on observation, interview and record review for 1 of 4 sample clients (A), the facility failed to ensure client A's communication skills and needs were assessed.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/4/14 between 4:25 PM and 6 PM and on 12/5/14 between 5:30 AM and 7:15 AM. During both observation periods client A</p> | W000220       | <p>W220: Individual Program Plan:<br/>           The comprehensive functional assessment must include speech and language development.</p> <p><b>Corrective action:</b></p> <p>A<br/>           speech/language/communication assessment will be sought and scheduled for Client A to determine</p> | 01/28/2015           |

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|   | <p>communicated with expressions, gestures and sounds that were difficult to understand and discern. Client A repeated herself numerous times with this surveyor and the staff while trying to make her needs known and/or trying to communicate. Client A did not use a communication book and/or any assistive devices to communicate.</p> <p>Client A's record was reviewed on 12/9/14 at 1 PM. Client A's record indicated client A was admitted to the facility on 4/28/14. Client A's record indicated no speech and language assessment since the client's admission to the facility.</p> <p>Interview with the QIDPD (Qualified Intellectual Disabilities Professional Designee) on 12/12/14 at 11:30 AM indicated no communication/speech assessment in regard to client A's communication needs since client A's admission to the facility.</p> <p>9-3-4(a)</p> |   | <p>communication needs.. This assessment including recommendations will be shared and in-serviced to the Day Program to ensure communication needs are met for Client A. (Attachment F)</p> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>Residential Manager will schedule a speech/language/communication assessment for Client A.. The assessment including recommendations will be shared and in-serviced to the Day Program to ensure communication needs are met while Client A attends the Day Program.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>QIDP will develop programming per speech/language assessment recommendations.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>QIDP will coordinate, monitor monthly progress and needed programming revisions</li> </ul> |                      |   |

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| W000249   | <p>483.440(d)(1)<br/>PROGRAM IMPLEMENTATION<br/>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 2 of 4 sample clients (A and C), the facility failed to ensure the staff implemented the clients' dining plan at every available opportunity.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/4/14 between 4:25 PM and 6 PM and on 12/5/14 between 5:30 AM and 7:15 AM.<br/>__ During the PM observation period</p> | W000249   | <p>QIDP will convene Client A's IDT as needed to ensure appropriate programming..</p> <p><b>Completion Date: 1-28-2015</b></p> <p><b>ADDENDUM:</b><br/><b>W 249: Program Implementation:</b><br/><b>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.</b></p> | 01/28/2015           |   |

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|   | <p>clients A and C consumed chicken fingers, rolls with butter, green beans and orange slices for their evening meals.</p> <p>__ During the AM observation period client A and C consumed scrambled eggs, a biscuit and crumbled sausage for their morning meal.</p> <p>__ During both observation periods the staff assisted the clients to cut their food into bite sized pieces.</p> <p>__ During both meals client A did not place her drink down between each sip of liquids and the staff did not prompt client A to put her cup down between sips of liquids.</p> <p>__ During both meals client C took large bites of food and did not place her spoon down between bites of food and the staff did not prompt client A to lay her spoon down with every bite of food taken and/or to set her cup down between sips of liquids.</p> <p>Client C's record was reviewed on 12/9/14 at 3 PM.</p> <p>__ Client C's ISP (Individual Support Plan) dated 9/17/14 indicated client C had an objective to set her spoon down between bites of food with two verbal prompts from the staff.</p> <p>__ Client C's Risk Plan dated 9/17/14 indicated client C was at risk of choking and the staff were to encourage client C to put her spoon down between bites and</p> |   | <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>Direct care staff to receive re-training of client A's and C's mealtime needs as it relates to their dining plan goal (Attachment D).</li> <li>Direct care staff will specifically receive training to ensure client is prompted to sit her drink down between sips (Attachment D).</li> <li>Direct care staff will specifically receive training to ensure client C is prompted to sit her utensil down between each bite. (Attachment D).</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>Daily activity treatment observations will be performed in home to ensure that Client A's and Client C's mealtime goal is completed accurately. Observations will be completed by the Residential Manager, QIDP or designee, and Clinical Supervisor for 1 month at which time observations will be reviewed for staff competence and need to continue. (Attachment E).</li> <li>Residential Manager, QIDP or designee and Clinical Supervisor will offer immediate correction, training and feedback to all staff during observations.</li> </ul> |  |  |   |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br>VOCA CORPORATION OF INDIANA |  |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>12736 EVAN LN<br>AURORA, IN 47001 |  |   |  |
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|   | <p>her drink down between drinks. "Staff will monitor client during meal time."<br/>           ___ Client C's Dining Plan dated 9/22/14 indicated client C would take large bites of food and the staff were to cue client C to put her utensil down between bites of food to slow her pace of eating as well as cue client C to put her drink down between sips of liquids.</p> <p>Client A's record was reviewed on 12/9/14 at 1 PM.<br/>           ___ Client A's dining plan dated 9/22/14 indicated the staff were to cue client A to put her cup down between sips of liquids to physically pace herself while drinking.</p> <p>The QIDPD (Qualified Intellectual Disabilities Professional Designee) was interviewed on 12/12/14 at 11:30 AM.<br/>           The QIDPD:<br/>           ___ Indicated client C would take large bites and eat at a fast pace if not prompted by the staff to slow down and/or to take smaller bites.<br/>           ___ Indicated the staff were to follow client A's and client C's dining plan with every meal.<br/>           ___ Indicated the staff were to prompt client C to lay down her eating utensils after each bite of food consumed and were to ask her to slow down when eating too fast.<br/>           ___ Indicated the staff were to prompt</p> |   | <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>Daily activity treatment<br/>Observations will be performed in home to ensure that Client # 2's mealtime goal is completed accurately. Observations will be completed by the Residential Manager, QIDP or designee, and Clinical Supervisor for 1 month at which time observations will be reviewed for staff competence and need to continue (Attachment E).</li> <li>Residential Manager, QIDP or designee and Clinical Supervisor will offer immediate correction, training and feedback to all staff during observations.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Daily activity treatment<br/>Observations will be performed weekly in home to ensure that Client # 2's mealtime goal is completed accurately. Observations will be completed by the Residential Manager, QIDP or designee, and Clinical Supervisor for 1 month at</li> </ul> |  |  |   |  |

