

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G623		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 02/13/2012	
NAME OF PROVIDER OR SUPPLIER KNOX COUNTY ARC - BICKNELL 2				STREET ADDRESS, CITY, STATE, ZIP CODE 410 LIBERTY BICKNELL, IN 47512			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W0000	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>This visit was in conjunction with a post-certification revisit (PCR) survey to the investigation of complaint #IN00101309 completed on 12/28/11.</p> <p>Dates of survey: 2/6, 2/7, 2/8, 2/10 and 2/13/12</p> <p>Facility Number: 001182 AIM Number: 100249470 Provider Number: 15G623</p> <p>Surveyors: Paula Chika, Medical Surveyor III-Team Leader Jenny Ridao, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/16/12 by Ruth Shackelford, Medical Surveyor III.</p>			W0000			

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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W0102	<p>The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Governing Body for 2 of 3 sampled clients (A and B) in regard to meeting the health care needs of clients A and B, and in regard to implementing its policy and procedures to prevent neglect of client B in regard to the client's injury of unknown origin. The governing body failed to ensure the facility conducted thorough investigations which included conclusions and recommendations and to ensure the facility completed investigations timely. The governing body failed to ensure the facility allowed a client to attend church weekly.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C) and for 3 additional clients (D, E and F), the governing body failed to ensure the facility developed a policy and procedure which included the Elder Justice Act to ensure each employee understood their rights and responsibilities pertaining to the Act.</p> <p>Based on interview and record review for 1 of 3 sampled clients (A), the governing body failed to have a general policy in</p>	W0102	<p>Plan of Correction: An IDT meeting will be held for Client B to develop a smoking cessation plan. During the IDT meeting, the team will inform Client B of the risks involved in continuing to smoke and refuse medical treatment. The orders have now been discontinued. However, during the IDT meeting, the team will ask if Client B would reconsider if the physician writes the orders again. The nurse will contact the primary care physician to see if Client B needs to be seen by any specialists due to his medicals conditions. The nurse will also ask for any other dr. recommendations concerning Client B's recent health issues. Client A's TB test will be completed.</p> <p>A training objective will be written to assist Client B with increasing his daily exercise. Client B's high risk plan will be updated to include Osteoporosis, Rib Fractures. The investigation concerning Client B's broken ribs will be completed. A summary with recommendations will be completed. All staff will be retrained on the Abuse/Neglect policy and Investigatory Procedures. Client B will be offered the opportunity to go to the church of his choice each week. A policy will be developed to cover the staff rights and</p>	03/14/2012			

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	<p>place to not require a client to pay for basic hair cuts if they medically require more than one hair cut a month.</p> <p>Findings include:</p> <p>1. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 1 of 3 sampled clients (B). The facility failed to implement its policy and procedures to prevent neglect of a client in regard to the client's fractured ribs/health needs. The governing body failed to conduct a thorough investigation in regard to the injury of unknown origin, and the facility failed to ensure all investigations and/or results were completed timely. The governing body failed to ensure a client was allowed to attend church when the client desired. Please see W122.</p> <p>2. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Health Care Services for 2 of 3 sampled clients (A and B). The governing body failed to ensure its facility's health care services met the health care needs of a client who had fractured ribs in regard to monitoring a client's health status, implementation of orders, development of risk/care plans for a client with multiple fractures to ensure</p>		<p>responsibilities listed in the Elder Justice Act.</p> <p>Preventive Action: The Group Home Manager, Group Home Coordinator and Nursing staff will be retrained on when it is appropriate to have an IDT meeting, the purpose of an IDT meeting, the Abuse/Neglect Policy and Investigatory procedures. The nurses will also be retrained on reviewing and revising high risk plans, adding nursing recommendations to assessments, Assessing and documenting regularly, when it is appropriate to assess, and contacting the dr. when a consumer refuses an ordered treatment/medication, timely completion of TB tests and updating the MAR when appropriate. All direct care staff will be trained on all new changes to Client B's individualized plan, following physician orders and correctly documenting refusals, taking consumers to church when and where the want to go and staff rights and responsibilities as presented in the Elder Justice Act. The Director of Residential Services will be responsible for training the Group Home Coordinator and Group Home Manager. The Group Home Manager will be responsible for training the Assistant Manager and direct care staff. The Director of Health Services will be responsible for training nursing</p>		

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	<p>the client's health care needs were met/addressed. The governing body failed to ensure the facility's health care services addressed pharmacy recommendations of a client with diabetes and failed to ensure a new admission received a Tuberculin test to ensure the client was free from a communicable disease. Please see W318.</p> <p>3. The governing body failed to ensure the facility implemented its policy and procedures to prevent neglect of a client in regard to the client's fractured ribs/injury of unknown origin.</p> <p>The governing body failed to ensure the facility conducted a thorough investigation for an injury of unknown origin involving client B's fractured ribs.</p> <p>The governing body failed to complete an investigation timely/within 5 days for an incident regarding client B's injuries of unknown origin.</p> <p>The governing body failed to allow/assist client B to attend/go to church weekly.</p> <p>The governing body failed to ensure nursing services monitored and/or addressed a client's health care needs in regard to client B's multiple rib fractures, Osteoporosis, smoking and/or treatments.</p>		<p>staff. Training on the Elder Justice act will be added to new hire training and annual training. The nurse who was over the group home has been placed on disciplinary probation and moved to a different position. Two other nurses will be splitting the responsibility for the five group homes instead of one nurse being responsible for all five homes.</p> <p>Monitoring: The Group Home Manager will monitor the completion and implementation of all retraining and new training. The Training Coordinator will monitor the completion of all required initial and annual training. The Director of Health Services will monitor the implementation of the training the nursing staff receive. The Administrative Assistant will monitor the timely completion of all investigations.</p> <p>Date to Be Completed By: March 14, 2012 Responsible Party: Director of Residential Services, Director of Health Services, Group Home coordinator, Group Home Manager, Administrative Assistant</p>		

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	<p>The governing body failed to exercise general policy and operating direction over the facility to ensure the facility's nursing services addressed the pharmacy recommendations in regard to the client B's diabetes.</p> <p>The governing body failed to ensure nursing services obtained an initial TB (Tuberculin) test for client A within 30 days of admission.</p> <p>The governing body failed to develop policy and procedures in regard to haircuts and in regard to the Elder Justice Act to ensure the new law/act was implemented for clients A, B, C, D, E and F. Please see 104.</p> <p>9-3-1(a)</p>				

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W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review for 2 of 3 sampled clients (A and B), the governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect of client B in regard to the client's injury of unknown origin. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility conducted thorough investigations which included conclusions and recommendations and to ensure the facility completed investigations timely. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility allowed a client to attend church weekly. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility's nursing services met the health needs of clients A and B.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C) and for 3 additional clients (D, E and F), the governing body failed to exercise general policy and operating direction over the facility to develop a</p>	W0104	<p>Plan of Correction: A policy will be developed regarding how many haircuts the agency will pay for each month. The policy will also state that the agency will pay for more haircuts if they are needed due to a medical condition. All staff will be trained on this policy. An IDT meeting will be held for Client B to develop a smoking cessation plan. During the IDT meeting, the team will inform Client B of the risks involved in continuing to smoke and refuse medical treatment. The orders have now been discontinued. However, during the IDT meeting, the team will ask if Client B would reconsider if the physician writes the orders again. The nurse will contact the primary care physician to see if Client B needs to be seen by any specialists due to his medicals conditions. The nurse will also ask for any other dr. recommendations concerning Client B's recent health issues. Client A's TB test will be completed. A training objective will be written to assist Client B with increasing his daily exercise. Client B's high risk plan will be updated to include Osteoporosis, Rib Fractures. The investigation concerning Client B's broken ribs will be completed. A summary with recommendations will be completed. All staff will be</p>	03/14/2012			

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	<p>policy and procedure which included the Elder Justice Act to ensure each employee understood their rights and responsibilities pertaining to the Act.</p> <p>Based on interview and record review for 1 of 3 sampled clients (A), the governing body failed to have a general policy in place to not require a client to pay for basic hair cuts if they medically require more than one hair cut a month.</p> <p>Findings include:</p> <p>1. During observations at the facility on 2/7/12 from 5:00 AM to 8:00 AM, clients B, C, D, E and F lived at the facility. Client A, who was a resident of the facility was in the hospital at the time of the survey. During various times of the observation period, staff #3, staff #4 and Qualified Mental Retardation Professional-Designee #1 worked with clients B, C, D, E and F.</p> <p>A list of employees, who worked at the facility with clients A, B, C, D, E and F was reviewed on 2/6/12 at 2:30 PM. The list indicated staff #1, #2, #3, #4 and #5 currently worked in the group home/facility.</p> <p>The facility's policy and procedures were reviewed on 2/6/12 at 1:55 PM. The</p>		<p>retrained on the Abuse/Neglect policy and Investigatory Procedures. Client B will be offered the opportunity to go to the church of his choice each week. A policy will be developed to cover the staff rights and responsibilities listed in the Elder Justice Act.</p> <p>Preventive Action: The Group Home Manager, Group Home Coordinator and Nursing staff will be retrained on when it is appropriate to have an IDT meeting, the purpose of an IDT meeting, the Abuse/Neglect Policy and Investigatory procedures. The nurses will also be retrained on reviewing and revising high risk plans, adding nursing recommendations to assessments, Assessing and documenting regularly, when it is appropriate to assess, and contacting the dr. when a consumer refuses an ordered treatment/medication, timely completion of TB tests and updating the MAR when appropriate. All direct care staff will be trained on all new changes to Client B's individualized plan, following physician orders and correctly documenting refusals, taking consumers to church when and where the want to go and staff rights and responsibilities as presented in the Elder Justice Act. Training on the haircut policy will be added to the agency's</p>				

