

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G721	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  02/15/2013
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NAME OF PROVIDER OR SUPPLIER  AWS	STREET ADDRESS, CITY, STATE, ZIP CODE 6835 W CR 950 N SCIPIO, IN 47273
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Survey dates: February 13, 14 and 15, 2013.</p> <p>Facility number: 004492 Provider number: 15G721 AIM number: 200512660</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/21/13 by Ruth Shackelford, Medical Surveyor III.</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, record review and interview for 4 of 4 clients living in the group home (#1, #2, #3 and #4), the governing body failed to ensure: 1) the washing machine did not have black, green, gray and brown areas on the rubber gasket sealing the door closed and 2) client #2 did not incur service charges on his savings account.</p> <p>Findings include:</p> <p>1) Observations were conducted at the group home on 2/13/13 from 3:28 PM to 5:28 PM and 2/14/13 from 5:53 AM to 8:01 AM. During the observations, the washing machine had black, green, gray and brown areas on the rubber gasket sealing the door closed when the washing machine was in use. This affected clients #1, #2, #3 and #4.</p> <p>An interview with staff #4 was conducted on 2/13/13 at 5:14 PM. Staff #4 indicated she tried to clean the plastic/rubber seal with bleach however the discoloration did not come off.</p> <p>An interview with the nurse was conducted on 2/14/13 at 8:51 AM. The</p>	W000104	<p>1. A replacement part has been ordered to replace the discolored piece of the washing machine identified. The Group Home Manager or Team Leader will monitor the machine to identify any future or additional replacement or repair needs.2. All client bank account balances will be monitored by the Group Home Manager to stay above the amount required to avoid any banking service fees. Bank account balances will be submitted to the AWS Director monthly to insure compliance. The AWS Director will insure that client #2 is reimbursed by AWS for the service charge incurred.</p>	03/17/2013			

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	<p>nurse indicated the washing machine was new and the group home needed to get a new piece to replace the discolored piece.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/14/13 at 9:15 AM. The QMRP stated he was not aware of the "mold" in the washing machine.</p> <p>An interview with the Home Manager (HM) was conducted on 2/13/13 at 5:14 PM. The HM indicated the rim of the washer needed to be replaced. On 2/14/13 at 9:29 AM the HM indicated she spoke to the Team Leader (TL). The HM indicated the TL followed up on the issue and was told to purchase tablets to clean the inside of the washing machine. The TL purchased the tablets and they were used however the tablets did not work to remove the discolored areas. The HM indicated bleach was also used on the areas however the areas remained in the washer. The HM indicated she needed to contact the store to see about getting a new piece for the washer.</p> <p>2) A review of the clients' finances was conducted on 2/13/13 at 3:32 PM. Client #2 incurred a \$5.00 service charge on his savings account on 12/31/12 and 1/31/13.</p> <p>An interview with the QMRP was</p>						

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	<p>conducted on 2/14/13 at 9:15 AM. The QMRP stated he was not aware of the service charges on client #2's account.</p> <p>An interview with the HM was conducted on 2/13/13 at 3:39 PM. The HM indicated client #2 was incurring a service charge due to his account being below \$250.00. The HM indicated she had not discussed changing banks with the Director. The HM stated she was going to "look around" at the other banks and may change the savings account to a free checking account. The HM indicated the ownership of the bank recently changed and the new owner started the service charges on client #2's account.</p> <p>9-3-1(a)</p>				

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W000125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview for 3 of 4 clients living at the group home (#1, #2 and #4), the facility failed to ensure the clients had the right to due process in regard to the use of audible alarms on all exit doors.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/13/13 from 3:28 PM to 5:28 PM and 2/14/13 from 5:53 AM to 8:01 AM. During the observations when an exit door to the group home was opened, an audible alarm sounded throughout the home. This affected clients #1, #2 and #4.</p> <p>A review of client #3's record was conducted on 2/14/13 at 8:46 AM. Client #3's Behavior Support Plan (BSP), dated 8/31/12, indicated, "[Client #3's] group home has a door bell that sounds off when the door is opened to alert staff that the door has been opened and that [client #3] may be going outside. [Client #3] is not aware of environmental dangers. The</p>	W000125	All client guardians in the home will be contacted to receive approval for the door bell sound/alarm identified. Human Rights Committee approval will be obtained for all clients effected by restrictions in the home. The AWS QDDP will insure guardian and HRC consent is obtained and reviewed annually as needed. The AWS QDDP will insure that all client plans with restrictions that may effect other residents will result in consent approval from their guardians and HRC.	03/17/2013			