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|                    | <p>client A to set her cup down between sips of liquids every time client A took a drink.</p> <p>9-3-4(a)</p>          |               | <p>which time observations will be reviewed for staff competence and need to continue.</p> <p>· Residential Manager, QIDP or designee and Clinical Supervisor. will offer immediate correction, training and feedback to all staff during observations.</p> <p><b>Completion Date: 1-28-2015</b><br/><b>W 249: 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. . Corrective action:</b> · Direct care staff to receive re-training of client 's A and C's mealtime needs as it relates to their dining plan goal (Attachment A). · Direct care staff will specifically receive training to ensure client is prompted to sit her drink down between sips (Attachment G). · Direct care staff will specifically receive training to ensure client C is prompted to sit her utensil</p> |                      |

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|                    |  |               | <p>down between each bite. (Attachment G). ) <b>How we will identify others:</b> · Two Activity Treatment Observations will be performed weekly in home to ensure that Client A and Client C's mealtime goal is completed accurately. Observations will be completed by the Residential Manager, QIDP or designee, and Clinical Supervisor for 1 month at which time observations will be reviewed for staff competence and need to continue.</p> <p>(Attachment H). · Residential Manager, QIDP or designee and Clinical Supervisor. will offer immediate correction, training and feedback to all staff during observations. <b>Measures to be put in place:</b> · Two Activity Treatment Observations will be performed weekly in home to ensure that Client # 2's mealtime goal is completed accurately. Observations will be completed by the Residential Manager, QIDP or designee, and Clinical Supervisor for 1 month at which time observations will be reviewed for staff competence and need to continue (Attachment H)... · Residential Manager, QIDP or designee and Clinical Supervisor. will offer immediate correction, training and feedback to all staff during observations.</p> <p><b>Monitoring of Corrective Action:</b> · Two Activity Treatment Observations will be performed weekly in home to ensure that Client # 2's mealtime</p> |                      |

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| W000252   | <p>483.440(e)(1)<br/>PROGRAM DOCUMENTATION<br/>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 4 of 4 sampled clients (A, B, C and D), the facility failed to ensure the staff documented a descriptive note in regard to the clients' behaviors of verbal and physical aggression and their SIB (Self Injurious Behaviors).</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 12/9/14 at 1 PM. Client A's BSP (Behavior Support Plan) dated 5/28/14 indicated client A had targeted behaviors of:<br/>__Physical aggression defined as "Striking at others or property, slamming</p> | W000252   | <p>goal is completed accurately. Observations will be completed by the Residential Manager, QIDP or designee, and Clinical Supervisor for 1 month at which time observations will be reviewed for staff competence and need to continue..<br/>Residential Manager, QIDP or designee and Clinical Supervisor. will offer immediate correction, training and feedback to all staff during observations.<br/><b>Completion Date: 1-28-2015</b></p> <p><b>W252: Program Documentation: Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. . Corrective Action:</b><br/>Direct care staff will receive training to ensure a descriptive note is documented on the back of the BDR's for any verbal or physical aggression. (Attachment I) . QIDP or designee will monitor monthly to ensure any verbal or physical aggression has a descriptive note on the back of the BDR to correspond with each documented verbal or physical aggression. <b>How we will identify others:</b> . Direct care</p> | 01/28/2015   |  |   |  |

