

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G206		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  08/22/2013	
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES SW IN				STREET ADDRESS, CITY, STATE, ZIP CODE 4318 BADENSTRASSE JASPER, IN 47546			
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W000000	<p>This visit was for a recertification and state licensure survey. This visit resulted in an extended survey-Client Protections.</p> <p>Dates of Survey: August 12, 14, 19, 20, 22, 2013</p> <p>Facility Number: 000734 Aims Number: 100234100 Provider Number: 15G206</p> <p>Surveyor: Mark Ficklin, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/11/13 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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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 7 of 7 clients (clients #1, #2, #3, #4, #5, #6 and #7) residing in the facility and who attended the facility operated day program, the governing body failed to exercise operating direction over the facility and day program to provide sufficient numbers of staff working at the group home and at the day program, to ensure written policies and procedures were implemented to prevent neglect of client #3 at the day program and to ensure staff were trained to implement client programming. The governing body failed to implement written policies and procedures to prevent client to client aggression and to ensure client to client aggression incidents were investigated.</p> <p>Findings include:</p> <p>Please see W149. The governing body failed to exercise operating direction over the facility to provide sufficient numbers of staff at the facility operated day program to implement client programming (#3, #4, #6 and #7) and prevent the neglect of client #3 at the day program. The governing body failed to</p>	W000104	<p>W104: The governing body must exercise general policy, budget, and operating direction over the facility. Corrective Action: (Specific): The Residential Manager will be in-serviced on the abuse neglect policy and procedure as well as the completion of client to client investigation per policy and procedure. How others will be identified: (Systemic) The Program Manager will review incident reports and ensure that the Residential Manager is completing client to client investigations to ensure client safety and changes to plans are being made as necessary.</p> <p>Measures to be put in place: The Residential Manager will be in-serviced on the abuse neglect policy and procedure as well as the completion of client to client investigation per policy and procedure. Monitoring of Corrective Action: The Program Manager will review incident reports and ensure that the Residential Manager is completing client to client investigations to ensure client safety and changes to plans are being made as necessary. Completion date: 09/23/13</p>	09/23/2013

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	<p>prevent client to client aggression incidents and to ensure client to client aggression incidents were investigated (#4, #5, #7).</p> <p>Please see W154. The governing body failed to exercise operating direction over the facility to ensure client to client aggression incidents were investigated (#4, #5, #7).</p> <p>Please see W186. The governing body failed to exercise operating direction over the facility to provide sufficient numbers of staff at the group home (clients #1, #2, #3, #4, #5, #6 and #7) and the day program (#3, #4, #6, and #7).</p> <p>Please see W189. The governing body failed to ensure all staff who worked with clients (#1, #2, #3, #4, #5, #6 and #7) were trained on client programming and behavior plans.</p> <p>9-3-1(a)</p>						

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W000122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on interview and record review, the facility failed for 4 of 7 clients (#3, #4, #6, #7) residing in the facility who attended the facility operated day program, to meet the Condition of Participation: Client Protections by failing to implement written policy and procedure to ensure a sufficient number of direct care staff worked at the facility operated day service to supervise and monitor client behavior to prevent neglect of client #3 and to prevent reoccurrence.</p> <p>Findings include:</p> <p>Please see W149. The facility failed to implement written policy and procedures to prevent neglect of clients #3, #4, #6 and #7 in regards to ensuring sufficient staffing at the facility operated day program to provide monitoring and supervision of client behavior.</p> <p>9-3-2(a)</p>	W000122	<p>W122: The facility must ensure that specific client protection requirements are met. Corrective Action: (Specific): The alternative active treatment day program staffing ratios will be reviewed based on the number of clients attending the program to see if changes to staffing ratios need to be made. How others will be identified: (Systemic) The Program Manager will make weekly random visits to the alternative active treatment day program to ensure that staffing ratios are adequate based on the number of clients attending. Measures to be put in place: The alternative active treatment day program staffing ratios will be reviewed based on the number of clients attending the program to see if changes to staffing ratios need to be made. Monitoring of Corrective Action: The Program Manager will make weekly random visits to the alternative active treatment day program to ensure that staffing ratios are adequate based on the number of clients attending. Completion date: 9/23/13</p>	09/23/2013	