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	<p>plan for removal of door alarms is that the door alarms will be removed when [client #3] has 0 incidents of AWOL (leaving the home without supervision or opening the door and stepping outside unsupervised) for 4 consecutive months."</p> <p>A review of client #1's record was conducted on 2/14/13 at 9:23 AM. There was no documentation in client #1's record indicating client #1 required the use of door alarms. There was no documentation in the record indicating consent was obtained from client #1's guardians.</p> <p>A review of client #2's record was conducted on 2/14/13 at 8:14 AM. There was no documentation in client #2's record indicating client #2 required the use of door alarms. There was no documentation in the record indicating consent was obtained from client #2's guardians.</p> <p>A review of client #4's record was conducted on 2/14/13 at 9:29 AM. There was no documentation in client #4's record indicating client #4 required the use of door alarms. There was no documentation in the record indicating consent was obtained from client #4's advocate.</p>				

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	An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/13/13 at 3:47 PM. The QMRP indicated the restriction of the use of audible door alarms was in place for client #3. The QMRP indicated clients #1, #2 and #4 did not require the door alarms.  9-3-2(a)						

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W000130	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS 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 and interview for 2 of 2 clients observed to receive their medications (#2 and #4), the facility failed to ensure the clients had privacy during their medication administration.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 2/14/13 from 5:53 AM to 8:01 AM. At 7:06 AM, client #2 received his medications from staff #2. During the observation, staff #2 did not close the door to the medication administration room. Clients #1, #3 and #4 were in the living and dining rooms outside of the medication administration room. Clients #1, #3 and #4 were close enough to hear the names and purpose of the medications as staff #2 told client #2 what he was receiving. At 7:17 AM when staff #2 administered client #4's medications in the medication administration room, clients #1, #2 and #3 were in the living and dining rooms and close enough to hear the training provided to client #4 (asked to name Calcium and its purpose as well as count the number of medications taken). Staff #2 did not close</p>	W000130	All AWS staff in this home will be retrained by the AWS Nurse regarding the appropriate medication administration protocol, including providing client privacy during all med passes.	03/17/2013			

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	<p>the door to the room.</p> <p>An interview with the Team Leader (TL) was conducted on 2/14/13 at 10:06 AM. The TL indicated the medication room door should be closed when clients were receiving their medications to ensure the clients' privacy.</p> <p>An interview with the Home Manager (HM) was conducted on 2/14/13 at 10:06 AM. The HM indicated the medication room door should be closed when clients were receiving their medications to ensure the clients' privacy.</p> <p>9-3-2(a)</p>				

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W000137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation, record review and interview for 1 of 2 non-sampled clients (#4), the facility failed to ensure his shoes remained in good repair.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/13/13 from 3:28 PM to 5:28 PM and 2/14/13 from 5:53 AM to 8:01 AM. During the observations client #4's heels of his shoes were torn from the shoes and falling off.</p> <p>A review of client #4's Behavior Support Plan (BSP), dated 8/31/12, was conducted on 2/14/13 at 9:14 AM. Client #4 had a targeted behavior of property destruction (PD). PD was defined as, "1. [Client #4] will break and tear up objects (usually CD's and DVD's)."</p> <p>An interview with the Home Manager (HM) was conducted on 2/14/13 at 9:33 AM. The HM indicated client #4 needed new shoes and was going to get new shoes on 2/14/13. The HM indicated client #4 tears up his shoes. The HM</p>	W000137	Client #4 will be encouraged to wear shoes that are in good repair. The AWS Manager will insure that appropriate shoes are available for all clients in the home. The AWS Manager, Team Leader, and QDDP will monitor each client to insure they have appropriate personal possessions and clothing.	03/17/2013

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	indicated the shoes were new as of 12/25/12.  9-3-2(a)				

