

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G328	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/11/2013
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NAME OF PROVIDER OR SUPPLIER TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1107 GREENBROOK DR GREENFIELD, IN 46140
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 12/9/13, 12/10/13 and 12/11/13.</p> <p>Facility Number: 000846 Provider Number: 15G328 AIMS Number: 100243990</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/18/13 by Ruth Shackelford, QIDP.</p>	W000000		
W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 2 additional clients (#5 and #6), the facility failed to implement its policy and procedures to ensure the results of two separate investigations of injuries of unknown origin were reported to the administrator within 5 business days.</p> <p>Findings include:</p>	W000149	<p>Tangram maintains policies and procedures on the investigations of any abuse, neglect and/or exploitation of a person served. Tangram also utilizes an Investigation Form specific to Supported Group Living homes when an investigation occurs. This form allows the Director of Compliance and Risk Management, who oversees the</p>	01/14/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 12/11/13 at 10:14 AM. The review indicated the following:</p> <p>1. BDDS report dated 11/22/13 indicated, "On 11/21/13 staff called [PM (Program Manager) #1] at (sic) reported that, when assisting with her shower, staff noticed [client #5] had 2 bruises (sic) one on her left knee and the other was on her left thigh. Staff talked with [client #5] and she stated she fell in her room. [Client #5] was unsure of the date and time. Staff did a (sic) overall body check and there were no other bruises or injuries and [client #5] stated she was not in any pain. Staff measured both bruises (sic) the one on her left thigh was 2 inches and the bruise on her knee was the size of a dime. [Client #5] stated to staff that she acquired the bruises while throwing a chair in her room because she was upset with her mother. [PM #1] came in and spoke with staff and [client #5]. [Client #5] told [PM #1] she fell in front of her closet while throwing her stuff (because she was upset with her mom). [PM #1] asked [client #5] when (sic) incident occurred and [client #5] was unable to clarify. [PM #1] did an overall check and there</p>		<p>investigation process, to document if the investigation occurred within five (5) business days. Tangram's Director of Compliance and Risk Management has now added to Tangram's Investigation policy the five (5) business day requirement of notification to administrator and completion of investigation. The Director of Compliance and Risk Management will continue to ensure that all investigations are completed within the required five (5) business days and will ensure that the Administrator has signed the Investigation Report within five (5) business days. The Director of Compliance and Risk Management will document this on the Investigation Form. Furthermore, the Administrator (Tangram's Director of Operations) will check off on the form that he has reviewed the report within five (5) business days or he will document via email (if he is unavailable for signature) that he has reviewed the information within five (5) business days. Completed and signed Investigation Reports will continue to be scanned to Tangram's shared electronic drive so that the reports are accessible for review. We are unaware of any other clients that have been affected by this practice.</p>				

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	<p>were no others (sic) bruises or injuries and [client #5] stated she was fine." The 11/22/13 BDDS report indicated, "Since it was unclear about date and time and (sic) investigation has been started."</p> <p>-Investigation report dated 11/27/13 regarding client #5's 11/22/13 injury of unknown origin did not indicate documentation of a summary of findings/results of the investigation. The 11/27/13 investigation report did not indicate documentation of the facility administrator being notified of the investigation findings.</p> <p>2. BDDS report dated 1/5/13 indicated, "At 5:30 PM on Friday, January 4, 2013, [PM #2] was notified by phone that [client #6] had a large bruise on the back of her calf that staff noted during skin assessment that evening. [PM #2] traveled to site to interview staff and [client #6]. Marking appeared to be 4 inches long running down the back of her right calf and approximately 2 inches wide. The bruise was purple/blue in color. [Client #6] stated that she had no knowledge of when or how she obtained the marking. [PM #2] spoke with [staff #1], [staff #2], [staff #3] and [staff #4]. No bruising was noted during the skin assessment the evening prior. Nothing out of the ordinary was observed during</p>			