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|   | <p>doors, throwing items, property destruction, running into others with her wheelchair."<br/>           __ Verbal aggression defined as "Yelling, name calling, cursing."<br/>           __ SIB defined as "Throwing self to the floor, hitting legs, hitting and scraping chin, banging arms into things, (wheelchair, wall, etc.) Pinching self, yelling and crying often precedes this."</p> <p>Client A's BDRs (Behavior Data Records) from June through December 2014 indicated:<br/>           November 4, 2014 one incident of physical aggression.<br/>           November 10 and 11, 2014 one or more incidents of verbal aggression.<br/>           October 6, 2014 one or more incidents of verbal aggression.<br/>           September 5, 2014 one incident of physical aggression.<br/>           August 30, 2014 two incidents of SIB.<br/>           August 2, 2014 two incidents of physical aggression.<br/>           August 2 and 6, 2014 one incident of verbal aggression<br/>           July 1, 2, 5, 6, 10, 13, 14, 16, 21, 22 and 26 one or more incidents of physical aggression.<br/>           July 2, and 22 two incidents of verbal aggression.<br/>           June 12, 13, 15, 17, 23, and 29 one or more incidents.</p> |   | <p>staff will document any occurrence of verbal or physical aggression providing a descriptive note on the back of each BDR. · QIDP or designee will monitor documentation monthly and at each quarterly review to ensure proper documentation is completed on the back of each BDR for both verbal or physical aggression. · Clinical supervisor will monitor quarterly reviews to ensure proper documentation.</p> <p><b>Measures to be put in place:</b> · Direct care staff will document any occurrence of verbal or physical aggression providing a descriptive note on the back of each BDR. · QIDP or designee will monitor documentation monthly and at each quarterly review to ensure proper documentation is completed on the back of each BDR for both verbal or physical aggression. · Clinical supervisor will monitor quarterly reviews to ensure proper documentation.</p> <p><b>Monitoring of Corrective Action:</b> · Direct care staff will document any occurrence of verbal or physical aggression providing a descriptive note on the back of each BDR. · QIDP or designee will monitor documentation monthly and at each quarterly review to ensure proper documentation is completed on the back of each BDR for both verbal or physical aggression. · Clinical supervisor</p> |  |  |   |  |

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|   | <p>For the above noted incidents, client A's record indicated no descriptive documentation from the staff to indicate what the client had done and/or the severity of the behaviors displayed. Client A's record failed to indicate on those dates if client A was aggressive with staff and/or other clients.</p> <p>2. Client B's record was reviewed on 12/9/14 at 1 PM. Client B's BSP dated 9/23/14 indicated client B had targeted behaviors of physical aggression defined as "Slapping, hitting, pushing, pulling or kicking of another individual" and verbal aggression defined as "Yelling cursing or threatening others."</p> <p>Client B's BDRs from June through December 2014 indicated:<br/>           ___9/19/14 one incident of verbal and physical aggression.<br/>           ___8/11/14 two incidents of verbal aggression and four incidents of physical aggression.<br/>           ___8/12/14 two incidents of verbal and physical aggression.<br/>           ___8/13/14 one incident of physical aggression.<br/>           ___7/29/14 one incident of verbal and physical aggression.<br/>           ___6/3/14 one incident of verbal aggression.</p> |   | <p>will monitor quarterly reviews to ensure proper documentation.<br/> <b>Completion Date: 1-28-2015</b></p>    |  |  |   |  |