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W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review and interview for 2 of 2 clients in the sample (#2 and #3), the facility failed to ensure the clients had a program plan to do their own laundry.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 2/13/13 from 3:28 PM to 5:28 PM. At 3:28 PM when staff #4 arrived to work and prior to the clients returning home from the facility-operated day program, staff #4 went into the laundry room. Staff #4 moved clothes from the washer to the dryer. Staff #4 then folded sheets and towels and put them away. During the remainder of the evening observation, clients #1, #2, #3 and #4 were not prompted or engaged with doing their laundry.</p> <p>An observation was conducted at the group home on 2/14/13 from 5:53 AM to 8:01 AM. At 5:56 AM, staff #2 took laundry out of the washer and put it into the dryer. At 6:02 AM, staff #1 collected empty hangers from client #3's bedroom</p>	W000227	ISP goals will be developed by the AWS QDDP and implemented for all clients at this home to participate in doing their laundry. Staff training will occur reviewing these goals and the appropriate implementation protocol. The AWS QDDP will monitor and track the montly progress and implementation of these goals, and report that information in the client monthly summary report.	03/17/2013			

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	<p>and took them to the laundry room. During the remainder of the morning observation, clients #1, #2, #3 and #4 were not prompted or engaged with doing their laundry.</p> <p>A review of client #2's record was conducted on 2/14/13 at 8:14 AM. Client #2's Individual Support Plan (ISP), dated 8/22/12, did not contain a goal to increase his laundry skills.</p> <p>A review of client #3's record was conducted on 2/14/13 at 8:46 AM. Client #3's ISP, dated 8/22/12, did not contain a goal to increase his laundry skills.</p> <p>An interview with the Home Manager (HM) was conducted on 2/14/13 at 9:29 AM. The HM indicated the clients should be involved in doing the laundry. The HM stated "most" laundry was done when the clients were not home or in bed.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/14/13 at 9:29 AM. The QMRP indicated none of the clients had laundry goals. The QMRP indicated the clients had goals in the past but not currently.</p> <p>9-3-4(a)</p>				

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W000240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on observation, record review and interview for 1 of 2 clients in the sample (#3), and 1 additional client (#4), the facility failed to ensure guidelines were in place to address 1) client #3 eating too fast and not responding to verbal prompts and 2) the use of an audible monitor in client #4's bedroom.</p> <p>Findings include:</p> <p>1) An observation was conducted at the group home on 2/13/13 from 3:28 PM to 5:28 PM. Dinner started at 4:45 PM. At 4:47 PM until she finished at 5:00 PM, client #3 quickly scooped several large bites of her food into her mouth. Staff #4 verbally prompted client #3 to slow down. When client #3 did not slow down, staff #4 moved client #3's plate away from client #3. This occurred several times during the meal. Staff #4 returned her plate after a brief period of time. At 4:54 PM, staff #4 stated client #3 was "showing off."</p> <p>A review of client #3's record was conducted on 2/14/13 at 8:46 AM. Client #3's Physical and Nutritional Management Plan, dated 1/11/13,</p>	W000240	<p>1. Client #3's dining plan will be updated by the AWS Nurse to include the removal of her plate when eating too fast. AWS staff will receive training regarding this update. 2. Client #4's Fall Risk Plan will be updated by the AWS Nurse to include the use of an audible monitor. This information will also be included in client #4's ISP list of adaptive equipment by the AWS QDDP. The AWS QDDP will insure that each client's plans are discussed at each client's quarterly meetings to review with the IDT the appropriate implementation and protocols.</p>	03/17/2013			

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	<p>indicated client #3 received a pureed diet with thin liquids. Staff were to sit within visual distance of client #3 and give verbal cues as needed. The plan indicated, "Verbal prompts to slow down rate of intake if client is eating/drinking too fast or bites are too large." There was no documentation in the plan for staff to remove client #3's plate. There were no guidelines to follow if client #3 did not respond to verbal prompting to slow down her rate of eating.</p> <p>An interview with the Home Manager (HM) was conducted on 2/13/13 at 4:50 PM. The HM indicated client #3 was not eating in her usual manner. The HM indicated client #3 had a dining plan. On 2/15/13 at 11:40 AM, the HM indicated she did not recall seeing client #3 eat as fast as she did during the observation. The HM indicated client #3 needed her plate to be removed to calm down. The HM indicated removing her plate should be part of the plan. The HM stated she had "never seen" client #3 as "agitated" as she was during dinner.</p> <p>An interview with the nurse was conducted on 2/13/13 at 4:52 PM. The nurse indicated client #3 was not eating in her normal manner. The nurse stated client #3's quick and large bite sizes were as "bad as I had seen." The nurse</p>						