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility failed to implement its policy and procedures to provide services and monitor client behavior at the facility operated day service (#3, #4, #6, #7) to prevent neglect of client #3 at the day service and thoroughly investigate 4 of 11 incidents reviewed for allegations of abuse (client to client physical aggression) for clients #4, #5 and #7.</p> <p>Findings include:</p> <p>A. The facility's reportable incidents were reviewed on 8/14/13 at 3:05p.m. The following client to client physical aggression incidents were reviewed:</p> <p>1) 6/23/13, client #4 bit client #5 on left upper arm, red area with no skin breakage. 2) 7/6/13, client #7 pinched client #4 and left a red mark on client #4's right upper arm. 3) 7/29/13 client #4 was teasing client #7 which led to physical aggression to each other on the van, one staff on the van (driver) verbal prompt to stop. 4) 8/3/13, physical aggression client #4 bit client #7, client #7 red area to right</p>	W000149	W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Corrective Action: (Specific) The Residential Manager will be in-serviced on the abuse neglect policy and procedure as well as the completion of client to client investigation per policy and procedure. In addition, the alternative active treatment day program staffing ratios will be reviewed based on the number of clients attending the program to see if changes to staffing ratios need to be made. How others will be identified: (Systemic) The Program Manager will review incident reports and ensure that the Residential Manager is completing client to client investigations to ensure client safety and changes to plans are being made as necessary. In addition, the Program Manager will make weekly random visits to the alternative active treatment day program to ensure that staffing ratios are adequate based on the number of clients attending. Measures to be put in place: The Residential Manager will be in-serviced on the abuse neglect policy and procedure as well as the completion of client to	09/23/2013			

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	<p>shoulder. There was no documentation these allegations of (physical aggression) client to client abuse had been investigated.</p> <p>B. Review of the incident reports on 8/15/13 at 2:08p.m. indicated there was an incident report for 8/13/13 of a consensual sexual encounter (client #3 and a peer from another group home) at the facility day service in the activity room bathroom. The incident report indicated there were 2 staff at the day service at the time of the incident. The incident report indicated at the time of the incident, one staff had gone outside at the day service with client #4 and the other staff (supervising inside the day service) was doing client charting in the office/activity room. The incident report indicated the staff person supervising the inside activity room was not aware of the incident when it had occurred in the activity room bathroom.</p> <p>The facility's policy and procedures were reviewed on 8/20/13 at 1:28p.m. The facility's "ABUSE/NEGLECT/EXPLOITATION POLICY AND PROCEDURE," dated 7/2/12 "Policy" section indicated: "Community Alternatives South East staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect and/or exploitation shall be reported and thoroughly investigated. Community Alternatives South East strictly prohibits abuse, neglect and/or exploitation." The</p>		<p>client investigation per policy and procedure. In addition, the alternative active treatment day program staffing ratios will be reviewed based on the number of clients attending the program to see if changes to staffing ratios need to be made. Monitoring of Corrective Action: The Program Manager will review incident reports and ensure that the Residential Manager is completing client to client investigations to ensure client safety and changes to plans are being made as necessary. In addition, the Program Manager will make weekly random visits to the alternative active treatment day program to ensure that staffing ratios are adequate based on the number of clients attending. Completion date: 9/23/13</p>		

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	<p>"Procedures" section indicated: "the QA Director will assign an investigative team and a thorough investigation will be completed within 5 business days of the report of the incident. Once the investigation has been completed, the investigation will be given to the Executive Director or designee for review." The "Definitions and Examples" section indicated: "Abuse and neglect may be defined as, but not limited to, the following: A. "Non-accidental injury inflicted by another person or persons." E. "Failure to provide goods and/or services necessary for the individual to avoid physical harm."</p> <p>Professional staff #1 was interviewed on 8/20/13 at 1:48p.m. Staff #1 indicated she was not able to produce documentation of completed investigations for the 6/23/13, 7/6/13, 7/29/13 and 8/3/13 identified incidents of client to client physical aggression. Staff #1 indicated a client to client physical aggression investigation should have been completed for each client to client physical aggression. In regards to the 8/13/13 incident, staff #1 indicated there was normally one staff on the transport van to day services for 4 to 8 clients (varied on days of the week). Staff #1 indicated clients #3, #4, #6 and #7 attended the facility day service. The day service program was located in another town approximately 40 minutes away. Staff #1 indicated there were usually 2 staff for 4 to 8 clients at the day service. Staff #1 indicated there was one regular staff at the day service and the 2nd staff was the staff that had driven the van to day service. Staff #1 indicated the staff that drove the van also had to do client program charting</p>			

