

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G365	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/27/2015
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 605 QUEENSWOOD DR INDIANAPOLIS, IN 46217
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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: August 25, 26, and 27, 2015</p> <p>Facility Number: 000879 Provider Number: 15G365 AIMS Number: 100244310</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed by #09182 on 9/03/2015.</p>	W 0000		
W 0114  Bldg. 00	<p>483.410(c)(4) CLIENT RECORDS</p> <p>Any individual who makes an entry in a client's record must make it legibly, date it, and sign it.</p> <p>Based on record review and interview, the facility failed to ensure QIDP (Qualified Intellectual Disabilities Professional) #1 dated training program reviews for 4 of 4 sampled clients (clients #1, #2, #3, and #4).</p> <p>Findings include:</p>	W 0114	<p><b>CORRECTION:</b></p> <p><i>Any individual who makes an entry in a client's record must make it legibly, date it, and sign it. Specifically, the QIDP has been retrained regarding the need to legibly sign and date all entries into clients' records including but not limited to monthly training</i></p>	09/26/2015

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>Client #1's training program reviews were reviewed on 8/27/15 at 8:50 A.M. The review indicated QIDP #1 had signed the review but there was no date to indicate when the review was completed.</p> <p>Client #2's training program reviews were reviewed on 8/27/15 at 8:51 A.M. The review indicated QIDP #1 had signed the review but there was no date to indicate when the review was completed.</p> <p>Client #3's training program reviews were reviewed on 8/27/15 at 8:52 A.M. The review indicated QIDP #1 had signed the review but there was no date to indicate when the review was completed.</p> <p>Client #4's training program reviews were reviewed on 8/27/15 at 8:53 A.M. The review indicated QIDP #1 had signed the review but there was no date to indicate when the review was completed.</p> <p>QIDP #1 was interviewed on 8/27/15 at 8:57 A.M. QIDP #1 stated, "These (training program reviews for clients #1, #2, #3, and #4) are for July, 2015."</p> <p>9-3-1(a)</p>		<p>reviews.</p> <p><b>PERVENTION:</b></p> <p>The QIDP will turn in copies of monthly summaries to the Clinical Supervisor for review and follow-up to assure entries are legibly signed and dated as required. Additionally, members of the Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) will documentation reviews as needed but no less than monthly entries are legibly signed and dated as required.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Operations Team</p>	

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W 0159 Bldg. 00	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview, the facility's QIDP (Qualified Intellectual Disabilities Professional) failed to have evidence training programs were continually reviewed to determine if the clients successfully completed the objectives, regressed or lost skills, failed to progress toward their objectives, and/or were to be considered for new training objectives for 4 of 4 sampled clients (clients #1, #2, #3, and #4).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 8/26/15 at 9:48 A.M.. A review of the client's 10/25/14 ISP (Individual Support Plan) indicated the client's training programs had not been reviewed by the facility's QIDP since the implementation of the client's ISP (10/25/14) until 7/15.</p> <p>Client #2's record was reviewed on 8/26/15 at 1:08 P.M.. A review of the client's 2/3/15 ISP (Individual Support Plan) indicated the client's training</p>	W 0159	<p><b>CORRECTION:</b></p> <p><i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically, through review of facility documentation, the governing body has determined that in addition to Clients 1 – 4, this deficient practice affected three additional clients (5 – 7). Specifically, The QIDP has been retrained regarding the need to continuously review and modify prioritized learning objectives whenever a client has completed the objective(s) successfully, shown regression or failed to progress. All prioritized learning objectives will be modified based on current progress.</i></p> <p><b>PREVENTION:</b></p> <p>The QIDP will turn in copies of monthly summaries to the Clinical</p>	09/26/2015