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	<p>indicated client #3 may be agitated with the extra people in the home. The nurse indicated removing her plate was not part of the plan since it was not usually an issue. The nurse stated adding removing her plate to the plan was "not a bad idea to add." The HM indicated the staff removed the plate to keep client #3 from choking.</p> <p>2) Observations were conducted at the group home on 2/13/13 from 3:28 PM to 5:28 PM and 2/14/13 from 5:53 AM to 8:01 AM. During the evening observation, the monitor receiver was located on the kitchen island and the base was in client #4's bedroom. The monitor receiver was not turned on. During the morning observations, the monitor receiver was in the same location and was on.</p> <p>A review of client #4's record was conducted on 2/14/13 at 9:14 AM. There was no documentation in his record indicating the need for an audible monitor.</p> <p>An interview with the nurse was conducted on 2/14/13 at 9:33 AM. The nurse indicated the monitor was in place to ensure when he gets up in the middle of the night staff could be alerted immediately in able to assist him with his</p>				

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	<p>ambulation. On 2/13/13 at 4:15 PM, the nurse indicated the monitor was in place for client #4's seizure related falls.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/14/13 at 9:33 AM. The QMRP indicated the use of the monitor was not part of client #4's plan. The QMRP indicated there should be a plan for using the monitor.</p> <p>9-3-4(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 for 2 of 2 clients in the sample (#2 and #3) and one additional client (#4), the facility failed to ensure staff implemented: 1) client #2's medication administration plan for counting his medications, 2) client #2's plan for wiping off the table and taking bibs to the washer, 3) client #3's plan of reduction for audible alarms on all exit doors and 4) client #4's plan to assist with post meal clean up by rinsing off the plates and cups.</p> <p>Findings include:</p> <p>1) An observation was conducted at the group home on 2/14/13 from 5:53 AM to 8:01 AM. At 7:06 AM, client #2 received his medications from staff #2. During the observation, staff #2 did not ask or prompt client #2 to count his medications to verify the correct amount.</p> <p>A review of client #2's record was conducted on 2/14/13 at 8:14 AM. Client</p>	W000249	1, 2, 4. All AWS staff at this location will receive re-training regarding current client ISP goals and implementation. The AWS Manager, Team Leader, and QDDP will monitor staff to insure that they are implementing the appropriate goal objectives as currently identified in each client's ISP. The AWS QDDP will report client progress in monthly summary reports.3. Review of client #3's progress related to AWOL occurrences will be reported and reviewed by the AWS QDDP in the client monthly summary, as well as discussed during client #3's quarterly meeting. Based on these reports, the IDT will determine if the criteria for the removal of the restriction has been met, and the QDDP will follow up accordingly.	03/17/2013	

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	<p>#2's Individual Support Plan (ISP), dated 8/22/12, indicated client #2 had a formal training objective to count his medications to verify the correct amount at each medication pass.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/14/13 at 10:06 AM. The QMRP indicated the staff should implement the medication training objectives.</p> <p>2) Observations were conducted at the group home on 2/13/13 from 3:28 PM to 5:28 PM and 2/14/13 from 5:53 AM to 8:01 AM. During the evening observation, client #2 was not prompted to take the bibs to the washer after dinner. During the morning observation, client #2 was not prompted to wipe off the table or take the bibs to the washing machine.</p> <p>A review of client #2's record was conducted on 2/14/13 at 8:14 AM. Client #2's ISP, dated 8/22/12, indicated client #2 had a formal training objective to wash off the table and take the bibs to the washer.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/14/13 at 10:06 AM. The QMRP indicated client #2's plan for</p>						

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	<p>wiping off the table and taking bibs to the washer should be implemented.</p> <p>3) Observations were conducted at the group home on 2/13/13 from 3:28 PM to 5:28 PM and 2/14/13 from 5:53 AM to 8:01 AM. During the observations when an exit door to the group home was opened, an audible alarm sounded throughout the home.</p> <p>A review of client #3's record was conducted on 2/14/13 at 8:46 AM. Client #3's Behavior Support Plan (BSP), dated 8/31/12, indicated, "[Client #3's] group Home has a door bell that sounds off when the door is opened to alarm staff that the door has been opened and that [client #3] may be going outside. [Client #3] is not aware of environmental dangers. The plan for removal of door alarms is that the door alarms will be removed when [client #3] has 0 incidents of AWOL (leaving the home without supervision or opening the door and stepping outside unsupervised) for 4 consecutive months."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/14/13 at 10:06 AM. The QMRP indicated the restriction of the use of audible door alarms had not been reduced.</p>				

