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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>15G230 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>08/29/2014 |
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| W000000            | <p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 8/25, 8/26, 8/27 and 8/29/14.</p> <p>Facility number: 000754<br/>Provider number: 15G230<br/>AIM number: 100243370</p> <p>Surveyors:<br/>Paula Eastmond, QIDP-TC<br/>Glenn David, RN</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.<br/>Quality Review completed 9/11/14 by Ruth Shackelford, QIDP.</p> | W000000       |   |                      |
| W000130            | <p>483.420(a)(7)<br/>PROTECTION OF CLIENTS RIGHTS<br/>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and for 4 additional clients (#5, #6, #7 and #8), the facility failed to ensure clients were given privacy during the medication</p>              | W000130       | The facility has policy and procedures in place to ensure the protection of client rights in regards to privacy during treatment and care of personal needs. All staff have been trained in privacy issues related to | 09/23/2014           |

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>administration and/or to prevent potential distractions/errors.</p> <p>Findings include:</p> <p>During the 8/26/14 observation period between 6:19 AM and 8:30 AM, at the group home, staff #1 administered client #1, #2, #3, #4, #5, #6, #7 and #8's 8:00 AM medications on the kitchen's center island/counter. Staff #1 administered client #1's medications while staff #2 loaded the dishwasher and client #3 was walking/wandering in the kitchen. Staff #3 went in and out of the kitchen assisting client #6 to carry items from the dining room to the kitchen. At 7:42 AM, staff #1 asked client #1 to identify her Vitamin D from a choice of 2 medications while client #7 carried his dishes into the kitchen to place them in the sink. Staff #3 walked into the kitchen, retrieved client #1, #2, #3, #4, #5, #6, #7 and #8's lunch boxes to take to the dining room table. At 8:05 AM, client #2 received her morning medications. Client #3 again walked into the kitchen while client #2 was getting her medications. At one point, during the medication pass, client #6 came into the kitchen to speak with staff #1 while staff #1 was still passing the morning medications. Staff #1 told client #6 she would have to wait. During the above</p> |   | <p>medication administration. The Home Manager will complete a medication administration observation two times weekly and the Program Director will complete a medication administration observation once weekly for a period of one month. After this, the Home Manager will continue medication administration observations weekly to ensure individuals are receiving their medication in a private area. Person Responsible: Program Director<br/>Completion Date: September 23, 2014</p> |  |  |   |  |

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|                    | <p>mentioned 8/26/14 observation period staff #1 did not administer Flonase nasal spray (fluticasone propionate) to client #1, and did not administer Terbinafine HCL 1 % topical cream to client #6.</p> <p>Client #1's August 2014 Medication Administration Record (MAR) was reviewed on 8/26/14 at 8:30 AM. The 8/2014 MAR indicated client #1 was to receive Flonase nasal spray, 2 puffs to each nostril daily at 8:00 AM for stuffy or runny nose.</p> <p>Client #1's record was reviewed on 8/27/14 at 1:47 PM. Client #1's 6/23/14 physician's order indicated client #1 received "Fluticasone Propionate 50 mcg (micrograms)/1 ml(milliliters)- use 2 puffs each nostril daily at 8:00 AM - for stuffy or runny nose."</p> <p>Client #6's August 2014 MAR was reviewed on 8/26/14 at 8:30 AM. The 8/14 MAR indicated client #6 was to receive Terbinafine topical cream to dry scaly areas on her lower extremities at 8:00 AM and 9:00 PM daily.</p> <p>Client #6's record was reviewed on 8/27/14 at 2:55 PM. Client #6's 6/16/14 physician's order indicated client #6 received "Terbinafine HCL 1% TO (topical) cream - apply to dry scaley (sic)</p> |               |   |                      |