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	<p>programs had not been reviewed by the facility's QIDP since the implementation of the client's ISP (2/3/15) until 7/15.</p> <p>Client #3's record was reviewed on 8/26/15 at 1:19 P.M.. A review of the client's 10/14/14 ISP (Individual Support Plan) indicated the client's training programs had not been reviewed by the facility's QIDP since the implementation of the client's ISP (10/14/14) until 7/15.</p> <p>Client #4's record was reviewed on 8/26/15 at 1:41 P.M.. A review of the client's 12/18/14 ISP (Individual Support Plan) indicated the client's training programs had not been reviewed by the facility's QIDP since the implementation of the ISP (12/18/14) until 7/15.</p> <p>Program Director #1 was interviewed on 8/27/15 at 8:56 A.M.. Program Director #1 stated, "We had a Q (QIDP) leave and we just hired one (a QIDP) a little while ago. Their (clients #1, #2, #3, and #4's) Individual Support Plans and training programs have not been routinely reviewed by the QIDP. Program Director #1 further indicated client completion of objectives, any regression, or failure to progress in training programs was not addressed due to the past QIDP not analyzing and reviewing the clients' ISPs and data.</p>		<p>Supervisor for review and follow-up to assure learning objectives are modified as required. Additionally, members of the Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) will documentation reviews as needed but no less than monthly to assure that the QIDP has modified learning objectives as required.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Operations Team</p>	

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W 0240 Bldg. 00	<p>9-3-3(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review, and interview, the facility failed to assure 1 of 4 sampled clients (client #1's) Individual Support Plan for day services informed day program staff that the client was to wear her eyeglasses.</p> <p>Findings include:</p> <p>Clients #1 was observed at the facility owned day program on 8/26/15 from 10:55 A.M. until 11:45 A.M. During the observation, client #1 did not wear eyeglasses. Day services staff #1 and #2 did not prompt or assist client #1 to wear eyeglasses.</p> <p>Day services staff #1 was interviewed on 8/26/15 at 11:43 A.M. When asked if client #1 was to wear eyeglasses, day services staff #1 stated, "I don't know, I just started working here a few weeks ago."</p> <p>Day services staff #2 was interviewed on</p>	W 0240	<p><b>CORRECTION:</b></p> <p><i>The individual program plan must describe relevant interventions to support the individual toward independence. Specifically, the QIDP will assure that day service staff are aware of Client #1's adaptive equipment needs including but not limited to the use of corrective eyeglasses, as documented in the individual support plan. Through observation the team has determined that this deficient did not affect any additional clients.</i></p> <p><b>PREVENTION:</b></p> <p>The QIDP has been retrained regarding the need to incorporate all relevant interventions into support plans based on ongoing assessment and interdisciplinary input. The QIDP, Residential Manager and Team Lead will</p>	09/26/2015

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W 0255 Bldg. 00	<p>8/26/15 at 11:46 A.M. When asked if client #1 was to wear eyeglasses, day services staff #2 stated, "No, I (sic) never seen her have glasses (eyeglasses). She (client #1) don't (sic) wear them that I know."</p> <p>Client #1's Individual Support Plan, dated 10/25/14, was reviewed on 8/26/15 at 12:07 P.M. Review of the client's 5/13/15 vision examination indicated the client was to wear eyeglasses. Further review of the client's Individual Support Plan failed to indicate day services staff were aware of client #1's use of eyeglasses.</p> <p>Executive Director #1 was interviewed on 8/27/15 at 9:11 A.M. Executive Director #1 stated, "I'm surprised they (day services staff) weren't aware that she (client #1) wore eyeglasses."</p> <p>9-3-4(a)</p> <p>483.440(f)(1)(i) PROGRAM MONITORING &amp; CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or</p>		<p>each conduct day service and workshop observations no less than monthly to assure that all clients utilize adaptive equipment as needed and that current support plans are available for day service personnel.</p> <p>Additionally, members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director will incorporate day service and workshop observations and document reviews as needed but no less than quarterly for all contracted outside services.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team</p>	

