

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G194		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/27/2013	
NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 115 STONEGATE BEDFORD, IN 47421			
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: June 24, 25, 26 and 27, 2013</p> <p>Facility Number: 000724 Provider Number: 15G194 AIM Number: 100243320</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/3/13 by Ruth Shackelford, QIDP.</p>	W000000					

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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W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview for 7 of 7 clients living in the group home (#1, #2, #3, #4, #5, #6 and #7), the facility failed to ensure the clients' right to due process in regard to the locking of cleaning supplies and other items.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/24/13 from 3:48 PM to 6:19 PM and 6/25/13 from 6:00 AM to 8:09 AM. During the observations, a cabinet located in the laundry area was locked and needed a key to access. Clients #1, #2, #3, #4, #5, #6 and #7 did not have access to the key to unlock the cabinet. The cabinet contained cleaning supplies, gloves, bug spray, aloe wipes, hand soap, and furniture polish.</p> <p>A review of client #1's Individual Support Plan (ISP), dated 1/10/13, and Behavior Support Plan (BSP), dated 1/10/13, was conducted on 6/25/13 at 9:45 AM. There was no documentation the cleaning</p>	W000125	<p>Corrective action:</p> <ul style="list-style-type: none"> • Clinical Supervisor has been inserviced on client rights, and locking of cleaningsupplies. (Attachment A). • Staff have been inserviced on client rights, and locking of cleaning supplies. (Attachment B). • A work order to remove locks has been submitted. (Attachment C) <p>How we will identify others: Clinical Supervisors will inspect all cabinets to ensure they are not locked without a rights restriction in place.</p> <p>Measures to be put in place:</p> <ul style="list-style-type: none"> • Clinical Supervisor 	07/27/2013			

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	<p>supplies, gloves and other items needed to be locked.</p> <p>A review of client #2's ISP and BSP, dated 5/9/12, was conducted on 6/26/13 at 10:43 AM. There was no documentation the cleaning supplies, gloves and other items needed to be locked.</p> <p>A review of client #3's ISP and BSP, dated 3/14/13, was conducted on 6/26/13 at 10:45 AM. There was no documentation the cleaning supplies, gloves and other items needed to be locked.</p> <p>A review of client #4's ISP, dated 11/13/12, was conducted on 6/25/13 at 9:12 AM. There was no documentation the cleaning supplies, gloves and other items needed to be locked.</p> <p>A review of client #5's ISP and BSP, dated 5/9/12, was conducted on 6/25/13 at 10:20 AM. There was no documentation the cleaning supplies, gloves and other items needed to be locked.</p> <p>A review of client #6's ISP and BSP, dated 6/8/12, was conducted on 6/25/13 at 10:54 AM. There was no documentation the cleaning supplies, gloves and other items needed to be locked.</p>		<p>will review client rights monthly at staff meeting. (Attachment D)</p> <ul style="list-style-type: none"> Management personnel will perform EDOM checklist periodically to ensure cabinets are not being locked without a rights restriction in place. (Attachment E) <p>Monitoring of Corrective Action: Clinical Supervisor will ensure cabinets remain unlocked until completion of work order to remove locks is completed. Target date for completion is July 27, 2013. Operations Manager, Quality Assurance will perform periodic reviews to ensure cabinets are not locked without rights restriction in place.</p> <p>Completion Date: 07/27/2013</p>				

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	<p>A review of client #7's ISP and BSP, dated 1/10/13, was conducted on 6/26/13 at 10:52 AM. There was no documentation the cleaning supplies, gloves and other items needed to be locked.</p> <p>An interview with the Clinical Supervisor (CS) was conducted on 6/25/13 at 11:22 AM. The CS indicated none of the clients had a plan to lock the cleaning supplies and other items in the cabinet. The CS indicated the items had been locked for the three years she had worked in the home. The CS indicated there was no reason to lock the items. The CS indicated the clients could safely use the items in the locked cabinet without incident. The CS indicated none of the clients had ingested non-nutritious items in the past.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/26/13 at 11:37 AM. The QIDP indicated if there were no plans indicating the chemicals needed to be locked up then the chemicals and other items should not be locked. The QIDP did not know the reason the items were locked.</p> <p>9-3-2(a)</p>				