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	<p>facility's 12/1/11 policy and procedures entitled Neglect, Abuse, Battery, Exploitation Policy and Incident Reporting/Investigatory Procedure did not indicate the Elder Justice Act had been incorporated/included in the facility's policy.</p> <p>Interview with administrative staff #1 on 2/7/12 at 9:45 AM indicated she was aware of the Elder Justice Act. Administrative staff #1 indicated the requirements of the Elder Justice Act had not been incorporated into the facility's policy and procedures. Administrative staff #1 indicated the facility was in the process of setting up a system with the local law enforcement agency where the police would receive a fax of all reports of a suspicious crime.</p>		<p>financial training for new hires. The Director of Residential Services will be responsible for training the Group Home Coordinator and Group Home Manager. The Group Home Manager will be responsible for training the Assistant Manager and direct care staff. The Director of Health Services will be responsible for training nursing staff. Training on the Elder Justice act will be added to new hire training and annual training. The nurse who was over the group home has been placed on disciplinary probation and moved to a different position. Two other nurses will be splitting the responsibility for the five group homes instead of one nurse being responsible for all five homes.</p> <p>Monitoring: The Group Home Manager will monitor the completion and implementation of all retraining and new training. The Training Coordinator will monitor the completion of all required initial and annual training. The Director of Health Services will monitor the implementation of the training the nursing staff receive. The Administrative Assistant will monitor the timely completion of all investigations.</p> <p>Date to Be Completed By: March 14, 2012</p>		

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	<p>2. Client A's financial records were reviewed on 2/7/12 at 9:20 AM. Client A's financial records indicated he spent money on 10/7/11 for a haircut in the amount of \$15.95.</p> <p>A note written on client A's 10/11 cash ledger by the financial department indicated "Knox County ARC pays for a haircut once a month but his family wants it cut every two weeks. Please make the \$15.95 check out to [Name of Salon]."</p> <p>Interview with financial assistant #1 on 2/7/12 at 10:00 AM stated "I was told the policy is we only pay for one hair cut a month, so I was told to make a check out for him to pay for the extra hair cut from his funds."</p> <p>Record review for client A on 2/7/12 at 12:30 PM indicated client A had diagnoses of, but not limited to, Fragile X, Behavioral problems NOS (No Other Symptoms), IED (Intermittent Explosive Disorder), Anxiety, ADHD (Attention</p>		Responsible Party: Director of Residential Services, Vice President of Program Services, Group Home Coordinator, Group Home Manager, Director of Health Services, Administrative Assistant		

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	<p>Deficient Hyper-activity Disorder), Nostradamus, Folliculitis (inflamed hair follicles) and cradle cap.</p> <p>Review of client A's 8/30/11 Individual Program Plan indicated client A "needs to get his hair cut every 2 weeks to help rinse/wash his thick hair out completely to eliminate cradle cap. The guardian will leave money for him to pay for the 2nd hair cut of the month."</p> <p>Interview with the QMRP-D (Qualified Mental Retardation Professional-Designee), Administrative Staff #1 and Administrative Staff #2 on 2/8/12 at 9:45 AM indicated the facility had no policy in place for paying for only one hair cut a month. Administrative staff #2 stated "If he needs more than one hair cut a month we should be paying for it, it is for a medical reason."</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect of client B's in regard to the client's fractured ribs/injury of unknown origin. Please see W149.</p> <p>4. The governing body failed to exercise general policy and operating direction over the facility to conduct a thorough</p>						

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	<p>investigation for an injury of unknown origin involving client B's fractured ribs. Please see W154.</p> <p>5. The governing body failed to exercise general policy and operating direction over the facility to complete an investigation timely/within 5 days for an incident regarding client B's injuries of unknown origin. Please see W156.</p> <p>6. The governing body failed to exercise general policy and operating direction over the facility to allow/assist client B to attend/go to church weekly. Please see W136.</p> <p>7. The governing body failed to exercise general policy and operating direction over the facility to ensure nursing services monitored and/or addressed a client's health care needs in regard to client B's multiple rib fractures, Osteoporosis, smoking and/or treatments. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility's nursing services addressed the pharmacy recommendations in regard to client B's diabetes. Please see W331.</p> <p>8. The governing body failed to exercise general policy and operating direction over the facility to ensure nursing services</p>						

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	<p>obtained an initial TB (Tuberculin) test for client A within 30 days of admission. Please see W327.</p> <p>9-3-1(a)</p>				

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W0122	<p>The facility must ensure that specific client protections requirements are met.</p> <p>Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 1 of 3 sampled clients (B). The facility failed to implement its policy and procedures to prevent neglect of a client in regard to the client's fractured ribs/health needs. The facility failed to conduct a thorough investigation in regard to the injury of unknown origin, and the facility failed to ensure all investigations and/or results were completed timely. The facility failed to ensure a client was allowed to attend church when the client desired.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility failed to implement its policy and procedures to prevent neglect of client B in regard to the client's fractured ribs/injury of unknown origin. Please see W149. 2. The facility failed to conduct a thorough investigation for an injury of unknown origin involving client B's fractured ribs. Please see W154. 3. The facility failed to complete an investigation timely/within 5 days for an incident regarding client B's injuries of 	W0122	<p>Plan of Correction: An IDT meeting will be held for Client B to develop a smoking cessation plan. During the IDT meeting, the team will inform Client B of the risks involved in continuing to smoke and refuse medical treatment. The orders have now been discontinued. However, during the IDT meeting, the team will ask if Client B would reconsider if the physician writes the orders again. The nurse will contact the primary care physician to see if Client B needs to be seen by any specialists due to his medicals conditions. The nurse will also ask for any other dr. recommendations concerning Client B's recent health issues. A training objective will be written to assist Client B with increasing his daily exercise. Client B's high risk plan will be updated to include Osteoporosis, Rib Fractures. The investigation concerning Client B's broken ribs will be completed. A summary with recommendations will be completed. All staff will be retrained on the Abuse/Neglect policy and Investigatory Procedures. Client B will be offered the opportunity to go to the church of his choice each week.</p> <p>Preventive Action: The Group Home Manager, Group Home</p>	03/14/2012			

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	<p>unknown origin. Please see W156.</p> <p>4. The facility failed to allow/assist client B to attend/go to church weekly. Please see W136.</p> <p>9-3-2(a)</p>		<p>Coordinator and Nursing staff will be retrained on when it is appropriate to have an IDT meeting, the purpose of an IDT meeting, the Abuse/Neglect Policy and Investigatory procedures. The nurses will also be retrained on reviewing and revising high risk plans, adding nursing recommendations to assessments, Assessing and documenting regularly, when it is appropriate to assess, and contacting the dr. when a consumer refuses an ordered treatment/medication, and updating the MAR when appropriate. All direct care staff will be trained on all new changes to Client B's individualized plan, following physician orders and correctly documenting refusals, and taking consumers to church when and where they want to go. The Director of Residential Services will be responsible for training the Group Home Coordinator and Group Home Manager. The Group Home Manager will be responsible for training the Assistant Manager and direct care staff. The Director of Health Services will be responsible for training nursing staff. The nurse who was over the group home has been placed on disciplinary probation and moved to a different position. Two other nurses will be splitting the responsibility for the five group homes instead of one nurse being responsible for all</p>		

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			<p>five homes.</p> <p>Monitoring: The Group Home Manager will monitor the completion and implementation of all retraining and new training. The Training Coordinator will monitor the completion of all required initial and annual training. The Director of Health Services will monitor the implementation of the training the nursing staff receive. The Administrative Assistant will monitor the timely completion of all investigations.</p> <p>Date to Be Completed By: March 14, 2012 Responsible Party: Director of Residential Services, Vice President of Program Services, Group Home Coordinator, Group Home Manager, Director of Health Services, Administrative Assistant.</p>		

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W0136	<p>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>Based on interview and record review for 1 of 3 sampled clients (B), the facility failed to allow/assist the client to attend/go to church weekly.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 2/6/12 at 2:12 PM. The facility's 8/21/11 reportable incident report indicated "It was reported this morning that [client B] had asked to go to church 8-21-11 and staff did not take him...."</p> <p>The 8/21/11 Investigation Summary indicated "It was substantiated by A, B, C, G, H (facility identifiers) and [client C]; that [client B] had asked to go to church on Sunday. That he asked Sunday morning and that it was a 2 hour notice. There was not enough staff scheduled for the home when this request was made. [Client B] has just recently come to KCARC (Knox County ARC) And (sic) would like to go to church by himself." The 8/21/11 summary indicated client B was not able to go to church on 8/21/11 as the client's "...request was not given in a timely manner to be able to accommodate</p>	W0136	<p>Plan of Correction: Client B will be offered the opportunity to go to the church of his choice each week.</p> <p>Preventive Action: Staff will be retrained on offering each client the opportunity to go to the church of his/her choice each week and documenting when each client refuses.</p> <p>Monitoring: The Group Home Manager will monitor the consumers' outing calendars to ensure they are being offered the opportunity to go to church each week.</p> <p>Date to Be Completed By: March 14, 2012 Responsible Party: Group Home Coordinator, Group Home Manager</p>	03/14/2012			

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	<p>the request..." The Investigation Summary indicated "...the QMRP-D (Qualified Mental Retardation Professional-Designee) is to make sure that the schedule has the correct amount of staff to allow the consumers that want to attend church to be able to do so. The QMRP-D is also in the process of Adding (sic) an objective that will alone (sic) for [client B] to attend church by himself per his request."</p> <p>Interview with client B on 2/7/12 at 6:22 AM indicated the client wanted to go to church every Sunday. Client B indicated he attended a local church in the community. Client B stated "I have not been going due to short of staff." When asked when he last went to church, client B stated "I could not tell you."</p> <p>Client B's record was reviewed on 2/7/12 at 11:54 AM. Client B's Activity Calendars indicated client B did not attend church in October 2011 and November 2011. Client B's 12/11 Activity Calendar indicated client B attended church one time in December 2011 on 12/18/11 and one time in January 2012 on 1/8/12.</p> <p>Client B's 8/31/11 IPP indicated "The team has met and has decided that [client B] will be able to attend church on</p>			
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	<p>Sundays by himself. Staff will take [client B] to church after making sure that he has all identification information he will need. Staff will take [client B] to church and then return to get him after church is over."</p> <p>Interview with QMRP-D #1 on 2/7/12 at 7:20 AM indicated clients were allowed to go to church. QMRP-D #1 indicated client B was able to attend church and was able to go to church by himself. QMRP-D #1 indicated the staffing had been increased on the weekend to allow client B to be taken/transported to church.</p> <p>Interview with administrative staff #1 and the Director of Nursing Services on 2/8/12 at 9:55 AM indicated they were aware client B wanted to attend church. Administrative staff #1 indicated client B spoke with her about this on 2/3/12. Administrative staff #1 indicated facility staff were to take/transport client B to church when he wanted to go. Administrative staff #1 indicated there had been problems with staffing in the past and the client was able to go to church by himself as he only needed to be dropped off and picked up.</p> <p>9-3-2(a)</p>						