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|  | <p>For the above noted incidents, client B's record indicated no descriptive documentation from the staff to indicate what the client had done and/or the severity of the behaviors displayed. Client B's record failed to indicate on those dates if client B was aggressive with staff and/or other clients.</p> <p>3. Observations were conducted at the day program on 12/10/14 between 10:30 AM and 12:30 PM. During this observation period client C sucked her thumb frequently, bit the heel of her hand and hit herself in the forehead multiple times.</p> <p>Client C's record was reviewed on 12/9/14 at 3 PM. Client C's BSP dated 9/17/14 indicated client C had targeted behaviors of, not all inclusive:<br/>           ___ "SIB defined as: Hitting or slapping self, biting the heel of her hand, banging her elbows and legs on items, hitting her legs with the heel of her feet, scratching self, banging head on items, hitting her forehead with heel of her hand.<br/>           ___ Non-abusive self-stimulation defined as: Sucking thumb, grinding teeth, holding breath, waving fingers/hands in air, stomping feet.</p> <p>Review of client C's December 2014</p> |  |  |  |
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|                    | <p>BDRs on 10/12/14 indicated the staff had not documented client C's exhibited behaviors of SIB and self stimulation observed on 12/10/14.</p> <p>4. Client D's record was reviewed on 12/9/14 at 1 PM. Client D's BSP dated 12/17/13 indicated client D had targeted behaviors of:</p> <p>__ Physical aggression defined as "Slapping, hitting, pushing, pulling or kicking of another individual or spitting."<br/>__ Verbal aggression defined as "Yelling cursing or threatening others."<br/>__ SIB defined as "Slapping face, head, legs and arms."</p> <p>Client D's BDRs from June through December 2014 indicated:</p> <p>12/5/14 one incident of verbal and physical aggression.<br/>12/3/14 one incident of verbal aggression.<br/>11/17/14 one incident of SIB.<br/>November 6, 7, 9, 10, 11, 14, 15, 17, and 20 one or more incidents of verbal aggression.<br/>October 1, 2, 3, 4, 5, 11, 13, 14, 16, 17, 28, and 30 one or more incidents of verbal aggression.</p> <p>Client D's record did not indicate a narrative note from the staff in regard to the incidents of verbal/physical</p> |               |   |                      |

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|   | <p>aggression and SIB noted in October, November and December, 2014.</p> <p>The QIDPD (Qualified Intellectual Disabilities Professional Designee) was interviewed on 12/12/14 at 11:30 AM. The QIDPD:</p> <p>__ Indicated the clients with SIB, verbal and physical aggression required more than a slash mark on the front of their BDRs.</p> <p>__ Indicated the staff had been trained to document a descriptive note on the back of each of the clients' BDRs in regard to all incidents of verbal and physical aggression.</p> <p>__ Indicated when client C had behaviors while at the DP (Day Program), the DP staff wrote a narrative description in a notebook and gave it to group home staff when client C was picked up at the end of the day.</p> <p>__ Indicated the home staff then transcribed the behavior data onto client C's BDRs in the home.</p> <p>__ Indicated we are working on making sure the data is documented and stated, "I think we have really improved since I've been here."</p> <p>__ Stated documenting data was "a work in progress and obviously could be improved upon."</p> <p>9-3-4(a)</p> |   |   |  |  |   |  |

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| W000318            | <p>483.460<br/>HEALTH CARE SERVICES<br/>The facility must ensure that specific health care services requirements are met.<br/>Based on interview and record review, the facility failed to meet the Condition of Participation: Health Care Services for 2 of 3 sampled clients (B and C) and 2 additional clients (E and F).</p> <p>The facility health care services failed to ensure:<br/>           ___ Clients B, C, E and F received their medications as ordered by their physician.<br/>           ___ Staff notified nursing of medications not given and/or not available for clients B, C, E and F.<br/>           ___ The staff followed the guidelines of Core A and Core B when giving medications to client B.<br/>           ___ The staff transcribed changes in client B's physician's orders onto client B's MAR (Medication Administration Record).</p> <p>Findings include:</p> <p>1. Nursing services failed to ensure client B, C, E and F received their medications as ordered by their physician, to ensure</p> | W000318       | <p><b>ADDENDUM:</b><br/><b>W318: Health Care Services: The facility must ensure that specific health care services requirements are met.</b></p> <p><b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· The nurse to receive training to include ensuring all medications are present and available. Training to be provided by the Nurse Manager. (Attachment F).</li> <li>· The nurse will re-train staff on Clients B, C E and F medication administration needs as prescribed by their physician (Attachment G).</li> <li>· The Nurse will in-service staff on the 6 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A &amp; B (Attachment G).</li> </ul> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>· The nurse and Residential Manager will follow up to ensure all medication orders are filled and in the home..</li> </ul> | 01/28/2015           |

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|   | <p>the staff notified nursing services when medications were not provided to the clients and/or not available to give, to ensure the staff followed the guidelines of Core A and Core B when giving medications for client B and to ensure the staff transcribed changes in client B's physician's orders onto the client's MAR (Medication Administration Record). Please see W331.</p> <p>2. Nursing services failed to ensure all medications were administered in compliance with each clients' physicians' orders for clients B, C, E and F. Please see W368.</p> <p>9-3-6(a)</p> |   | <ul style="list-style-type: none"> <li>· The Nurse will in-service staff on the 6 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A &amp; B. (Attachment A)</li> <li>· <b>Measures to be put in place:</b></li> <li>· The Nurse will in-service staff on the 6 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A &amp; B.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Direct Care Staff will perform two med audits weekly..</li> <li>· Residential Manager reviews and monitors medication audits 1 time weekly to ensure medications are present and available as ordered by physician.</li> <li>· The Nurse will review and monitor medication audits two times per month with one of those audits at the end of each month to ensure medications are present and available to clients as ordered by the physician.</li> </ul> <p>There are 6 rights of medications. In</p> |                      |   |