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W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review and interview for 1 of 4 sampled clients (#4) and for 1 of 3 non-sampled clients (#2), the facility failed to ensure 1) client #2 had a plan to address repeated hugging of the staff and 2) client #4 had a plan to address pulling the fire alarm, stealing and inappropriate urination.</p> <p>Findings include:</p> <p>1) Observations were conducted at the group home on 6/24/13 from 3:48 PM to 6:19 PM and 6/25/13 from 6:00 AM to 8:09 AM. On 6/24/13 at 4:39 PM, client #2 hugged staff #7. At 5:56 PM, client #2 hugged staff #3. On 6/25/13 at 6:39 AM, client #2 entered the kitchen and hugged staff #4. At 6:51 AM, client #2 tried to hug staff #6 but was redirected. At 6:59 AM, client #2 hugged staff #6. At 7:07 AM, client #2 hugged staff #8 two times. At 7:36 AM, client #2 hugged staff #6.</p> <p>A review of client #2's record was conducted on 6/25/13 at 11:42 AM. Client #2's Behavior Support Plan (BSP), dated 5/9/12, and Individual Support Plan, dated 5/9/12, did not include a plan to address hugging. The BSP indicated, in part,</p>	W000227	<p>Corrective action:</p> <ul style="list-style-type: none"> •.....BSP was revised at annual ISP, hugging was removed from proactive strategies, and a new goal for personal space implemented. (Attachment F) •.....Staff have been inserviced on personal space goal. (Attachment B) •.....IDT was held and 90 day tracking sheets for client #4 to document stealing, inappropriate urination, and pulling the fire alarm were implemented. (Attachment G) •.....Staff have been inserviced on Client #4's new behavior data records. (Attachment B) <p>How we will identify others: Clinical Supervisor will review ISP's and BSP's</p>	07/16/2013			

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	<p>"Staff will provide verbal praise and physical contact (hug, handshake, pat on the back) each evening when there has been no agitation." The ISP and BSP did not indicate what proactive measures and reactive responses the staff were to implement when client #2 wanted a hug. There was no plan to redirect to another appropriate physical contact or how staff were to respond when client #2 attempted to hug staff.</p> <p>An interview with the Clinical Supervisor (CS) was conducted on 6/25/13 at 11:43 AM. The CS indicated client #2 should have a plan to address hugging to ensure there were consistent responses from the staff.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/26/13 at 11:37 AM. The QIDP indicated client #2 needed a plan to address hugging.</p> <p>2) An observation was conducted at the group home on 6/25/13 from 6:00 AM to 8:09 AM. At 6:51 AM when client #4 finished eating breakfast and was taking his trash to the trash can, staff #6 and #8 both reacted telling client #4 "no!" Staff #8 indicated she thought client #4 was going to pull the fire alarm which was near the trash can. Staff #8 indicated client #4 had a behavior of pulling the fire alarm.</p> <p>An interview with staff #3 was conducted on 6/24/13 at 5:33 PM. Staff #3 stated client #4 was a "klepto." Staff #3 indicated client #4 would take anything such as cell phone, items from a community store, and peer's items from their rooms. Staff #3 indicated client #4 recently started urinating in inappropriate places such as his room or in his recliner.</p> <p>An interview with the Clinical Supervisor (CS)</p>		<p>to ensure appropriate measures are documented. Clinical Supervisors will review BDR's to ensure they are current, behaviors are documented, and BSP strategies are being followed.</p> <p>Measures to be put in place: Clinical Supervisors will complete quarterly reviews (Attachment H), and active treatment observations (Attachment I) to ensure all behaviors are being documented.</p> <p>Monitoring of Corrective Action: Management personnel will perform periodic service reviews to ensure that behaviors are being documented and strategies are being implemented consistently.</p> <p>Completion Date: 07/16/2013</p>				

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	<p>was conducted on 6/24/13 at 5:33 PM. The CS indicated client #4 did not have a plan to address stealing. The CS indicated client #4 needed a plan to address stealing. On 6/25/13 at 11:43 AM, the CS indicated client #4 needed a behavior plan to address stealing, inappropriate urination and pulling the fire alarm.</p> <p>A review of client #4's record was conducted on 6/25/13 at 9:12 AM. Client #4's record did not contain a Behavior Support Plan. Client #4's Behavioral Assessment, dated 11/1/12, indicated client #4 engaged in the following behavior frequently: used others' property without permission, lost others' belongings, damaged others' property, did not recognize the difference between his own property and others' property, stuffs the toilet and inappropriately stuffs things in his pockets, shirts, etc.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/26/13 at 11:37 AM. The QIDP indicated client #4 needed a behavior plan.</p> <p>9-3-4(a)</p>			