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	<p>the morning routine prior to [client #6's] departure to [day service]." The 1/5/13 BDDS report indicated, "An investigation into the incident will continue to be conducted by both the PM and the DCRM (Director of Compliance and Risk Management)."</p> <p>-Incident follow up BDDS report dated 1/10/13 indicated, "Describe investigation into the incident and/or all other follow up actions taken; Monday, January 7, 2013, staff reported to [PM #2] that [client #6's] bruise did not seem to be fading. Later that evening, [nurse #1], came to the home to view the bruise. [Nurse #1] concerned that marking was possibly broken blood vessels. [Nurse #1] recommended that [client #6] see her doctor as soon as possible to ensure safety. [Staff #1] notified [PM #2] of such at 8:30 PM on Monday, January 8, 2013. Doctor confirmed broken blood vessels most likely relevant due to age, aspirin regimen and history of bruising easily. Was determined that the location of broken blood vessels corresponding placement matched that of possibly the crossing of legs. Both [client #6] and [staff #1] confirmed that [client #6] often sits in the evening in a recliner with her legs crossed." The 1/10/13 follow up BDDS report did not indicate</p>						

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W000156	<p>documentation regarding if and/or when the facility administrator was notified of the results of the investigation.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 12/11/13 at 12:15 PM. QIDP #1 indicated the results of investigations should be reported to the administrator within 5 business days of the incident. QIDP #1 indicated the abuse and neglect policy should be implemented.</p> <p>The facility's Investigation of Alleged Violation of Individual Right's and injuries of Unknown Origin policy dated 2/25/04 was reviewed on 12/11/13 at 3:00 PM. The 2/25/04 Policy indicated the results of investigations of injuries of unknown origin should be reported to the facility administrator within 5 business days.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 2 of 22 allegations of abuse, neglect, mistreatment, exploitation and injuries</p>	W000156		01/14/2014			

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	<p>of unknown origin reviewed, the facility failed to report the results of two separate incidents of injuries of unknown origin to the facility administrator regarding clients #5 and #6.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 12/11/13 at 10:14 AM. The review indicated the following:</p> <p>1. BDDS report dated 11/22/13 indicated, "On 11/21/13 staff called [PM (Program Manager) #1] at (sic) reported that, when assisting with her shower, staff noticed [client #5] had 2 bruises (sic) one on her left knee and the other was on her left thigh. Staff talked with [client #5] and she stated she fell in her room. [Client #5] was unsure of the date and time. Staff did a (sic) overall body check and there were no other bruises or injuries and [client #5] stated she was not in any pain. Staff measured both bruises (sic) the one on her left thigh was 2 inches and the bruise on her knee was the size of a dime. [Client #5] stated to staff that she acquired the bruises while throwing a chair in her room because she was upset with her mother.</p>		Tangram maintains policies and procedures on the investigations	

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	<p>[PM #1] came in and spoke with staff and [client #5]. [Client #5] told [PM #1] she fell in front of her closet while throwing her stuff (because she was upset with her mom). [PM #1] asked [client #5] when (sic) incident occurred and [client #5] was unable to clarify. [PM #1] did an overall check and there were no others (sic) bruises or injuries and [client #5] stated she was fine." The 11/22/13 BDDS report indicated, "Since it was unclear about date and time and (sic) investigation has been started."</p> <p>-Investigation report dated 11/27/13 regarding client #5's 11/22/13 injury of unknown origin did not indicate documentation of a summary of findings/results of the investigation. The 11/27/13 investigation report did not indicate documentation of the facility administrator being notified of the investigation findings.</p> <p>2. BDDS report dated 1/5/13 indicated, "At 5:30 PM on Friday, January 4, 2013, [PM #2] was notified by phone that [client #6] had a large bruise on the back of her calf that staff noted during skin assessment that evening. [PM #2] traveled to site to interview staff and [client #6]. Marking appeared to be 4 inches long running down the back of her right calf and approximately 2 inches</p>		<p>of any abuse, neglect and/or exploitation of a person served. Tangram</p> <p>also utilizes an Investigation Form specific to Supported Group Living homes</p>	