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|                    |  |               | <p>the original POC 7 rights of medication was noted in error.</p> <p><b>Completion Date: 1-28-2015</b></p> <p><b>W318: Health Care Services:</b><br/><b>The facility must ensure that specific health care services requirements are met.</b></p> <p><b>Corrective action:</b> · The nurse to receive training to include ensuring all medications are present and available (Attachment J). · The nurse will re-train staff on Clients B, C E and F medication administration needs as prescribed by their physician (Attachment A). · The Nurse will in-service staff on the 6 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A &amp; B (Attachment A). <b>How we will identify others:</b> · The nurse and Residential Manager will follow up to ensure all medication orders are filled and in the home.. · The Nurse will in-service staff on the 6 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A &amp; B. (Attachment A) · <b>Measures to be put in place:</b> · The Nurse will in-service staff on the 7 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A &amp; B.</p> <p><b>Monitoring of Corrective</b></p> |                      |

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| W000331   | <p>483.460(c)<br/>NURSING SERVICES<br/>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 (B and C) and 2 additional clients (E and F), the facility nursing services failed to ensure:</p> <p>___ Clients B, C, E and F received their medications as ordered by their physician.</p> <p>___ Staff notified nursing of medications not given and/or not available for clients B, C, E and F.</p> <p>___ The staff followed the guidelines of Core A and Core B when giving medications to client B.</p> <p>___ The staff transcribed changes in client B's physician's orders onto client B's MAR (Medication Administration Record).</p> <p>Findings include:</p> | W000331   | <p><b>Action:</b> · Direct Care Staff preform weekly medication audits. · Residential Manager reviews and monitors medication audits 2 times monthly to ensure medications are present and available as ordered by physician. · The Nurse will review and monitor medication audits monthly at the end of each month to ensure medications are present and available to clients as ordered by the physician.<br/><b>Completion Date: 1-28-2015</b></p> <p><b>ADDENDUM: W331: Nursing Services: The facility must provide clients with nursing services in accordance with their needs. Corrective action:</b></p> <p>· The nurse to receive training to include ensuring all medications are present and available (Attachment F). · The nurse will re-train staff on Clients B, C E and F medication administration needs as prescribed by their physician (Attachment G). · The Nurse will in-service staff on the 6 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A &amp; B (Attachment G). <b>How we will identify others:</b> · The nurse and Residential Manager will follow up to ensure all medication orders are filled and in the home.</p> | 01/28/2015           |   |

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|   | <p>1. The facility's reportable and investigative records were reviewed on 12/4/14 at 2 PM.</p> <p>A 9/4/14 BDDS (Bureau of Developmental Disabilities Services) report indicated client B did not receive her Benztropine (given for physical side effects associated with taking antipsychotic medications) 0.5 mg (milligrams) mg bid (twice a day) as ordered by her physician from 8/27/14 through 9/4/14. The report indicated client B's Benztropine was called into client B's doctor for renewal and the doctor was to call the facility pharmacy with the updated prescription. A DSP (Direct Support Professional) contacted the pharmacy when the medication was not delivered to the home and the DSP was told the prescription was not called to the pharmacy by the client's doctor and the pharmacy would contact client B's doctor for the updated prescription. Client B's medication was then called to the facility's "backup pharmacy" and client B received her Benztropine as scheduled 9/4/14 at 7 PM. The report indicated client B did not experience any negative side effects from the medication errors.</p> <p>A 9/4/14 BDDS report indicated client C</p> |   | <p>(Attachment G) · The Nurse will in-service staff on the 6 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A &amp; B.</p> <p>(Attachment G). · <b>Measures to be put in place:</b> · The Nurse will in-service staff on the 6 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A &amp; B.</p> <p><b>Monitoring of Corrective Action:</b> · Direct Care Staff preform two medication audits per week.. · Residential Manager reviews and monitors medication audits 1 time per week to ensure medications are present and available as ordered by physician.</p> <p>· The Nurse will review and monitor medication audits two times per month with one of those audits at the end of each month to ensure medications are present and available to clients as ordered by the physician. There are 6 rights of medication. In the original POC 7 rights were noted in error. <b>Completion Date: 1-28-2015 W331: Nursing Services: The facility must provide clients with nursing services in accordance with their needs. Corrective action:</b></p> <p>· The nurse to receive training to include ensuring all medications are present and available (Attachment J). · The nurse will re-train staff on Clients B, C E and F medication administration</p> |  |  |   |  |