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W000240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview for 1 of 3 non-sampled clients (#7), the facility failed to ensure there was a plan to reduce client #7's restriction to knives. Findings include: A review of client #7's Behavior Support Plan (BSP), dated 1/10/13, was conducted on 6/25/13 at 11:34 AM. His BSP included targeted behaviors of self injurious behavior (scratching and/or cutting his body with sharp objects or his finger nails) and suicidal ideation (writing a note or saying he wants to die or kill himself). Client #7's most recent self injurious behavior was documented in April 2013 when he bit himself on the hand and broke the skin, requiring no medical treatment. Client #7's Modification of Individual's Rights, dated 1/10/13, indicated, in part, "Right to be modified: Free access to kitchen knives." The form indicated, in part, "Kitchen knives will be locked up except when needed for cooking. [Client #7] has harmed himself numerous times with the kitchen knives and other household sharps. Services that will be provided to</p>	W000240	<p>Corrective action: <ul style="list-style-type: none"> • Sharps Safetygoal has been implemented for Client #7 (Attachment J) • Staff have beeninserviced on Sharps Goal for client #7 (Attachment B). Howwe will identify others: Clinical Supervisor will review Right'sRestrictions to ensure goals are implemented to address. Measures to be put inplace: HumanRights Committee will review right's restrictions to ensure programming isimplemented to address the right's restrictions. Monitoring of CorrectiveAction: Management personnel willperform periodic service reviews to ensure that</p>	07/16/2013			

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	<p>restore the right: Continue positive programming, medication management, counseling, problem and problem solving goal." There was no documentation in client #7's record indicating he used a knife during the past 12 months (June 24, 2012 to June 24, 2013) to injure himself. Client #7 did not have a plan to reduce the restriction to kitchen knives.</p> <p>An interview with the Clinical Supervisor (CS) was conducted on 6/25/13 at 11:43 AM. The CS indicated client #7 needed a plan to reduce the restriction to kitchen knives.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/26/13 at 11:37 AM. The QIDP indicated client #7 needed a plan to reduce the restriction to knives.</p> <p>9-3-4(a)</p>		<p>Programming, Goals, and restrictions are all documented.</p> <p>Completion Date: 07/16/2013</p>				

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 4 clients in the sample (#4) and one additional client (#2), the facility failed to ensure 1) client #4's plan to put his utensil down between bites was implemented during meals and 2) client #2's Behavior Support Plan (BSP) was implemented as written.</p> <p>Findings include:</p> <p>1) Observations were conducted at the group home on 6/24/13 from 3:48 PM to 6:19 PM and 6/25/13 from 6:00 AM to 8:09 AM. On 6/24/13 at 6:06 PM, dinner started. During dinner, client #4 was not prompted to put his utensil down between bites. On 6/25/13 at 6:49 AM, client #4 ate breakfast. During breakfast, client #4 was not prompted to put his utensil down between bites.</p> <p>A review of client #4's record was conducted on 6/25/13 at 9:12 AM. Client #4's Individual Support Plan (ISP), dated 11/13/12, indicated he had a training</p>	W000249	<p>Corrective action:</p> <ul style="list-style-type: none"> • Client #4's has been implemented (Attachment K) • Staff have beeninserviced. (Attachment B). • Client #2's BSP was revised at annual ISP, hugging was removed from proactive strategies, and anew goal for personal space implemented. (Attachment F) • Staff have beeninserviced on personal space goal. (Attachment B) <p>How we will identify others: Clinical Supervisors will observe active treatment weekly to ensure all goals and BSP's are being implemented as</p>	07/16/2013			

