

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G290	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/12/2015
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 23 SKYVIEW DR CHESTERFIELD, IN 46017
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: June 8, 9, 10, 11 and 12, 2015.</p> <p>Facility number: 000809 Provider number: 15G290 AIM number: 100243730</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0137 Bldg. 00	<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 upon observation and interview, the facility failed for 1 additional client (client #5) to promote dignity by failing to ensure she wore clothing that fit her appropriately.</p> <p>Findings include: During observation at the group home on</p>	W 0137	<p>W 137 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>1. What corrective action will be accomplished? · Client #5 has purchased new</p>	07/12/2015

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>6/9/15 from 6:35 AM until 7:45 AM, client #5 had 3 and 1/2 inches of skin around her waist exposed between her t-shirt and pants.</p> <p>During observation at day services on 6/9/15 from 9:35 AM until 10:00 AM, client #5 had 3 and 1/2 inches of skin around her waist exposed between her t-shirt and pants.</p> <p>The QIDP/PD (Qualified Intellectual Disabilities Professional/Program Director) was interviewed on 6/9/15 at 4:15 PM and indicated it was difficult to find clothing to fit client #5. The PD indicated client #5 refused to wear a belt and staff were supposed to prompt her to pull up her pants to avoid exposing her skin.</p> <p>9-3-2(a)</p>		<p>clothing that better fits her.</p> <ul style="list-style-type: none"> Client #5 will be placed on programming to choose appropriate clothing that fits. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the same deficient practice. Clients who demonstrate the need for assistance in choosing appropriate clothing that fits will be placed on programming. The Program Coordinator will assist the clients who are in need of new clothing to purchase clothing that is appropriate in size. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> Clients who demonstrate the need for assistance in choosing appropriate clothing that fits will be placed on programming. The Program Coordinator will assist the clients who are in need of new clothing to purchase clothing that is appropriate in size. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> The Program Coordinator will monitor to ensure the client's 		

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W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based upon record review and interview, for 1 of 4 sampled clients (client #1), and 2 additional clients (clients #6 and #8), the facility failed to implement facility policy and procedures which prohibited abuse, neglect and exploitation. The facility failed to complete a thorough investigation into an allegation of abuse involving client #1, and failed to investigate an incident of alleged self injurious behavior after being denied food involving client #8. The facility failed to develop and implement timely effective corrective action to protect client #6 from falls.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) and General Events</p>	W 0149	<p>clothing fits appropriately daily while they are in the home.</p> <ul style="list-style-type: none"> The Program Director will monitor during their observations within the home. <p>5. What is the date by which the systemic changes will be completed? July 12th, 2015</p> <p>W 149 Staff Treatment of Clients</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> The Program Director (QIDP) and Quality Assurance Specialist completed training regarding how to thoroughly investigate incidents of abuse and neglect on June 18th, 2015. All investigations involving allegations of abuse and neglect will be reviewed by the Quality Assurance department or designee to ensure they are investigated thoroughly. The Program Director and Program Coordinator completed a competency test regarding abuse, neglect and exploitation reporting 	07/12/2015

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	<p>Reports (GER) were reviewed on 6/9/15 at 11:52 AM and indicated the following:</p> <p>1. A BDDS report dated 3/1/15 for client #1 indicated "Upon waking, [client #1] complained to staff that another client had come into her room during the night and had taken her pants down. [Client #1] complained of her vaginal area being in pain...." The on-call supervisor was notified, reviewed all documentation and spoke with overnight staff. Client #1 had a history of urinary tract infections (UTIs) and was taken to an urgent care clinic to rule out a UTI as the source of her discomfort. At the clinic, client #1 told the nurse "she felt she had been touched inappropriately by another client...." Client #1 was then taken to a hospital emergency room (ER) and after evaluation the physician stated that there was "no evidence of sexual activity."</p> <p>Recommendations resulting from the investigation into the incident dated 3/1/15 indicated the team would discuss a revision to the "BSP (Behavior Support Plan) regarding this incident, training with staff on how best to communicate with [client #1], and formal programming for housemate [client #2]." The recommendations did not indicate whose BSP should be revised, what type of training for staff to communicate with</p>		<p>and investigations.</p> <ul style="list-style-type: none"> · The IDT will meet to review Client #6's recent PT evaluation and follow up on recommendations to help prevent additional falls. · Client #1's BSP will be revised to include information on how staff can better communicate with client #1 (i.e. understanding of terminology that client #1 uses as descriptors). · Programming will be implemented for Client #2 on consequences of teasing and picking on others. · How to follow up on the GER incidents will be reviewed with the Program Coordinator and Program Director by July 12th, 2015. · The importance of completing neurological checks and/or sending an individual to be evaluated after an injury to the head will be reviewed with the Program Coordinator and Program Director by July 12th, 2015. · Client #6's risk plan for falls will be reviewed and revised if necessary based on her PT evaluation and the IDT recommendations. · A staff meeting will be held by July 12th to review Client #6's updated risk plans and Client #1's revised BSP. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same 	

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	<p>client #1 or what type of programming was recommended for client #2 or why it was recommended.</p> <p>An investigation completed 3/5/15 into the incident was reviewed on 6/9/15 at 3:25 PM. The findings indicated evidence did not support client #2 entered client #1's bedroom, evidence did not support physical assault or sexual misconduct and evidence did support client #1 was diagnosed with a UTI. The investigation failed to indicate clients #1 and #2 were interviewed as part of the investigation. The investigation indicated "Due to [client #2] not being a reliable reporter he was not interviewed for the investigation. He does not recall events accurately, cannot identify dates and sometimes confuses names."</p> <p>The QIDP/PD (Qualified Intellectual Disabilities Professional/Program Director) was interviewed on 6/9/15 at 4:18 PM. The PD indicated both clients #1 and #2 should have been interviewed as part of the investigation. The PD indicated client #2 was capable of being interviewed.</p> <p>2. A GER dated 3/3/15 indicated client #8 "was talking to his counselor from [counseling services] he (sic) told her that this morning he cut himself on his right</p>		<p>deficient practice.</p> <ul style="list-style-type: none"> · The Program Director (QIDP) and Quality Assurance Specialist completed training regarding how to thoroughly investigate incidents of abuse and neglect on June 18th, 2015. · All investigations involving allegations of abuse and neglect will be reviewed by the Quality Assurance department or designee to ensure they are investigated thoroughly. · The Program Director and Program Coordinator completed a competency test regarding abuse, neglect and exploitation reporting and investigations. · How to follow up on the GER incidents will be reviewed with the Program Coordinator and Program Director by July 12th, 2015. · The importance of completing neurological checks and/or sending an individual to be evaluated after an injury to the head will be reviewed with the Program Coordinator and Program Director by July 12th, 2015. · The IDT will meet when there are identified trends in reportable incidents involving the individuals (i.e. increases in falls, increased incidents of SIB, increase in medical or behavioral needs). · The Behavior Clinician and the Program Director/QIDP will monitor the behavioral data submitted by staff and revise behavior plans as necessary. · Risk plans will be reviewed and updated by the nurse quarterly 	