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	<p>objectives identified in the individual program plan.</p> <p>Based on record review and interview, the facility failed to assure training programs for 4 of 4 sampled clients (clients #1, #2, #3, and #4) were reviewed by the QIDP (Qualified Intellectual Disabilities Professional) to determine if the clients successfully completed the objectives.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 8/26/15 at 9:48 A.M.. A review of the client's 10/25/14 ISP (Individual Support Plan) indicated the client's training programs had not been reviewed by the facility's QIDP since the implementation of the client's ISP (10/25/14) until 7/15.</p> <p>Client #2's record was reviewed on 8/26/15 at 1:08 P.M.. A review of the client's 2/3/15 ISP (Individual Support Plan) indicated the client's training programs had not been reviewed by the facility's QIDP since the implementation of the client's ISP (2/3/15) until 7/15.</p> <p>Client #3's record was reviewed on 8/26/15 at 1:19 P.M.. A review of the client's 10/14/14 ISP (Individual Support Plan) indicated the client's training programs had not been reviewed by the</p>	W 0255	<p><b>CORRECTION:</b></p> <p><i>The individual program plan must be reviewed at, least by the qualified mental retardation, professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</i> Through review of facility documentation, the governing body has determined that in addition to Clients 1 – 4, this deficient practice affected three additional clients (5 – 7). Specifically, The QIDP has been retrained regarding the need to modify prioritized learning objectives whenever a client has completed the objective(s) successfully. All prioritized learning objectives will be modified based on current progress.</p> <p><b>PREVENTION:</b></p> <p>The QIDP will turn in copies of monthly summaries to the Clinical Supervisor for review and follow-up to assure learning objectives are modified as required. Additionally, members</p>	09/26/2015

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W 0256  Bldg. 00	<p>facility's QIDP since the implementation of the client's ISP (10/14/14) until 7/15.</p> <p>Client #4's record was reviewed on 8/26/15 at 1:41 P.M.. A review of the client's 12/18/14 ISP (Individual Support Plan) indicated the client's training programs had not been reviewed by the facility's QIDP since the implementation of the ISP (12/18/14) until 7/15.</p> <p>Program Director #1 was interviewed on 8/27/15 at 8:56 A.M.. Program Director #1 stated, "We had a Q (QIDP) leave and we just hired one (a QIDP) a little while ago. Their (clients #1, #2, #3, and #4's) Individual Support Plans and training programs have not been routinely reviewed by the QIDP. Program Director #1 further indicated client completion of objectives could not be determined due to the past QIDP not analyzing (reviewing) the clients' ISPs and data."</p> <p>9-3-4(a)</p> <p>483.440(f)(1)(ii) PROGRAM MONITORING &amp; CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to</p>				<p>of the Operations Team (including the Clinical Supervisor, Program Manager, Nurse Manager and Executive Director) will documentation reviews as needed but no less than monthly to assure that the QIDP has modified learning objectives as required.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>		