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W0149	<p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, interview and record review for 1 of 3 sampled clients (B), the facility neglected to implement its policy and procedures to prevent neglect of a client in regard to the client's fractured ribs/injury of unknown origin.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 2/6/12 at 2:12 PM. The facility's 1/13/12 reportable incident report indicated "It was discovered from an x-ray that [client B] has broken ribs. An investigation will be conducted." The 1/13/12 reportable incident report/investigation folder indicated the facility had conducted staff and client interviews in regard to client's B's injuries of unknown origin. The following documents were in the investigation folder:</p> <p>-staff interviews (hand written) which indicated facility staff did not know how client B's injury occurred.</p> <p>-client interviews (typed sheet of paper) which indicated no one saw client B fall and/or saw anyone do anything to the client.</p> <p>-Incident Resulting in a Fracture</p>	W0149	<p>Plan of Correction: An IDT meeting will be held for Client B to develop a smoking cessation plan. During the IDT meeting, the team will inform Client B of the risks involved in continuing to smoke and refuse medical treatment. The orders have now been discontinued. However, during the IDT meeting, the team will ask if Client B would reconsider if the physician writes the orders again. The nurse will contact the primary care physician to see if Client B needs to be seen by any specialists due to his medicals conditions. The nurse will also ask for any other dr. recommendations concerning Client B's recent health issues. A training objective will be written to assist Client B with increasing his daily exercise. Client B's high risk plan will be updated to include Osteoporosis, Rib Fractures. The investigation concerning Client B's broken ribs will be completed. A summary with recommendations will be completed. All staff will be retrained on the Abuse/Neglect policy and Investigatory Procedures.</p> <p>Preventive Action: The Group Home Manager, Group Home Coordinator and Nursing staff will be retrained on when it is appropriate to have an IDT</p>	03/14/2012			

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	<p>Checklist</p> <p>-1/17/12 cat scan "...Imaging of bilateral ribs were (sic) performed with a supplied history of abnormal CT (cat scan) shows multiple rib fractures...There are healing fractures of the right fourth, fifth, and 10th ribs, and 10th ribs posteriorly, the fifth rib laterally, and the sixth, seventh, and eight ribs anteriorly. There is a healing fracture of the left 10th rib laterally...Impression: Bilateral ribs: Multiple healing ribs bilaterally, much greater in number on the right." An undated hand written note on the cat scan report indicated "...The time frame for these injuries is within the past month. DEXA (Dexascan) results pending."</p> <p>-A typed 1/26/12 note by the facility's Nurse Practitioner (NP) indicated "I last evaluated [client B] on 1/13/2012 for a pain he was experiencing in his right chest and also coughing. Consequently, diagnostic testing ordered revealed that he had multiple healing fractures and also that he was positive for osteoporosis. On the date of the exam, I did not see any bruising or sign of physical injury. The patient did not describe any physical injury or falls. It is possible that the rib fractures happened due to violent coughing especially considering that he has newly diagnosed osteoporosis...."</p> <p>The facility's 1/13/12 reportable incident report and/or investigation folder did not</p>		<p>meeting, the purpose of an IDT meeting, the Abuse/Neglect Policy and Investigatory procedures. The nurses will also be retrained on reviewing and revising high risk plans, adding nursing recommendations to assessments, Assessing and documenting regularly, when it is appropriate to assess, and contacting the dr. when a consumer refuses an ordered treatment/medication, and updating the MAR when appropriate. All direct care staff will be trained on all new changes to Client B's individualized plan, following physician orders and correctly documenting refusals. The Director of Residential Services will be responsible for training the Group Home Coordinator and Group Home Manager. The Group Home Manager will be responsible for training the Assistant Manager and direct care staff. The Director of Health Services will be responsible for training nursing staff. The nurse who was over the group home has been placed on disciplinary probation and moved to a different position. Two other nurses will be splitting the responsibility for the five group homes instead of one nurse being responsible for all five homes.</p> <p>Monitoring: The Group Home Manager will monitor the completion and implementation of</p>				

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	<p>indicate any additional documentation of a summary and/or recommendations/corrective actions in regard to client B's injury of unknown origin/fractured ribs as of 2/6/12.</p> <p>During the 2/7/12 observation period between 5:00 AM and 8:00 AM, at the group home, client B coughed multiple times throughout the observation period and at times, appeared to be short of breath after coughing as the client's breathing was heavy with some gasping. During the 2/7/12 observation period client B was not offered and/or did not receive any treatments in regard to his rib fractures. Interview with staff #3 on 2/7/12 at 7:00 AM in regards to why client B was coughing, staff #3 stated "He has Emphysema. He is supposed to be on a breathing machine (spirometer), but refuses machine." Staff #3 then opened a bottom drawer of a cabinet and pulled out a spirometer/machine which was still in its plastic covering/bag. When asked if the breathing treatment/spirometer was a routine treatment and/or PRN (as needed), staff #3 stated "Not on the MARs (Medication Administration Record)." When staff #3 administered client B's morning medications on 2/7/12, staff #3 did not administer, encourage/ask client B to use the spirometer and/or any other treatments</p>		<p>all retraining and new training. The Training Coordinator will monitor the completion of all required initial and annual training. The Director of Health Services will monitor the implementation of the training the nursing staff receive. The Administrative Assistant will monitor the timely completion of all investigation.</p> <p>Date to Be Completed By: March 14, 2012 Responsible Party: Director of Residential Services, Vice President of Program Services, Group Home Coordinator, Group Home Manager, Director of Health Services, Administrative Assistant.</p>		

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	<p>for breathing.</p> <p>Client B's record was reviewed on 2/7/12 at 11:54 AM. Client B's 1/13/12 Medical Information Form indicated client B was seen by the NP for "Side Pain." The 1/13/12 form indicated "Pt (patient) is smoker-COPD (Chronic Obstructive Pulmonary Disease). Lungs emphesematous (sic)...will get cxr (chest x-ray) today...Call after 2 pm Monday (1/16/12) for result. Rx (prescription) given for Mucinex expectorant x (times) 7 d (days). Continue Keflex Antibiotic. "</p> <p>Client B's 1/13/12 cat scan report indicated a cat scan was done to rule out dissecting aorta as client B's chest x-ray was abnormal. The 1/13/12 report indicated healing rib fractures were found.</p> <p>Client B's 1/27/12 hand written orders/scripts indicated the NP wrote scripts for the following: -"Incentive spirometer TID (three times a day) Dx. (diagnosis) Rib fracture." -Cough: deep breath QID (four times a day) and splint with pillow, also splint to cough prn" (hold pillow at stomach while coughing).</p> <p>Client B's 1/30/12 Medical Information Form indicated client B was seen by the NP for " F/U (follow-up) on Ribs." The</p>			
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	<p>1/30/12 form indicated "Pt has COPD. He denies shortness of breath but is coughing. Rx given for Spiriva per handihaler. Rx given for Proventil HFA for prn use. F/U (with) [name of doctor] in 1 month."</p> <p>Client B's 8/30/11 Medical Information Form indicated client B's doctor documented "Recommend Stop Smoking & Increase Exercise."</p> <p>Client B's January 2012 Residential Monthly Summary (nurse monthly) indicated client B had the following medication changes/additions: "Incentive Spirometer to used tid. Cough deep breath qid, splint pillow when coughing. Proventil HFA inhaler 1 to 2 puffs po (by mouth) q (every) 4 hours prn when wheezing, SOB (short of breath), Spastic cough (sic) Spiriva 18 mcg (micrograms) 1 cap inhaled po per handihaler every day." The January 2012 nursing summary indicated the following: -1/5/12 "...Patient (client B) was encouraged on smoking cessation...." -1/13/12 Client B saw the doctor. The 1/13/12 note indicated x-rays were done at the doctor's office and "...No evidence of aortic dissection or aneurysm is identified...There are healing right sided</p>						

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	<p>posterior rib fractures and the right fourth, fifth, and 10th ribs as well as healing right lateral fifth, sixth, seventh rib fractures. There is also healing left 10th rib fracture. Dexascan ordered."</p> <p>-1/19/12 "Dexa scan. results are positive for osteoporosis."</p> <p>-1/30/12 Client B had a follow-up appointment with the NP "...consumer has COPD denies SOB, but still coughs. RX written for Spiriva, Proventi e PRN. Follow up with PCP (primary care physician) in one month. Spoke with Dr. consumer is refusing using the deep breath and cough, using the pillow splint, using the incentive spirometer. (sic)" Client B's January 2012 nursing summary neglected to indicate any additional documentation and/or clarification in regard to the spirometer and deep coughing with the pillow as the orders had not been discontinued.</p> <p>Client B's February 2012 Monthly Summary indicated the following:</p> <p>-2/7/12 Client B was sent to the emergency room as client B had been pushed down by another client in the group home. The note indicated the client complained of no rib pain and/or knee pain but since the client was diagnosed</p>						

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	<p>with osteoporosis, the client was sent out.</p> <p>-2/7/12 X-ray report indicated "...no acute disease or fracture. Multiple old healing fractures...."</p> <p>Client's 2/7/12 Emergency Room or Outpatient Information Form indicated client B was seen in a local emergency room due to being "Pushed and fell. Consumer has Osteoporosis (with) history of Rib fractures...." The 2/7/12 form indicated "...Watch for Cough, Fever, or Shortness of Breath Because Sometimes Pneumonia is a complication of rib injuries (sic)."</p> <p>Client B's 12/27/11 nursing note indicated client B's lung sounds were last assessed by the facility's nurse on 12/27/11. The 12/27/11 nursing note indicated "...Lungs are somewhat wheezy. [Client B] is a heavy smoker...." Client B's January and/or February 2012 nursing notes/summaries and/or record indicated the facility neglected to assess and/or document client B's lung/breath sounds since the discovery of client B's fractured ribs on 1/13/12 as no other documented assessments were present in client B's record as of 2/7/12.</p> <p>Client B's 8/31/11 Individual Program Plan (IPP) indicated client B was</p>						