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|                    | <p>did not receive her Phenytoin EX (for seizures) 100 mg bid as ordered by her physician from 9/1/14 through 9/4/14. The report indicated client C's Phenytoin EX was called into client C's doctor for renewal and the doctor was to call the facility pharmacy with the updated prescription. A DSP contacted the pharmacy when the medication was not delivered to the home and the DSP was told the prescription was not called to the pharmacy by the client's doctor and the pharmacy would contact client C's doctor for the updated prescription. Client C's medication was then called to the facility's "backup pharmacy" and client C received her Phenytoin EX as scheduled 9/4/14 at 8 PM. The report indicated client C did not experience any negative side effects from the medication errors.</p> <p>A 9/4/14 BDDS report indicated client E did not receive her Certavite (a vitamin) or her Citrucel (a laxative) qd (once a day) as ordered by her physician from 9/1/14 though 9/5/14. The report indicated client E's Certavite and Citrucel were called into client E's doctor for renewal and the doctor was to call the facility pharmacy with the updated prescription. A DSP contacted the pharmacy when the medications were not delivered to the home and the DSP was told the prescriptions were not called to</p> |               | <p>needs as prescribed by their physician (Attachment A). · The Nurse will in-service staff on the 6 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A &amp; B (Attachment A). <b>How we will identify others:</b> · The nurse and Residential Manager will follow up to ensure all medication orders are filled and in the home. (Attachment A) · The Nurse will in-service staff on the 6 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A &amp; B. (Attachment A). · <b>Measures to be put in place:</b> · The Nurse will in-service staff on the 7 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A &amp; B. <b>Monitoring of Corrective Action:</b> · Direct Care Staff preform weekly medication audits. · Residential Manager reviews and monitors medication audits 2 times monthly to ensure medications are present and available as ordered by physician. · The Nurse will review and monitor medication audits monthly at the end of each month to ensure medications are present and available to clients as ordered by the physician. <b>Completion Date: 1-28-2015</b></p> |                      |

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|                    | <p>the pharmacy by the client's doctor and the pharmacy would contact client E's doctor for the updated prescription. Client E's medications were then called to the facility's "backup pharmacy." The Certavite was picked up 9/3/14 and was given to client E at the 7 am medication pass 9/4/14. The report indicated the Citrucel would not be available until 9/5/14 and client E would not receive her regularly scheduled dose until 9/6/14 at 7 AM. The report indicated client E did not experience any negative side effects from the medication errors.</p> <p>A 9/4/14 BDDS report indicated client F did not receive her Clonidine 0.1 mg bid for high blood pressure and her Loratadine 10 mg and Durezol Emulsion (ophthalmic steroid) .05% drops for seasonal allergies qd as ordered by her physician from 9/1/14 through 9/4/14. The report indicated client F's Clonidine, Loratadine and Durezol were called into client F's doctor for renewal and the doctor was to call the facility pharmacy with the updated prescriptions. A DSP contacted the pharmacy when the medications were not delivered to the home and the DSP was told the prescriptions were not called to the pharmacy by the client's doctor and the pharmacy would contact client F's doctor for the updated prescriptions. Client F's</p> |               |   |                      |

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|                    | <p>medications were then called to the facility's "backup pharmacy." The medications were picked up 9/4/14 and client F received her medications as scheduled at the 8 PM medication pass on 9/4/14. The report indicated client F did not experience any negative side effects from the medication errors.</p> <p>The 9/4/14 BDDS reports indicated the plan to resolve: "As preventative measures the nurse will provide LIC training to all staff per policy and procedure including ensurance (sic) that the doctor has called all medication renewal prescriptions to the pharmacy for delivery to the group home. As further preventative measures all medication of administration policy and procedures will be followed to avoid future med errors."</p> <p>Review of the facility staff training record dated 9/4/14 on 12/4/14 at 2 PM indicated:<br/>           ___1) Med (medication) audit weekly check - needs to be done weekly to ensure enough meds are in the home.<br/>           ___2) You (the DSPs) must report med shortage to nurse ASAP.<br/>           ___3) Get all scripts (prescriptions) from the doctor (any doctor) and make sure copy is faxed to the pharmacy from us (the facility), then place in the red book under P.O.'s (Physician's Orders). Make</p> |               |   |                      |

