

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G735	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/06/2016
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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1206 S MAIN ST NEW CASTLE, IN 47362
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W 0000  Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey.</p> <p>Dates of Survey: 4/26, 4/27, 4/28, 4/29, 5/2, 5/3, 5/4, 5/5, and 5/6.2016.</p> <p>Provider Number: 15G735 Facility Number: 005553 AIM Number: 200854080</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed on 5/23/16 by #09182.</p>	W 0000		
W 0210  Bldg. 00	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN 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>Based on record review and interview, for 3 of 4 sampled clients (clients #1, #2, and #3), the facility failed to ensure clients #1, #2, and #3's new admission assessments were completed within 30 days of admission to the facility.</p> <p>Findings include:</p>	W 0210	<p><b>W 210 INDIVIDUAL PROGRAM PLAN</b></p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted</p>	06/05/2016

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>Client #1's record was reviewed on 4/29/16 at 1:00pm and 5/5/16 at 3:30pm.. Client #1's record indicated she was admitted to the facility on 2/17/15. Client #1's record indicated a Functional Assessment completed on 2/2016. The record did not include a History and Physical completed by her physician, and did not include a hearing evaluation completed or available for review. Client #1's 2/9/16 ISP (Individual Support Plan) did not indicate if client #1's hearing had been assessed.</p> <p>Client #2's record was reviewed on 4/29/16 at 1:30pm, on 5/5/16 at 4:15pm, and on 5/6/16 at 10:30am. Client #2's record indicated she was admitted on 2/24/16. Client #2's record indicated a Functional Assessment completed on 3/1/16. The record did not indicate a hearing evaluation, a vision assessment, a dental assessment, and indicated a nursing admission note dated 3/2016. Client #2's 3/1/16 ISP indicated she wore prescription eye glasses to see.</p> <p>Client #3's record was reviewed on 5/2/16 at 2:00pm and on 5/4/16 at 9:50am. Client #3's record indicated he was admitted to the facility on 1/27/16. Client #3's record indicated a Functional Assessment completed on 1/21/16. The</p>		<p>prior to admission.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Program Coordinator will schedule clients 1,2,3,4 for physical, hearing, vision, dental and Mantoux tests, as needed.</li> <li>• <input type="checkbox"/> Program Director (QIDP) and Program Coordinator will be retrained on completing assessments and reassessments within 30 days of intake.</li> <li>• <input type="checkbox"/> All recommendations from assessments will be implemented.</li> <li>• <input type="checkbox"/> All risk plans will be updated per recommendations.</li> <li>• <input type="checkbox"/> All recommended adaptive equipment will be readily available and maintained in working order.</li> <li>• <input type="checkbox"/> Staff will be trained on updated risk plans and any adaptive equipment ordered.</li> <li>• <input type="checkbox"/> Monthly, the facility nurse, Program Coordinator and Program Director (QIDP) will meet to review client needs (assessments, reassessments, implementation, etc), all client specific training and protocol training will be completed for existing and new staff.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p>	

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	<p>record did not indicate a completed Mantoux (TB screening), and a completed hearing evaluation.</p> <p>On 4/27/16 at 9:20am, an interview was conducted with the Area Director (AD). The AD indicated she would attempt to locate information regarding clients #1, #2, and #3's admission assessments.</p> <p>On 5/4/16 at 9:18am, an interview with the AD was conducted. The AD indicated client #3's hearing evaluation and Mantoux screening were not available for review.</p> <p>On 5/6/16 at 2:30pm, an interview with the AD was conducted. The AD indicated client #1's History and Physical and hearing assessments were not available for review. The AD indicated client #2 did not have a hearing assessment, vision assessment, dental assessment, and a nursing admission note were not available for review. The AD indicated client #3's Mantoux and hearing evaluation were not available for review. The AD indicated clients #1, #2, and #3's assessments were not completed within 30 days of each client's admission to the facility.</p> <p>9-3-4(a)</p>		<ul style="list-style-type: none"> <li>•<input type="checkbox"/>All residents have the potential to be affected by the same deficient practice</li> <li>•<input type="checkbox"/>Program Coordinator will schedule clients 1,2,3,4 for physical, hearing, vision, dental and Mantoux tests, as needed.</li> <li>•<input type="checkbox"/>Program Director (QIDP) and Program Coordinator will be retrained on completing assessments and reassessments within 30 days of intake.</li> <li>•<input type="checkbox"/>All recommendations from assessments will be implemented.</li> <li>•<input type="checkbox"/>All risk plans will be updated per recommendations.</li> <li>•<input type="checkbox"/>All recommended adaptive equipment will be readily available and maintained in working order.</li> <li>•<input type="checkbox"/>Staff will be trained on updated risk plans and any adaptive equipment ordered.</li> <li>•<input type="checkbox"/>Monthly, the facility nurse, Program Coordinator and Program Director (QIDP) will meet to review client needs (assessments, reassessments, implementation, etc), all client specific training and protocol training will be completed for existing and new staff.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p>	