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	<p>admitted to the group home on 7/22/11. Client B's 8/31/11 IPP indicated client B's diagnoses included, but were not limited to, COPD, Hypertension, Diabetes and Peripheral Vascular Disease.</p> <p>Client B's 8/31/11 IPP indicated client B's nursing care/risk plans were developed on 7/1/11. Client B's 7/1/11 fall risk plan indicated client B was a "...High Risk for Falls Due to Syncope (stand up and get dizzy/light headed)..." Client B's 7/1/11 fall risk plan indicated facility staff were to assess the area for safety, contact the nurse with any signs/symptoms of " unsteadiness, and to monitor client B for " dizzy spells " and signs of lethargy. Client B's 7/1/11 COPD nursing care/risk plan indicated "...2. encourage deep breathing exercises. 3. Monitor for SOB, cough, wheezing, discolored lips, respiratory rate above 20. Contact Nurse with any above symptoms." Client B's 7/1/11 and/or 8/31/11 IPP indicated the facility neglected to address/develop a risk plan for client B's Osteoporosis, neglected to develop a risk plan for client B's fractured ribs, and neglected to review client B's fall risk plan to ensure the plan still met client B's needs.</p> <p>Client B's record and/or IPP indicated client B's interdisciplinary team (IDT) did not meet to address client B's fractured</p>			
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	<p>ribs until 2/7/12. The 2/7/12 IDT Meeting note indicated the client's IDT met to discuss "Broken Ribs, smoking, alcohol use plan, cough order & (and) bone density test." The 2/7/12 IDT note indicated "No pain from broken ribs. Had bone density scan and was found to have osteoporosis (sp?) (spelling?) (sic) and started suppliments (sic). Fell a few times before coming to KCARC (Knox County ARC) and once at Day Program. Doctor thinks COPD coughing could have caused breaks. Talked about dangers of smoking & correlation between smoking and coughing...." Client B's 2/7/12 IDT neglected to include any additional documentation in regard to the client's fractured ribs. The facility/IDT neglected to specifically/formally address client B's smoking, refusals of medical/health treatments, and/or neglected to put in place/include protective measures in regard to the client's fractured ribs and/or coughing.</p> <p>An e-mail sent by the DHS was reviewed on 2/10/12 at 12:15 PM. The 2/10/12 e-mail indicated an attachment of a nurse quarterly assessment completed on 1/20/12 by the facility's nurse for the group home. The 1/20/12 attachment indicated "COPD Adventitious Breath Sound (breath sounds heard in addition to normal breathing). No Issues From</p>						

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	<p>Smoking." The 1/20/12 quarterly assessment indicated the client had "shallow" respirations. The 1/20/12 quarterly assessment neglected to include any additional nursing measures and/or recommendations. Client B's 1/20/12 quarterly assessment was not part of/in client B's record on 2/7/12.</p> <p>Interview with client B on 2/7/12 at 6:22 AM and at 10:55 AM stated his ribs "bothers me every now and then." When asked how the client broke his ribs, client B indicated he thought he broke his ribs in a fall he had before his admission to the facility (admitted 7/22/11). Client B indicated he fell in the parking lot of a gas station. Client B indicated he was injured when he fell in the parking lot of the gas station and was taken to a hospital for treatment. Client B also indicated he fell in the yard of his apartment building before moving into the group home. When asked why client B was falling, client B stated "I don't know, I just passed out." Client B indicated he had fallen one time since he had been admitted to the group home. Client B indicated he fell out of a chair at the day program. Client B stated "I passed out when I fell out of the chair."</p> <p>Interview with Qualified Mental Retardation Professional-Designee</p>						

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	<p>(QMRP-D) #1 on 2/7/12 at 6:25 AM and 7:20 AM stated client B had gone to his doctor due to complaints of "side pain." QMRP-D #1 indicated when x-rays were done, client B was found to have broken ribs and was diagnosed with Osteoporosis. When asked how client B broke his ribs, QMRP-D #1 indicated client B told QMRP-D #1 client B fell before he moved into the group home. QMRP-D #1 stated client B was admitted to the group home "back in the summer." QMRP-D #1 stated client B was "adamant" about falling at his previous home in the community. QMRP-D #1 indicated client B had fallen one time since the client had been admitted to the group home. QMRP-D #1 stated client B "has a bad short term memory." QMRP-D #1 indicated client B's IDT would be meeting this morning on 2/7/12 to put precautions in place.</p> <p>Interview with staff #3 on 2/7/12 at 7:00 AM indicated client B had not complained about his ribs. Staff #3 stated he had not seen client B fall, but thought client B's fractured ribs were due to his "coughing or something one time." Staff #3 stated client B "has bad coughing spells in the morning when he gets up."</p> <p>Interview with day program staff #4 on 2/7/12 at 10:50 AM indicated day</p>						

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	<p>program staff #4 had not heard client B cough at work. Day program staff #4 indicated she was not aware of any falls with client B other than the time the client fell out of his chair.</p> <p>Interview with administrative staff #1, QMRP-D #1 and the Director of Nursing Services (DNS) on 2/8/12 at 9:55 AM indicated client B had fractured his ribs in the past. Administrative staff #1 indicated when client B fell in 11/11 at the day program, client B's x-ray showed the client had an old fracture of the rib. Administrative staff #1 and the DNS stated client B's current rib fractures was "a new fracture" and not the same fracture seen in 11/11. Administrative staff #1 indicated the NP indicated client B's rib fractures occurred within 30 days of the fractures being found. Administrative staff #1 and the DNS indicated client B's falls prior to moving into the group home would not be the cause of client B's fractures found in 1/13/12. The DNS, QMRP-D #1 and administrative staff #1 indicated they were only aware of one fall with client B since he moved into the group home. Administrative staff #1 indicated client B's IDT met on 2/7/12 to address the client's fractured ribs and to put in place protective measures. When asked why client B's IDT met on 2/7/12 and not before, administrative staff #1</p>			

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	<p>indicated client B's IDT was scheduled for 2/7/12. Administrative staff #1 and the DNS indicated they thought a risk plan had been put in place for client B's rib fractures. Administrative staff #1 stated, "BDDS (Bureau of Developmental Disabilities Services) would not have closed case without one." Administrative staff #1 and the DNS indicated client B's NP indicated client B's fractured ribs could have occurred from client B's coughing since the client had Osteoporosis. Administrative staff #1 indicated she was aware of the client's order for the Spirometer and the order to use a pillow when coughing. Administrative staff #1 and the DNS indicated the staff should be asking the client to follow the ordered treatment. Administrative staff #1 indicated she thought client B did not want to use the pillow when coughing and/or do the deep cough treatments with a pillow. The DNS and/or administrative staff #1 did not know if the group home's nurse had contacted client B's doctor on the client's refusal of the treatments. Administrative staff #1, QMRP-D #1 and the DNS indicated client B was a cigarette smoker. Administrative staff #1, the DNS and QMRP-D #1 stated they had "informally counseled" client B about his smoking and the need to stop smoking. QMRP-D #1 and administrative staff #1 indicated</p>			

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	<p>client B did not have a formal training objective in place which addressed the client's smoking and/or need to stop smoking. Administrative staff #1 indicated client B's IDT addressed this issue at the 2/7/12 IDT meeting. Administrative staff #1 and QMRP-D #1 indicated client B's IPP did not address the client's refusals to participate in medical treatments. Administrative staff #1 indicated client B had a problem with short term memory loss. Interview with administrative staff #1 stated the investigation of client B's fractures was "still ongoing." Administrative staff #1 stated client B may remember what happened "a couple of weeks down the road." Administrative staff #1 indicated no summary had been written as of 2/8/12. Administrative staff #1 stated "We have not determined the cause" and client B's injury "likely happened from coughing." Administrative staff #1 indicated she had asked the nurse to speak with client B's doctor about client B's coughing.</p> <p>Interview with LPN #1 on 2/8/12 at 11:25 AM indicated LPN #1 had not developed a risk/care plan for client B's fractured ribs and/or Osteoporosis. LPN #1 stated "I was told I had until Friday (2/10/12) to do." LPN #1 indicated client B's doctor was aware of the client's refusals to do the</p>			
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	<p>deep breathing treatment and refusal to use the Spirometer. LPN #1 indicated client B's doctor called LPN #1 on 1/30/12 and told LPN #1 client B was refusing to do the treatments. When asked if LPN #1 had obtained any other instructions/directives or clarification on what to do, LPN #1 stated "No he (client B's doctor) has not done anything yet."</p> <p>Interview with administrative staff #1 on 2/8/12 at 1:40 PM indicated client B was started on Spiriva and a PRN medication for his breathing on 1/30/12. Administrative staff #1 indicated client B's Spirometer and deep breathing orders had not been discontinued. Administrative staff #1 indicated she did not know why staff were not documenting the treatments and/or refusals on the 2/12 MAR. When asked if the facility was monitoring client B's lung/breath sounds for complications, administrative staff #1 indicated the group home nurse should be monitoring/assessing the client. Administrative staff #1 stated the DNS indicated LPN #1 had assessed the client's lung/breath sounds but "did not document his assessments."</p> <p>Interview with administrative staff #2 on 2/8/12 at 12:08 PM indicated the investigation in regard to the 1/13/12 incident was completed on 2/3/12.</p>						

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	<p>Administrative staff #2 indicated the investigation had not been written/typed up. Administrative staff #2 indicated no summary and/or recommendations had been written for the 1/13/12 incident.</p> <p>The policy and procedures were reviewed on 2/6/12 at 1:55 PM. The facility's 12/1/11 policy entitled Neglect, Abuse, Battery, Exploitation Policy and Incident Reporting/Investigatory Procedure indicated "...Neglect, abuse, battery or exploitation or violation of consumer rights of any KCARC consumer by any person will not be tolerated...." The policy indicated the facility would conduct through investigations in regard to abuse, neglect and/or injuries of unknown origin. The 12/1/11 policy indicated "...All investigations are to be concluded within (5) days of the date and time of the initial complaint. The investigation will be documented on ISO Form #124 Investigation Summary." The facility's 12/1/11 policy defined neglect "...means failure to provide goods and services necessary to avoid physical or psychological harm. It is a situation that creates danger to an individual's physical or mental health because the caregiver is unable or fails to provide necessary support such as food, shelter, clothing, medical care, protection/safety,...."</p>			
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W0154	<p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on interview and record review for 1 of 11 allegations of neglect, abuse and/or injuries of unknown origin reviewed, the facility failed to conduct a thorough investigation for an injury of unknown origin involving client B.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 2/6/12 at 2:12 PM. The facility's 1/13/12 reportable incident report indicated "It was discovered from an x-ray that [client B] has broken ribs. An investigation will be conducted." The 1/13/12 reportable incident report/investigation folder indicated the facility had conducted staff and client interviews in regard to client's B's injuries of unknown origin. The following documents were in the investigation folder:</p> <p>-staff interviews (hand written) which indicated facility staff did not know how client B's injury occurred.</p> <p>-client interviews (typed sheet of paper) which indicated no one saw client B fall and/or saw anyone do anything to the client.</p> <p>-Incident Resulting in a Fracture</p>	W0154	<p>Plan of Correction: The investigation concerning Client B's broken ribs will be completed. A summary with recommendations will be completed. All staff will be retrained on the Abuse/Neglect policy and Investigatory Procedures. Preventive Action: All staff will be retrained on the Abuse/Neglect policy and Investigatory Procedures Monitoring: The Administrative Assistant will monitor the timely completion of all investigations. The Administrative Assistant evaluates the thoroughness of the investigation by reviewing the investigation summary which covers the following information: Incident date, Incident time, Place of occurrence, who report the incident, reporting date, consumers involved, what type of investigation is being completed, who was notified of the incident, a brief description of the incident, Immediate action taken, the investigation procedure, evidence that was collected, summary of the evidence, conclusion, corrective action taken , and signature and date of investigator, VP Area, QMRP, Director/Manager of Area and Director of Health Services (as appropriate to health related investigations) Date to Be</p>	03/14/2012			