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| W000227            | <p>areas on lower legs, feet, and toes at 8:00 AM and 9:00 PM."</p> <p>Interview with Program Director (PD) #1 and the Area Director (AD) on 8/27/14 at 3:15 PM indicated clients and staff were not to be in the kitchen when a medication pass was being conducted. PD #1 stated "We try very hard to ask clients to leave kitchen while passing medications." PD #1 stated staff #1 may have been "distracted" during the 8/27/14 morning medication pass which may have caused the medication errors.</p> <p>9-3-2(a)</p> <p>483.440(c)(4)<br/>INDIVIDUAL PROGRAM PLAN<br/>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, interview and record review for 2 of 4 sampled clients (#1 and #3), the clients' Individual Support Plans (ISPs) failed to address the clients' identified training needs.</p> <p>Findings include:</p> <p>1. During the 8/26/14 observation period between 6:19 AM and 8:30 AM, at the group home, client #3 walked around the</p> | W000227       | <p>The facility coordinates and implements the client goals and objectives based on client and team input, as well as comprehensive assessments.</p> <p>The Program Director has written and implement a goal and objective for client #3 to include a leisure skill training objective. All staff have been trained on the new goal and how to implement it.</p> | 09/23/2014           |

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|   | <p>group home without an activity, stood in the living room and/or kitchen areas without an activity/redirection to participate in a more meaningful activity and/or training.</p> <p>Client #3's record was reviewed on 8/27/14 at 2:15 PM. Client #3's December 2013 BSP (Behavior Support Plan) indicated client #3 had a targeted behavior of "Resistance to Instruction." Client #3's BSP indicated "Staff should make sure [client #3] is actively involved in daily activities and follow appropriate prompting procedures regarding participation in on-task activities. Staff should offer [client #3] choices throughout the day...."</p> <p>Client #3's 1/29/14 ISP indicated client #3 did not have a leisure skill training objective to address the client's identified training need.</p> <p>Interview with PD (Program Director) #1 on 8/27/14 at 3:15 PM indicated client #3 did not like to participate in activities and/or training. PD #1 indicated client #3's ISP did not address client #3's identified training need in regard to learning a new leisure skill.</p> <p>2. During the 8/26/14 observation period between 6:19 AM and 8:30 AM, at the</p> |   | <p>The Program Director has updated the Behavior Support Plan for client #1 to define client #1's self-injurious behaviors specifically to include picking at skin. All staff have been trained on client #1's updated Behavior Support Plan.</p> <p>In the future, the facility will continue to assess the abilities of the clients through use of assessments and provide client goals designed to increase the skill or knowledge level in the area of client needs.</p> <p>Responsible Party: Program Director<br/>Completion Date: September 23, 2014</p> |                      |   |

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|                    | <p>group home, client #1 received an oral antibiotic for an infected area on client #1's left lower leg. Client #1 had a red scabbed over open area on the left lower leg. Staff #1 verbally prompted client #1 not to pick the area when the client touched the wound. Interview with staff #1 on 8/26/14 at 7:53 AM indicated client #1 received the oral antibiotic due to Cellulitis (serious bacterial skin infection) of the area on client #1's left leg.</p> <p>The facility's Daily Support Record (DSR) book was reviewed on 8/27/14 at 12 noon. The facility's DSR book indicated the following in regard to client #1 (not all inclusive):</p> <p>-8/16/14 "...Staff noticed [client #1's] left leg had a lot of redness on the bottom portion of the leg. On-call was notified and [client #1] was taken to [name of local medical facility]..." The 8/16/14 note indicated client #1 was prescribed an antibiotic for the area.</p> <p>-8/19/14 "[Client #1] was taken to her follow up appointment with her PCP (Primary Care Physician). Dr. (doctor) said her sore on (L) (left) leg is healing but very slowly. He wants...to place a light bandage on sore at night to prevent her from scratching it...."</p> |               |   |                      |