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			<ul style="list-style-type: none"> <li>•<input type="checkbox"/> Program Coordinator will schedule clients 1,2,3,4 for physical, hearing, vision, dental and Mantoux tests, as needed.</li> <li>•<input type="checkbox"/> Program Director (QIDP) and Program Coordinator will be retrained on completing assessments and reassessments within 30 days of intake.</li> <li>•<input type="checkbox"/> All recommendations from assessments will be implemented.</li> <li>•<input type="checkbox"/> All risk plans will be updated per recommendations.</li> <li>•<input type="checkbox"/> All recommended adaptive equipment will be readily available and maintained in working order.</li> <li>•<input type="checkbox"/> Staff will be trained on updated risk plans and any adaptive equipment ordered.</li> <li>•<input type="checkbox"/> Monthly, the facility nurse, Program Coordinator and Program Director (QIDP) will meet to review client needs (assessments, reassessments, implementation, etc), all client specific training and protocol training will be completed for existing and new staff.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>•<input type="checkbox"/> Program Coordinator will schedule clients 1,2,3,4 for physical, hearing, vision, dental and Mantoux tests, as needed.</li> </ul>	

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W 0227  Bldg. 00	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 record review and interview,	W 0227	<ul style="list-style-type: none"> <li>• <input type="checkbox"/> Program Director (QIDP) and Program Coordinator will be retrained on completing assessments and reassessments within 30 days of intake.</li> <li>• <input type="checkbox"/> All recommendations from assessments will be implemented.</li> <li>• <input type="checkbox"/> All risk plans will be updated per recommendations.</li> <li>• <input type="checkbox"/> All recommended adaptive equipment will be readily available and maintained in working order.</li> <li>• <input type="checkbox"/> Staff will be trained on updated risk plans and any adaptive equipment ordered.</li> <li>• <input type="checkbox"/> Monthly, the facility nurse, Program Coordinator and Program Director (QIDP) will meet to review client needs (assessments, reassessments, implementation, etc), all client specific training and protocol training will be completed for existing and new staff.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> 6/5/16</p> <p><b>W 227 INDIVIDUAL PROGRAM</b></p>	06/05/2016

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	<p>for 3 of 4 sampled clients (clients #2, #3, and #4), the facility failed to ensure clients #2, #3, and #4 had their behavioral needs evaluated by professional psychiatric services.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 4/29/16 at 1:30pm, on 5/5/16 at 4:15pm, and on 5/6/16 at 10:30am. Client #2's 3/1/16 ISP (Individual Support Plan) and 3/4/16 BSP (Behavior Support Plan) indicated targeted behaviors of physical aggression, verbal aggression, theft, and non compliance. Client #2's record indicated she was admitted on 2/24/16. Client #2's record did not indicate a completed review by a professional psychiatrist.</p> <p>Client #3's record was reviewed on 5/2/16 at 2pm and on 5/4/16 at 9:50am. Client #3 1/31/16 ISP and 1/27/16 BSP both indicated targeted behaviors of physical aggression, verbal aggression, inappropriate social boundaries, and a history of sexual assault on minors. Client #3's record indicated he was monitored while using the bathroom by staff. Client #3's ISP and BSP indicated the following mediations: Omeprazole 40mg (milligrams) 3 times daily,</p>		<p><b>PLAN</b></p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Clients 2,3,4 will be referred to professional psychiatric services.</li> <li>• <input type="checkbox"/> Program Director and Coordinator will be retrained on assessing and referring based on need of the client, for psychiatric services.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> All residents have the potential to be affected by the same deficient practice</li> <li>• <input type="checkbox"/> Clients 2,3,4 will be referred to professional psychiatric services.</li> <li>• <input type="checkbox"/> Program Director and Coordinator will be retrained on assessing and referring based on need of the client, for psychiatric services.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to</b></p>	