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	<p>thumb with a knife in the kitchen because he could not get more milk." The GER indicated client #8 also indicated the cut on his right finger had happened at workshop yesterday...." The Review/Followup Comments section of the GER was blank. The report indicated the residential manager was notified of the incident on 3/3/15 at 6:45 PM.</p> <p>The QIDP/PD was interviewed on 6/9/15 12:45 PM and indicated there was no investigation into the incident and the incident should have been investigated. She was uncertain if she had been aware of the incident when it occurred.</p> <p>3. BDDS/GER reports dated 3/4/15 for client #6 included the following incidents of falls:</p> <p>a) Client #6 lost her balance and fell in the bedroom. Client #6 was not injured. Corrective action indicated client #6 would be assisted as needed to prevent falls.</p> <p>b) A GER dated 3/8/15 indicated client #6 "almost fell but caught herself and cut her finger in the process." The corrective action for the report was blank. There was no evidence of nursing evaluation of client #6's injuries.</p>		<p>and as the individuals needs change.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> · The Program Director (QIDP) and Quality Assurance Specialist completed training regarding how to thoroughly investigate incidents of abuse and neglect on June 18th, 2015. · All investigations involving allegations of abuse and neglect will be reviewed by the Quality Assurance department or designee to ensure they are investigated thoroughly. · The Program Director and Program Coordinator completed a competency test regarding abuse, neglect and exploitation reporting and investigations. · How to follow up on the GER incidents will be reviewed with the Program Coordinator and Program Director by July 12th, 2015. · The importance of completing neurological checks and/or sending an individual to be evaluated after an injury to the head will be reviewed with the Program Coordinator and Program Director by July 12th, 2015. · The IDT will meet when there are identified trends in reportable incidents involving the individuals (i.e. increases in falls, increased incidents of SIB, increase in medical or behavioral needs). · The Behavior Clinician and 		

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	<p>c) A GER dated 4/18/15 indicated client #6 backed into her walker and fell down and hit her head. The report indicated client #6 was not injured. Corrective action indicated client #6 was assisted up and assessed for injury. No other action was indicated.</p> <p>There was no evidence the nurse assessed client #6 for head injury.</p> <p>d) A GER dated 5/26/15 indicated client #6 walked back to her bed without her walker and fell. The report failed to indicate if client #6 was injured.</p> <p>e) A GER dated 5/27/15 indicated client #6 tripped over a rug in the bathroom and hit her head and nose on the toilet paper dispenser. The report indicated client #6 sustained a scrape on her nose with "a little bruising and a small quarter sized knot on top center of head." The section for corrective action taken was blank and there was no evidence of nursing evaluation of client #6's injuries.</p> <p>Investigations for the GERs involving falls for client #6 were reviewed on 6/9/15 at 3:26 PM and indicated recommendations for staff to follow client #6's risk plan to address falls. There was no evidence of a revision to client #6's plan or other corrective action to protect her from falls.</p>		<p>the Program Director/QIDP will monitor the behavioral data submitted by staff and revise behavior plans as necessary.</p> <ul style="list-style-type: none"> · Risk plans will be reviewed and updated by the nurse quarterly and as the individuals needs change. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Quality Assurance department or designee will review all investigations with allegations of abuse and neglect. · The Program Director (QIDP) and/or the Behavioral Clinician will review clients BSP's on a bi-monthly basis or sooner if the need arises to ensure the plans remain appropriate. · The Behavior Clinician and/or the Program Director will review the residents behavioral data on a monthly basis or sooner if the need arises. · The nurse will review the client's risk plans on a quarterly basis or sooner if the need arises. · The Quality Assurance department or the Area Director will review all investigations completed by the Program Director to ensure they are thorough. · The IDT will meet when there are identified trends in reportable incidents involving the individuals (i.e. increases in falls, increased incidents of SIB, increase in medical or behavioral needs). <p>5. What is the date by which the</p>	

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	<p>Client #6's Risk Plan last updated on 1/23/15 was reviewed on 6/9/15 at 4:00 PM and indicated client #6 was at high risk for falls. Interventions indicated monitoring the environment for a wet floor or "anything on the floor that should be picked up" and client #6 was to use a walker to ambulate at all times.</p> <p>The QIDP/PD was interviewed on 6/9/15 at 4:18 PM and indicated client #6 had been taken to Physical Therapy (PT) for an evaluation in regards to her falls on 6/8/15, but there had not been interdisciplinary meetings to address her falls for corrective action prior to her PT evaluation. The QIDP/PD indicated client #6 would be receiving PT to address her unsteady gait.</p> <p>Client #6's initial therapy evaluation dated 6/8/15 was reviewed on 6/9/15 at 4:15 PM and indicated she was at high risk for falls and would be receiving PT to address her unsteady gait.</p> <p>The facility's Quality and Risk Management operating practices revised 4/11 was reviewed on 6/9/15 at 4:40 PM and indicated it was agency policy to report to BDDS "alleged, suspected, or actual abuse, neglect or exploitation of an individual....The Program Director, who</p>		<p>systemic changes will be completed? July 12th, 2015</p>		

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	<p>serves as the QMRP (Qualified Mental Retardation Professional), shall submit a follow-up report concerning the incident on the BDDS's follow-up incident report form at the following times: (a) Within seven (7) days of the date of the initial report; (b) Every seven (7) days thereafter until the incident is resolved; ...Indiana Mentor is committed to ensuring the individuals we serve are provided with a safe and quality living environment. In order to ensure the highest standard of service delivery specific staff will be assigned to the monitoring and review of Quality Assurance. These staff will assist in providing Individual Support Teams with corporate supports, recommendations and resources for incident management and will review the effectiveness of the recommendations...The Area Director will review each incident and Quality Assurance recommendations monthly. This review will be completed with the Program Director and other appropriate staff to assess the effectiveness of each recommendation made per incident....Indiana Mentor is committed to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual served...Investigation findings will be submitted to the Area Director for review and development of further</p>			

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W 0154 Bldg. 00	<p>recommendations as needed within 5 days of the incident...."</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based upon record review and interview, for 1 of 4 sampled clients (client #1), and 1 additional client (client #8), the facility failed to complete a thorough investigation into an allegation of abuse involving client #1, and failed to investigate an incident of alleged self injurious behavior after being denied food involving client #8.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) and General Events</p>	W 0154	<p>W 154 Staff Treatment of Clients The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>1. What corrective action will be accomplished? · The Program Director (QIDP) and Quality Assurance Specialist completed training regarding how to thoroughly investigate incidents of abuse and neglect on June 18th, 2015. · All investigations involving allegations of abuse and neglect will be reviewed by the Quality Assurance department or designee to ensure they are investigated</p>	07/12/2015