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	<p>before leaving for the day from the day program with the clients. Staff #1 indicated the staff, if positioned right in the activity/office room, should be able to see the clients in the activity/bathroom area while doing the charting. Staff #1 indicated the staff that was charting on the clients was responsible to watch the activity area when the incident on 8/13/13 occurred. Staff #1 indicated a client had gone outside and the 2nd staff at the day service had gone outside with him. This left one staff (who was charting) and 5 clients in the activity area. Staff #1 indicated they sometimes had 3 staff at the day service program.</p> <p>9-3-2(a)</p>			

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, the facility failed to thoroughly investigate 4 of 11 incident reports reviewed for allegations of (physical aggression) client to client abuse (clients #4, #5, #7).</p> <p>Findings include:</p> <p>The facility's reportable incidents were reviewed on 8/14/13 at 3:05p.m. The following client to client physical aggression incidents were reviewed:</p> <p>1) 6/23/13, client #4 bit client #5 on left upper arm, left a red area with no skin breakage.</p> <p>2) 7/6/13, client #7 pinched client #4 and left a red mark on client #4's right upper arm.</p> <p>3) 7/29/13 client #4 teased client #7 which led to physical aggression to each other on the van.</p> <p>4) 8/3/13, physical aggression, client #4 to client #7, client #7 received a red area to right shoulder. There was no documentation these allegations of (physical aggression) client to client abuse had been investigated.</p> <p>Professional staff #1 was interviewed on</p>	W000154	<p>W154: The facility must have evidence that all alleged violations are thoroughly investigated. Corrective Action: (Specific): The Residential Manager will be in-serviced on the abuse neglect policy and procedure as well as the completion of client to client investigation per policy and procedure. How others will be identified: (Systemic) The Program Manager will review incident reports and ensure that the Residential Manager is completing client to client investigations to ensure client safety and changes to plans are being made as necessary.</p> <p>Measures to be put in place: The Residential Manager will be in-serviced on the abuse neglect policy and procedure as well as the completion of client to client investigation per policy and procedure. Monitoring of Corrective Action: The Program Manager will review incident reports and ensure that the Residential Manager is completing client to client investigations to ensure client safety and changes to plans are being made as necessary. Completion date: 09/23/13</p>	09/23/2013			

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	8/20/13 at 1:48p.m. Staff #1 indicated she was not able to produce documentation of completed investigations for the 6/23/13, 7/6/13, 7/29/13 and 8/3/13 identified incidents of client to client physical aggression.  9-3-2(a)						

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W000186	<p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3, #4) and three non-sample clients (#5, #6, #7) to ensure a sufficient number of direct care staff: worked in the home, were on the van during day service trip and at the facility operated day service, to supervise and manage the clients to meet their needs.</p> <p>Findings include:</p> <p>An observation was done at the group home on 8/19/13 from 7:10a.m. to 8:38a.m. During the observation from 7:10a.m. to 7:38a.m. there were 6 clients (#1, #2, #3, #4, #5, #7) and 1 direct care staff (#7). Staff #7 spent most of the time trailing and redirecting client #4. At 7:28a.m., client #4 walked down the driveway with staff #7 verbally prompting him to return to the house. Staff #7 and client #4 walked about 2 houses away before client #4 returned to the group home. This left no staff at the group home</p>	W000186	<p>W186: The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Corrective Action: (Specific) The Residential Manager will be in-serviced on ensuring that there is adequate staffing at the home to provide supervision for the clients. In addition, the alternative active treatment day program staffing ratios will be reviewed based on the number of clients attending the program to see if changes to staffing ratios need to be made. How others will be identified: (Systemic) The Program Manager will make weekly random visits to the alternative active treatment day program to ensure that staffing ratios are adequate based on the number of clients attending. Measures to be put in place: The Residential Manager will be in-serviced on ensuring that there is adequate staffing at the home to provide supervision for the clients. In addition, the alternative active treatment day program staffing</p>	09/23/2013			