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	<p>Olanzapine 15mg 3 times daily, Vimpat 200mg 2 times daily, Sulindac 200mg 2 times daily, and Lamotrigine 300mg 2 times daily, Propranolol 40mg 2 times daily, and Carbamazepine 300mg 3 times a day. Client #3's record indicated a diagnosis of Bipolar Disorder, Epilepsy, Seizure history, and Anxiety. Client #3's record indicated he was admitted on 1/27/16. Client #3's record did not indicate a completed review by a professional psychiatrist. Client #3's medications were prescribed by his general physician.</p> <p>Client #4's record was reviewed on 4/29/16 at 1:00pm and on 5/2/16 at 4pm. Client #4's 4/14/16 ISP and 4/19/16 BSP both indicated targeted behaviors of Agitation, Tantrums, Physical Aggression, and Public Nudity. Client #4's BSP indicated "Depakote Sprinkles Capsule 125mg (capsule) 250mg in morning; 375 mg in evening. Upper Limit determined by blood serum monitored by doctor/psychiatrist." Client #4's record she was admitted on 4/20/15. Client #4's record did not indicate a completed review by a professional psychiatrist.</p> <p>On 5/6/16 at 2:30pm, an interview was conducted with the AD (Area Director). The AD indicated client #2 was not</p>		<p><b>ensure that the deficient practice doesnot recur:</b></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Clients 2,3,4 will be referred to professionalpsychiatric services.</li> <li>• <input type="checkbox"/> Program Director and Coordinator will beretrained on assessing and referring based on need of the client, forpsychiatric services.</li> </ul> <p><b>4. How will the corrective action be monitoredto ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Clients 2,3,4 will be referred to professionalpsychiatric services.</li> <li>• <input type="checkbox"/> Program Director and Coordinator will beretrained on assessing and referring based on need of the client, forpsychiatric services.</li> </ul> <p><b>5. What is the date by which the systemicchanges will be completed?</b> 6/5/16</p>				

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W 0249 Bldg. 00	<p>receiving psychiatric medications and had not been seen by a psychiatrist since admission. The AD stated client #3's medications were prescribed for "seizures" and had not been seen by a psychiatrist since admission. The AD indicated client #4's mediation was for behaviors and she had a seizure diagnosis. The AD indicated client #4 had not been seen by a professional psychiatrist since admission.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review, and interview, for 2 of 4 sampled clients (clients #3 and #4) and 2 additional clients (clients #6 and #7), the facility failed to implement clients #3, #4, #6, and #7's Individual Support Plans (ISPs) and Behavior Support Plans (BSPs) when opportunities existed.</p>	W 0249	<p><b>W 249 PROGRAM IMPLEMENTATION</b></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</p>	06/05/2016	

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	<p>Findings include:</p> <p>1. On 4/26/16 from 3:20pm until 5:40am and on 4/27/16 from 5:15am until 7:35am, observation and interviews were completed at the group home and a 58 ounce bottle laundry chemical cleaner and a bottle of blue generic cleaner were unsecured on the counter in the laundry/medication room counter. On 4/27/16 at 6:45am, GHS (Group Home Staff) #1 stated chemicals and cleaners were kept locked because client #6 had attempted to drink the colorful cleaner in a bottle that "resembled a Gatorade" bottle in the past. At 6:45am, GHS #1 indicated the unsecured cleaner on the counter in the laundry/medication area was blue "like" the bottle client #6 mistakenly tried to drink from in the past. On 4/27/16 at 7:06am, the unsecured bottles of chemical cleaners remained unsecured in the medication/laundry counter, client #6 had his medications administered by GHS #4, and when prompted to wash his hands he mistakenly picked up the blue colored cleaner. GHS #4 redirected client #6 to the hand soap next to the bottle of cleaner. GHS #4 indicated cleaning supplies and chemicals were to be kept secured at the group home.</p> <p>2. On 4/6/16 at 4:05pm, GHS #2</p>		<p>frequency to support the achievement of the objectives identified in the individual program plan.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>• All individual program plans will include continuous active treatment.</li> <li>• Staff will be retrained, by the Program Director (QIDP), on implementing active treatment consistently and sufficiently during medication administration and securing chemical and cleaners, per protocol for home.</li> <li>• Program Coordinator will monitor implementation of active treatment, 3 times per week.</li> <li>• Program Director will be retrained on writing continuous active treatment into plan to sufficiently support achievement of objectives.</li> <li>• Program Director will monitor completion of active treatment through monthly data collection.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>• All residents have the potential to be affected by the same deficient practice</li> <li>• All individual program plans will include continuous</li> </ul>	