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	<p>Reports (GER) were reviewed on 6/9/15 at 11:52 AM and indicated the following:</p> <p>1. A BDDS report dated 3/1/15 for client #1 indicated "Upon waking, [client #1] complained to staff that another client had come into her room during the night and had taken her pants down. [Client #1] complained of her vaginal area being in pain...." The on-call supervisor was notified, reviewed all documentation and spoke with overnight staff. Client #1 had a history of urinary tract infections (UTIs) and was taken to an urgent care clinic to rule out a UTI as the source of her discomfort. At the clinic, client #1 told the nurse "she felt she had been touched inappropriately by another client...." Client #1 was then taken to a hospital emergency room (ER) and after evaluation the physician stated that there was "no evidence of sexual activity."</p> <p>Recommendations resulting from the investigation into the incident dated 3/1/15 indicated the team would discuss a revision to "BSP (Behavior Support Plan) regarding this incident, training with staff on how best to communicate with [client #1], and formal programming for housemate [client #2]." The recommendations did not indicate whose BSP should be revised, what type of training for staff to communicate with</p>		<p>thoroughly.</p> <ul style="list-style-type: none"> · The Program Director and Program Coordinator completed a competency test regarding abuse, neglect and exploitation reporting and investigations. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · The Program Director (QIDP) and Quality Assurance Specialist completed training regarding how to thoroughly investigate incidents of abuse and neglect on June 18th, 2015. · All investigations involving allegations of abuse and neglect will be reviewed by the Quality Assurance department or designee to ensure they are investigated thoroughly. · The Program Director and Program Coordinator completed a competency test regarding abuse, neglect and exploitation reporting and investigations. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> · The Program Director (QIDP) and Quality Assurance Specialist completed training regarding how to 	

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	<p>client #1 or what type of programming was recommended for client #2 or why it was recommended.</p> <p>An investigation completed 3/5/15 into the incident was reviewed on 6/9/15 at 3:25 PM. Findings indicated evidence did not support client #2 entered client #1's bedroom, evidence did not support physical assault or sexual misconduct and evidence did support client #1 was diagnosed with a UTI. The investigation failed to indicate clients #1 and #2 were interviewed as part of the investigation. The investigation indicated "Due to [client #2] not being a reliable reporter he was not interviewed for the investigation. He does not recall events accurately, cannot identify dates and sometimes confuses names."</p> <p>The QIDP/PD (Qualified Intellectual Disabilities Professional/Program Director) was interviewed on 6/9/15 at 4:18 The PD indicated both clients #1 and #2 should have been interviewed as part of the investigation. The PD indicated client #2 was capable of being interviewed.</p> <p>2. A GER dated 3/3/15 indicated client #8 "was talking to his counselor from [counseling services] he (sic) told her that this morning he cut himself on his right</p>		<p>thoroughly investigate incidents of abuse and neglect on June 18th, 2015.</p> <ul style="list-style-type: none"> All investigations involving allegations of abuse and neglect will be reviewed by the Quality Assurance department or designee to ensure they are investigated thoroughly. The Program Director and Program Coordinator completed a competency test regarding abuse, neglect and exploitation reporting and investigations. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> The Quality Assurance department or designee will review all investigations with allegations of abuse and neglect. The Quality Assurance department or the Area Director will review all investigations completed by the Program Director to ensure they are thorough. <p>5. What is the date by which the systemic changes will be completed? July 12th, 2015</p>	

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	thumb with a knife in the kitchen because he could not get more milk." The GER indicated client #8 also indicated the cut on his right finger had happened at workshop yesterday..." The Review/Followup Comments section of the GER was blank. The report indicated the residential manager was notified of the incident on 3/3/15 at 6:45 PM. The QIDP/PD was interviewed on 6/9/15 at 12:45 PM and indicated there was no investigation into the incident and the incident should have been investigated. She was uncertain if she had been aware of the incident when it occurred. 9-3-2(a)						
W 0157 Bldg. 00	483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based upon record review and interview, for 1 additional client (client #6), the facility failed to develop and implement timely effective corrective action to protect client #6 from falls.	W 0157	W 157 Staff Treatment of Clients If the alleged violation is verified, appropriate corrective action must be taken. 1. What corrective action will	07/12/2015			

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	<p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) and General Events Reports (GER) were reviewed on 6/9/15 at 11:52 AM and indicated the following falls involving client #6:</p> <p>a) A GER dated 3/4/15 indicated client #6 lost her balance and fell in the bedroom. Client #6 was not injured. Corrective action indicated client #6 would be assisted as needed to prevent falls.</p> <p>b) A GER dated 3/8/15 indicated client #6 "almost fell but caught herself and cut her finger in the process." The corrective action for the report was blank.</p> <p>c) A GER dated 4/18/15 indicated client #6 backed into her walker and fell down and hit her head. The report indicated client #6 was not injured. Corrective action indicated client #6 was assisted up and assessed for injury. No other action was indicated.</p> <p>d) A GER dated 5/26/15 indicated client #6 walked back to her bed without her walker and fell. The report failed to indicate if client #6 was injured.</p>		<p>be accomplished?</p> <ul style="list-style-type: none"> · The IDT will meet to review Client #6's recent PT evaluation and follow up on recommendations to help prevent additional falls. · The importance of completing neurological checks and/or sending an individual to be evaluated after an injury to the head will be reviewed with the Program Coordinator and Program Director by July 12th, 2015. · Client #6's risk plan for falls will be reviewed and revised if necessary based on her PT evaluation and the IDT recommendations. · A staff meeting will be held by July 12th to review Client #6's updated risk plan. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · The importance of completing neurological checks and/or sending an individual to be evaluated after an injury to the head will be reviewed with the Program Coordinator and Program Director by July 12th, 2015. · The IDT will meet when there are identified trends in reportable incidents involving the individuals (i.e. increases in falls, increased incidents of SIB, increase in medical or behavioral needs). · Risk plans will be reviewed and updated by the nurse quarterly 	

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	<p>e) A GER dated 5/27/15 indicated client #6 tripped over a rug in the bathroom and hit her head and nose on the toilet paper dispenser. The report indicated client #6 sustained a scrape on her nose with "a little bruising and a small quarter sized knot on top center of head." The section for corrective action taken was blank.</p> <p>Investigations for the GERS involving falls for client #6 were reviewed on 6/9/15 at 3:26 PM and indicated recommendations for staff to follow client #6's risk plan to address falls.</p> <p>Client #6's Risk Plan last updated on 1/23/15 was reviewed on 6/9/15 at 4:00 PM and indicated client #6 was at high risk for falls. Interventions indicated monitoring the environment for a wet floor or "anything on the floor that should be picked up" and client #6 was to use a walker to ambulate at all times. There was no evidence of a revision to client #6's plan or other corrective action to protect her from falls.</p> <p>The QIDP/PD (Qualified Intellectual Disabilities Professional) was interviewed on 6/9/15 at 4:18 PM and indicated client #6 had been taken to Physical Therapy (PT) for an evaluation in regards to her falls on 6/8/15, but there</p>		<p>and as the individuals needs change.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> · The importance of completing neurological checks and/or sending an individual to be evaluated after an injury to the head will be reviewed with the Program Coordinator and Program Director by July 12th, 2015. · The IDT will meet when there are identified trends in reportable incidents involving the individuals (i.e. increases in falls, increased incidents of SIB, increase in medical or behavioral needs). · Risk plans will be reviewed and updated by the nurse quarterly and as the individuals needs change. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The nurse will review the client's risk plans on a quarterly basis or sooner if the need arises. · The Quality Assurance department or the Area Director will review all investigations completed by the Program Director to ensure they are thorough. · The IDT will meet when there are identified trends in reportable incidents involving the individuals (i.e. increases in falls, increased incidents of SIB, increase in medical or behavioral needs). 	