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|   | <p>Client #1's record was reviewed on 8/27/14 at 1:47 PM. Client #1's 3/1/14 Behavior Support Plan (BSP) indicated client #1 demonstrated self-injurious behavior (SIB). Client #1's BSP did not define client #1's SIB. The BSP indicated the following in regard to the client's SIB:</p> <p>"If [client #1] engages in self-injurious behavior and she is not in danger of harming herself, tell [client #1] to calm. If she becomes calm, thank her and continue the activity. If [client #1] engaged in self-injurious behavior and is in danger of harming herself, staff should use response blocking techniques which includes padding. The padding should be immediately available if [client #1] is engaged in SIB...." Client #1's 3/1/14 BSP did not indicate it clearly addressed the client's behavior of picking sores.</p> <p>Interview with PD #1 on 8/27/14 at 3:15 PM indicated client #1 demonstrated SIB. PD #1 indicated client #1's BSP did not clearly define the client's SIB. PD #1 indicated client #1 would pick her sores on her body. PD #1 stated client #1's behavior plan for SIB was "not specific to picking or digging."</p> <p>9-3-4(a)</p> |   |   |  |  |   |  |

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| W000249            | <p>483.440(d)(1)<br/>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, interview and record review for 2 of 4 sampled clients (#2 and #3), the facility failed to implement the clients' Individual Support Plan (ISP) objectives and/or Behavior Support Plans (BSPs) when formal and/or informal opportunities existed.</p> <p>Findings include:</p> <p>1. During the 8/26/14 observation period between 6:19 AM and 8:30 AM, at the group home, client #2 wore a gait belt and required staff assistance when ambulating. Client #2 would stand up quickly from a seated position and start walking at a fast pace. During the above mentioned observation period, facility staff would attach a chair alarm to client #2's gait belt when client #2 sat down in a lounge chair in the living room. Facility staff remained in the living room with the client. At 6:48 AM, client #2 quickly stood and walked over to the a couch</p> | W000249       | <p>The facility develops and utilizes the client ISP and teaming input to develop programming goals to ensure the client is provided with continuous Active Treatment in sufficient number and frequency to support the achievement of the objectives identified. All staff have been trained on client #2's Fall Protocol, specifically relating to being within appropriate distance to client #2 to assist with ambulation. All staff have been trained on Active Treatment, specifically relating the goals and objectives of client #3. A Manager/Nurse/Quality Assurance Specialist will complete an observation daily for a period of one month to ensure that staff is implementing goals and risk plans. At the end of one month, the frequency of observations will be re-evaluated and if staff are implementing appropriately, observations will be completed by HM one time weekly and the Program Director will complete observations on a bi-weekly basis. Responsible</p> | 09/23/2014           |

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|   | <p>next to her lounge chair and grabbed a blanket. Client #2's chair alarm sounded and staff #3 came running into the living room area from the kitchen. Client #2 was attempting to sit back down. No staff was in the living room area when client #2 stood up from her lounge chair.</p> <p>Client #2's record was reviewed on 8/27/14 at 12:30 PM. Client #2's 5/14/14 ISP indicated client #2 was at risk for falls. Client #2's 2/11/14 Gait Belt protocol indicated "[Client #2] is unsteady with ambulation. She often walks rapidly. She leans forward when ambulating."</p> <p>Client #2's 6/28/12 (current one in record) Fall Protocol indicated "[Client #2] walks rapidly often without regard for objects in her path. She sits with her feet underneath her, requiring prompts to keep feet on the floor...She needs standby assistance for ambulation...Staff should be within arms reach of [client #2] at all times while ambulating...."</p> <p>Interview with staff #2 on 8/26/14 at 9:10 AM stated "There is staff in the room with her at all times."</p> <p>Interview with Program Director (PD) #1 on 8/27/14 at 3:15 PM indicated client #2 required staff to assist the client to</p> |   | <p>Party: Program Director<br/>Completion Date: September 23, 2014</p>  |  |  |   |  |