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	<p>dispensed client #7's oral medications of Benzotropine 2mg (milligrams) for involuntary movements, Clonazepam 2mg for seizure and panic disorders, and Omeprazole 20mg for heartburn into a medication cup, requested client #7 to come to the medication room, administered his medication, and no teaching was observed.</p> <p>On 4/26/16 at 4:20pm, GHS #2 dispensed client #3's oral medications of Carbamazepine 300mg for seizures and Omeprazole 40mg for heartburn into a medication cup, prompted client #3 to come to the medication room, administered his medications, and no teaching was observed.</p> <p>On 4/26/16 at 4:30pm, GHS #2 dispensed client #4's oral medications of Calcium Carb (Carbonate) with vitamin D for nutrition, Allopurinol 100mg for gout, Divalproex 125mg 3 capsules for seizures/behaviors, and Nabumetone for pain and arthritis medications into a medication cup. GHS #2 asked client #4 to come into the medication room, administered her medications, and no teaching was observed.</p> <p>On 4/27/16 at 7:06am, GHS #4 dispensed client #6's oral medications of Metaminophen for pain, Carbamazepine</p>		<p>active treatment.</p> <ul style="list-style-type: none"> <li>•□□□□□□□ Staff will be retrained, by the Program Director(QIDP), on implementing active treatment consistently and sufficiently duringmed administration and securing chemical and cleaners, per protocol for home.</li> <li>•□□□□□□□ Program Coordinator will monitor implementationof active treatment, 3 times per week.</li> <li>•□□□□□□□ Program Director will be retrained on writingcontinuous active treatment into plan to sufficiently support achievement ofobjectives.</li> <li>•□□□□□□□ Program Director will monitor completion ofactive treatment through monthly data collection.</li> </ul> <p><b>3. Whatmeasures will be put into place or what systemic changes will be made to ensurethat the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>•□□□□□□□ All individual program plans will includecontinuous active treatment.</li> <li>•□□□□□□□ Staff will be retrained, by the Program Director(QIDP), on implementing active treatment consistently and sufficiently duringmed administration and securing chemical and cleaners, per protocol for home.</li> <li>•□□□□□□□ Program Coordinator will monitor implementationof active treatment, 3 times per week.</li> </ul>	

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	<p>a mood stabilizer, Losartan Potassium for high blood pressure, Omeprazole for heartburn, Reno Cap for renal disease, Sertraline for behaviors, Vitamin D3 for nutrition, and Boost 8 ounces. GHS #4 asked client #6 to come into the medication room, GHS #4 administered client #6's medications and no teaching was observed.</p> <p>Client #3's record was reviewed on 5/4/16 at 9:50am and on 5/5/16 at 2:00pm. Client #3's 1/21/16 ISP (Individual Support Plan) indicated a goal/objective to choose his medications from the medication cabinet. Client #3's record indicated a consent for secured chemicals for a different client at the group home needing the restriction for safety.</p> <p>Client #4's record was reviewed on 4/29/16 at 1:00pm and on 5/2/16 at 4:00pm. Client #4's ISP indicated a goal/objective to get her basket out for medication administration from the cabinet. Client #4's record indicated a consent for secured chemicals for a different client at the group home needing the restriction for safety.</p> <p>On 4/27/16 at 9:20am, an interview with the AD (Area Director) was conducted. The AD indicated the facility followed</p>		<ul style="list-style-type: none"> <li>•<input type="checkbox"/> Program Director will be retrained on writing continuous active treatment into plan to sufficiently support achievement of objectives.</li> <li>•<input type="checkbox"/> Program Director will monitor completion of active treatment through monthly data collection.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>•<input type="checkbox"/> All individual program plans will include continuous active treatment.</li> <li>•<input type="checkbox"/> Staff will be retrained, by the Program Director (QIDP), on implementing active treatment consistently and sufficiently during medication administration and securing chemical and cleaners, per protocol for home.</li> <li>•<input type="checkbox"/> Program Coordinator will monitor implementation of active treatment, 3 times per week.</li> <li>•<input type="checkbox"/> Program Director will be retrained on writing continuous active treatment into plan to sufficiently support achievement of objectives.</li> <li>•<input type="checkbox"/> Program Director will monitor completion of active treatment through monthly data collection.</li> </ul> <p><b>5. What is the date by</b></p>	