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	<p>Checklist</p> <p>-1/17/12 cat scan "...Imaging of bilateral ribs were (was) performed with a supplied history of abnormal CT (cat scan) shows multiple rib fractures...There are healing fractures of the right fourth, fifth, and 10th ribs, and 10th ribs posteriorly, the fifth rib laterally, and the sixth, seventh, and eight ribs anteriorly. There is a healing fracture of the left 10th rib laterally...Impression: Bilateral ribs: Multiple healing ribs bilaterally, much greater in number on the right." An undated hand written note on the cat scan report indicated "...The time frame for these injuries is within the past month. DEXA (Dexascan) results pending."</p> <p>-A typed 1/26/12 note by the facility's Nurse Practitioner (NP) indicated "I last evaluated [client B] on 1/13/2012 for a pain he was experiencing in his right chest and also coughing. Consequently, diagnostic testing ordered revealed that he had multiple healing fractures and also that he was positive for osteoporosis. On the date of the exam, I did not see any bruising or sign of physical injury. The patient did not describe any physical injury or falls. It is possible that the rib fractures happened due to violent coughing especially considering that he has newly diagnosed osteoporosis...."</p> <p>The facility's 1/13/12 reportable incident report and/or investigation folder did not</p>		Completed By: March 14, 2012 Responsible Party: Director of Residential Services and Administrative Assistant.				

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	<p>indicate any additional documentation of a summary and/or recommendations/corrective actions in regard to client B's injury of unknown origin/fractured ribs as of 2/6/12.</p> <p>Interview with administrative staff #1, QMRP-D #1 and the Director of Nursing Services (DNS) on 2/8/12 at 9:55 AM indicated client B had fractured his ribs in the past. Administrative staff #1 indicated when client B fell in 11/11 at the day program, client B's x-ray showed the client had an old fracture of the rib. Administrative staff #1 and the DNS stated client B's current rib fractures was "a new fracture" and not the same fracture seen in 11/11. Administrative staff #1 indicated the NP indicated client B's rib fractures occurred within 30 days of fractures being found. Administrative staff #1 and the DNS indicated client B's falls prior to moving into the group home would not be the cause of client B's fractures found in 1/13/12. The DNS, QMRP-D #1 and administrative staff #1 indicated they were only aware of one fall with client B since he moved into the group home. Administrative staff #1 and the DNS indicated client B's NP indicated client B's fractured ribs could have occurred from client B's coughing since the client had Osteoporosis. Administrative staff #1 indicated client B</p>				

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	<p>had a problem with short term memory loss. Interview with administrative staff #1 stated the investigation of client's B's fractures was "still ongoing." Administrative staff #1 stated client B may remember what happened "a couple of weeks down the road." Administrative staff #1 indicated no summary had been written as of 2/8/12. Administrative staff #1 stated "We have not determined the cause" and client B's injury "likely happened from coughing."</p> <p>Interview with administrative staff #2 on 2/8/12 at 12:08 PM indicated the investigation in regard to the 1/13/12 incident was completed on 2/3/12. Administrative staff #2 indicated the investigation had not been written/typed up. Administrative staff #2 indicated no summary and/or recommendations had been written for the 1/13/12 incident.</p> <p>9-3-2(a)</p>				

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W0156	<p>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.</p> <p>Based on interview and record review for 1 of 11 allegations of neglect, abuse and/or injuries of unknown origin reviewed, the facility failed to complete an investigation timely/within 5 days for an incident regarding client B's injuries of unknown origin.</p> <p>Findings include:</p> <p>The facility's reportable incident reports and/or investigations were reviewed on 2/6/12 at 2:12 PM. The facility's 1/13/12 reportable incident report indicated "It was discovered from an x-ray that [client B] has broken ribs. An investigation will be conducted."</p> <p>Interview with administrative staff #1 on 2/8/12 at 9:55 AM stated the investigation of client B's fractures was "still ongoing."</p> <p>Interview with administrative staff #2 on 2/8/12 at 12:08 PM indicated the investigation in regard to the 1/13/12 incident was completed on 2/3/12. Administrative staff #2 indicated the investigation was not completed within 5 business days of the incident.</p>	W0156	<p>Plan of Correction: The investigation concerning Client B's broken ribs will be completed. A summary with recommendations will be completed. All staff will be retrained on the Abuse/Neglect policy and Investigatory Procedures.</p> <p>Preventive Action: All staff will be retrained on the Abuse/Neglect policy and Investigatory Procedures</p> <p>Monitoring: The Administrative Assistant will monitor the timely completion of all investigations.</p> <p>Date to Be Completed By: March 14, 2012 Responsible Party: Director of Residential Services and Administrative</p>	03/14/2012			

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W0189	<p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C) and for 3 additional clients (D, E and F), the facility failed to provide each current employee with initial training regarding the Elder Justice Act and failed to ensure each employee understood their rights and responsibilities pertaining to the Act.</p> <p>Findings include:</p> <p>During observations at the facility on 2/7/12 from 5:00 AM to 8:00 AM, clients B, C, D, E and F lived at the facility. Client A, who was a resident of the facility, was in the hospital at the time of the survey. During various times of the observation period, staff #3, staff #4 and Qualified Mental Retardation Professional-Designee #1 worked with clients B, C, D, E and F.</p> <p>A list of employees, who worked at the facility with clients A, B, C, D, E and F was reviewed on 2/6/12 at 2:30 PM. The list indicated staff #1, #2, #3, #4 and #5 currently worked in the group home/facility.</p> <p>Interview with administrative staff #1 on</p>	W0189	<p>Plan of Correction: A policy will be developed to cover the staff rights and responsibilities listed in the Elder Justice Act. All staff will be trained on that policy.</p> <p>Preventive Action: Training on the Elder Justice act will be added to new hire training and annual training.</p> <p>Monitoring: The Training Coordinator and Group Home Manager will monitor the completion of all required initial and annual training.</p> <p>Date to Be Completed By: March 14, 2012 Responsible Party: Training Coordinator, Group Home Manager</p>	03/14/2012			

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	<p>2/7/12 at 9:45 AM indicated she was aware of the Elder Justice Act.</p> <p>Administrative staff #1 indicated facility staff were trained to report any allegations of abuse/neglect to the administrator and the staff had been told they could report the allegation to outside agencies/sources on their own. When asked if facility had documentation the facility staff had been specifically trained in regard to the new act/law, administrative staff #1 indicated there was no documentation the staff had been trained.</p> <p>9-3-3(a)</p>			
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W0210	<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 on interview and record review for 3 of 3 sampled clients (A, B and C), the clients' interdisciplinary teams (IDTs) failed to obtain an initial assessment of the clients' sensorimotor skills and/or vocational skills within 30 days of being admitted to the facility.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Client B's record was reviewed on 2/7/12 at 11:54 AM. Client B's 7/22/11 Notice of Agency/Admission/Transfer/Discharge form indicated client B was admitted to the group home on 7/22/11. <p>Client B's 8/31/11 Individual Program Plan (IPP) and/or record indicated the client's IDT did not obtain an initial assessment of the client's sensorimotor skills (physical therapy and/or occupational therapy assessment) within 30 days of being admitted to the facility.</p> <p>Client C's record was reviewed on 2/7/12 at 2:17 PM. Client C's 8/3/11 IPP indicated the client was admitted to the group home on 7/12/11. Client C's 8/3/11 IPP and/or record indicated the client's</p>	W0210	<p>Plan of Correction: A PT/OT evaluation and Vocational evaluation will be completed on all clients.</p> <p>Preventive Action: A PT/OT evaluation and vocational evaluation will be added to the KCARC admission checklist. The Medical Assistants will be trained to monitor the completion of the PT/OT eval. The Day Program Coordinator will be trained to monitor the completion of the vocational evaluation</p> <p>Monitoring: The Medical Assistants will be trained to monitor the completion of the PT/OT eval. The Day Program Coordinator will be trained to monitor the completion of the vocational evaluation</p> <p>Date to Be Completed By: March 14, 2012 Responsible Party: Medical Assistants, Day Program Coordinator</p>	03/14/2012	

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	<p>IDT did not obtain an initial assessment of the client's sensorimotor skills within 30 days of being admitted to the facility.</p> <p>Interview with administrative staff #1 and the Director of Nursing Services on 2/8/12 at 9:55 AM indicated the clients' IDTs had not obtained and/or assessed client B and C's sensorimotor skills since their admission to the group home.</p> <p>2. Client A's record was reviewed on 2/7/12 at 1:00 PM. The client's 7/29/11 IPP (Individualized Program Plan) face sheet indicated the client was admitted to the group home on 7/29/11. Client A's record indicated the client did not have a PT, OT or a Vocational evaluation completed within 30 days after admission.</p> <p>Interview with Administrative staff #1 on 2/8/12 at 9:45 AM indicated she was not aware these assessments needed to be completed if a doctor indicated they were not necessary.</p> <p>9-3-4(a)</p>				