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|   | <p>ambulate with a gait belt. PD #1 indicated client #2 utilized a gait belt due to falls. PD #1 also stated client #1 would "quickly stand up" and start to ambulate. PD #1 indicated facility staff should be with the client when ambulating.</p> <p>2. During the 8/26/14 observation period between 6:19 AM and 8:30 AM, at the group home, client #3 walked around the group home without an activity, stood in the living room and/or kitchen areas without an activity/redirection to participate in a more meaningful activity and/or training except to cut up his food with hand over hand assistance.</p> <p>Client #3's record was reviewed on 8/27/14 at 2:15 PM. Client #3's 1/29/14 ISP indicated client #3 had objectives to choose a quarter when presented with a quarter or nickel and to practice signing please, drink and more which staff #1, #2 and #3 did not implement when opportunities for training existed.</p> <p>Client #3's December 2013 BSP indicated client #3 had a targeted behavior of "Resistance to Instruction." Client #3's BSP indicated "Staff should make sure [client #3] is actively involved in daily activities and follow appropriate prompting procedures regarding</p> |   |   |  |  |   |  |

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| W000312            | <p>participation in on-task activities. Staff should offer [client #3] choices throughout the day...."</p> <p>Interview with PD #1 on 8/27/14 at 3:15 PM indicated client #3 did not like to participate in activities and/or training. PD #1 indicated facility staff should offer client #3 activities to participate in and implement the client's communication objective when possible.</p> <p>9-3-4(a)</p> <p>483.450(e)(2)<br/>DRUG USAGE<br/>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 interview and record review for 2 of 4 sampled clients who received behavior controlling medications (#2 and #4), the facility failed to ensure the clients' Behavior Support Plans included an active treatment program to address the behaviors for which the psychotropic medications were prescribed in regard to client #2's sleeplessness and Depression and for client #4's Depression.</p> <p>Findings include:</p> | W000312       | <p>The facility ensures Behavior Support Plans are in place and reflect the current needs of each client. These plans are implemented by staff ongoing in order to address the behavioral needs.</p> <p>The Program Director has updated the Behavior Support Plan for client #2 to clearly define and address depression and sleeplessness. The Behavior Support Plan also indicates an active treatment program addressing client #2's depression and sleeplessness at night. All staff</p> | 09/23/2014           |

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|                    | <p>1. Client #2's record was reviewed on 8/27/14 at 12:30 PM. Client #2's 6/6/14 physician's order indicated client #2 received "Melatonin 5 mg (milligrams) PO (by mouth) Take 2 tablets at bedtime-9 PM (for sleep)." Client #2's 6/6/14 physician's order indicated the client received "Hydroxyzine HCL (hydrochloride) 25 mg PO Take 1 tablet by mouth at bedtime-9PM (sleep)" and "Fluoxetine HCL 40 mg at 8 AM-Depression."</p> <p>Client #2's 11/27/13 Behavioral Support Plan (BSP) indicated client #2 demonstrated the targeted behaviors of physical aggression, self-injurious behavior, hoarding, property destruction and agitation. Client #2's BSP did not clearly define client #2's Depression and/or include an active treatment program which addressed the behaviors for which the client received the medication. Client #2's BSP also did not indicate the client had an active treatment program which addressed the client's sleeplessness at night for which client #2 received 2 behavior controlling medications for.</p> <p>Interview with Program Director (PD) #1 on 8/27/14 at 3:15 PM indicated client #2 received Melatonin and Hydroxyzine for sleep and Fluoxetine for Depression. PD</p> |               | <p>have been trained on the revised Behavior Support Plan and active treatment component.</p> <p>The Program Director has updated the Behavior Support Plan for client #4 to clearly define and address depression. The Behavior Support Plan also indicates an active treatment program addressing client #4's depression. All staff have been trained on the revised Behavior Support Plan and active treatment component.</p> <p>The Program Director and the Home Manager will complete observations at least two times weekly for one month to ensure that staff is implementing programming goals and risk plans.</p> <p>Responsible Party: Program Director<br/>Completion Date: September 23, 2014</p> |                      |