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	<p>wide. The bruise was purple/blue in color. [Client #6] stated that she had no knowledge of when or how she obtained the marking. [PM #2] spoke with [staff #1], [staff #2], [staff #3] and [staff #4]. No bruising was noted during the skin assessment the evening prior. Nothing out of the ordinary was observed during the morning routine prior to [client #6's] departure to [day service]." The 1/5/13 BDDS report indicated, "An investigation into the incident will continue to be conducted by both the PM and the DCRM (Director of Compliance and Risk Management)."</p> <p>-Incident follow up BDDS report dated 1/10/13 indicated, "Describe investigation into the incident and/or all other follow up actions taken; Monday, January 7, 2013, staff reported to [PM #2] that [client #6's] bruise did not seem to be fading. Later that evening, [nurse #1], came to the home to view the bruise. [Nurse #1] concerned that marking was possibly broken blood vessels. [Nurse #1] recommended that [client #6] see her doctor as soon as possible to ensure safety. [Staff #1] notified [PM #2] of such at 8:30 PM on Monday, January 8, 2013. Doctor confirmed broken blood vessels most likely relevant due to age, aspirin regimen and history of bruising easily.</p>		<p>when an investigation occurs. This form allows the Director of Compliance</p> <p>and Risk Management, who oversees the investigation process, to document if the</p>		

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	<p>Was determined that the location of broken blood vessels corresponding placement matched that of possibly the crossing of legs. Both [client #6] and [staff #1] confirmed that [client #6] often sits in the evening in a recliner with her legs crossed." The 1/10/13 follow up BDDS report did not indicate documentation regarding if and/or when the facility administrator was notified of the results of the investigation.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 12/11/13 at 12:15 PM. QIDP #1 indicated the results of investigations should be reported to the administrator within 5 business days of the incident.</p> <p>9-3-2(a)</p>		<p>investigation occurred within five (5) business days. Tangram's Director</p> <p>of Compliance and Risk Management has now added to Tangram's Investigation</p>		

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			<p>policy the five (5) business day requirement of notification to</p> <p>administrator and completion of investigation. The Director of Compliance</p> <p>and Risk Management will</p>		

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			<p>continue to ensure that all investigations are</p> <p>completed within the required five (5) business days and will ensure that the</p> <p>Administrator has signed the Investigation Report within five (5) business</p>		

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			<p>days. The Director of Compliance and Risk Management will document this</p> <p>on the Investigation Form. Furthermore, the Administrator (Tangram's Director</p>	

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			<p>of Operations) will check off on the form that he has reviewed the report</p> <p>within five (5) business days or he will document via email (if he is</p> <p>unavailable for signature) that he has reviewed the information</p>		

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			<p>within five (5)</p> <p>business days. Completed and signed Investigation Reports will continue</p> <p>to be scanned to Tangram's shared electronic drive so that the reports are</p>		

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			<p>accessible for review. We are unaware of any other clients that have</p> <p>been affected by this practice.</p>	

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W000240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, record review and interview for 1 of 3 sampled clients (#2), the facility failed to ensure client #2's ISP (Individual Support Plan) indicated how staff were to utilize client #2's lap tray for her wheelchair.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/9/13 from 5:08 PM through 6:15 PM. Client #2 was observed throughout the observation period. Client #2 utilized a manual wheelchair to move around the house. At 5:15 PM client #2 was seated in her wheelchair at the kitchen table. Client #2's wheelchair had a lap tray. At 5:25 PM client #2 was finished with her evening meal and requested the lap tray be removed. DSP (Direct Support Professional) #1 removed client #2's wheelchair lap tray.</p>	W000240	<p>Tangram will ensure that client #2's lap tray is used only as an assistive device to help support the individual towards independence. This will be done through the following procedure. The Program Manager will meet with client #2 to discuss how she wants to utilize her lap tray, when she would like to utilize it, and what she would like to do when she is not utilizing the lap tray. This conversation will be documented by the Program Manager, who will also ask client to give her written, informed consent after the Program Manager has documented client #2's desired use of the lap tray. The use of the lap tray will be outlined in client #2's ISP for both dining activities and programming and other activities. Tangram's Director of Operations will oversee the ISP process to ensure that this addition is completed and that the client has provided her consent to the ISP. Tangram's RN will include in</p>	01/17/2014