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W0227	<p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, interview and record review for 1 of 3 sampled clients (B), the facility failed to address a client's identified behavioral need in regard to refusals with medical/health treatments, refusal to shave and/or refusals to change his pull-ups. The facility also failed to address the client's need to stop smoking.</p> <p>Findings include:</p> <p>1. During the 2/7/12 observation period between 5:00 AM and 8:00 AM, at the group home, client B coughed multiple times throughout the observation period and at times, appeared to be short of breath after coughing as the client's breathing was heavy with some gasping. During the 2/7/12 observation period client B was not offered and/or did not receive any treatments in regard to his rib fractures. Interview with staff #3 on 2/7/12 at 7:00 AM in regards to why client B was coughing, staff #3 stated "He has Emphysema. He is supposed to be on a breathing machine (spirometer), but refuses machine." Staff #3 then opened a bottom drawer of a cabinet and pulled out a spirometer/machine which was still in its plastic covering/bag.</p>	W0227	<p>Plan of Correction: Plan of Correction: Client B's individualized plan will be revised to address refusals of medical/health treatments, refusal to shave and refusal to change his pull-ups. A smoking cessation plan will be developed and included as a part of Client B's individualized Plan.</p> <p>Preventive Action: All direct care staff will be trained by the Group Home Manager/QDDP on all changes to Client B's plan. The Group Home Manager and Group Home Coordinator will be retrained by the Director of Residential Services on revising individualized plans when appropriate.</p> <p>Monitoring: The Group Home Coordinator will monitor that plans are revised as appropriate. The Group Home Manager will monitor that the changes made to Client B's plan are implemented.</p> <p>Date to Be Completed By: March 14, 2012 Responsible Party: Director of Residential Services, Group Home Coordinator, Group Home Manager</p>	03/14/2012			

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	<p>Client B's record was reviewed on 2/7/12 at 11:54 AM. Client B's 1/13/12 cat scan report indicated a cat scan was done to rule out dissecting aorta as client B's chest x-ray was abnormal. The 1/13/12 report indicated healing rib fractures were found.</p> <p>Client B's 1/27/12 hand written orders/scripts indicated the NP wrote scripts for the following: -"Incentive spirometer TID (three times a day) Dx. (diagnosis) Rib fracture." -Cough: deep breath QID (four times a day) and splint with pillow, also splint to cough prn" (hold pillow at stomach while coughing).</p> <p>Client B's 8/30/11 Medical Information Form indicated client B's doctor documented "Recommend Stop Smoking & Increase Exercise."</p> <p>Client B's January 2012 Residential Monthly Summary (nurse monthly) indicated client B had the following medication changes/additions: "Incentive Spirometer to used tid. Cough deep breath qid, splint pillow when coughing...."</p> <p>-1/5/12 "...Patient (client B) was encouraged on smoking cessation...."</p>			
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	<p>-1/30/12 Client B had a follow-up appointment with the NP "...consumer has COPD denies SOB, but still coughs. RX written for Spiriva, Proventi e PRN. Follow up with PCP (primary care physician) in one month. Spoke with Dr. consumer is refusing using the deep breath and cough, using the pillow splint, using the incentive spirometer. (sic)"</p> <p>Client B's February 2012 Monthly Summary indicated the following:</p> <p>-2/7/12 Client B was sent to the emergency room as client B had been pushed down by another client in the group home. The note indicated the client complained of no rib pain and/or knee pain but since the client was diagnosed with osteoporosis, the client was sent out.</p> <p>Client B's 8/31/11 Individual Program Plan (IPP) indicated client B's diagnoses included, but were not limited to, COPD, Hypertension, Diabetes and Peripheral Vascular Disease.</p> <p>Client B's 8/31/11 IPP, 2/7/12 interdisciplinary team (IDT) meeting note and/or 8/31/11 Behavior Support Plan (BSP) did not address client B's need to stop smoking and/or address the client's refusals in regard to medical/health treatments.</p>			
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	<p>Interview with administrative staff #1, QMRP-D #1 and the Director of Nursing Services (DNS) on 2/8/12 at 9:55 AM indicated client B was a cigarette smoker and the client did not intend to stop smoking. Administrative staff #1, the DHS and QMRP-D #1 stated they had "informally counseled" client B about his smoking and the need to stop smoking. QMRP-D #1 and administrative staff #1 indicated client B did not have a formal training objective in place which addressed the client's smoking and/or need to stop smoking. Administrative staff #1 indicated client B's IDT addressed this issue at the 2/7/12 IDT meeting. Administrative staff #1 indicated she was aware of the client's order for the Spirometer and the order to use a pillow when coughing. Administrative staff #1 and the DNS indicated the staff should be asking the client to follow the ordered treatment. Administrative staff #1 indicated she thought client B did not want to use the pillow when coughing and/or do the deep cough treatments with a pillow. Administrative staff #1 and QMRP-D #1 indicated client B's IPP did not address the client's refusals to participate in medical treatments.</p> <p>2. During the 2/7/12 observation period between 5:00 AM and 8:00 AM, at the</p>			
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	<p>group home, client B left for the day program unshaven as the client had hair on his face.</p> <p>Client B's record was reviewed on 2/7/12 at 11:54 AM. Client B's Contact Notes indicated the following:</p> <p>-1/1/12 "It was supper time and [client B] got up from table. Staff noticed that he was wet. [Client B] went to the bathroom. He came back. Staff noticed he was more wet than before. After supper staff saw a puddle in his chair...." The 1/1/12 note indicated "...[Client B] does wear a pullup & (and) is encouraged to change it when wet...."</p> <p>-10/31/11 "[Client B] pants wet. 3 staff suggested he change before leaving for the day. He stated it was coffee and it would be alright (sic)."</p> <p>-10/28/11 "[Client B] had huge wet spots on front of pants. Staff asked several times to change (sic). He refused saying it was just drool. His pullup was full, hanging down almost to his knees. Staff tried several times to explain it appeared to be pullup but he still refused. He left on [name of transportation] soaked and smelling of urine real bad."</p> <p>-10/27/11 Client B was asked to change</p>						

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	<p>his pants "...because his pants were soaked and his pullup was clearly drenched and soaking through. He refused telling staff it was drool on his pants...."</p> <p>Client B's 8/31/11 IPP indicated client B had an objective to shave daily. Client B's 8/31/11 IPP and/or BSP did not indicate the client's IDT addressed the client's hygiene refusals in regard to shaving and/or changing his pull-ups.</p> <p>Interview with staff #3 on 2/7/12 at 7:00 AM stated "It is hard to get him to shave. He has to be in the mood." Staff #3 indicated client B would often refuse to shave. Staff #3 indicated client B wore pullups as the client would urinate on himself. Staff #3 stated client B would refuse to change his pullup when the urine "soaked through to his clothes."</p> <p>Interview with QMRP-D #1 on 2/7/12 at 7:20 AM indicated client B's IPP and/or BSP did not address the client's refusals in regard to his hygiene (shaving and/or changing pullups).</p> <p>9-3-4(a)</p>				

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W0229	<p>The objectives of the individual program plan must be stated separately, in terms of a single behavioral outcome.</p> <p>Based on interview and record review for 2 of 3 sampled clients (A and B), the facility failed to ensure each client's Individual Program Plan (IPP) objectives were stated in single skill outcome.</p> <p>Findings include:</p> <p>1. Client B's record was reviewed on 2/7/12 at 11:54 AM. Client B's 8/31/11 IPP indicated client B had a goal for community awareness. Client B's community awareness goal indicated the following objective: "[Client B] will complete the following task once daily." The IPP objective methodology indicated "A. Read a newspaper article with staff assistance B. Use the computer to track current news C. Watch the news and talk with staff about what he seen (sic) D. Listen to news report on the Radio." Client B's 8/31/11 IPP objective was not written in terms of a single behavioral outcome/result to assist the client to learn the objective.</p> <p>Client B's 8/31/11 IPP indicated client B had an objective to complete one of the following tasks daily (make a purchase at a local store, write a mock check with assistance, identify \$1, \$5, \$10 and \$20</p>	W0229	<p>Plan of Correction: All objectives will be review/revised to be stated separately, in terms of a single behavioral outcome.</p> <p>Preventive Action: The Group Home Manager and Group Home Coordinator will be retrained by the Director of Residential Services to write each objective in terms of a single behavioral outcome.</p> <p>Monitoring: The Group Home Coordinator will monitor that each objective is written correctly.</p> <p>Date to Be Completed By: March 14, 2012 Responsible Party: Director of Residential Services, Group Home Coordinator, Group Home Manager</p>	03/14/2012
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	<p>dollar bill and to identify coins) with 50% gestural prompts for 3 consecutive months. Client B's 8/31/11 IPP objective was not written in terms of a single behavioral outcome/result to assist the client to learn the objective.</p> <p>Interview with Qualified Mental Retardation Professional-Designee (QMRP-D) #1 on 2/7/12 at 7:36 AM and on 2/8/12 at 9:55 AM indicated client B's objectives were not written in single behavioral outcomes and he was aware the objectives needed to be revised.</p> <p>2. Client A's record was reviewed on 2/7/12 at 1:00 PM. Client A's 8/30/11 IPP indicated client A had a goal for assisting with meal preparation. Client A's meal preparation goal indicated the following objective: "[Client A] will assist with meal preparation, including set-up and clean up for a meal at least 1 time weekly." The IPP objective methodology indicated "A. Wipe tables after meals B. Prepare 1 food item C. Set table D. Wash dishes." Client A's 8/30/11 IPP objective was not written in terms of a single behavioral outcome/result to assist the client to learn the objective.</p> <p>Client A's 8/30/11 IPP indicated client A had a goal for household cleaning. Client</p>			
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	<p>A's household cleaning goal indicated the following objective: "[Client A] will do one of the household cleaning 1 times daily." The IPP objective methodology indicated "A. Mop floor B. Vacuum C. Pick up/Clean up room D. Dust." Client A's 8/30/11 IPP objective was not written in terms of a single behavioral outcome/result to assist the client to learn the objective.</p> <p>Interview with Qualified Mental Retardation Professional-Designee (QMRP-D) #1 on 2/7/12 at 7:36 AM and on 2/8/12 at 9:55 AM indicated client A's objectives were not written in single behavioral outcomes and he was aware the objectives needed to be revised.</p> <p>9-3-4(a)</p>			

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W0231	<p>The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance. Based on interview and record review for 2 of 3 sampled clients (B and C), the clients' Individual Program Plans (IPPs) failed to include a criteria for each individual objective to determine when the objective would be completed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Client B's record was reviewed on 2/7/12 at 11:54 AM. Client B's 8/31/11 IPP indicated client B had a goal for community awareness. Client B's community awareness goal indicated the following objective: "[Client B] will complete the following task once daily." The methodology indicated "A. Read an newspaper article with staff assistance B. Use the computer to track current news C. Watch the news and talk with staff about what he seen D. Listen to news report on the Radio." Client B's 8/31/11 IPP objective did not include a specific criteria of completion to determine when the objective would be considered met/achieved. Client C's record was reviewed on 2/7/12 at 2:17 PM. Client C's 8/31/11 IPP indicated the client had the following objectives: 	W0231	<p>Plan of Correction: All objective will be reviewed/ revised to include criteria for each individual objective to determine when the objective will be completed.</p> <p>Preventive action: The Group Home Manager and Group Home Coordinator will be retrained by the Director of Residential Services on including criteria for each individual objective to determine when the objective will be completed.</p> <p>Monitoring: The Group Home Coordinator will monitor that appropriate criteria exists for each objective.</p> <p>Date to Be Completed By: March 14, 2012 Responsible Party: Director of Residential Services, Group Home Coordinator, Group Home Manager</p>	03/14/2012	