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| W000369            | <p>#1 indicated client #2's BSP did not include an active treatment program for the use of the client's behavior medications for sleep and/or Depression. PD #1 indicated client #2's Depression used to be addressed in her old behavior plan.</p> <p>2. Client #4's record was reviewed on 8/27/14 at 1:30 PM. Client #4's June 2014 physician's orders indicated client #4 received Mirtazapine 30 milligrams daily for Depression.</p> <p>Client #4's 6/2/14 BSP indicated client #4's targeted behaviors included "Resistance to Instruction," self-injurious behavior and "Incontinence." Client #4's 6/2/14 BSP did not clearly define client #4's Depression and/or include an active treatment program which addressed the behaviors for which client #4 received the medications.</p> <p>Interview with PD #1 on 8/27/14 at 3:15 PM indicated client #4's BSP did not define and/or address client #4's Depression for which the Mirtazapine was prescribed for.</p> <p>9-3-5(a)</p> <p>483.460(k)(2)<br/>DRUG ADMINISTRATION</p> |               |   |                      |

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|   | <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, interview and record review for 2 of 19 doses administered, the facility failed to ensure medications were administered without error for clients #1 and #6.</p> <p>Findings include:</p> <p>1. During the 8/26/2014 observation period between 6:19 AM and 8:30 AM at the group home, staff #1 failed to administer Flonase nasal spray (fluticasone propionate) to client #1.</p> <p>Client #1's August 2014 Medication Administration Record (MAR) was reviewed on 8/26/14 at 8:30 AM. The 8/2014 MAR indicated client #1 was to receive Flonase nasal spray, 2 puffs to each nostril daily at 8:00 AM for stuffy or runny nose.</p> <p>Client #1's record was reviewed on 8/27/14 at 1:47 PM. Client #1's 6/23/14 physician's order indicated client #1 received "Fluticasone Propionate 50 mcg (microgram)/1 ml (milliliter) - use 2 puffs each nostril daily at 8:00 AM - for stuffy or runny nose."</p> <p>Interview with staff #2 on 8/26/14 at 8:30</p> | W000369   | <p>The facility has policy and procedures in place to ensure the administration of medications to clients is complete and accurate. All staff are trained in these policies and procedures upon hire and annual thereafter. All staff have been trained in proper medication administration procedures. A Manager/Nurse/Quality Assurance Specialist will complete a medication administration observation daily for a period of one month. If after this month, continuous compliance has been achieved the Home Manager will continue medication administration observations weekly to ensure that staff are maintaining compliance in medication administration and the individuals are receiving all medications as ordered. The Facility Nurse will complete an observations on a weekly basis for one month and at the end of one month, the need for weekly medication administration observations by the nurse will be evaluated. Person Responsible: Program Director Completion Date: September 23, 2014</p> | 09/23/2014   |  |   |  |

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|   | <p>AM indicated she had not given the client the nasal spray as ordered.</p> <p>Interview with PD (Program Director) #1 at 8:30 AM stated "Per the on-call nurse, it will be ok to give the nasal spray when the client returns from the day program."</p> <p>2. During the 8/26/14 observation period between 6:19 AM and 8:30 AM at the group home, staff #1 failed to administer Terbinafine HCL 1 % topical cream to client #6.</p> <p>Client #6's August 2014 MAR was reviewed on 8/26/14 at 8:30 AM. The 8/14 MAR indicated client #6 was to receive Terbinafine topical cream to dry scaly areas on her lower extremities at 8:00 AM and 9:00 PM daily.</p> <p>Client #6's record was reviewed on 8/27/14 at 2:55 PM. Client #6's 6/16/14 physician's order indicated client #6 received "Terbinafine HCL 1% TO (topical) cream - apply to dry scaley (sic) areas on lower legs, feet, and toes at 8:00 AM and 9:00 PM."</p> <p>Interview with staff #2 on 8/26/14 at 8:30 AM indicated she had not given the client the topical cream as ordered.</p> <p>9-3-6(a)</p> |   |   |  |  |   |  |