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	<p>for approximately 2 minutes. At 7:32a.m., staff #7 was in the living room with clients #2, #3, #4 and #5 while client #1 was in the dining room walking without his walker. Client #3 had been sleeping on the living room couch during this time. A second staff arrived at 7:38a.m. and set up client #3's medication while staff #7 followed client #4 back to the front yard swing. Client #3 took his medication at 7:55a.m. Another staff (#9) arrived at 7:53a.m. Staff #9 was interviewed at 7:53a.m. Staff #9 indicated she had never worked at this group home before and didn't know any of the clients. At 7:57a.m. staff #4, a regular staff for this home, arrived for work.</p> <p>Record review for client #1 was done on 8/20/13 at 12:54p.m. Client #1's 4/19/13 individual support plan (ISP) indicated he was to use his walker with verbal prompts every time he got up without it.</p> <p>Record review of the facility incident reports was done on 8/14/13 at 3:05p.m. An incident report on 7/29/13 indicated there had been client to client physical aggression on the van between clients #4 and #7. The report indicated there was one staff (driver) on the van and client #4 had been teasing client #7 on the van prior to the physical aggression. Record review of facility incident reports was</p>		<p>ratios will be reviewed based on the number of clients attending the program to see if changes to staffing ratios need to be made.</p> <p>Monitoring of Corrective Action: The Program Manager will make weekly random visits to the home and the alternative active treatment day program to ensure that staffing ratios are adequate based on the number of clients attending. Completion date: 9/23/13</p>				

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	<p>also done on 8/15/13 at 2:08p.m. There was an incident report for 8/13/13 of a consensual sexual encounter while at the day service between client #3 and a client from another group home. The incident report indicated there were 2 staff at the day service at the time of the incident. The incident report indicated at the time of the incident, one staff had gone outside at the day service with client #4 and the other staff (supervising inside the day service) was doing client charting.</p> <p>Staff #7 was interviewed on 8/19/13 at 7:16a.m. Staff #7 indicated there were supposed to be 2 staff at 7a.m. Staff #7 indicated she was the overnight staff and another staff was supposed to work at 7a.m. Staff #7 indicated she had worked at the home several times and was aware of the client programs. Staff #7 indicated if client #4 goes outside staff have to go with him.</p> <p>Staff #4 was interviewed on 8/19/13 at 8:08a.m. Staff #4 indicated they've recently had to pull staff in to fill shifts. Staff #4 stated it "seemed like" client #4 currently required "constant staffing."</p> <p>Professional staff #1 was interviewed on 8/20/13 at 1:48p.m. Staff #1 indicated there should be 2 staff on duty at 7a.m. Staff #1 indicated the 7a.m. scheduled</p>			

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	<p>staff had called in and did not report for their shift. Staff #1 indicated they were not informed of this and another staff had not been immediately assigned to fill in the 7a.m. shift at the group home. In regards to the facility day service program, staff #1 indicated there was normally one staff on the transport van to day services for 4 to 8 clients (varied on days of the week). The day service program was located in another town approximately 40 minutes away. Staff #1 indicated there were usually 2 staff for 4 to 8 clients at the day service. Staff #1 indicated there was one regular staff at the day service and the 2nd staff was the staff that had driven the van to day service. Staff #1 indicated the staff that drove the van also had to do client program charting before leaving for the day from the day program with the clients. Staff #1 indicated the staff should be able to see the clients in the activity area while doing the charting. Staff #1 indicated the staff that was charting on the clients was responsible to watch the activity area when the incident on 8/13/13 occurred. Staff #1 indicated client #4 had gone outside and the 2nd staff at the day service had gone outside with him. This left one staff (who was charting) and 5 clients in the activity area. Staff #1 indicated they sometimes had 3 staff at the day service program.</p>						