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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1206 S MAIN ST NEW CASTLE, IN 47362
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	<p>Core A/Core B medication administration teaching to administer medications. The AD indicated clients #3, #4, #6, and #7 were not provided medication teaching at the evening and morning medication administration times because the clients' medication goals had specific times for staff to implement the specific goals and it was not at that time. The AD indicated staff should use formal and informal opportunities to teach the clients regarding their medications. The AD indicated client #6 had a history of drinking cleaners/chemicals and needed the restriction for them to be locked. The AD indicated chemicals and cleansers should have been locked at the group home.</p> <p>On 5/6/16 at 2:30pm, an interview with the AD (Area Director) was conducted. The AD indicated clients #3, #4, #6, and #7's ISP objectives/goals should be implemented by the facility staff during formal and informal opportunities. The AD indicated the facility staff should teach the clients the names, reasons, and doses of the medications each client was administered when opportunities existed. The AD indicated client #6 needed locked chemicals at the group home and chemicals should have been kept secured.</p> <p>9-3-4(a)</p>		<p><b>which the systemic changes will be completed?</b> 6/5/16</p>	

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W 0312  Bldg. 00	<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 record review and interview for 1 of 3 sampled clients receiving medications to control behaviors (client #1), the facility failed to include the use of Melatonin for sleep in client #1's Behavior Support Plan (BSP).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 4/29/16 at 1:00pm and on 5/5/16 at 3:30pm. Client #1's 3/30/2016 physician's orders indicated client #1 received "Melatonin Max, take 1 tablet (5 milligrams) by mouth every night at bedtime." The physician's orders indicated the Melatonin was initiated on 9/24/15.</p> <p>Client #1's 4/19/16 BSP indicated client #1 had targeted behaviors of physical aggression verbal aggression, AWOL (Absent Without Leave) behaviors, self injurious behaviors, and limited social skills. Client #1's BSP did not include</p>	W 0312	<p><b>W 312 DRUG USAGE</b> Drugs used for control of inappropriate behavior must be used only as an integrated 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.</p> <p><b>1.What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> A plan for melatonin use will be added to BSP for client 1.</li> <li>• <input type="checkbox"/> Staff will be trained on BSP and medication usage.</li> <li>• <input type="checkbox"/> Program Coordinator will monitor medication usage, weekly.</li> </ul> <p><b>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> All residents have the potential to be affected by the</li> </ul>	06/05/2016			

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	<p>the daily use of the Melatonin medication.</p> <p>On 5/6/16 at 2:30pm, an interview with the AD (Area Director) was conducted. The AD indicated client #1's BSP was written by the Behavior Clinician (BC) and the Melatonin for client #1 to sleep was not included in client #1's BSP.</p> <p>9-3-5(a)</p>		<p>same deficient practice.</p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> A plan for melatonin use will be added to BSP for client 1.</li> <li>• <input type="checkbox"/> Staff will be trained on BSP and medication usage.</li> <li>• <input type="checkbox"/> Program Coordinator will monitor medication usage, weekly.</li> </ul> <p><b>1. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> A plan for melatonin use will be added to BSP for client 1.</li> <li>• <input type="checkbox"/> Staff will be trained on BSP and medication usage.</li> <li>• <input type="checkbox"/> Program Coordinator will monitor medication usage, weekly.</li> </ul> <p><b>1. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> A plan for melatonin use will be added to BSP for client 1.</li> <li>• <input type="checkbox"/> Staff will be trained on BSP and medication usage.</li> <li>• <input type="checkbox"/> Program Coordinator will monitor medication usage, weekly.</li> </ul> <p><b>1. What is the date by which the systemic changes will be completed?</b> 6/5/16</p>	