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	<p>DSP #1 was interviewed on 12/9/13 at 5:25 PM. DSP #1 stated, "Yes, [client #2] uses the lap tray during meals."</p> <p>DSP #2 was interviewed on 12/9/13 at 5:45 PM. DSP #2 indicated client #2 utilized the lap tray during meals.</p> <p>Client #2's record was reviewed on 12/10/13 at 8:48 AM. Client #2's ISP dated 3/6/13 did not indicate documentation of when facility staff should utilize client #2's lap tray for activities or programming. Client #2's record did not indicate documentation of ISP guidelines to assist facility staff support client #2's dining needs.</p> <p>Client #2 was interviewed on 12/9/13 at 12:15 PM. Client #2 indicated she utilized the lap tray for her wheelchair during meal times and during some activities. Client #2 indicated she was not able to independently remove the lap tray.</p> <p>PM (Program Manager) #1 was interviewed on 12/9/13 at 12:10 PM. PM #1 indicated client #2 used the lap tray during meal times due to the table height. PM #1 indicated client #2 utilized the lap tray during activity times. PM #1 stated, "[Client #2] will</p>		<p>client #2's Dining Plan guidance to staff on how to utilize client #2's lap tray during dining activities. The Director of Operations will oversee the completion of this plan to ensure accuracy. Staff will then be trained on the use of the tray in both the ISP (for dining and programming activities) and in the Dining Plan (reiterating the dining process with the use of the tray). Tangram's Program Manager and Director of Operations will oversee clients' use of assistive devices in the future to ensure that this process is followed for other clients with similar assistive items.</p>				

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W000368	<p>ask staff to use the lap tray. [Client #2] is able to verbalize when she wants it and when she wants it removed." When asked if client #2 could independently remove the lap tray, PM #1 stated, "No, she has to ask for staff to remove it." PM #1 indicated the use of the wheelchair lap tray was not included in client #2's ISP.</p> <p>9-3-4(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 1 of 3 sampled clients (#3) plus 2 additional clients (#4 and #5), the facility failed to ensure staff administered medications as ordered by the physician.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 12/11/13 at 10:14 AM. The review indicated the following:</p> <p>-BDDS report dated 11/22/13 indicated, "After finishing an activity with [client #3] at 7:00 PM, staff realized that she</p>	W000368	<p>In order to help monitor and prevent continued medication errors, Program Manager will observe medication administration times for all clients in the homes once a week during a morning med pass and once a week during an evening med pass, resulting in two observation audits on a weekly basis. The Program Manager will document these observations on a checklist. This documentation checklist will be sent to the Director of Operations, the QIDP, to ensure that observations are occurring and to determine if there are any compliance issues that need to be addressed. When compliance issues are noted, the Director of Operations will notify the Director of</p>	01/17/2014			

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	<p>had not administered [client #3's] Prevalite at prescribed time."</p> <p>-BDDS report dated 9/2/13 indicated, "[Client #4] had plans to spend the night with her mother Friday night. This necessitated staff to pack her medications to take on Saturday, while at her mothers home. [Client #4] had a medication, Ferrous Sulfate (iron), that was discontinued starting September 1, 2013, Pharmacy did not observe that the medication had been discontinued. They sent the cycle fill and included it on the MAR (Medication Administration Record). Nurse did catch this and clearly marked it (and highlighted it) as discontinued. The medication card, however, was placed in [client #4's] basket. When staff prepared [client #4's] medication she included this discontinued medication and somehow missed that it had been discontinued on the MAR. Another staff member discovered this error when [client #4] returned with her signed sheet of administered medications."</p> <p>-BDDS report dated 6/7/13 indicated, "Due to an error when packing [client #3's] Pentasa for a facility outing, [client #3] only received 1 capsule of Pentasa instead of 4 capsules of Pentasa."</p>		<p>Compliance and Risk Management, who will work with the Director of Operations and the Program Manager to fix any out-of-compliance areas. Tangram's RN will observe staff medication administration on a monthly basis, as a baseline, and more frequently when issues are identified by the Program Manager. The RN will watch a full med pass, and not just medications for one client. Furthermore, the Director of Compliance and Risk Management has created a tracking spreadsheet based on a previous Plan of Correction for another home that is utilized to track staff retraining when medication errors occur. The Director of Compliance will monitor this retraining and incident information to look for trends, such as an increase of medication errors at one site or an increase in medication errors by a particular staff member. The Director of Operations will be notified of these trends, as well as the trend information presented to Tangram's Quality Assurance Committee for recommendations.</p>		