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	<p>situations in which the client is regressing or losing skills already gained.</p> <p>Based on record review and interview, the facility failed to assure training programs for 4 of 4 sampled clients (clients #1, #2, #3, and #4) were reviewed by the QIDP (Qualified Intellectual Disabilities Professional) to determine if the clients were regressing or losing skills.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 8/26/15 at 9:48 A.M.. A review of the client's 10/25/14 ISP (Individual Support Plan) indicated the client's training programs had not been reviewed by the facility's QIDP since the implementation of the client's ISP (10/25/14) until 7/15.</p> <p>Client #2's record was reviewed on 8/26/15 at 1:08 P.M.. A review of the client's 2/3/15 ISP (Individual Support Plan) indicated the client's training programs had not been reviewed by the facility's QIDP since the implementation of the client's ISP (2/3/15) until 7/15.</p> <p>Client #3's record was reviewed on 8/26/15 at 1:19 P.M.. A review of the client's 10/14/14 ISP (Individual Support Plan) indicated the client's training programs had not been reviewed by the</p>	W 0256	<p><b>CORRECTION:</b></p> <p><i>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is regressing or losing skills already gained.</i> Through review of facility documentation, the governing body has determined that in addition to Clients 1 – 4, this deficient practice affected three additional clients (5 – 7). Specifically, The QIDP has been retrained regarding the need to modify prioritized learning objectives whenever a client has completed the objective(s) successfully. All prioritized learning objectives will be modified based on current progress.</p> <p><b>PREVENTION:</b></p> <p>The QIDP will turn in copies of monthly summaries to the Clinical Supervisor for review and follow-up to assure learning objectives are modified as required. Additionally, members of the Operations Team (including the Clinical Supervisor,</p>	09/26/2015
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W 0257  Bldg. 00	<p>facility's QIDP since the implementation of the client's ISP (10/14/14) until 7/15.</p> <p>Client #4's record was reviewed on 8/26/15 at 1:41 P.M.. A review of the client's 12/18/14 ISP (Individual Support Plan) indicated the client's training programs had not been reviewed by the facility's QIDP since the implementation of the ISP (12/18/14) until 7/15.</p> <p>Program Director #1 was interviewed on 8/27/15 at 8:56 A.M.. Program Director #1 stated, "We had a Q (QIDP) leave and we just hired one (a QIDP) a little while ago. Their (clients #1, #2, #3, and #4's) Individual Support Plans and training programs have not been routinely reviewed by the QIDP. Program Director #1 further indicated client regression or loss of skills could not be determined due to the past QIDP not analyzing and reviewing the clients' ISPs and data.</p> <p>9-3-4(a)</p> <p>483.440(f)(1)(iii) PROGRAM MONITORING &amp; CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to</p>				<p>Program Manager, Nurse Manager and Executive Director) will documentation reviews as needed but no less than monthly to assure that the QIDP has modified learning objectives as required.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>		

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	<p>situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.</p> <p>Based on record review and interview, the facility failed to assure training programs for 4 of 4 sampled clients (clients #1, #2, #3, and #4) were reviewed by the QIDP (Qualified Intellectual Disabilities Professional) to determine if the clients were failing to progress toward their objectives.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 8/26/15 at 9:48 A.M.. A review of the client's 10/25/14 ISP (Individual Support Plan) indicated the client's training programs had not been reviewed by the facility's QIDP since the implementation of the client's ISP (10/25/14) until 7/15.</p> <p>Client #2's record was reviewed on 8/26/15 at 1:08 P.M.. A review of the client's 2/3/15 ISP (Individual Support Plan) indicated the client's training programs had not been reviewed by the facility's QIDP since the implementation of the client's ISP (2/3/15) until 7/15.</p> <p>Client #3's record was reviewed on 8/26/15 at 1:19 P.M.. A review of the client's 10/14/14 ISP (Individual Support Plan) indicated the client's training</p>	W 0257	<p><b>CORRECTION:</b></p> <p><i>The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made.</i> Through review of facility documentation, the governing body has determined that in addition to Clients 1 – 4, this deficient practice affected three additional clients (5 – 7). Specifically, The QIDP has been retrained regarding the need to modify prioritized learning objectives whenever a client has completed the objective(s) successfully. All prioritized learning objectives will be modified based on current progress.</p> <p><b>PREVENTION:</b></p> <p>The QIDP will turn in copies of monthly summaries to the Clinical Supervisor for review and follow-up to assure learning objectives are modified as</p>	09/26/2015