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	<p>had not been interdisciplinary meetings to address her falls for corrective action prior to her PT evaluation. The QIDP/PD indicated client #6 would be receiving PT to address her unsteady gait.</p> <p>Client #6's initial therapy evaluation dated 6/8/15 was reviewed on 6/9/15 at 4:15 PM and indicated she was at high risk for falls and would be receiving PT to address her unsteady gait.</p> <p>9-3-2(a)</p>		<p>5. What is the date by which the systemic changes will be completed? July 12th, 2015</p>				
W 0159 Bldg. 00	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based upon record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and for 1 additional client (client #6) to ensure the QIDP (Qualified Intellectual Disabilities Professional) coordinated and monitored their program plans. The</p>	W 0159	<p>W 159 Qualified Mental Retardation Professional Each client's active treatment program must be integrates, coordinated and monitored by a qualified mental retardation professional.</p>	07/12/2015			

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	<p>QIDP failed to complete periodic reviews of clients #1, #2 and #4's ISP (Individual Support Plans) objectives. The QIDP failed for 1 additional client (client #6), to develop and implement timely effective corrective action to protect client #6 from falls. The QIDP failed to ensure for 1 of 4 sampled clients (client #3) assessments or reassessments were completed within 30 days of admission. The QIDP failed for 1 of 4 sampled clients (client #3), and 2 additional clients (clients #5 and #6) to assess their vocational skills and interests. The QIDP failed to ensure an Individual Support Plan (ISP) was developed within 30 days of admission for 1 of 4 sampled clients (client #3). The QIDP failed for 3 of 4 sampled clients (clients #2, #3 and #4) to ensure guardian/health care representative consent was obtained for their behavior plans (BPs). The QIDP failed for 2 of 4 sampled clients (clients #1 and #3) to ensure the facility's Human Rights Committee reviewed their plans with restrictive interventions.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 6/9/15 at 2:50 PM. An ISP dated 2/24/15 indicated objectives to clean her bedroom, complete oral hygiene, state importance of knowing side effects of</p>		<p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Programmatic reviews of Client #'s 1-4 will be completed by the Program Director/QIDP by July 12th, 2015. · The Program Directors/QIDP will be retrained on the importance of completing programmatic reviews by July 12th, 2015. · The IDT will meet to review Client #6's recent PT evaluation and follow up on recommendations to help prevent additional falls. · The importance of completing neurological checks and/or sending an individual to be evaluated after an injury to the head will be reviewed with the Program Coordinator and Program Director by July 12th, 2015. · Client #6's risk plan for falls will be reviewed and revised if necessary based on her PT evaluation and the IDT recommendations. · A staff meeting will be held by July 12th to review Client #6's updated risk plan. · The IDT will meet to discuss Client #3's PT evaluation and will follow up on the recommendation for stretching exercises and a wheelchair evaluation by July 12th. · Clarification will be obtained regarding Client #3's stretching exercises recommended as PT did not provide examples of exercises that should be completed with Client #3. · Programming will be implemented for Client #3 regarding stretching exercises that are 	

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	<p>medication, lessen use of jargon, identify coins, and adjust water temperature. There was no evidence of a Qualified Intellectual Disabilities Professional (QIDP) review of the progress of client #1's objectives.</p> <p>Client #2's record was reviewed on 6/9/15 at 2:10 PM. An ISP dated 1/22/15 indicated objectives to demonstrate proper boundary with peer, prepare medications, state the value of coins, mop the kitchen and brush his teeth. There was no evidence of a QIDP review of the progress of client #2's objectives.</p> <p>Client #4's record was reviewed on 6/9/15 at 2:30 PM. Client #4's ISP dated 7/22/14 indicated objectives to relate an incident from the day, vacuum the rug, count money, take a shower daily and purchase a snack. There was no evidence of a QIDP review of the progress of client #4's objectives.</p> <p>The QIDP was interviewed on 6/9/15 at 4:32 PM and indicated the reviews of the clients' objectives by the QIDP were late.</p> <p>2. The QIDP failed for 1 additional client (client #6), to develop and implement timely effective corrective action to protect client #6 from falls. Please see W157.</p>		<p>recommended by PT.</p> <ul style="list-style-type: none"> · Client #3's dental appointment was completed on 6-18-15. · Client #3's audiology appointment was completed on 6-29-15. · Client #3's speech evaluation was completed on 6-26-15. · Client #3's OT evaluation will be completed by July 12th, 2015. · Client #3's vision appointment will be completed by July 12th, 2015. · The importance of completing new admission appointments was reviewed with the Program Director and Program Coordinators on June 18th, 2015. · Functional/vocational assessments will be completed for Clients #3, 5 and 6 for their day service activities. · Training will be provided to the Program Director/QIDP over the day service program regarding the expectations of completing a functional/vocational assessments upon admission and yearly. · Client #3's ISP has been updated and completed to include objectives. · Client #3's ISP will be reviewed with the IDT and his guardian by July 12th. · Formal programing will be implemented for Client #3 based on his ISP objectives. · Training will be provided to the Program Directors/QIDP to regarding the importance of 	

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	<p>3. The QIDP failed to ensure for 1 of 4 sampled clients (client #3) assessments or reassessments were completed within 30 days of admission. Please see W210.</p> <p>4. The QIDP failed for 1 of 4 sampled clients (client #3), and 2 additional clients (clients #5 and #6) to assess their vocational skills and interests. Please see W225.</p> <p>5. The QIDP failed to ensure an Individual Support Plan (ISP) was developed within 30 days of admission for 1 of 4 sampled clients (client #3). Please see W226.</p> <p>6. The QIDP failed for 3 of 4 sampled clients (clients #1, #2 and #4) to ensure guardian/health care representative consent was obtained for their behavior plans (BPs). Please see W263.</p> <p>7. The QIDP failed for 2 of 4 sampled clients (clients #1 and #3) to ensure the facility's Human Rights Committee reviewed their plans with restrictive interventions. Please see W262.</p> <p>9-3-3(a)</p>		<p>completing an ISP within 30 days of admission and yearly with all clients.</p> <ul style="list-style-type: none"> · HRC approval will be obtained for Client #1's BSP and Client #3's BSP and use of use of Baclofen and Hydroxyzine. · The Program Directors/QIDP will be retrained on the HRC process and expectations by July 12th. · Client #2, 3 and 4's BSP's have been sent to their guardians/health care representatives for their consent. · The importance of obtaining guardian/health care representative approval will be reviewed with the Program Directors/QIDP by July 12th, 2015. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · The Program Director/QIDP will complete monthly programmatic reviews of the client's objectives. · The Program Directors/QIDP will be retrained on the importance of completing programmatic reviews by July 12th, 2015. · The importance of completing neurological checks and/or sending an individual to be evaluated after an injury to the head will be reviewed with the Program Coordinator and Program Director by July 12th, 2015. · The IDT will meet when there 		

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			<p>are identified trends in reportable incidents involving the individuals (i.e. increases in falls, increased incidents of SIB, increase in medical or behavioral needs).</p> <ul style="list-style-type: none"> · Risk plans will be reviewed and updated by the nurse quarterly and as the individuals needs change. · The importance of completing new admission appointments was reviewed with the Program Director and Program Coordinators on June 18th, 2015. · Functional/vocational assessments will be completed for all clients who attend day service activities. · Training will be provided to the Program Director/QIDP over the day service program regarding the expectations of completing a functional/vocational assessments upon admission and yearly. · Training will be provided to the Program Directors/QIDP to regarding the importance of completing an ISP within 30 days of admission and yearly with all clients. · The Program Director/QIDP will ensure that there is formal programming in place for all residents that address identified needs. · The Program Director/QIDP will review all ISP's to ensure that they are updated and completed on a yearly basis. · The Program Directors/QIDP will be retrained on the HRC process and expectations by July 12th. · The Program Director/QIDP 	