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	<p>objective to put his eating utensil down between bites at every meal due to a possible choking risk. The plan indicated, in part, "Staff will supervise meals and follow dining plan."</p> <p>An interview with the Clinical Supervisor (CS) was conducted on 6/25/13 at 11:43 AM. The CS indicated client #4's plan to put his utensil down between bites should be implemented at every meal.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/26/13 at 11:37 AM. The QIDP indicated the plan to put his utensil down between bites should be implemented at every meal.</p> <p>2) An observation was conducted at the group home on 6/24/13 from 3:48 PM to 6:19 PM. At 4:37 PM, client #2 was prompted to assist with cooking. Client #2 cursed and bit his hand. At 4:39 PM, client #2 hugged staff #7. At 5:42 PM, client #2 asked to smoke. Client #2 cursed, bit his hand and walked quickly out of the living room. At 5:56 PM, client #2 hugged staff #3.</p> <p>A review of client #2's BSP, dated 5/9/12, was conducted on 6/25/13 at 11:42 AM. His BSP defined agitation as, "Agitation defined as: Eyes roll up, actions increase</p>		<p>written.</p> <p>Measures to be put in place: Clinical Supervisors will complete weekly active treatment observations, to ensure continuous active treatment, needed interventions, and objective achievement.</p> <p>Monitoring of Corrective Action: Clinical Supervisors will review weekly active treatment observations. Operation's Manager, Quality Assurance, and or Management personnel will perform periodic service reviews to ensure that dining plans and programming goals are being implemented. Best in Class reviews will be completed periodically to ensure that dining plans and Program goals are being followed.</p> <p>Completion Date: 07/16/2013</p>		

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	<p>in speed, bites self on outside edges of his hand. He may make rude statements, pull the skin on his cheeks, and flip fingers nervously. He may kick at or hit items. Agitation ends when [client #2] says, 'I'm sorry' or attempts to give a hug." The plan indicated, in part, "Staff will provide verbal praise and physical contact (hug, handshake, pat on the back) each evening when there has been no agitation."</p> <p>An interview with the Clinical Supervisor (CS) was conducted on 6/25/13 at 11:43 AM. The CS indicated client #2's plan for agitation should be implemented as written.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/26/13 at 11:37 AM. The QIDP indicated client #2's plan for agitation should be implemented as written.</p> <p>9-3-4(a)</p>						

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W000259	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 1 of 4 clients in the sample (#6), the facility failed to ensure client #6's comprehensive functional assessment (CFA) was reviewed/revised annually.</p> <p>Findings include:</p> <p>A review of client #6's record was conducted on 6/25/13 at 10:54 AM. Client #6's most recent CFA was dated 6/8/12. There was no documentation client #6's CFA was reviewed/revised annually.</p> <p>An interview with the Clinical Supervisor (CS) was conducted on 6/25/13 at 11:43 AM. The CS indicated client #6's CFA had not been reviewed or revised since 6/8/12. The CS indicated the CFA should be reviewed or revised annually.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/26/13 at 11:37 AM. The QIDP indicated the CFA should be reviewed/revised annually.</p> <p>9-3-4(a)</p>	W000259	<p>Corrective action:</p> <ul style="list-style-type: none"> Client #6 Comprehensive functional assessment has been completed. (Attachment L) Clinical Supervisor has been inserviced on timely completion of all assessments, ISP's, BSP's. (Attachment A) <p>How we will identify others:</p> <p>Clinical Supervisor will review all comprehensive functional assessments to ensure they are completed annually.</p> <p>Measures to be put inplace:</p> <p>Operations Manager will review assessments at least annually to ensure completion of all assessments. (Attachment M)</p>	07/16/2013			

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			<p>Monitoring of CorrectiveAction: Operation's Manager, Quality Assurance, andor Management personnel will perform periodic service reviews to ensure thatAssessments and plans are current and implemented.. Best in Class reviews willbe completed periodically to ensure that comprehensive functional assessments,and program plans are current and relevant.</p> <p>Completion Date: 07/16/2013</p>		