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	<p>programs had not been reviewed by the facility's QIDP since the implementation of the client's ISP (10/14/14) until 7/15.</p> <p>Client #4's record was reviewed on 8/26/15 at 1:41 P.M.. A review of the client's 12/18/14 ISP (Individual Support Plan) indicated the client's training programs had not been reviewed by the facility's QIDP since the implementation of the ISP (12/18/14) until 7/15.</p> <p>Program Director #1 was interviewed on 8/27/15 at 8:56 A.M.. Program Director #1 stated, "We had a Q (QIDP) leave and we just hired one (a QIDP) a little while ago. Their (clients #1, #2, #3, and #4's) Individual Support Plans and training programs have not been routinely reviewed by the QIDP. Program Director #1 indicated it could not be determined if clients were failing to progress toward their objectives due to the past QIDP not analyzing and reviewing the clients' ISPs and data.</p> <p>9-3-4(a)</p>				<p>required. Additionally, members of the Operations Team (including the Clinical Supervisors, Program Manager, Nurse Manager and Executive Director) will documentation reviews as needed but no less than monthly to assure that the QIDP has modified learning objectives as required.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>		
W 0263 Bldg. 00	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these						

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	<p>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 on record review and interview, the facility failed to obtain written consent from client #3 and the guardian of client #4 prior to implementing restrictive Behavior Plans which affected 2 of 4 sampled clients (clients #3 and #4) with a Behavior Plan.</p> <p>Findings include:</p> <p>Client #3's records were reviewed on 8/26/15 at 1:19 P.M. The review indicated client #3 was an emancipated adult. Review of client #3's records indicated the client had a restrictive behavior plan, dated 10/15/14 which addressed target behaviors of Schizophrenia and the client was receiving Clozapine (anti-psychosis medication) as part of the behavior plan. Further review indicated client #3 had not approved the use of the plan.</p> <p>Client #4's records were reviewed on 8/26/15 at 2:08 P.M. The review indicated client #4 was adjudicated incompetent and was receiving the services of a guardian. Review of client #4's records indicated the client had a restrictive behavior plan, dated 12/8/14 which addressed target behaviors of</p>	W 0263	<p><b>CORRECTION:</b></p> <p><i>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. Specifically, written informed consent for restrictive programs, including the use of psychotropic medication has been obtained from Client #3 and from Client 4's guardian. A review of facility support documents and Human Rights Committee records indicated that this deficient practice did not affect any additional clients.</i></p> <p><b>PREVENTION:</b></p> <p>All individuals will participate directly in the development of their supports through the person centered planning process. Those who are emancipated adults will provide written informed consent at the time plans are implemented. When guardians and healthcare representatives are unable to attend team meetings face to face, consent forms will be sent via postal mail for review and signature, along</p>	09/26/2015

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W 0369 Bldg. 00	<p>psychosis and was receiving Risperidone (anti-psychosis medication) as part of the behavior plan. Further review indicated client #4's guardian had not approved the use of the plan.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/26/15 at 2:55 P.M. QIDP #1 stated, "I've sent [Client #4's] guardian his (client #4's) behavior plan for her (the guardian) to sign but I never got it back yet." QIDP #1 further stated, "[Client #3] doesn't like signing things but we try to get him to sign."</p> <p>9-3-4(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review, and interview, the facility failed to assure 1 of 8 administered medications were administered according to physician's orders for 1 of 3 additional clients (client #7).</p>			W 0369	<p>with a stamped envelope addressed to the facility. If consents are not returned to the facility in a timely manner via standard postal mail, the QIDP will send the forms to the appropriate legal representative via registered mail to assure the documents have been delivered and received. Members of the Operations Team including the Clinical Supervisors, Nurse Manager, Program Manager and Executive Director will review restrictive programs on an ongoing basis, but no less than monthly to assure prior written informed consent has been obtained.</p> <p><b>RESPONSIBLE PARTIES:</b>  QIDP, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b>  <i>The system for drug administration must assure that all drugs, including those that are self-administered, are</i></p>		09/26/2015