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	<p>-"[Client C] will complete daily hygiene task to completion."</p> <p>-"Client C] will complete three mock transaction scenarios a week."</p> <p>-"[Client C] will verbally identify one medication during each med pass (Documentation will take place once daily)."</p> <p>Client C's above mentioned 8/3/11 IPP objectives did not include a specific criteria of completion to determine when the objective would be considered met/achieved.</p> <p>Interview with Qualified Mental Retardation Professional-Designee (QMRP-D) #1 on 2/7/12 at 7:36 AM and on 2/8/12 at 9:55 AM indicated client B and C's IPP objectives did not include criteria of completion and needed to be revised.</p> <p>9-3-4(a)</p>			
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W0252	<p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on interview and record review for 2 of 3 sampled clients (B and C), the facility failed to collect data on the clients' specified Individual Program Plan (IPP) objectives.</p> <p>Findings include:</p> <p>Client B's record was reviewed on 2/7/12 at 11:54 AM. Client B's 8/31/11 IPP indicated the client had the following objectives:</p> <ul style="list-style-type: none"> -To shave his face and neck with an electric razor once daily with verbal prompts 25% of the time for 3 consecutive months. -To help staff when completing weekly budget sheets with gestural prompts 30% of the time for 3 consecutive months. <p>Client B's February 2012 data book indicated the above mentioned objectives/data sheets were not present in the February 2012 data book for staff to document/collect data.</p> <p>Client C's record was reviewed on 2/7/12 at 2:17 PM. Client C's 8/3/11 IPP indicated client C had an objective to</p>	W0252	<p>Plan of Correction: The Group Home Coordinator and the Group Home Manager will be retrained by the Director of Residential Services on ensuring the appropriate data collection sheets are in the home at all times and ensuring that staff are filling them out correctly.</p> <p>Preventive Action: The Group Home Manager will be retrained by the Director of Residential Services on ensuring the appropriate data collection sheets are in the home at all times and ensuring that staff are filling them out correctly.</p> <p>Monitoring: The Group Home Manager will do spot checks of data sheets at least four times per week.</p> <p>Date to Be Completed By: March 14, 2012 Responsible Party: Director of Residential Services, Group Home Manager, Group Home Coordinator</p>	03/14/2012			

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	<p>verbally identify one medication during each med pass daily.</p> <p>Client C's February 2012 data book indicated the client's data book did not include a data sheet for the above mentioned IPP objective for staff to collect data on.</p> <p>Interview with administrative staff #1 and Qualified Mental Retardation Professional-Designee (QMRP-D) #1 on 2/7/12 at 9:55 AM indicated clients B and C should have data sheets in their books for the above mentioned objectives for February 2012.</p> <p>9-3-4(a)</p>						

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W0318	<p>The facility must ensure that specific health care services requirements are met.</p> <p>Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Health Care Services for 2 of 3 sampled clients (A and B). The facility's health care services failed to meet the health care needs of a client who had fractured ribs in regard to monitoring a client's health status, implementation of orders, and development of risk/care plans for a client with multiple fractures to ensure the client's health care needs were met/addressed. The facility's health care services failed to address the pharmacy recommendations of a client with diabetes and failed to ensure a new admission received a Tuberculin test to ensure the client was free from a communicable disease.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility's nursing services failed to monitor and/or address a client's health care needs in regard to client B's multiple rib fractures, Osteoporosis, smoking and/or treatments. The facility's nursing services also failed to address the pharmacy recommendations in regard to the client B's diabetes. Please see W331. 2. The facility's nursing services failed to 	W0318	<p>Plan of Correction: An IDT meeting will be held for Client B to develop a smoking cessation plan. During the IDT meeting, the team will inform Client B of the risks involved in continuing to smoke and refuse medical treatment. The orders have now been discontinued. However, during the IDT meeting, the team will ask if Client B would reconsider if the physician writes the orders again. The nurse will contact the primary care physician to see if Client B needs to be seen by any specialists due to his medicals conditions. The nurse will also ask for any other dr. recommendations concerning Client B's recent health issues. The recommendations from the pharmacy concerning Client B's diabetes will be addressed. Client A's TB test will be completed.</p> <p>A training objective will be written to assist Client B with increasing his daily exercise. Client B's high risk plan will be updated to include Osteoporosis, Rib Fractures.</p> <p>Preventive Action: The Group Home Manager, Group Home Coordinator and Nursing staff will be retrained on when it is appropriate to have an IDT meeting, the purpose of an IDT meeting, the Abuse/Neglect Policy and Investigatory</p>	03/14/2012			

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	<p>obtain an initial TB (Tuberculin) test for client A within 30 days of admission. Please see W327.</p> <p>9-3-6(a)</p>		<p>procedures. The nurses will also be retrained on reviewing and revising high risk plans, adding nursing recommendations to assessments, Assessing and documenting regularly, when it is appropriate to assess, and contacting the dr. when a consumer refuses an ordered treatment/medication, timely completion of TB tests, implementing physician orders, addressing pharmacy recommendatons and updating the MAR when appropriate. All direct care staff will be trained on all new changes to Client B's individualized plan, following physician orders and correctly documenting refusals. The Director of Residential Services will be responsible for training the Group Home Coordinator and Group Home Manager. The Group Home Manager will be responsible for training the Assistant Manager and direct care staff. The Director of Health Services will be responsible for training nursing staff. The nurse who was over the group home has been placed on disciplinary probation and moved to a different position. Two other nurses will be splitting the responsibility for the five group homes instead of one nurse being responsible for all five homes.</p> <p>Monitoring: The Group Home</p>		

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			<p>Manager will monitor the completion and implementation of all retraining and new training. The Training Coordinator will monitor the completion of all required initial and annual training. The Director of Health Services will monitor the implementation of the training the nursing staff receives.</p> <p>Date to Be Completed By: March 14, 2012 Responsible Party: Director of Residential Services, Director of Health Services, Group Home coordinator, Group Home Manager</p>		

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W0327	<p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both.</p> <p>Based on record review and interview for 1 of 3 sample clients (client A), the facility failed to obtain an initial TB (Tuberculin) test for the client within 30 days of admission.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 2/7/12 at 1:00 PM. Client A's 8/24/11 History and Physical form indicated client A was administered his TB test on 8/24/11. No results or evidence the test had been read were on the form.</p> <p>Interview with the Director of Nursing Services (DNS) on 2/8/12 at 9:45 AM, indicated the TB should have been read and the results written on the form. The DNS was unable to locate the result of the TB test.</p> <p>9-3-6(a)</p>	W0327	<p>Plan of Correction: Client A will be given a tb test.</p> <p>Preventive Action: Nursing staff will be retrained on giving tb tests within 30 days of admission and annually and monitoring that the tests are completed on time.</p> <p>Monitoring: The Director of Health Services will monitor that all training is implemented. The Medical Assistant will monitor that tb tests are completed within 30 days of admission and annually.</p> <p>Date to Be Completed By: March 14, 2012 Responsible Party: Director of Health Services, Nursing staff</p>	03/14/2012	

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W0331	<p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, interview and record review for 1 of 3 sampled clients (B), the facility's nursing services failed to monitor and/or address a client's health care needs in regard to a client's multiple rib fractures, Osteoporosis, smoking and/or treatments. The facility's nursing services also failed to address the pharmacy recommendations in regard to the client's diabetes.</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports and/or investigations were reviewed on 2/6/12 at 2:12 PM. The facility's 1/13/12 reportable incident report indicated "It was discovered from an x-ray that [client B] has broken ribs...." The 1/13/12 reportable incident report/investigation folder indicated/included an 1/17/12 cat scan report. The 1/17/12 cat can report indicated "...Imaging of bilateral ribs were (sic) performed with a supplied history of abnormal CT (cat scan) shows multiple rib fractures...There are healing fractures of the right fourth, fifth, and 10th ribs, and 10th ribs posteriorly, the fifth rib laterally, and the sixth, seventh, and eight ribs anteriorly. There is a healing fracture of the left 10th rib laterally...Impression:</p>	W0331	<p>Plan of Correction: An IDT meeting will be held for Client B to develop a smoking cessation plan. During the IDT meeting, the team will inform Client B of the risks involved in continuing to smoke and refuse medical treatment. The orders have now been discontinued. However, during the IDT meeting, the team will ask if Client B would reconsider if the physician writes the orders again. The nurse will contact the primary care physician to see if Client B needs to be seen by any specialists due to his medicals conditions. The nurse will also ask for any other dr. recommendations concerning Client B's recent health issues. The recommendations from the pharmacy concerning Client B's diabetes will be addressed. Client A's TB test will be completed.</p> <p>A training objective will be written to assist Client B with increasing his daily exercise. Client B's high risk plan will be updated to include Osteoporosis, Rib Fractures.</p> <p>Preventive Action: The Group Home Manager, Group Home Coordinator and Nursing staff will be retrained on when it is appropriate to have an IDT meeting, the purpose of an IDT meeting, the Abuse/Neglect Policy and Investigatory</p>	03/14/2012			