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	<p>An interview with the Home Manager (HM) was conducted on 2/14/13 at 10:06 AM. The HM indicated it had been one year since client #3's had an AWOL incident. On 2/15/13 at 11:40 AM, the HM indicated she was not correct regarding client #3's last AWOL incident. The HM stated there were a "couple" of incidents in October 2012 after the QMRP reviewed the data (requested the data but not received). The HM indicated the door alarms were not needed anymore. The HM indicated client #3 was not trying to leave the premises, she was opening and closing the door for attention.</p> <p>4) Observations were conducted at the group home on 2/13/13 from 3:28 PM to 5:28 PM and 2/14/13 from 5:53 AM to 8:01 AM. During the observations, client #4 did not and was not prompted to assist with dinner and breakfast clean up by rinsing off the plates and cups.</p> <p>A review of client #4's ISP, dated 8/9/12, was conducted on 2/14/13 at 9:13 AM. Client #4's ISP indicated he had a plan to assist with post meal clean-up by rinsing off the plates and cups.</p> <p>An interview with the Home Manager (HM) was conducted on 2/15/13 at 11:11</p>						

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	AM. The HM indicated client #4's plan for assisting with post meal clean up should be implemented as written.  9-3-4(a)				

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W000262	<p>483.440(f)(3)(i) PROGRAM MONITORING &amp; CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Based on observation, record review and interview for 3 of 4 clients living at the group home (#1, #2 and #4), the specially constituted committee (HRC) failed to review, approve and monitor the use of audible alarms on all exit doors.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/13/13 from 3:28 PM to 5:28 PM and 2/14/13 from 5:53 AM to 8:01 AM. During the observations when an exit door to the group home was opened, an audible alarm sounded throughout the home. This affected clients #1, #2 and #4.</p> <p>A review of client #3's record was conducted on 2/14/13 at 8:46 AM. Client #3's Behavior Support Plan (BSP), dated 8/31/12, indicated, "[Client #3's] group home has a door bell that sounds off when the door is opened to alarm staff that the door has been opened and that [client #3] may be going outside. [Client #3] is not aware of environmental dangers. The</p>	W000262	<p>All client guardians in the home will be contacted to receive approval for the door bell sound/alarm identified. Human Rights Committee approval will be obtained for all clients effected by restrictions in the home. The AWS QDDP will insure guardian and HRC consent is obtained and reviewed annually as needed. The AWS QDDP will insure that all client plans with restrictions that may effect other residents will result in consent approval from their guardians and HRC.</p>	03/17/2013	

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	<p>plan for removal of door alarms is that the door alarms will be removed when [client #3] has 0 incidents of AWOL (leaving the home without supervision or opening the door and stepping outside unsupervised) for 4 consecutive months."</p> <p>A review of client #1's record was conducted on 2/14/13 at 9:23 AM. There was no documentation in client #1's record indicating the HRC reviewed, approved and monitored the use of door alarms.</p> <p>A review of client #2's record was conducted on 2/14/13 at 8:14 AM. There was no documentation in client #2's record indicating the HRC reviewed, approved and monitored the use of door alarms.</p> <p>A review of client #4's record was conducted on 2/14/13 at 9:29 AM. There was no documentation in client #4's record indicating the HRC reviewed, approved and monitored the use of door alarms.</p> <p>An interview with the Home Manager (HM) was conducted on 2/13/13 at 3:47 PM. The HM indicated the restriction of the use of audible door alarms was in place for client #3. The HM indicated clients #1, #2 and #4 did not require the</p>						

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	<p>door alarms.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/14/13 at 9:50 AM. The QMRP indicated the restriction of the use of audible door alarms was in place for client #3. The QMRP indicated clients #1, #2 and #4 did not require the door alarms. The QMRP indicated he did not get HRC consent for clients #1, #2 and #4. The QMRP indicated he should have obtained HRC consent for clients #1, #2 and #4.</p> <p>9-3-4(a)</p>				