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			<p>and or the Behavior Clinician will ensure that HRC approvals are obtained for all restrictions that are implemented.</p> <ul style="list-style-type: none"> · The importance of obtaining guardian/health care representative approval will be reviewed with the Program Directors/QIDP by July 12th, 2015. · The Program Director/QIDP will review all clients ISP's and BSP's to ensure the appropriate guardian/health care representative signatures are obtained. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> · The Program Director/QIDP will complete monthly programmatic reviews of the client's objectives. · The Program Directors/QIDP will be retrained on the importance of completing programmatic reviews by July 12th, 2015. · The importance of completing neurological checks and/or sending an individual to be evaluated after an injury to the head will be reviewed with the Program Coordinator and Program Director by July 12th, 2015. · The IDT will meet when there are identified trends in reportable incidents involving the individuals (i.e. increases in falls, increased incidents of SIB, increase in medical or behavioral needs). · Risk plans will be reviewed and updated by the nurse quarterly 	

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			<p>and as the individuals needs change.</p> <ul style="list-style-type: none"> · The importance of completing new admission appointments was reviewed with the Program Director and Program Coordinators on June 18th, 2015. · Functional/vocational assessments will be completed for all clients who attend day service activities. · Training will be provided to the Program Director/QIDP over the day service program regarding the expectations of completing a functional/vocational assessments upon admission and yearly. · Training will be provided to the Program Directors/QIDP to regarding the importance of completing an ISP within 30 days of admission and yearly with all clients. · The Program Director/QIDP will review all ISP's to ensure that they are updated and completed on a yearly basis. · The Program Directors/QIDP will be retrained on the HRC process and expectations by July 12th. · The Program Director/QIDP and or the Behavior Clinician will ensure that HRC approvals are obtained for all restrictions that are implemented. · The importance of obtaining guardian/health care representative approval will be reviewed with the Program Directors/QIDP by July 12th, 2015. · The Program Director/QIDP will review all clients ISP's and BSP's to ensure the appropriate 	

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			<p>guardian/health care representative signatures are obtained.</p> <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Program Director/QIDP will monitor during their monthly supervisory checks (these include a review of programmatic data, ISP's and BSP's). · The Area Director will monitor the completion of the programmatic data by the Program Director/QIDP for three months and then randomly to ensure that the Program Director is completing the data monthly. · The Quality Assurance department will complete audits to ensure completion of the QIDP responsibilities (i.e. programmatic data reviews, yearly assessments completed, obtaining necessary ISP/BSP signatures, completion of ISP's, etc.). · The nurse will review the client's risk plans on a quarterly basis or sooner if the need arises. · The Quality Assurance department or the Area Director will review all investigations completed by the Program Director to ensure they are thorough. · The IDT will meet when there are identified trends in reportable incidents involving the individuals (i.e. increases in falls, increased incidents of SIB, increase in medical or behavioral needs). · The nurse will monitor new 	

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W 0210 Bldg. 00	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN</p> <p>Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based upon record review and interview, the facility failed to ensure for 1 of 4 sampled clients (client #3) assessments or reassessments were completed within 30 days of admission.</p> <p>Findings include:</p> <p>Client #3's records were reviewed on 6/9/15 at 2:16 PM. The record indicated client #3 was admitted on 4/15/15. There was no evidence of evaluations of client #3's hearing, vision or dental status. The</p>	W 0210	<p>admission appointments to ensure they are completed.</p> <ul style="list-style-type: none"> The nurse will review residents appointments monthly via the health care reports that are being ran for the clients. The Area Director will review the HRC approvals that are obtained on a quarterly basis. Risk plans will be reviewed and updated by the nurse quarterly and as the individuals needs change. <p>5. What is the date by which the systemic changes will be completed? July 12th, 2015</p> <p>W 210 Individual Program Plan Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> The IDT will meet to discuss Client #3's PT evaluation and will follow up on the recommendation for stretching exercises and a wheelchair evaluation by July 12th. 	07/12/2015

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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 23 SKYVIEW DR CHESTERFIELD, IN 46017			
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	<p>record included referrals by client #3's primary care physician dated 4/27/15 for client #3 to be evaluated by Physical Therapy (PT) and Occupational Therapy (OT). There was no evidence of evaluations by PT and OT and of client #3's communication skills.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional)/Program Director (PD) was interviewed on 6/9/15 at 3:06 PM and indicated she would look for evidence of client #3's assessments and evaluations of hearing and vision. She indicated client #3 had an appointment to see the dentist on 6/19/15, but had not yet been seen by the dentist.</p> <p>A PT evaluation for client #3 dated 5/12/15 was reviewed on 6/11/15 at 4:30 PM and indicated "patient is very tight and would benefit from ongoing, daily stretching. A wheelchair evaluation would be beneficial to assess positioning and make recommendations...." There was no evidence of a wheelchair evaluation provided in the documentation.</p> <p>The Area Director (AD) indicated via e-mail on 6/12/15 at 9:26 AM, "I have checked and there is no programming implemented for [client #3] based on his PT eval (evaluation). We also do not</p>		<ul style="list-style-type: none"> · Clarification will be obtained regarding Client #3's stretching exercises recommended as PT did not provide examples of exercises that should be completed with Client #3. · Programming will be implemented for Client #3 regarding stretching exercises that are recommended by PT. · Client #3's dental appointment was completed on 6-18-15. · Client #3's audiology appointment was completed on 6-29-15. · Client #3's speech evaluation was completed on 6-26-15. · Client #3's OT evaluation will be completed by July 12th, 2015. · Client #3's vision appointment will be completed by July 12th, 2015. · The importance of completing new admission appointments was reviewed with the Program Director and Program Coordinators on June 18th, 2015. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · The importance of completing new admission appointments was reviewed with the Program Director and Program Coordinators on June 				

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W 0225 Bldg. 00	<p>have a wheelchair evaluation scheduled yet. [House Manager] has attempted to schedule it and she was told that the current wheelchair was only a year old. The team is going to have to follow up on the recommendations."</p> <p>No assessments of his hearing, vision, dental status were provided during the survey. There was no evidence of an evaluation by OT and no evidence of an evaluation of client #3's communication skills was provided.</p> <p>9-3-4(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills.</p>		<p>18th, 2015.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> · The importance of completing new admission appointments was reviewed with the Program Director and Program Coordinators on June 18th, 2015. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Quality Assurance department will complete audits to ensure completion of the QIDP responsibilities (i.e. programmatic data reviews, yearly assessments completed, obtaining necessary ISP/BSP signatures, completion of ISP's, etc.). · The nurse will monitor new admission appointments to ensure they are completed. · The nurse will review residents appointments monthly via the health care reports that are being ran for the clients. <p>5. What is the date by which the systemic changes will be completed? July 12th, 2015</p>	