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W000189	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, record review and interview, the facility failed for 7 of 7 clients residing in the group home (#1, #2, #3, #4, #5, #6, #7) to ensure all staff received initial and continued training on the clients' training programs and behavior support plans (BSP).</p> <p>Findings include:</p> <p>An observation was done at the group home on 8/14/13 from 3:05p.m. to 5:44p.m. for clients #1, #2, #3, #4, #5, #6 and #7. Throughout the observation client #4 was walking throughout the house and in the yard and obsessing over items (compact disc, pizza, memory cards). At least one staff was constantly with client #4 trailing him and redirecting him to stay in the yard, stay out of the office and to follow his diet at supper. Client #4 ignored most staff prompts but did stay on the facility property. At 4:25p.m., client #2 ate supper. Client #2 had a drink with his supper. Client #2 did not sign drink during supper. Staff #5 and #6 at the dining room table did not prompt client #2 to sign drink. Also, facility staff did</p>	W000189	<p>W189: The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently and competently. Corrective Action: (Specific) The Residential Manager will be in-serviced on ensuring that there is adequate staffing in the home. Staff will be in-serviced on client # 2's program plan to sign drink with meals, involving all consumers in meal prep, serving meals and clean up instead of completion of those tasks for the clients and client #4's BSP How others will be identified: (Systemic) The Program Manager will make weekly random visits to the home to ensure that staffing levels are adequate and staff is following all clients' program plans as written. Measures to be put in place: The Residential Manager will be in-serviced on ensuring that there is adequate staffing in the home. Staff will be in-serviced on client # 2's program plan to sign drink with meals, involving all consumers in meal prep, serving meals and clean up instead of completion of those tasks for the clients and client #4's BSP Monitoring of Corrective</p>	09/23/2013			

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	<p>not encourage the clients, who were available to assist (#1, #2, #3, #4, #5, #6, #7), to participate in all aspects of the meal preparation and family style dining. At 4:17p.m., staff #4 custodially cut up client #4's pineapple. Staff #5 served pizza to client #3 and poured his drink. Staff #4 put salad on client #2's plate. Staff #4 put salad dressing on client #4's salad and poured client #3 another drink. Staff #4 took pizza out of the oven and cut the pizza for clients #1, #2, #3, #4, #5, #6 and #7. Staff #4 and #5 cleaned off the dining room table, putting food away after supper.</p> <p>An observation was done at the group home on 8/19/13 from 7:10a.m. to 8:38a.m. At 7:10a.m. client #4 was laying on the living room floor and needed several verbal prompts to go to his bedroom to calm down. At 7:28a.m., client #4 walked down the driveway with staff #7. Client #4 refused verbal prompts to return to the house and walked down the street (two houses away) with staff #7. Client #4 then returned to the group home with staff #7. At 7:32a.m., client #4 was tapping client #3 on top of the head in a teasing manner. Client #4 ignored client #3's request to stop. Staff #7 was in the room and did not prompt client #4 to stop. Client #4 then stopped teasing client #3 and went back outside to the front yard</p>		Action: The Program Manager will make weekly random visits to the home to ensure that staffing levels are adequate and staff is following all clients' program plans as written. Completion date: 9/23/13				

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	<p>swing with staff #7. At 8:16a.m. staff gave client #4 a verbal prompts to sit on the couch. Client #4 refused and went back outside with a staff trailing him. At 8:08a.m. client #2 was with staff #4 and had cereal and a drink. Client #2 did not sign drink nor was he prompted to sign drink. Another staff (#9) had arrived at 7:53a.m. Staff #9 was interviewed at 7:53a.m. Staff #9 indicated she had never worked at this group home before and didn't know any of the clients.</p> <p>The record of client #2 was reviewed on 8/20/13 at 11:02a.m. Client #2's 10/19/12 individual support plan (ISP) indicated he had a training program to sign drink with a gestural prompt.</p> <p>The record of client #4 was reviewed on 8/19/13 at 11:14a.m. Client #4's 3/12/13 ISP indicated he had a training program to keep personal space. Client #4's 3/12/13 behavior support plan (BSP) indicated client #4 was "hyperactive" and staff were to have client #4 try to focus on a task. The BSP also indicated staff were to give client #4 multiple choices of activity.</p> <p>Interview of professional staff #1 was done on 8/20/13 at 1:48p.m. Staff #1 indicated client #4 had an updated BSP on 8/1/13. Staff #1 indicated all of the direct care staff were in need of retraining</p>				