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	<p>Findings include:</p> <p>Client #7 was observed during the group home observation period on 8/25/15 from 3:57 P.M. until 5:30 P.M. At 4:37 P.M., direct care staff #2 administered a Calcium 600 mg (milligram) tablet with 400 I.U. (International Units) of Vitamin D (vitamin supplement medication). Client #7 swallowed the tablet without having any food and returned to his recreational activity with other clients. Client #7 did not eat any food until he sat down to the evening meal at 5:11 P.M.</p> <p>Client #7's record was reviewed on 8/26/15 at 11:11 A.M. Review of client #7's 7/24/15 physician's orders indicated the following orders: "Calcium 600 (mg) + Vit (vitamin) D 400 I.U., Give one tablet by mouth twice daily with food."</p> <p>Direct care staff #2 was interviewed on 8/26/15 at 12:10 P.M. Direct care staff #2 stated., "I didn't know that it (Calcium 600 mg + Vitamin D 400 I.U. tablet) was to be given with food. I'll have to check on that."</p> <p>9-3-6(a)</p>		<p><i>administered without error.</i></p> <p>Specifically, facility staff, including direct support staff #2, will receive training toward proper implementation of the agency's medication administration procedures to assure that all medications are administered as prescribed, with emphasis on assuring medications are administered with food when appropriate as indicated in the Physician's Orders. Through observation the governing body has determined that this deficient practice did not affect additional consumers.</p> <p><b>PREVENTION:</b></p> <p>The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring the staff administer medication per Physician's Orders. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assure staff administer medication per</p>		

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			<p>Physician's Orders. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active treatment sessions no less than weekly for the next 30 days, and no less than twice Monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and</p>	

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W 0382	483.460(l)(2) DRUG STORAGE AND RECORDKEEPING		<p>hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring administer medication per Physician's Orders.</p>		

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Bldg. 00	<p>The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview, the facility failed to ensure medications were locked except when they were being prepared for administration for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 3 of 3 additional clients (client #5, #6, and #7).</p> <p>Findings include:</p> <p>Direct care staff #2 was observed passing medications during the 8/25/15 observation period from 3:57 P.M. until 5:30 P.M. At 4:34 P.M., direct care staff #2 retrieved client #7's medications and placed them on the desk in the medication area. Direct care staff #2 then left the area to get client #7 for his medications. Direct care staff #2 was out of the medication room for 32 seconds. During that time, the unsecured medications were accessible to clients #1, #2, #3, #4, #5, #6, and #7 who lived at the facility.</p> <p>Direct care staff #2 was interviewed on 8/26/15 at 12:10 P.M. Direct care staff #2 stated, "I should have locked the door (door to the medication area) and asked you (the surveyor) to leave the room before I left to get [client #7]."</p>	W 0382	<p><b>CORRECTION:</b></p> <p><i>The facility must keep all drugs and biologicals locked except when being prepared for administration. Specifically, the nurse will facilitate retraining of all staff regarding the operation's medication administration procedures which are consistent with Core A and Core B (Living in the Community), including but not limited to keeping the medication room locked and/or the medications secured in a locked cabinet when the medications are not being prepared or administered.</i></p> <p><b>PREVENTION:</b></p> <p>The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring medications are secured at all times. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment</p>	09/26/2015

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	9-3-6(a)		<p>during no less than five active treatment sessions per week, on varied shifts to assure staff secure medication per Living in the Community standards. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active treatment sessions no less than weekly for the next 30 days, and no less than twice Monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p>	

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			<p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring staff secure medication per Living in the Community standards.</p>	

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W 0436 Bldg. 00	<p>483.470(g)(2) SPACE AND EQUIPMENT 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, the facility failed to assure 2 of 4 sampled clients with adaptive equipment (clients #1 and #4) wore eyeglasses as prescribed.</p> <p>Findings include:</p> <p>Clients #1 was observed at the group home on 8/25/15 from 3:57 P.M. until 5:30 P.M., and on 8/26/15 from 5:52 A.M. until 7:30 A.M., and at day program on 8/26/15 from 10:55 A.M. until 11:45 A.M. During all observations, client #1 did not wear eyeglasses. Direct care staff #1, #2, #3, #4, #5, and Day services staff #1 and #2 did not prompt or assist client #1 to wear</p>	W 0436	<p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Health Services Team, Operations Team</p> <p><b>CORRECTION:</b></p> <p><i>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. Specifically, The QWIDP will develop prioritized learning objectives to train Clients #1 and #4 to wear their eyeglasses as recommended. All staff will be trained toward proper implementation of these objectives.</i></p>	09/26/2015	