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|                    | <p>sure RM (Residential Manager) are (sic) aware to follow up with pharmacy making sure they got all faxed scripts.</p> <p>__4) If anyone comes in and see's (sic) no medications are in the home, it is their responsibility to contact the nurse and find out why. Don't always assume someone else has called. NEVER go without medications in a home.</p> <p>__5) If new scripts are gotten at every appt. (appointment) and faxed to pharmacy whether we need them or not then this issue won't happen.</p> <p>__6) If a doctor does electronic scripts, get a copy, if they refuse have them fill out orders on consult where it says new orders and fax that to pharmacy - once an order is wrote (sic) by any doctor on our form that makes it good."</p> <p>The facility's TL (Team Lead) was interviewed on 12/5/14 at 6 AM. The TL:<br/>           __ Indicated the clients' medications were delivered to the home by the facility pharmacy.<br/>           __ Indicated some of client B's, C's, E's and F's medications were not delivered to the home with the regular pharmacy order/delivery.<br/>           __ Indicated when medications were not available for the clients the staff were to notify the facility nurse immediately.<br/>           __ Stated the staff had not notified the facility nurse of client B's, C's, E's and F's</p> |               |   |                      |

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|  | <p>insufficient medications because, "Each of us (the staff) thought it had been reported but in fact hadn't been."<br/>           __ Stated, "Everyone just assumed the other one (the staff) had called the nurse and reported it."<br/>           __ Indicated the staff that checked the pharmacy medications into the home should have notified the nurse of any discrepancies.</p> <p>The facility's LPN and the RM (Residential Manager) were interviewed on 12/12/14 at 11:30 AM.<br/>           The RM:<br/>           __ Indicated the staff were to notify nursing immediately of all medications that were not given and/or not available to be given.<br/>           __ Indicated she (the RM) normally did not give the medications and was not aware of medications not being delivered from the pharmacy.</p> <p>The LPN:<br/>           __ Indicated in September 2014 some of client B's, C's, E's and F's prescriptions had expired.<br/>           __ Indicated the clients' physician had not called the facility pharmacy to renew the clients' prescriptions.<br/>           __ Indicated the pharmacy was waiting on new prescriptions from the physician to refill client B's, C's, E's and F's</p> |  |  |  |
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|  | <p>medications.</p> <p>__ Indicated when the group home staff received and checked in the pharmacy delivery the staff noted the missing medications for clients B, C, E and F.</p> <p>__ Indicated the facility staff then contacted the facility pharmacy and was told the prescriptions were not called to the pharmacy and the pharmacy would contact the doctor for new prescriptions.</p> <p>__ Stated, "I was not aware the prescriptions had expired."</p> <p>__ Stated, I was not notified of the insufficient medication in the home for clients B, C, E and F.</p> <p>__ Stated the staff "should have called me immediately" after checking the pharmacy delivery and realizing all the medications were not delivered.</p> <p>__ Stated, "I would rather be called 50 times rather than not being notified at all."</p> <p>__ Indicated she was not made aware of the missing medications until 9/3/14.</p> <p>__ When asked how could the clients go without their medications for so many days without someone notifying the nurse, the LPN stated, "I don't know, but it will never happen again."</p> <p>__ Stated each staff "assumed the other (staff) had called and it didn't get reported.</p> <p>__ Indicated when a client runs out of a medication and/or their medications are</p> |  |  |  |
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|                    | <p>not delivered to the home, the nurse was to be notified immediately and the medication would then be filled at the back up pharmacy.</p> <p>2. Client B's record was reviewed on 12/5/14 at 10 AM. Client B's record indicated on 9/2/14 client B's physician changed client B's Benztropine order from 0.5 mg bid to 1 mg bid. Client B's MARs (Medication Administration Records) for September and October 2014 indicated client B did not receive Benztropine as ordered by her physician from 9/1/14 through 9/4/14 and from 9/4/14 through 9/30/14 client B was given Benztropine 0.5 mg bid.</p> <p>During interview with the facility's LPN on 12/5/14 at 10:30 AM. The LPN:<br/>           ___ Indicated she was not aware client B's Benztropine was increased on 9/2/14.<br/>           ___ Stated client B's physician "apparently" increased client B's Benztropine to 1 mg bid on 9/2/14 when client B was out of her Benztropine.<br/>           ___ Indicated client B's physician had faxed the new prescription of Benztropine 1 mg bid to the pharmacy and stated, "They (the staff) must not have caught it."<br/>           ___ Stated, "According to the September (2014) pharmacy audit" the pharmacy filled and delivered Benztropine 1 mg for</p> |               |   |                      |