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	<p>Based upon observation, record review and interview, the facility failed for 1 of 4 sampled clients (client #3), and 2 additional clients (clients #5 and #6) to assess their vocational skills and interests.</p> <p>Findings include:</p> <p>Observations were completed at the facility operated day services on 6/9/15 from 9:35 AM until 10:00 AM. Client #3 watched a children's movie. Client #6 engaged in coloring a picture and client #5 put together a puzzle.</p> <p>Workshop DSP (direct support professional) was interviewed on 6/9/15 at 9:55 AM and indicated there were no opportunities for paid work at the day services. She stated, "It's been discussed, but not yet." She indicated she was unaware if the clients' vocational skills had been assessed.</p> <p>The QIDP/PD (Qualified Intellectual Disabilities Professional/Program Director) was interviewed on 6/9/15 at 4:18 PM and when asked if the clients' vocational skills had been assessed, stated, "Maybe. I'm not sure," and indicated she would check into the assessments.</p>	W 0225	<p>W 225 Individual Program Plan The comprehensive functional assessment must include, as applicable, vocational skills.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Functional/vocational assessments will be completed for Clients #3, 5 and 6 for their day service activities. · Training will be provided to the Program Director/QIDP over the day service program regarding the expectations of completing a functional/vocational assessments upon admission and yearly. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Functional/vocational assessments will be completed for all clients who attend day service activities. · Training will be provided to the Program Director/QIDP over the day service program regarding the expectations of completing a functional/vocational assessments upon admission and yearly. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not</p>	07/12/2015	

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W 0226 Bldg. 00	<p>No assessments were provided.</p> <p>9-3-4(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan. Based upon record review and interview, the facility failed to ensure an Individual</p>	W 0226	<p>recur?</p> <ul style="list-style-type: none"> · Functional/vocational assessments will be completed for all clients who attend day service activities. · Training will be provided to the Program Director/QIDP over the day service program regarding the expectations of completing a functional/vocational assessments upon admission and yearly. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Program Director/QIDP will monitor during their monthly supervisory checks (these include a review of programmatic data, assessments, ISP's and BSP's). · The Quality Assurance department will complete audits to ensure completion of the QIDP responsibilities (i.e. programmatic data reviews, yearly assessments completed, obtaining necessary ISP/BSP signatures, completion of ISP's, etc.). <p>5. What is the date by which the systemic changes will be completed? July 12th, 2015</p> <p>W 226 Individual Program Plan</p>	07/12/2015	

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	<p>Support Plan (ISP) was developed within 30 days of admission for 1 of 4 sampled clients (client #3).</p> <p>Findings include:</p> <p>Client #3's records were reviewed on 6/9/15 at 2:16 PM. The record indicated client #3 was admitted on 4/15/15. Client #3's ISP dated 4/10/15 indicated it had been updated on 6/9/15, but there was no evidence of objectives in the record.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional)/Program Director (PD) was interviewed on 6/9/15 at 3:06 PM and indicated client #3's ISP with objectives had not been developed yet and his ISP was late.</p> <p>9-3-4(a)</p>		<p>Within 30 days after admission, the interdisciplinary team must prepare, for each client, an individual program plan.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Client #3's ISP has been updated and completed to include objectives. · Client #3's ISP will be reviewed with the IDT and his guardian by July 12th. · Training will be provided to the Program Directors/QIDP to regarding the importance of completing an ISP within 30 days of admission and yearly with all clients. · Formal programing will be implemented for Client #3 based on his ISP objectives. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Training will be provided to the Program Directors/QIDP to regarding the importance of completing an ISP within 30 days of admission and yearly with all clients. · The Program Director/QIDP will review all ISP's to ensure that they are updated and completed on a yearly basis. · The Program Director/QIDP will ensure that there is formal 	

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			<p>programming in place for all residents that address identified needs.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Training will be provided to the Program Directors/QIDP to regarding the importance of completing an ISP within 30 days of admission and yearly with all clients. · The Program Director/QIDP will review all ISP's to ensure that they are updated and completed on a yearly basis. · The Program Director/QIDP will ensure that there is formal programming in place for all residents that address identified needs. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Program Director/QIDP will monitor during their monthly supervisory checks (these include a review of programmatic data, ISP's and BSP's). · The Area Director will monitor the completion of the programmatic data by the Program Director/QIDP for three months and then randomly to ensure that the Program Director is completing the data monthly. · The Quality Assurance department will complete audits to 	

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W 0262 Bldg. 00	<p>483.440(f)(3)(i) PROGRAM MONITORING & 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.</p> <p>Based upon record review and interview, the facility failed for 2 of 4 sampled clients (clients #1 and #3) to ensure the facility's Human Rights Committee (HRC) reviewed their plans with restrictive interventions.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 6/9/15 at 2:50 PM. The record indicated client #1 had a guardian to assist her in making decisions. A BP (Behavior Plan) dated 5/12/15 indicated targeted behaviors of agitation, verbal aggression, perseverating, and included sedation for teeth cleaning. There was no evidence the facility's HRC reviewed and approved the plan.</p>	W 0262	<p>ensure completion of the QIDP responsibilities (i.e. programmatic data reviews, yearly assessments completed, obtaining necessary ISP/BSP signatures, completion of ISP's, etc.).</p> <p>5. What is the date by which the systemic changes will be completed? July 12th, 2015</p> <p>W 262 Program Monitoring and 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.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · HRC approval will be obtained for Client #1's BSP and Client #3's BSP and use of use of Baclofen and Hydroxyzine. · The Program Directors/QIDP will be retrained on the HRC process and expectations by July 12th. 	07/12/2015

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	<p>Client #3's record was reviewed on 6/9/15 at 2:16 PM. The record indicated client #3 had a guardian to assist him in making decisions. A BP dated 5/26/15 indicated the use of Baclofen 5 mg (milligrams) to address teeth grinding and Hydroxyzine 50 mg to treat anxiety. There was no evidence the facility's HRC reviewed and approved the plan.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 6/9/15 at 4:32 PM and indicated she would look for the HRC review and approval for the clients' plans.</p> <p>No further evidence of review and approval by the HRC for the clients' plans was provided.</p> <p>9-3-4(a)</p>		<p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · The Program Directors/QIDP will be retrained on the HRC process and expectations by July 12th. · The Program Director/QIDP and or the Behavior Clinician will ensure that HRC approvals are obtained for all restrictions that are implemented. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> · The Program Directors/QIDP will be retrained on the HRC process and expectations by July 12th. · The Program Director/QIDP and or the Behavior Clinician will ensure that HRC approvals are obtained for all restrictions that are implemented. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Program Director/QIDP will monitor during their monthly supervisory checks (these include a review of programmatic data, ISP's and BSP's). · The Quality Assurance department will complete audits to 	