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W000260	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>Based on record review and interview for 2 of 4 clients in the sample (#5 and #6) and one additional client (#2), the facility failed to ensure the clients' Individual Support Plans (ISPs) were revised annually.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 6/25/13 at 11:42 AM. Client #2's most recent Individual Support Plan (ISP) was dated 5/9/12. There was no documentation a revised plan was implemented since 5/9/12.</p> <p>A review of client #5's record was conducted on 6/25/13 at 10:20 AM. Client #5's most recent ISP was dated 5/9/12. There was no documentation a revised plan was implemented since 5/9/12.</p> <p>A review of client #6's record was conducted on 6/25/13 at 10:54 AM. Client #6's most recent ISP was dated 6/8/12. There was no documentation a revised plan was implemented since 6/8/12.</p>	W000260	<p>Corrective action:</p> <ul style="list-style-type: none"> • Client #2 Individual Program Plan has been completed. (Attachment F) • Staff have been trained on ISP for Client #2 (Attachment B) • Client #5 Individual Program Plan has been completed. (Attachment N) • Staff have been trained on ISP for Client #5 (Attachment B) • Client #6 Individual Program Plan has been completed. (Attachment J) • Staff have been trained on ISP for Client #6 (Attachment B) • Clinical Supervisor has been inserviced on timely completion of all assessments, ISP's. (Attachment A) <p>How we will identify others: Clinical Supervisor will review all ISP's to ensure</p>	07/16/2013
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	<p>An interview with the Clinical Supervisor (CS) was conducted on 6/25/13 at 10:26 AM. The CS indicated client #6's ISP meeting had been held and a new plan was written however the new plan had not been implemented. The CS indicated the new ISP needed to be reviewed and approved by the human rights committee prior to implementation. The CS indicated client #5 and #6's plans should have been implemented however due to the previous Qualified Intellectual Disabilities Professional leaving the company and the number of revisions needed to the plans recommended by her supervisors, the plans had not been implemented.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/26/13 at 11:37 AM. The QIDP indicated the clients' ISPs should be revised annually.</p> <p>9-3-4(a)</p>		<p>completion in a timely manner.</p> <p>Measures to be put in place: Operations Manager will review assessments at least annually to ensure completion of all assessments. (Attachment M)</p> <p>Monitoring of Corrective Action: Operation's Manager, Quality Assurance, and/or Management personnel will perform periodic service reviews to ensure that Assessments and plans are current and implemented.. Best in Class reviews will be completed periodically to ensure that comprehensive functional assessments, and program plans are current and relevant.</p> <p>Completion Date: 07/16/2013</p>		

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W000312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on observation, interview and record review for 2 of 4 clients in the sample (#1 and #5), the facility failed to ensure client #1's behavior support plan included the use of a psychotropic medication and client #5 had a psychotropic medication reduction plan for a medication added as a sleep aid.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 6/25/13 at 9:45 AM. On 3/25/13, Ativan was added to client #1's psychotropic medication regimen due to schizophrenia. Client #1's Behavior Support Plan (BSP), dated 1/10/13, did not include the use of Ativan. Client #1's record did not contain an addendum or revised BSP to include the use of Ativan.</p> <p>A review of client #5's record was conducted on 6/25/13 at 10:20 AM. On 9/24/12, Trazodone was added to client #5's psychotropic medication regimen as a sleep aid. Client #5's Behavior Support Plan (BSP), dated 5/9/12, did not have a</p>	W000312	<p>Corrective action:</p> <ul style="list-style-type: none"> • Client #1 BSP Addendum has been completed. (Attachment O) • Client #5 ISP, BSP has been completed. (Attachment N) • Clinical Supervisor has been inserviced on timely completion of all addendums. (Attachment A) • Clinical Supervisor has been inserviced that all psychotropic medications prescribed by and followed by the Psychiatrist must be included in the BSP, or a BSP Addendum as soon as medication is prescribed, and before it can be given. (Attachment A) <p>How we will identify others: Clinical Supervisor will review all medications to ensure that they have been included in the BSP.</p>	07/16/2013			

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	<p>plan of reduction for Trazodone. Client #5's record did not contain an addendum or revised BSP to include the use of Trazodone. There was no documentation in client #5's record indicating a medication reduction plan was implemented after Trazodone was added. Client #5 did not have a medication prior to Trazodone to address his sleep pattern.</p> <p>An interview with the Clinical Supervisor (CS) was conducted on 6/25/13 at 10:05 AM. The CS indicated there should have been a reduction plan implemented when the Trazodone was added. The CS indicated client #1's behavior plan should include all of his psychotropic medications.</p> <p>9-3-5(a)</p>		<p>Measures to be put inplace: Operations Manager will perform periodic service reviews to ensure all addendums have been completed.</p> <p>Monitoring of CorrectiveAction: Operation's Manager, Quality Assurance, andor Management personnel will perform periodic service reviews to ensure thataddendums and plans are current and implemented timely. Best in Class reviews will be completedperiodically to ensure that addendums and plans are completed timely.</p> <p>Completion Date: 07/16/2013</p>				