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	<p>on client #4's ISP and BSP. Staff #1 indicated direct care staff should be trained on all the client programs for the home they are working at.</p> <p>9-3-3(a)</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, the facility failed for 2 of 4 sampled clients (#2, #4) to ensure client #2 (communication, dining) and client #4's (behavior) training programs were implemented when opportunities were present.</p> <p>Findings include:</p> <p>An observation was done at the group home on 8/14/13 from 3:05p.m. to 5:44p.m. Throughout the observation client #4 was walking throughout the house and in the yard and obsessing over items (compact disc, pizza, memory cards). At least one staff was constantly with client #4 trailing him and redirecting him to stay in the yard, stay out of the office and to follow his diet at supper. Client #4 ignored most staff prompts but did stay on the facility property. At 4:25p.m., client #2 ate supper. Client #2 had a drink with his supper. Client #2 did not sign drink during supper. Staff #5 and #6 at the dining room table did not</p>	W000249	<p>W249: 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 objectives identified in the individual program plan The comprehensive functional assessment must identify the presenting problems and disabilities and where possible, their causes. Corrective Action: (Specific) The staff will be in-serviced on client #2's dining plan and signing drink at meals and Client #4's BSP. How others will be identified: (Systemic) The Residential Manager will complete observations at the home at least weekly to ensure that all client program plans are being implemented as written. Measures to be put in place: The staff will be in-serviced on client #2's dining plan and signing drink at meals and Client #4's BSP. Monitoring of Corrective Action: The Residential Manager</p>	09/23/2013			

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	<p>prompt client #2 to sign drink.</p> <p>An observation was done at the group home on 8/19/13 from 7:10a.m. to 8:38a.m. At 7:10a.m. client #4 was laying on the living room floor and needed several verbal prompts to go to his bedroom to calm down. At 7:28a.m., client #4 walked down the driveway with staff #7. Client #4 refused verbal prompts to return to the house and walked down the street (two houses away) with staff #7. Client #4 then returned to the group home with staff #7. Client #4 then was tapping client #3 on top of the head in a teasing manner. Client #4 ignored client #3's request to stop. Staff #7 was in the room and did not prompt client #4 to stop. Client #4 then stopped teasing client #3 and went back outside to the front yard swing with staff #7. At 8:16a.m. staff gave client #4 verbal prompts to sit on the couch. Client #4 refused and went back outside with a staff trailing him. At 8:08a.m. client #2 with staff #4 had cereal and a drink. Client #2 did not sign drink nor was he prompted to sign drink. Staff #4 left client #2 alone in the dining room while client #2 was eating his breakfast.</p> <p>The record of client #2 was reviewed on 8/20/13 at 11:02a.m. Client #2's 10/19/12 individual support plan (ISP) indicated he had a training program to sign drink with</p>		<p>will complete observations at the home at least weekly to ensure that all client program plans are being implemented as written. Completion date: 9/23/13</p>		

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	<p>a gestural prompt. Client #2 also had a dining program for staff to monitor all food intake.</p> <p>The record of client #4 was reviewed on 8/19/13 at 11:14a.m. Client #4's 3/12/13 ISP indicated he had a training program to keep personal space. Client #4's 8/1/13 behavior support plan (BSP) indicated client #4 was "hyperactive" and when leaving his assigned area staff were to have client #4 try to focus on a task. The BSP also indicated staff were to redirect client #4 by offering multiple choices of activity.</p> <p>Professional staff #1 was interviewed on 8/20/13 at 1:48p.m. Staff #1 indicated client #2's training programs to sign drink and be monitored during food intake should have been implemented at all opportunities. Staff #1 indicated client #4's personal space training and BSP for hyperactivity/leaving assigned area should have been implemented at all opportunities.</p> <p>9-3-4(a)</p>						