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W 0263 Bldg. 00	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based upon record review and interview, the facility failed for 3 of 4 sampled clients (clients #2, #3 and #4) to ensure guardian/health care representative consent was obtained for their behavior plans (BPs).</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 6/9/15 at 2:10 PM. The record indicated client #2 had a guardian to assist him in making decisions. A BP dated 2/24/15 indicated target behaviors of resistance (refusals to comply with a request), coping skills, non-compliance, obsessive</p>	W 0263	<p>ensure completion of the QIDP responsibilities (i.e. programmatic data reviews, yearly assessments completed, obtaining necessary ISP/BSP signatures, completion of ISP's, etc.).</p> <ul style="list-style-type: none"> The Area Director will review the HRC approvals that are obtained on a quarterly basis. <p>5. What is the date by which the systemic changes will be completed? July 12th, 2015</p> <p>W 263 Program Monitoring and Change The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> Client #2, 3 and 4's BSP's have been sent to their guardians/health care representatives for their consent. The importance of obtaining guardian/health care representative approval will be reviewed with the Program Directors/QIDP by July 12th, 2015. 	07/12/2015

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	<p>behavior, property destruction, physical aggression and stealing. The plan included the use of Venlafaxine HCL (hydrochloride) ER (extended release) 75 mg (milligrams) to address obsessive behavior. There was no evidence client #2's guardian consented to the plan.</p> <p>Client #3's record was reviewed on 6/9/15 at 2:16 PM. The record indicated client #3 had a guardian to assist him in making decisions. A BP dated 5/26/15 indicated the use of Baclofen 5 mg (milligrams) to address teeth grinding and Hydroxyzine 50 mg to treat anxiety. There was no evidence client #3's guardian consented to the plan.</p> <p>Client #4's record was reviewed on 6/9/15 at 2:30 PM. The record indicated client #4 had a health care representative to assist him in making decisions. A BP dated 5/12/15 indicated target behaviors of physical aggression, verbal aggression, hallucination, inappropriate sexual behavior and sleeping. The plan included the restriction of access to personal items (belt, compression stocking and handkerchief) due to their use in sexual gratification which put him at risk. The plan included the use of Zyprexa 40 mg daily, Geodon 100 mg bid (twice daily), and Depakote 1500 mg. There was no evidence client #4's health care</p>		<p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the same deficient practice. The importance of obtaining guardian/health care representative approval will be reviewed with the Program Directors/QIDP by July 12th, 2015. The Program Director/QIDP will review all clients ISP's and BSP's to ensure the appropriate guardian/health care representative signatures are obtained. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> The importance of obtaining guardian/health care representative approval will be reviewed with the Program Directors/QIDP by July 12th, 2015. The Program Director/QIDP will review all clients ISP's and BSP's to ensure the appropriate guardian/health care representative signatures are obtained. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> The Program Director/QIDP will monitor during their monthly 	

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	<p>representative provided consented to the plan.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP/Program Director (PD) was interviewed on 6/9/15 at 4:25 PM and indicated there was no written consent for client #2's plan. She indicated client #2's guardian had provided verbal consent, but had not returned written consent.</p> <p>The QIDP/PD indicated on 6/9/15 at 4:30 PM client #4's health care representative did not readily respond to correspondence and there was no evidence of his consent for client #4's plan.</p> <p>The QIDP/PD indicated on 6/9/15 at 3:06 PM she would look for initial approval of client #3's plan. No evidence of consent was provided.</p> <p>9-3-4(a)</p>		<p>supervisory checks (these include a review of programmatic data, ISP's and BSP's).</p> <ul style="list-style-type: none"> The Quality Assurance department will complete audits to ensure completion of the QIDP responsibilities (i.e. programmatic data reviews, yearly assessments completed, obtaining necessary ISP/BSP signatures, completion of ISP's, etc.). The Area Director will review the HRC approvals that are obtained on a quarterly basis. <p>5. What is the date by which the systemic changes will be completed? July 12th, 2015</p>	

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W 0331 Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based upon observation, record review and interview, the facility's nursing services failed for 1 of 4 sampled clients (client #3) and 1 additional client (client #6) to provide assessments for head injuries involving client #6 and failed to ensure skin lesions were documented and assessed for client #3.</p> <p>Findings include:</p> <p>1. The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) and General Events Reports (GER) were reviewed on 6/9/15 at 11:52 AM and indicated the following:</p> <p>A GER dated 4/18/15 indicated client #6 backed into her walker and fell down and hit her head. The report indicated client #6 was not injured. Corrective action indicated client #6 was assisted up and assessed for injury. No other action was indicated.</p> <p>There was no evidence the nurse assessed client #6 for head injury.</p> <p>A GER dated 5/27/15 indicated client #6 tripped over a rug in the bathroom and hit her head and nose on the toilet paper dispenser. The report indicated client #6</p>	W 0331	<p>W 331 Nursing Services</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · The IDT will meet to review Client #6's recent PT evaluation and follow up on recommendations to help prevent additional falls. · The importance of completing neurological checks and/or sending an individual to be evaluated after an injury to the head will be reviewed with the Program Coordinator and Program Director by July 12th, 2015. · Client #6's risk plan for falls will be reviewed and revised if necessary based on her PT evaluation and the IDT recommendations. · A staff meeting will be held by July 12th to review Client #6's updated risk plan. · How to complete skin/wound assessments and SIB tracking for Client #3 will be reviewed with staff by July 12th, 2015. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. 	07/12/2015			

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	<p>sustained a scrape on her nose with "a little bruising and a small quarter sized knot on top center of head." The section for corrective action taken was blank and there was no evidence of nursing evaluation of client #6's injuries.</p> <p>The group home nurse was interviewed on 6/11/15 at 11:43 AM and indicated she was not aware of client #6's head injuries and indicated staff should have called her to ensure appropriate medical treatment was completed.</p> <p>2. During observation at the group home on 6/8/15 from 6:00 PM until 7:30 PM, client #3 had a scab on the top of his right hand 1/2 inch in diameter.</p> <p>During observation at day services on 6/9/15 from 9:35 AM until 10:00 AM, client #3 had a scab on the top of his right hand and 2 parallel scratches to his left elbow one inch apart and 2 inches in length.</p> <p>Client #3's record was reviewed on 6/9/15 at 2:16 PM. A 5/26/15 Behavior Plan indicated, but was not limited to self injurious behavior of scratching and/or biting himself or picking at open sores. Client #3's record included a risk plan to address his risk for skin integrity which indicated client #3 "requires total</p>		<ul style="list-style-type: none"> · The IDT will meet to review Client #6's recent PT evaluation and follow up on recommendations to help prevent additional falls. · The importance of completing neurological checks and/or sending an individual to be evaluated after an injury to the head will be reviewed with the Program Coordinator and Program Director by July 12th, 2015. · Client #6's risk plan for falls will be reviewed and revised if necessary based on her PT evaluation and the IDT recommendations. · A staff meeting will be held by July 12th to review Client #6's updated risk plan. · The nurse will review skin/wound assessments completed on the residents at least monthly or sooner if the need arises. · The Behavioral Clinician will review all behavioral data recorded by staff. Revisions to BSP's will be implemented as the data reflects the necessity to do so. · How to complete skin/wound assessments and SIB tracking be reviewed with staff by July 12th, 2015. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> · The IDT will meet to review Client #6's recent PT evaluation and follow up on recommendations to help prevent additional falls. 	