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	<p>-BDDS report dated 4/7/13 at 5:30 PM indicated, "[DSP #5] came over to assist the group home passing the clients medications. [DSP #5] started her medication pass with [client #3]." The 4/7/13 BDDS report indicated, "After passing [client #3's] first stomach medication, (Pentasa 1000 milligrams), [DSP #5] noticed that specific medication, (Pentasa 1000 milligrams), had already been signed off on. [DSP #5] notified [PM #1] of the situation. While [PM #1] were trying to determine if a mistake in fact had been made, [DSP #6] came in the room and stated that [DSP #7] had already administered all the 5:00 PM medications just 20-30 minutes before. [PD #1] and staff discussed that [client #3] had just received a double dose of her stomach medication, (Pentasa 1000 milligrams)."</p> <p>-BDDS report dated 4/7/13 at 1:00 PM indicated client #3 did not receive her 12:00 PM dose of Pentasa (colitis) 1000 milligrams.</p> <p>-BDDS report dated 1/21/13 indicated, "On Sunday, January 20, 2013, [DSP #4 (Direct Support Professional)] notified [PM (Program Manager) #1] of possible medication error by omission on the morning of January 19, 2013. This omission was due to not having the</p>				

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	<p>medication delivered by pharmacy. The medication was a single 70 milligram tablet of Fosamax (osteoporosis) once a week in the morning to [client #5]."</p> <p>-BDDS report dated 1/11/13 regarding client #3 indicated, "On Thursday, January 10, 2013, [PM #1] was notified by [DSP #2] that the 8:00 PM medication administration would unable (sic) to be done due to lack of medication." The 1/11/1 BDDS report indicated, "... the medication Prevalite powder 4 milligrams (cholesterol), 4 scoops TID (Three Times Daily), was still unavailable."</p> <p>1. Client #3's record was reviewed on 12/10/13 at 10:00 AM. Client #3's POF (Physician Orders Form) dated 9/3/13 indicated client #3 had the following physician's orders:</p> <p>(1) 1/16/13: Pentasa Capsule 250 milligrams: Give 4 capsules (1000 milligrams) by mouth four times daily at 5:00 AM, 12:00 PM, 4:00 PM and 9:00 PM (2) 1/10/13: Prevalite Powder 4 grams: Mix 4 scoops as directed and give 3 times daily at 7:00 AM, 5:00 PM and 10:00 PM.</p> <p>2. Client #4's POF dated 11/22/13 was reviewed on 12/11/13 at 9:00 PM. Client</p>						

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W000436	<p>#4's POF dated 11/22/13 did not indicate documentation that client #4 should receive Ferrous Sulfate.</p> <p>3. Client #5's POF dated 11/22/13 was reviewed on 12/11/13 at 9:05 PM. Client #5's POF dated 11/22/13 indicated client #5 had a 5/11/13 physician order to receive Alendronate/Fosamax tablet 70 milligrams, one tablet by mouth every week in the morning.</p> <p>RN (Registered Nurse) #1 was interviewed on 12/11/13 at 12:35 PM. RN #1 indicated medications should be administered as ordered by the physician.</p> <p>9-3-6(a)</p> <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. Based on observation, record review and interview for 2 of 6 clients with adaptive equipment (#2 and #3), the facility failed to ensure client #2's wheelchair was in good repair. The facility failed to ensure client #3 had a pair of prescription eyeglasses.</p>	W000436	With regard to the use of the foot rests, Client #2 has been seen by the Occupational Therapist and recommendations have ben sent to both client #2's physician and the group home staff. Additionally, client #2 has met with both the RN and her Behavioral Consultant regarding	01/17/2014			