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W000460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3, #4) and 2 non-sampled clients (#5, #7) to ensure the clients received all the menued items at mealtime and specially-prescribed diets.</p> <p>Findings include:</p> <p>An observation was done at the group home on 8/19/13 from 7:10a.m. to 8:33a.m. Clients #1, #2, #3, #4, #5 and #7 were served a breakfast of cereal, skim milk and juice. There was no whole milk available in the home. The facility menu, reviewed on 8/19/13 at 8:12a.m., indicated breakfast on 8/19/13 was to include biscuits and jelly. The clients were not offered biscuits nor a substitute item for the biscuits and jelly.</p> <p>Record review for client #1 was done on 8/20/13 at 12:54p.m. Client #1's 4/19/13 individual support plan indicated client #1's diet was prescribed to include "whole milk with all meals."</p> <p>Staff #7 was interviewed on 8/19/13 at 8:33a.m. Staff #7 indicated biscuits were on the menu but they did not make/serve</p>	W000460	<p>W460: Each client must receive a nourishing well-balanced diet including modified and specially-prescribed diets. Corrective Action: (Specific) The staff will be in-serviced on providing meals according to the menu and food/drink items that are ordered by the physician. How others will be identified: (Systemic) The Residential Manager will complete observations at the home at least weekly to ensure that menus are being followed as written and that clients are being provided drink/food items that are ordered or prescribed by the physician. Measures to be put in place: The staff will be in-serviced on providing meals according to the menu and food/drink items that are ordered by the physician. Monitoring of Corrective Action: The Residential Manager will complete observations at the home at least weekly to ensure that menus are being followed as written and that clients are being provided drink/food items that are ordered or prescribed by the physician. Completion date: 9/23/13</p>	09/23/2013

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	<p>biscuits for breakfast.</p> <p>Professional staff #1 was interviewed on 8/20/13 at 1:48p.m. Staff #1 indicated the clients should have been offered the menued/diet items which included whole milk, biscuits and jelly.</p> <p>9-3-8(a)</p>			

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W000488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview for 4 of 4 sampled clients (#1, #2, #3, #4) and 3 additional clients (#5, #6, #7), the facility failed to encourage the clients to participate in meal preparation and family style dining.</p> <p>Findings include:</p> <p>During the 8/14/13 observation period between 3:05p.m. to 5:44p.m. at the group home, facility staff did not encourage the clients, who were available to assist (#1, #2, #3, #4, #5, #6, #7), to participate in all aspects of the meal preparation and family style dining. At 4:17p.m., staff #4 custodially cut up client #4's pineapple. Staff #5 served pizza to client #3 and poured his drink. Staff #4 put salad on client #2's plate. Staff #4 put salad dressing on client #4's salad and poured client #3 another drink. Staff #4 took pizza out of the oven and cut the pizza for clients #1, #2, #3, #4, #5, #6 and #7. Staff #4 and #5 cleaned off the dining room table, putting food away after supper.</p> <p>An observation was done on 8/19/13 from 7:10a.m. to 8:38a.m. At 7:10a.m. the</p>	W000488	<p>W488: The facility must assure that each client eats in a manner consistent with his or her development level. Corrective Action: (Specific) The staff will be in-serviced on involving all clients in meal prep, serving meals and clean up instead of completion of those tasks for the clients How others will be identified: (Systemic) The Residential Manager will complete observations at the home at least weekly to ensure that staff is involving clients in meal pre, serving meals and clean up to promote independence with the clients in the completion of these tasks. Measures to be put in place: The staff will be in-serviced on following menus as written and providing food/drink items if ordered by physician, according to those specific physician orders. Monitoring of Corrective Action: The Residential Manager will complete observations at the home at least weekly to ensure that staff are involving clients in meal pre, serving meals and clean up to promote independence with the clients in the completion of these tasks. Completion date: 9/23/13</p>	09/23/2013	

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	<p>dining room table was set for breakfast. The cereal and juice were on the table and all the client place settings (bowls, cups, utensils, napkins) were on the table. Staff #6 was interviewed at 8:08a.m. Staff #6 indicated staff # 7 had set the breakfast table for the clients before they (the clients) had gotten up for breakfast. Clients #1, #2, #3, #4, #5, and #7 were at home and available to assist.</p> <p>Interview of professional staff #1 on 8/20/13 at 1:48p.m. indicated all the clients could assist with serving themselves with some staff assistance. Staff #1 indicated all the clients could assist with the meal preparation, setting the table and clean up. Staff #1 indicated the clients should have been more involved with the family style meals.</p> <p>9-3-8(a)</p>				