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|  | <p>client B for September.</p> <p>__ Indicated client B's September MAR indicated client B received Benzotropine 0.5 mg bid.</p> <p>__ Indicated client B's MAR was not updated on 9/2/14 to reflect the increase in client B's Benzotropine.</p> <p>__ Stated, "It looks like the staff gave her (client B) Benzotropine 0.5 mg but actually gave her Benzotropine 1 mg."</p> <p>__ Stated, "The staff should have transcribed the new order (the 9/2/14 Benzotropine) onto the MAR."</p> <p>__ Indicated the staff were to follow Core A and Core B guidelines and were to do a triple check with each medication given and were to check the MAR with the bubble pack of medication to ensure the correct medication was being given and stated, "And that was apparently not done either."</p> <p>__ Stated, "If the staff had been doing the triple check as trained," the error would have been found on 9/4/14 when client B's Benzotropine was delivered to the home from the pharmacy.</p> <p>__ Stated, "I can only assume they (the staff) gave her (client B) Benzotropine 0.5 mg which is what the MAR says which means she (client B) got the wrong dosage the whole month of September."</p> <p>__ Stated, "Either way, it's an error."</p> <p>__ Indicated all clients were to receive their medications as ordered by the</p> |  |  |  |
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| W000368            | <p>physician.</p> <p>3. The 9/1/14 BDDS report indicated on 8/31/14 client B was given a double dose of Saphris (given to treat schizophrenia and bipolar disorder. The report indicated client B was to have 10 mg and was given 20 mg.</p> <p>Review of client B's 2014 physician's orders for September and August 2014 on 12/9/14 at 1 PM. indicated client B was to have Saphris 10 mg sublingually (under the tongue) bid.</p> <p>Interview with the facility's LPN on 12/5/14 at 10:30 AM indicated all clients were to receive their medications as ordered by the physician.</p> <p>9-3-6(a)</p> <p>483.460(k)(1)<br/>DRUG ADMINISTRATION<br/>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 2 of 3 sampled clients (B and C) and 2 additional clients (E and F), the facility's nursing services failed to ensure all medications were administered in compliance with the physician's orders.</p> | W000368       | <p>W368 Drug Administration: The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.<br/><b>Corrective action:</b> · The nurse to receive training to include ensuring all medications are present and available</p> | 01/28/2015           |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                |   | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G303 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____   |                      | X3) DATE SURVEY COMPLETED<br><br>12/29/2014 |
| NAME OF PROVIDER OR SUPPLIER<br><br>VOCA CORPORATION OF INDIANA |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>12736 EVAN LN<br>AURORA, IN 47001   |                      |   |
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|   | <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 12/4/14 at 2 PM.</p> <p>The 9/1/14 BDDS report indicated on 8/31/14 client B was given a double dose of Saphris (given to treat schizophrenia and bipolar disorder. The report indicated client B was to have 10 mg and was given 20 mg.</p> <p>A 9/4/14 BDDS (Bureau of Developmental Disabilities Services) report indicated client B did not receive her Bzotropine (given for physical side effects associated with taking antipsychotic medications) 0.5 mg (milligrams) mg bid (twice a day) as ordered by her physician from 8/27/14 through 9/4/14.</p> <p>A 9/4/14 BDDS report indicated client C did not receive her Phenytoin EX (for seizures) 100 mg bid as ordered by her physician from 9/1/14 through 9/4/14.</p> <p>A 9/4/14 BDDS report indicated client E did not receive her Certavite (a vitamin) or her Citrucel (a laxative) qd (once a day) as ordered by her physician from 9/1/14 though 9/5/14.</p> |   | <p>(Attachment J). · The nurse will re-train staff on Clients B, C E and F medication administration needs as prescribed by their physician. (Attachment A) · The Nurse will in-service staff on the 7 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A &amp; B (Attachment A).. <b>How we will identify others:</b> · The nurse and Residential Manager will follow up to ensure all medication orders are filled and in the home (Attachment A). · The Nurse will in-service staff on the 6 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A &amp; B (Attachment A). · <b>Measures to be put in place:</b> · The Nurse will in-service staff on the 6 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A &amp; B. <b>Monitoring of Corrective Action:</b> · Direct Care Staff preform weekly medication audits. · Residential Manager reviews and monitors medication audits 2 times monthly to ensure medications are present and available as ordered by physician. · The Nurse will review and monitor medication audits monthly at the end of each month to ensure medications are present and available to clients as ordered by the physician.</p> |                      |   |

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| NAME OF PROVIDER OR SUPPLIER<br><br>VOCA CORPORATION OF INDIANA |   |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>12736 EVAN LN<br>AURORA, IN 47001 |  |   |  |
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|   | <p>A 9/4/14 BDDS report indicated client F did not receive her Clonidine 0.1 mg bid for high blood pressure and her Loratadine (for allergies) 10 mg and Durezol Emulsion (ophthalmic steroid) .05% eye drops qd as ordered by her physician from 9/1/14 through 9/4/14.</p> <p>Interview with the facility's LPN on 12/5/14 at 10:30 AM indicated all clients were to receive their medications as ordered by the physician.</p> <p>9-3-6(a)</p> |   | <b>Completion Date: 1-28-2015</b>   |  |  |   |  |