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	<p>Findings include:</p> <p>Observations were conducted at the group home on 12/9/13 from 5:08 PM through 6:15 PM. Client #2 was observed throughout the observation period. Client #2 utilized a manual wheelchair to move around the house. Client #3 was observed in the group home throughout the observation period. Client #3 did not wear eyeglasses during the observation period. At 5:20 PM client #2 manually maneuvered her wheelchair from the kitchen area to the living room area. Client #2 maneuvered her wheelchair into the side of a cabinet/dishwasher and indicated she was having trouble propelling herself. DSP (Direct Support Professional) #1 asked client #2 if she wanted the foot rests of the wheelchair taken off. Client #2 indicated she wanted the foot rests off of the wheelchair.</p> <p>DSP #1 was interviewed on 12/9/13 at 5:20 PM. DSP #1 stated, "[Client #2] has trouble maneuvering her wheelchair with the foot rests on." DSP #1 indicated the foot rests of the wheelchair rubbed on the front wheels of the wheelchair. DSP #1 stated, "They are looking into getting her chair fixed. The seat and everything." When asked how long the</p>		<p>the use of her foot rests to assist with her circulatory issues in her legs. Tangram's Program Manager left a message with Home Health Depot to notify them of the need for repairs on the chair. Program Manager is following up with the Home Health Depot to ensure that repairs are scheduled in a timely manner. With regard to both client #2's wheelchair and client #3's eyeglasses, the Program Manager held a staff meeting on December 19, 2014 to discuss adaptive equipment. All staff signed a training sheet for this training. During the training, the Program Manager discussed encouraging clients to use prescribed equipment and the importance of staff to document refusals in their contact notes. The Program Manager also discussed the importance of monitoring equipment to ensure it is in good condition, immediately reporting when repairs are needed and obtaining repairs in a timely manner. The Program Manager and the Behavioral Consultant review staff contact notes to identify any refusals by clients to utilize their adaptive equipment. The Program Manager will be responsible for ensuring that all repairs are completed in a timely manner. If the Program Manager is unable to secure repair work in a timely manner, the Director of Operations will be notified so that</p>				

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	<p>foot rests had been rubbing on the front wheel, DSP #1 stated, "I'm not sure. Maybe a couple of weeks."</p> <p>Observations were conducted at the group home on 12/10/13 from 6:00 AM through 7:30 AM. Client #3 was observed throughout the observation period. Client #3 did not wear eyeglasses during the observation period.</p> <p>Observations were conducted at client #3's day services location on 12/10/13 from 12:15 PM through 1:15 PM. Client #3 was observed throughout the observation period. Client #3 did not wear eyeglasses during the observation period.</p> <p>Day Service Staff (DSS) #1 was interviewed on 12/10/13 at 12:20 PM. DSS #1 indicated client #3 was not wearing eyeglasses. DSS #1 stated, "I don't recall ever seeing her wear eyeglasses."</p> <p>DSS #2 was interviewed on 12/10/13 at 12:40 PM. DSS #2 indicated client #3 was not wearing eyeglasses. When asked if she had ever seen client #3 wear eyeglasses, DSS #2 stated, "No, I didn't know she had any."</p>		<p>he can assist in finding other avenues for repairs. When refusals are the cause for a client not utilizing his or her adaptive equipment, the Behavioral Consultant will be notified so that she can discuss with the client the reasons for the refusals and the importance of the use of the device.</p> <p>With regard to Client #3's eyeglasses, the Program Manager has trained staff on the importance of encouraging client to utilize her glasses. The Program Manager will work with staff to ensure that they are checking with client #3 each day prior to leaving for day programming that she has her eyeglasses with her. Furthermore, the Program Manager will document a request for Day Services to follow a notification protocol to Tangram when client 3# does not have her eyeglasses with her at day programming or when she is refusing to wear them. The Program Manager will request that the Day Services Provider document that staff at day programming are aware of this notification protocol and will forward all documentation related to these communications to the Director of Operations and the</p>				

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	<p>1. Client #2's record was reviewed on 12/10/13 at 8:48 AM. Client #2's Quarterly Nursing Exam (QNE) narrative note dated 11/18/13 indicated "Increased inability to use and maneuver wheelchair, has been bumping in to things." Client #2's Health Care Coordination Monthly Review dated 11/19/13 indicated "Poor position in the wheelchair."</p> <p>Client #2 was interviewed on 12/10/13 at 11:35 AM. Client #2 indicated the foot rests on her wheelchair were rubbing against the front wheels.</p> <p>2. Client #3's record was reviewed on 12/10/13 at 10:00 AM. Client #3's Vision Examination form dated 7/12/12 indicated client #3 should wear prescription eyeglasses full time.</p> <p>PM (Program Manager) #2 was interviewed on 12/10/13 at 11:30 AM. PM #2 indicated client #2's wheelchair was in need of repairs for the foot rests and seat positioning. PM #2 indicated client #2 had received an order for an occupational therapy appointment to address the concerns with client #2's wheelchair. PM #2 indicated client #2's occupational therapy visit had not been scheduled. PM #2 indicated client #3 should wear eyeglasses.</p>		<p>Director of Compliance and Risk Management.</p> <p>We are unaware of any other clients that have been affected by this practice.</p>				

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	9-3-7(a)			