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W000436	<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 2 of 2 clients using wheelchairs (#2 and #3) and 2 of 2 clients wearing helmets (#3 and #4), the facility failed to ensure the clients' adaptive equipment remained in good repair.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/13/13 from 3:28 PM to 5:28 PM and 2/14/13 from 5:53 AM to 8:01 AM. During the observations, client #2's wheelchair had duct tape on the left armrest and left foot strap and client #3's wheelchair had duct tape on the left armrest. Client #3's helmet had two pieces of duct tape on the front of her helmet covering two tears, one on each side of the front of the helmet. Client #4's helmet had duct tape on the right side of the strap of his helmet.</p> <p>A review of client #2's record was conducted on 2/14/13 at 8:14 AM. Client #2's Individual Support Plan (ISP), dated 8/22/12, indicated client #2 had a</p>	W000436	<p>New helmets will be purchased for clients #3 and 4. Wheelchair armrests will be repaired for clients #2 and 3. The wheelchair foot rest strap will be repaired for client #2. The AWS QDDP will review and discuss the condition of adaptive equipment at each client's quarterly IDT meeting. Training will occur for all staff in this home regarding the appropriate reporting of adaptive equipment maintenance issues or concerns. The AWS QDDP and Manager will insure that all equipment is repaired or replaced as needed.</p>	03/17/2013			

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	<p>wheelchair. Client #2's Fall Risk Protocol, dated 1/11/13, indicated client #2 used a wheelchair.</p> <p>A review of client #3's record was conducted on 2/14/13 at 8:46 AM. Client #3's ISP, dated 8/22/12, indicated she had a helmet. Client #3's Risk Summary, dated, 1/11/13, indicated, "[Client #3] has had several falls while ambulating. Some of those have resulted in laceration to her head with the need for staples. She wears a soft helmet to help prevent injury to her head if she falls. Ambulation should be supervised and helmet should be on at all times while she is ambulating. She sits in a wheelchair at times and pulls herself with her legs."</p> <p>A review of client #4's record was conducted on 2/14/13 at 9:14 AM. Client #4's ISP, dated 8/9/12, indicated he needed a helmet. Client #4's Risk Summary, dated 1/11/13, indicated, "Helmet to be on at all times when ambulating."</p> <p>An interview with staff #1 was conducted on 2/14/13 at 6:02 AM. Staff #1 indicated client #3 needed a new helmet. Staff #1 stated it had been "weeks" since client #3 had duct tape on her helmet.</p> <p>An interview with staff #2 was conducted</p>			

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	<p>on 2/14/13 at 6:25 AM. Staff #2 stated client #3's helmet had duct tape on it "for months."</p> <p>An interview with staff #2 was conducted on 2/14/13 at 7:13 AM. Staff #2 indicated she put the duct tape on client #2's foot strap on 2/13/13 due to the strap being broken. Staff #2 stated the duct tape on the clients' armrests had been there "for a month."</p> <p>An interview with the nurse was conducted on 2/14/13 at 9:33 AM. The nurse indicated client #4 ripped the lining out of his helmet as soon as he received it. The nurse indicated she was not aware of the duct tape on his strap. The nurse stated client #3 yanked on her helmet causing it to tear "recently." The nurse indicated she was trying to get client #2 a new wheelchair and would be attending his appointment at a wheelchair clinic on 2/19/13 to advocate for a new chair.</p> <p>An interview with the Home Manager (HM) was conducted on 2/14/13 at 9:33 AM. The HM indicated the adaptive equipment needed to be kept in good repair. The HM indicated client #4's duct tape on his helmet could be covering up a rough edge but she was not certain. The HM indicated client #3's helmet needed to be replaced. The HM stated the tears</p>						