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W 0436 Bldg. 00	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, for 1 of 3 sampled clients (client #3) with adaptive equipment, the facility failed to teach and encourage client #3 to wear his prescribed eye glasses at the group home.</p> <p>Findings include:</p> <p>On 4/26/16 from 3:20pm until 5:40pm and on 4/27/16 from 5:15am until 7:35am, client #3 was observed at the group home. During the observation periods client #3 watched television, cooked in the kitchen, wrote on paper, walked throughout the group home, consumed meals, completed medication administration, played video games on their gaming stations, smoked independently outside on the front porch, and did not wear his prescribed eye glasses. During both observation periods client #3 was not encouraged to wear his prescribed eye glasses.</p> <p>Client #3's record was reviewed on</p>	W 0436	<p><b>W 436 Spaceand Equipment</b></p> <p>The facility must not furnish, maintain in good repair and teach clients to use and make informed choices about the use of dentures, eye glasses, hearing and other communication devices identified by the IDT, as needed by the client..</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> All eyeglasses ordered in individual plans, will be available at the home, at all times.</li> <li>• <input type="checkbox"/> Staff will be retrained on implementing use of eyeglasses and programming.</li> <li>• <input type="checkbox"/> Program Coordinator will monitor the execution of these trainings and report any concerns to Program Director.</li> <li>• <input type="checkbox"/> Program Director (QIDP) will deliver and monitor completion of trainings</li> </ul>	06/05/2016
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	<p>5/2/16 at 2:00pm and on 5/4/16 at 9:50am. Client #3's 2/2/16 vision assessment indicated he wore prescribed eye glasses. Client #3's 1/21/16 ISP (Individual Support Plan) indicated he wore prescribed eye glasses and did not indicate a goal/objective for client #3 to be taught and encouraged to wear his eye glasses.</p> <p>On 5/6/16 at 2:30pm, an interview with the AD (Area Director) was conducted. The AD indicated client #3 wore prescribed eye glasses. The AD indicated client #3 should have been taught and encouraged to wear his prescribed eye glasses during formal and informal opportunities.</p> <p>9-3-7(a)</p>		<p>and ensure all staff are trained on programs.</p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Program Director (QIDP) will monitor completion of programs and progress through monthly data collection and reporting.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> All residents have the potential to be affected by the same deficient practice.</li> <li>• <input type="checkbox"/> All eyeglasses ordered in individual plans, will be available at the home, at all times.</li> <li>• <input type="checkbox"/> Staff will be retrained on implementing use of eyeglasses and programming.</li> <li>• <input type="checkbox"/> Program Coordinator will monitor the execution of these trainings and report any concerns to Program Director.</li> <li>• <input type="checkbox"/> Program Director (QIDP) will deliver and monitor completion of trainings and ensure all staff are trained on programs.</li> <li>• <input type="checkbox"/> Program Director (QIDP) will monitor completion of programs and progress through monthly data collection and reporting.</li> </ul> <p><b>3. What measures will be put into place or what systemic</b></p>	

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			<p><b>changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> All eyeglasses ordered in individual plans, will be available at the home, at all times.</li> <li>• <input type="checkbox"/> Staff will be retrained on implementing use of eyeglasses and programming.</li> <li>• <input type="checkbox"/> Program Coordinator will monitor the execution of these trainings and report any concerns to Program Director.</li> <li>• <input type="checkbox"/> Program Director (QIDP) will deliver and monitor completion of trainings and ensure all staff are trained on programs.</li> <li>• <input type="checkbox"/> Program Director (QIDP) will monitor completion of programs and progress through monthly data collection and reporting.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> All eyeglasses ordered in individual plans, will be available at the home, at all times.</li> <li>• <input type="checkbox"/> Staff will be retrained on implementing use of eyeglasses and programming.</li> <li>• <input type="checkbox"/> Program Coordinator will monitor the execution of these trainings and report any concerns to Program Director.</li> <li>• <input type="checkbox"/> Program Director</li> </ul>	