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| W000382   | <p>483.460(l)(2)<br/>DRUG STORAGE AND RECORDKEEPING<br/>The facility must keep all drugs and biologicals locked except when being prepared for administration.<br/>Based on observation and interview for 1 of 4 sampled clients (#1) and for 1 additional client (#6), the facility failed to ensure all ordered treatments/medications were locked.</p> <p>Findings include:</p> <p>During the 8/26/14 observation period between 6:19 AM and 8:30 AM, at the group home, client #1's Desonide Lotion (cortisone-steroid for skin conditions) and client #6's Terbinafine HCL (hydrochloride) cream (antifungal cream) were unlocked in a plastic container located in a hallway bathroom.</p> <p>Interview with Program Director (PD) #1 on 8/26/14 at 9:33 AM indicated facility staff kept the medications in the bathroom. PD #1 indicated client #1 and #6's physician ordered medications were not locked in the bathroom.</p> <p>9-3-6(a)</p> | W000382   | <p>The facility has policy and procedures in place to ensure the proper storage of all medications and doctor ordered prescriptions. The facility ensures all doctor ordered prescriptions are locked in order to protect the health and safety of all clients. All staff have been trained in proper storage related to medication administration, specifically relating to keeping all doctor-prescribed ointments and lotions locked in the medication administration closet. The Home Manager will complete a medication administration observation two times weekly and the Program Director will complete a medication administration observation once weekly for a period of one month. After this, the Home Manager will continue medication administration observations weekly to ensure doctor-prescribed medications are properly locked in the medication administration area. The Facility Nurse will complete an observations on a weekly basis for one month and at the end of one month, the need for weekly medication administration observations by the nurse will be</p> | 09/23/2014           |   |

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| W000440   | <p>483.470(i)(1)<br/>EVACUATION DRILLS<br/>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and for 4 additional clients (#5, #6, #7 and #8), the facility failed to conduct quarterly evacuation drills for the day/morning shifts (6:00 AM to 10:00 AM), evening shifts (3:00 PM to 11:00 PM) and/or night shifts (12:00 AM to 8:00 AM) in the past year (8/13 to 8/14).</p> <p>Findings include:</p> <p>The facility's fire drills/evacuation reports were reviewed on 8/26/14 at 9:45 AM. The facility's evacuation drills indicated the facility did not conduct evacuation drills for clients #1, #2, #3, #4, #5, 6, #7 and #8 for the first quarter which included August, September and October 2013 on the day/morning shifts. The facility's evacuation drills indicated the facility did not conduct quarterly evening shift drills for the second quarter which included the months of November, December 2013 and January 2014. The facility's evacuation drills indicated the facility did not conduct quarterly</p> | W000440   | <p>evaluated. Person Responsible: Program Director<br/>Completion Date: September 23, 2014</p> <p>A fire drill schedule has been developed by the facility to inform Program Directors as to when drills are to be completed. This schedule allows for a drill to be completed for each shift of work every quarter, as well as to allow for a barricade drill to be completed at least every quarter.</p> <p>The Program Director and all staff will be retrained in the evacuation drill procedures and documentation requirements.</p> <p>The Program Director is responsible for ensuring that the drill has been completed and turned in for review. The completed and reviewed drills are then submitted to the Area Director for further review and follow up as needed.</p> <p>Responsible Person: Area Director and Program Director<br/>Completion Date: September 23, 2014</p> | 09/23/2014   |  |   |  |

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|   | <p>evacuation drills for the night shift for the first and second quarters which included August, September, October, November, December 2013 and January 2014.</p> <p>Interview with Program Director (PD) #1 on 8/26/14 at 9:33 AM indicated she was not able to find any additional fire/evacuation drills for the above mentioned quarters.</p> <p>9-3-7(a)</p> |   |   |                      |   |