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	<p>her eyeglasses.</p> <p>Clients #4 was observed at the group home on 8/25/15 from 3:57 P.M. until 5:30 P.M., and on 8/26/15 from 5:52 A.M. until 7:30 A.M., During the observation periods, client #4 did not wear eyeglasses. Direct care staff #1, #2, #3, #4, #5 did not prompt or assist client #4 to wear his eyeglasses.</p> <p>Client #1's record was reviewed on 8/26/15 at 9:48 A.M.. A review of the client's 5/13/15 vision examination indicated the client was to wear eyeglasses.</p> <p>Client #4's record was reviewed on 8/26/15 at 1:41 P.M.. A review of the client's 2/10/15 vision examination indicated the client was to wear eyeglasses.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/26/15 at 2:17 P.M. QIDP #1 stated, "(Clients #1 and #4) should have been prompted to wear their glasses (eyeglasses)."</p> <p>9-3-7(a)</p>		<p><b>PERVENTION:</b></p> <p>Facility Professional staff have been retrained regarding the need to train clients toward recommended use of adaptive equipment.</p> <p>The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring clients are trained to make informed choices about the use of adaptive equipment. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assure staff train clients to make informed choices about the use of adaptive equipment. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active treatment sessions no less than</p>	

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			<p>weekly for the next 30 days, and no less than twice Monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p>	

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W 0455	483.470(l)(1) INFECTION CONTROL		<p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring staff train clients toward making informed choices about the use of adaptive equipment.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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Bldg. 00	<p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, the facility failed to assure 4 of 4 sampled clients (clients #1, #2, #3, and #4) washed their hands after day program activities and before the eating their evening meal.</p> <p>Findings include:</p> <p>Clients #1, #2, #3, and #4 were observed during the group home observation period on 8/25/15 from 3:57 P.M. to 5:30 P.M. Upon entering the group home, clients #1, #2, #3, and #4 were exiting the van returning from their day program activities. Clients #1, #2, #3, and #4 went about their activities until called to the evening meal at 5:05 P.M. During the observation period, clients #1, #2, #3, and #4 did not wash their hands. Direct care staff #1, #2, #3, and #4 did not prompt or assist the clients in washing their hands since returning to the group home from day program activities and before eating their evening meal.</p> <p>Direct care staff #2 was interviewed on 8/26/15 at 12:10 P.M. Direct care staff #2 stated, "I know that they (clients #1, #2, #3, and #4) didn't wash their hands and they should have and staff (direct</p>	W 0455	<p><b>CORRECTION:</b></p> <p><i>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</i> Specifically, staff will be retrained regarding the need to assure that clients wash their hands after day program activities and prior to eating and at other appropriate intervals. Through observation, the governing body has determined that this deficient practice affected all clients who reside in the facility.</p> <p><b>PREVENTION:</b></p> <p>The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring infection control is supported through frequent hand washing. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment</p>	09/26/2015

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	care staff) should have prompted them to."  9-3-7(a)		during no less than five active treatment sessions per week, on varied shifts to assuring infection control is supported through frequent hand washing. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active treatment sessions no less than weekly for the next 30 days, and no less than twice Monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:  Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.	