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	<p>assistance with bathing and staff have the opportunity to visually examine his skin from head to toe daily...[client #3] has a history of skin picking...Staff are trained to report anything unusual (including injuries to the skin) to the HM/PD (House Manager/Program Director) along with how to document in [computerized documentation system]...."</p> <p>The QIDP-PD (Qualified Intellectual Disabilities Professional/(Program Director) was interviewed on 6/9/15 at 4:32 PM and indicated there was no evidence of documentation of client #3's injuries. She indicated client #3 had self injurious behavior addressed in a plan, but staff should be documenting his injuries.</p> <p>The group home nurse was interviewed on 6/11/15 at 1:26 PM and indicated staff should be documenting injuries as part of daily skin checks.</p> <p>9-3-6(a)</p>		<ul style="list-style-type: none"> · The importance of completing neurological checks and/or sending an individual to be evaluated after an injury to the head will be reviewed with the Program Coordinator and Program Director by July 12th, 2015. · Client #6's risk plan for falls will be reviewed and revised if necessary based on her PT evaluation and the IDT recommendations. · A staff meeting will be held by July 12th to review Client #6's updated risk plan. · The nurse will review skin/wound assessments completed on the residents at least monthly or sooner if the need arises. · The Behavioral Clinician will review all behavioral data recorded by staff. Revisions to BSP's will be implemented as the data reflects the necessity to do so. · How to complete skin/wound assessments and SIB tracking be reviewed with staff by July 12th, 2015. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The nurse will review the client's risk plans on a quarterly basis or sooner if the need arises. · The IDT will meet when there are identified trends in reportable incidents involving the individuals (i.e. increases in falls, increased incidents of SIB, increase in medical or behavioral needs). · The nurse will review skin/wound assessments completed 				

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W 0436 Bldg. 00	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based upon observation, record review and interview for 1 of 4 sampled clients (client #4), the facility failed to ensure hearing aids were provided as recommended.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 6/8/15 from 6:00 PM until 7:30 PM and again on 6/9/15 from 6:35 AM until 7:45 AM.</p> <p>Observations were completed at the workshop on 6/9/15 from 9:35 AM until 10:00 AM. Client #4</p>	W 0436	<p>on the residents at least monthly or sooner if the need arises.</p> <ul style="list-style-type: none"> The Behavioral Clinician will review all behavioral data recorded by staff. Revisions to BSP's will be implemented as the data reflects the necessity to do so. The Program Coordinator and Program Director will review the skin/wound documentation and GER's as they are documented by the staff. <p>5. What is the date by which the systemic changes will be completed? July 12th, 2015</p> <p>W 436</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 communication aids, braces and other devices identified by the IDT as needed by the client.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> A new hearing evaluation will be completed for Client #4. 	07/12/2015

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	<p>did not wear hearing aids during the observations.</p> <p>Client #4's digitized record was reviewed on 6/9/15 at 4:00 PM. A 6/14/15 hearing evaluation indicated client #4 "reports trouble w/ (with) hearing + (and) asking for repetition + states he works in noise without hearing protection...mild hearing loss left ear, mild to moderate-severe hearing loss right ear...Rx (prescription) further hearing aid evaluation + eval (evaluation) with amplification...." Appointment documentation scanned in client #4's record on 11/14/14 indicated an undated note "Audiogram + hearing aid evaluation completed. Will start paperwork for prior authorization from his insurance...earmold impression taken w/out incident. Will call for follow up...." There was no evidence in the record of further follow up in regards to obtaining hearing aids for client #4.</p> <p>The Qualified Intellectual Disabilities Professional/Program Director (QIDP/PD) was interviewed on 6/9/15 at 3:55 PM and indicated she was uncertain of the status of client #4's hearing aids.</p> <p>The group home nurse was interviewed on 6/11/15 at 11:43 AM and indicated the hearing aid recommendation for client #4 had evidently not been acted upon by the facility.</p> <p>9-3-7(a)</p>		<p>The importance of ensuring all adaptive equipment is available and in good repair will be reviewed with the Program Coordinator and Program Director by July 12th.</p> <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All residents have the potential to be affected by the same deficient practice. The importance of ensuring all adaptive equipment is available and in good repair will be reviewed with the Program Coordinator and Program Director by July 12th. The nurse, Program Coordinator and Program Director will follow up on all recommendations by physicians. The IDT will address recommendations as necessary. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> The importance of ensuring all adaptive equipment is available and in good repair will be reviewed with the Program Coordinator and Program Director by July 12th. The nurse, Program Coordinator and Program Director will follow up on all recommendations by physicians. The 		

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W 0440 Bldg. 00	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based upon record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4), and for 4 additional clients (clients #5, #6, #7 and #8) to conduct quarterly evacuation drills for the day shift and overnight shift.</p> <p>Findings include:</p> <p>The facility's evacuation drills from 6/14-6/15 were reviewed on 6/9/15 at 1:05 PM. The review indicated the</p>	W 0440	<p>IDT will address recommendations as necessary.</p> <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The IDT will meet when there are recommendations for adaptive equipment for the residents. · The nurse will review residents appointments monthly via the health care reports that are being ran for the clients. · The Program Coordinator will monitor to ensure that the adaptive equipment is available for the clients daily when they are in the home. <p>5. What is the date by which the systemic changes will be completed? July 12th, 2015</p> <p>W 440 Evacuation Drills The facility must hold at least quarterly drills for each shift of personnel.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · A schedule identifying when each emergency drill should be ran has been implemented. · The Program Coordinator will receive training on the emergency drill tracking. · The importance of ensuring 	07/12/2015

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	<p>facility had failed to conduct evacuation drills for clients #1, #2, #3, #4, #5, #6, #7 and #8 for the day shift on the overnight shift from 9/8/14 until 1/21/15 and completed only one drill on the day shift on 4/4/15.</p> <p>The QIDP/PD (Qualified Intellectual Disabilities Professional)/Program Director was interviewed on 6/9/15 at 1:25 PM and indicated there was no other evidence drills were conducted during the time period where drills were missing.</p> <p>9-3-7(a)</p>		<p>emergency drills are ran each month for the appropriate time period will be completed at the staff meeting.</p> <ul style="list-style-type: none"> · A day shift and overnight shift drill will be completed by July 12th. · The Program Director will monitor the emergency drills monthly. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · A schedule identifying when each emergency drill should be ran has been implemented. · The Program Coordinator will receive training on the emergency drill tracking. · The importance of ensuring emergency drills are ran each month for the appropriate time period will be completed at the staff meeting. · A day shift and overnight shift drill will be completed by July 12th. · The Program Director will monitor the emergency drills monthly. · Quarterly Health and Safety assessments will be completed. The assessment includes ensuring evacuation drills are completed as scheduled. <p>3. What measures will be put into place or what systemic changes will be made to ensure</p>	

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			<p>that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · A schedule identifying when each emergency drill should be ran has been implemented. · The Program Coordinator will receive training on the emergency drill tracking. · The importance of ensuring emergency drills are ran each month for the appropriate time period will be completed at the staff meeting. · A day shift and overnight shift drill will be completed by July 12th. · The Program Director will monitor the emergency drills monthly. · Quarterly Health and Safety assessments will be completed. The assessment includes ensuring evacuation drills are completed as scheduled. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · The Program Coordinator will monitor monthly after each drill is to be ran to ensure completion. · The Program Director will monitor on a monthly basis and during monthly supervisory visits. · The Quality Assurance Specialist will monitor as the quarterly health and safety assessments are completed. <p>5. What is the date by which the systemic changes will be completed? July 12th, 2015</p>	

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

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