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	<p>were a "recent issue." The HM indicated she was not sure who was putting duct tape on the clients' adaptive equipment.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/14/13 at 9:33 AM. The QMRP stated client #4 "tears up stuff." The QMRP indicated client #2 had an upcoming appointment at an outside consultant wheelchair clinic on 2/19/13 to have his chair looked at.</p> <p>9-3-7(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 clients living at the group home (#1, #2, #3 and #4), the facility failed to ensure the clients were involved in breakfast and dinner preparation and clean up.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 2/13/13 from 3:28 PM to 5:28 PM. At 3:28 PM prior to clients #1, #2, #3 and #4 arriving home from the facility-operated day program, staff #4 arrived to the group home and unloaded the dishwasher and started dinner preparation. At 4:07 PM, staff #4 unpacked and cleaned out the clients' lunchboxes. At 4:12 PM, staff #4 was in the kitchen preparing dinner with no client involvement. At 4:13 PM, staff #4 loaded dirty dishes into the dishwasher. At 4:21 PM, staff #4 used the food processor. At 4:33 PM, staff #4 put roast beef on plates and cleaned off the food processor blade. Staff #4 stated to client #3, "I'm almost done, [client #3], give me 5 or 10 minutes, max" as client #3 stood at the dining room table. At 4:37 PM, staff #4 cut up the roast beef and put it in a serving bowl. Staff #4 put mashed</p>	W000488	New meal preparation ISP goals will be developed by the AWS QDDP and implemented for each client in this home. Staff training will be provided to review the objective implementation protocol for these goals. The AWS QDDP will track and report the progress of these goals in the client monthly summary report, and during the client quarterly IDT meetings. The AWS QDDP, Manager, and Team Leader will observe and document that meal preparation activity is occurring with client involvement.	03/17/2013			

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	<p>potatoes in a serving bowl. Staff #4 rinsed off dirty dishes and put them in the dishwasher. Staff #4 made chocolate milk and wiped off the counters. At 4:40 PM, client #4 was prompted to sit down for dinner. Client #4 stated, "What are we having?" Staff #4 pushed a cart with the drinks, salt and pepper, pudding, roast beef and rolls to the dining room table. At 5:02 PM, staff #6 made a drink with Thick It for client #2. The Home Manager (HM) unloaded the cart and put the dishes in the sink. Staff #4 wiped off the table. At 5:04 PM, the HM rinsed off the dishes and put them in the dishwasher. At 5:09 PM, staff #4 took client #2's dishes to the sink. The HM cleaned food off the floor from client #1's area underneath where he was sitting.</p> <p>An observation was conducted at the group home on 2/14/13 from 5:53 AM to 8:01 AM. At 6:09 AM, staff #2 asked client #4 if he wanted tomato juice for breakfast. Client #4 stated, "That'll be alright." At 6:19 AM, client #2's drink was thickened to a honey consistency by staff #1. Staff #1 asked client #2 if he was ready to eat. Staff #1 took client #2's drink to the table. At 6:22 AM, staff #1 gave client #4 oatmeal and a muffin. Staff #2 took client #2's food to him at the table. At 6:30 AM, staff #1 put client #1's food on his plate as he sat at the table.</p>			

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	<p>Staff #1 took client #1's plate to him and told him what was on it. Staff #1 took client #1's milk and juice to him. At 6:33 AM, client #3 was given her plate and drinks by staff #1. At 6:46 AM, staff #1 took client #3's dishes to the sink. At 6:50 AM, staff #1 wiped off the table where client #3 had been eating. At 6:52 AM, staff #1 wiped off the table where client #2 ate his breakfast. Staff #1 took client #1's plate to the sink. Staff #1 wiped off the table where client #1 was sitting. At 6:59 AM, staff #2 wheeled the cart to the kitchen.</p> <p>An interview with staff #2 was conducted on 2/14/13 at 6:14 AM. Staff #2 stated she "prepped" the breakfast food during the overnight shift due to time constraints in the morning. Staff #2 indicated she pureed the dry ingredients and then staff #1 added liquid in the morning.</p> <p>An interview with the Home Manager (HM) was conducted on 2/14/13 at 9:29 AM. The HM indicated the clients were not involved in dinner planning. The HM indicated client #4 refused to assist with dinner prep.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/14/13 at 9:29 AM. The QMRP indicated the staff at the group</p>						

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	<p>home think the clients were ready to eat as soon as they get home from the day program. The QMRP indicated the clients should be involved with clean up. The QMRP indicated staff in the evening arrived early to get dinner started prior to the clients arriving home.</p> <p>An interview with the nurse was conducted on 2/14/13 at 9:29 AM. The nurse stated it "would not hurt" to get the clients more involved with meal preparation and clean up.</p> <p>9-3-8(a)</p>			