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			<p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring infection control is supported through frequent hand washing.</p>	

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W 0475 Bldg. 00	<p>483.480(b)(2)(iv) MEAL SERVICES</p> <p>Food must be served with appropriate utensils.</p> <p>Based on observation and interview, the facility failed to provide 3 of 4 sampled clients (clients #2, #3, and #4) a fork, spoon, and a knife for the evening meal.</p> <p>Findings include:</p> <p>Clients #2, #3, and #4 were observed eating their evening meal during the 8/25/15 observation period from 3:57 P.M. until 5:30 P.M. Direct care staff #3 gave client #2 and client #3 a spoon and gave client #4 a fork. Clients #2, #3, and #4 ate their meal of a pork tenderloin patty, boiled cabbage, and mashed potatoes with the utensil given to them. No other eating utensils were offered or given to the clients by direct care staff #1, #2, #3, and #4. Clients #2, #3, and #4 ate their pork tenderloin patty with their fingers.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on</p>	W 0475	<p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team, Dietician</p> <p><b>CORRECTION:</b></p> <p><i>Food must be served with appropriate utensils. Specifically, all staff will be retrained regarding the need to assure clients set the dining table with a complete set of utensils including a fork, spoon and knife for each client.</i></p> <p><b>PREVENTION:</b></p> <p>The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring clients set the dining table with a complete set of utensils including a fork, spoon and knife for each client. The Team Lead (non-exempt</p>	09/26/2015

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	<p>8/26/15 at 2:17 P.M. QIDP #1 stated, "They (clients #2 and #3) like to eat with just a spoon and (client #4) always uses just a fork. I guess they (direct care staff #1, #2, #3, and #4) could have given them a knife, fork, and spoon so they (clients #2, #3, and #4) could choose what they wanted to use."</p> <p>9-3-8(a)</p>		<p>Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assuring clients set the dining table with a complete set of utensils including a fork, spoon and knife for each client. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active treatment sessions no less than weekly for the next 30 days, and no less than twice Monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p>	

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			<p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at</p>	

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W 0488 Bldg. 00	<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. Based on observation and interview, the facility failed to encourage 4 of 4 sampled clients (clients #1, #2, #3, and #4), to eat family style during the evening meal.</p> <p>Findings include:</p> <p>Clients #1, #2, #3, and #4 were observed during the 8/25/15 observation period from 3:57 P.M. until 5:30 P.M. Direct care staff #3 and #4 prompted the clients to sit at the dining room table. Direct care staff #3 went around the table and individually prepared the plates for each client in a custodial manner. Direct care staff #3 served portions of pork</p>	W 0488	<p>the home will include assuring clients set the dining table with a complete set of utensils including a fork, spoon and knife for each client.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team, Dietician</p> <p><b>CORRECTION:</b></p> <p><i>The facility must assure that each client eats in a manner consistent with his or her developmental level. Specifically, staff will be retrained regarding the need to assure all clients participate in all aspects of meal preparation to the extent of their capabilities, including but not limited to participation in family style dining.</i></p> <p><b>PREVENTION:</b></p> <p>The Residential Manager will be expected to observe no less than</p>	09/26/2015

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	<p>tenderloin patty, boiled cabbage and mashed potatoes onto each client's plate. Direct care staff also poured beverages for all clients seated at the table. Clients #1, #2, #3, and #4 waited until they were served by direct care staff #3 to eat and did not participate in serving themselves in a family style manner.</p> <p>Direct care staff #2 was interviewed on 8/26/15 at 12:10 P.M. Direct care staff #2 stated, "Staff (direct care staff #3) should have never served the food to them (clients #1, #2, #3, #4). They (clients #1, #2, #3, and #4) should eat family style meals and staff (direct care staff) should assist them to serve themselves."</p> <p>9-3-8(a)</p>		<p>one morning and one evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring clients participate in family style dining. The Team Lead (non-exempt Residential Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assuring clients participate in family style dining. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active treatment sessions no less than weekly for the next 30 days, and no less than twice Monthly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal</p>		

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			<p>preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of</p>	

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			<p>administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring clients participate in family style dining.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	