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W 0440 Bldg. 00	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, for 4 of 4 clients (clients #1, #2, #3, and #4) and 3 additional clients (clients #5, #6, and #7) living in the group home, the facility failed to conduct quarterly evacuation drills for the days (7:00am until 4:00pm), evening (3:00pm until 12 midnight), and the overnight (12:00 midnight until 8:00am) shifts of personnel.</p> <p>Findings include:</p> <p>On 4/26/16 at 1:45pm, a review of the facility's evacuation drills from 4/2015 through 4/2016 was conducted. The</p>	W 0440	<p>(QIDP) will deliver and monitor completion of trainings and ensure all staff are trained on programs.</p> <ul style="list-style-type: none"> <li>Program Director (QIDP) will monitor completion of programs and progress through monthly data collection and reporting.</li> </ul> <p>5. What is the date by which the systemic changes will be completed? 6/5/16</p> <p><b>W440 Evacuation Drills</b></p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> <li>Evacuation drill schedule will be implemented in home to ensure each shift of personnel practices evacuation skills quarterly.</li> <li>Staff will be retrained on evacuation drills, expectations and documentation.</li> <li>Program Coordinator will be retrained on drill expectations, timeliness and documentation.</li> </ul>	06/05/2016

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	<p>review indicated the facility had failed to conduct evacuation drills for clients #1, #2, #3, #4, #5, #6, and #7.</p> <p>For the day shift of personnel (7:00am until 4:00pm) between 4/4/15 at 12:45pm and 10/9/15 at 7:00am. For the evening shift of personnel (3:00pm until 12 midnight) between 8/7/15 at 7:30pm through 4/26/16. For the overnight shift of personnel (12 midnight until 8:00am) after 12/19/15 at 2:45am through 4/26/16.</p> <p>On 4/26/16 at 1:45pm, an interview with the AD (Area Director) was conducted. The AD indicated the day shift of personnel was daily from 7:00am until 4:00pm, the evening shift of personnel was daily from 3:00pm until 12 midnight, and the night shift of personnel was daily from 12:00 midnight until 8:00am. The AD indicated no additional evacuation drills were available for review.</p> <p>On 5/6/16 at 2:30pm, an interview with the AD was conducted. The AD indicated no additional evacuation drills were available for review.</p> <p>9-3-7(a)</p>		<ul style="list-style-type: none"> <li>•□□□□□□□□ Program Directors will monitor that drills are completed and documented per the schedule, monthly.</li> <li>•□□□□□□□□ Area Director will review completed drill documentation, monthly.</li> </ul> <p><b>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>•□□□□□□□□ All residents have the potential to be affected by the same deficient practice.</li> <li>•□□□□□□□□ Evacuation drill schedule will be implemented in home to ensure each shift of personnel practices evacuation skills quarterly.</li> <li>•□□□□□□□□ Staff will be retrained on evacuation drills, expectations and documentation.</li> <li>•□□□□□□□□ Program Coordinator will be retrained on drill expectations, timeliness and documentation.</li> <li>•□□□□□□□□ Program Directors will monitor that drills are completed and documented per the schedule, monthly.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>•□□□□□□□□ Evacuation drill</li> </ul>				

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			<p>schedule will be implemented inhome to ensure each shift of personnel practices evacuation skills quarterly.</p> <ul style="list-style-type: none"> <li>•□□□□□□□□ Staff will be retrained on evacuation drills,expectations and documentation.</li> <li>•□□□□□□□□ ProgramCoordinator will be retrained on drill expectations, timeliness anddocumentation.</li> <li>•□□□□□□□□ Program Directors will monitor that drills arecompleted and documented per the schedule, monthly.</li> </ul> <p><b>4. How willthe corrective action be monitored to ensure the deficient practice will notrecur?</b></p> <ul style="list-style-type: none"> <li>•□□□□□□□□ Evacuation drill schedule will be implemented inhome to ensure each shift of personnel practices evacuation skills quarterly.</li> <li>•□□□□□□□□ Staff will be retrained on evacuation drills,expectations and documentation.</li> <li>•□□□□□□□□ ProgramCoordinator will be retrained on drill expectations, timeliness anddocumentation.</li> <li>•□□□□□□□□ Program Directors will monitor that drills arecompleted and documented per the schedule, monthly.</li> </ul> <p><b>5. What isthe date by which the systemic changes will be completed?</b></p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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