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	<p>Bilateral ribs: Multiple healing ribs bilaterally, much greater in number on the right." An undated hand written note on the cat scan report indicated "...The time frame for these injuries is within the past month. DEXA (Dexascan) results pending." The facility's investigation folder also included a typed 1/26/12 note by the facility's Nurse Practitioner (NP). The 1/26/12 note indicated "I last evaluated [client B] on 1/13/2012 for a pain he was experiencing in his right chest and also coughing. Consequently, diagnostic testing ordered revealed that he had multiple healing fractures and also that he was positive for osteoporosis. On the date of the exam, I did not see any bruising or sign of physical injury. The patient did not describe any physical injury or falls. It is possible that the rib fractures happened due to violent coughing especially considering that he has newly diagnosed osteoporosis...."</p> <p>During the 2/7/12 observation period between 5:00 AM and 8:00 AM, at the group home, client B coughed multiple times throughout the observation period and at times, appeared to be short of breath after coughing as the client's breathing was heavy with some gasping. During the 2/7/12 observation period client B was not offered and/or did not receive any treatments in regard to his rib</p>		<p>procedures. The nurses will also be retrained on reviewing and revising high risk plans, adding nursing recommendations to assessments, Assessing and documenting regularly, when it is appropriate to assess, and contacting the dr. when a consumer refuses an ordered treatment/medication, timely completion of TB tests, implementing physician orders, addressing pharmacy recommendatons and updating the MAR when appropriate. All direct care staff will be trained on all new changes to Client B's individualized plan, following physician orders and correctly documenting refusals. The Director of Residential Services will be responsible for training the Group Home Coordinator and Group Home Manager. The Group Home Manager will be responsible for training the Assistant Manager and direct care staff. The Director of Health Services will be responsible for training nursing staff. The nurse who was over the group home has been placed on disciplinary probation and moved to a different position. Two other nurses will be splitting the responsibility for the five group homes instead of one nurse being responsible for all five homes.</p> <p>Monitoring: The Group Home</p>		

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	<p>fractures. Interview with staff #3 on 2/7/12 at 7:00 AM in regards to why client B was coughing, staff #3 stated "He has Emphysema. He is supposed to be on a breathing machine (spirometer), but refuses machine." Staff #3 then opened a bottom drawer of a cabinet and pulled out a spirometer/machine which was still in its plastic covering/bag. When asked if the breathing treatment/spirometer was a routine treatment and/or PRN (as needed), staff #3 stated "Not on the MARs (Medication Administration Record)." When staff #3 administered client B's morning medications on 2/7/12, staff #3 did not administer, encourage/ask client B to use the spirometer and/or any other treatments for breathing.</p> <p>Client B's record was reviewed on 2/7/12 at 11:54 AM. Client B's 1/13/12 Medical Information Form indicated client B was seen by the NP for "Side Pain." The 1/13/12 form indicated "Pt (patient) is smoker-COPD (Chronic Obstructive Pulmonary Disease). Lungs emphesematous (sic)...will get cxr (chest x-ray) today...Call after 2 pm Monday (1/16/12) for result. Rx (prescription) given for Mucinex expectorant x (times) 7 d (days). Continue Keflex Antibiotic. "</p> <p>Client B's 1/13/12 cat scan report</p>		<p>Manager will monitor the completion and implementation of all retraining and new training. The Training Coordinator will monitor the completion of all required initial and annual training. The Director of Health Services will monitor the implementation of the training the nursing staff receives.</p> <p>Date to Be Completed By: March 14, 2012 Responsible Party: Director of Residential Services, Director of Health Services, Group Home coordinator, Group Home Manager</p>				

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	<p>indicated a cat scan was done to rule out dissecting aorta as client B's chest x-ray was abnormal. The 1/13/12 report indicated healing rib fractures were found.</p> <p>Client B's 1/27/12 hand written orders/scripts indicated the NP wrote scripts for the following: -"Incentive spirometer TID (three times a day) Dx. (diagnosis) Rib fracture." -Cough: deep breath QID (four times a day) and splint with pillow, also splint to cough prn" (hold pillow at stomach while coughing).</p> <p>Client B's 1/30/12 Medical Information Form indicated client B was seen by the NP for " F/U (follow-up) on Ribs." The 1/30/12 form indicated "Pt has COPD. He denies shortness of breath but is coughing. Rx given for Spiriva per handihaler. Rx given for Proventil HFA for prn use. F/U (with) [name of doctor] in 1 month."</p> <p>Client B's 8/30/11 Medical Information Form indicated client B's doctor documented "Recommend Stop Smoking & Increase Exercise."</p> <p>Client B's January 2012 Residential Monthly Summary (nurse monthly) indicated client B had the following medication changes/additions:</p>			

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	<p>"Incentive Spirometer to used tid. Cough deep breath qid, splint pillow when coughing. Proventil HFA inhaler 1 to 2 puffs po (by mouth) q (every) 4 hours prn when wheezing, SOB (short of breath), Spastic cough (sic) Spiriva 18 mcg (micrograms) 1 cap inhaled po per handihaler every day." The January 2012 nursing summary indicated the following:</p> <p>-1/5/12 "...Patient (client B) was encouraged on smoking cessation...."</p> <p>-1/13/12 Client B saw the doctor. The 1/13/12 note indicated x-rays were done at the doctor's office and "...No evidence of aortic dissection or aneurysm is identified...There are healing right sided posterior rib fractures and the right fourth, fifth, and 10th ribs as well as healing right lateral fifth, sixth, seventh rib fractures. There is also healing left 10th rib fracture. Dexascan ordered."</p> <p>-1/19/12 "Dexa scan. results are positive for osteoporosis."</p> <p>-1/30/12 Client B had a follow-up appointment with the NP "...consumer has COPD denies SOB, but still coughs. RX written for Spiriva, Proventi e PRN. Follow up with PCP (primary care physician) in one month. Spoke with Dr. consumer is refusing using the deep</p>			
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	<p>breath and cough, using the pillow splint, using the incentive spirometer. (sic)"</p> <p>Client B's January 2012 nursing summary did not indicate any additional documentation and/or clarification in regard to the spirometer and deep coughing with a pillow as the orders had not been discontinued.</p> <p>Client B's February 2012 Monthly Summary indicated the following:</p> <p>-2/7/12 Client B was sent to the emergency room as client B had been pushed down by another client in the group home. The note indicated the client complained of no rib pain and/or knee pain but since the client was diagnosed with osteoporosis, the client was sent out.</p> <p>-2/7/12 X-ray report indicated "...no acute disease or fracture. Multiple old healing fractures...."</p> <p>Client's 2/7/12 Emergency Room or Outpatient Information Form indicated client B was seen in a local emergency room due to being "Pushed and fell. Consumer has Osteoporosis (with) history of Rib fractures...." The 2/7/12 form indicated "...Watch for Cough, Fever, or Shortness of Breath Because Sometimes Pneumonia is a complication of rib injuries (sic)."</p>						

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	<p>Client B's 12/27/11 nursing note indicated client B's lung sounds were last assessed by the facility's nurse on 12/27/11. The 12/27/11 nursing note indicated "...Lungs are somewhat wheezy. [Client B] is a heavy smoker...." Client B's January and/or February 2012 nursing notes/summaries and/or record indicated the facility's nursing services failed to assess and/or document client B's lung/breath sounds since the discovery of client B's fractured ribs on 1/13/12 as no other documented assessments were present in client B's record as of 2/7/12.</p> <p>Client B's 8/31/11 Individual Program Plan (IPP) indicated client B was admitted to the group home on 7/22/11. Client B's 8/31/11 IPP indicated client B's diagnoses included, but were not limited to, COPD, Hypertension, Diabetes and Peripheral Vascular Disease.</p> <p>Client B's 8/31/11 IPP indicated client B's nursing care/risk plans were developed on 7/1/11. Client B's 7/1/11 fall risk plan indicated client B was a "...High Risk for Falls Due to Syncope (stand up and become dizzy/light headed)..." Client B's 7/1/11 fall risk plan indicated facility staff were to assess the area for safety, contact the nurse with any signs/symptoms of "unsteadiness," and to</p>			
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	<p>monitor client B for "dizzy spells and signs of lethargy." Client B's 7/1/11 COPD nursing care/risk plan indicated "...2. encourage deep breathing exercises. 3. Monitor for SOB, cough, wheezing, discolored lips, respiratory rate above 20. Contact Nurse with any above symptoms." Client B's 7/1/11 and/or 8/31/11 IPP indicated the facility's nursing services failed to address/develop a risk plan for client B's Osteoporosis, failed to develop a risk plan for client B's fractured ribs, and failed to review client B's fall risk plan to ensure the plan still met client B's needs.</p> <p>Client B's record and/or IPP indicated client B's interdisciplinary team (IDT) did not meet to address client B's fractured ribs until 2/7/12. The 2/7/12 IDT Meeting note indicated the client's IDT met to discuss "Broken Ribs, smoking, alcohol use plan, cough order & (and) bone density test." The 2/7/12 IDT note indicated "No pain from broken ribs. Had bone density scan and was found to have osteoporosis (sp?) (spelling?) (sic) and started suppliments (sic). Fell a few times before coming to KCARC (Knox County ARC) and once at Day Program. Doctor thinks COPD coughing could have caused breaks. Talked about dangers of smoking & correlation between smoking and coughing..." The IDT note did not</p>						

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	<p>include any additional documentation in regard to the client's fractured ribs. The IDT/nursing services failed to specifically/formally address client B's smoking, refusals of medical/health treatments, and/or failed to put in place/include protective measures in regard to the client's fractured ribs and/or coughing. Client B's 2/7/12 IDT note indicated the facility's nurse was not involved and/or present at the meeting as the signature sheet did not indicate the nurse was present.</p> <p>An e-mail sent by the DHS was reviewed on 2/10/12 at 12:15 PM. The 2/10/12 e-mail indicated an attachment of a nurse quarterly assessment completed on 1/20/12 by the facility's nurse for the group home. The 1/20/12 attachment indicated "COPD Adventitious Breath Sound (breath sounds heard in addition to normal breathing). No Issues From Smoking." The 1/20/12 quarterly assessment indicated the client had "shallow" respirations. The 1/20/12 quarterly assessment failed to include any additional nursing measures and/or recommendations. Client B's 1/20/12 quarterly assessment was not part of/in client B's record on 2/7/12.</p> <p>Interview with client B on 2/7/12 at 6:22 AM and at 10:55 AM stated his ribs</p>				

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	<p>"bothers me every now and then." When asked how the client broke his ribs, client B indicated he thought he broke his ribs in a fall he had before his admission to the facility (admitted 7/22/11). Client B indicated he fell in the parking lot of a gas station. Client B indicated he was injured when he fell in the parking lot of the gas station and was taken to a hospital for treatment. Client B also indicated he fell in the yard of his apartment building before moving into the group home. When asked why client B was falling, client B stated "I don't know, I just passed out." Client B indicated he had fallen one time since he had been admitted to the group home. Client B indicated he fell out of a chair at the day program. Client B stated "I passed out when I fell out of the chair."</p> <p>Interview with Qualified Mental Retardation Professional-Designee (QMRP-D) #1 on 2/7/12 at 6:25 AM and 7:20 AM stated client B had gone to his doctor due to complaints of "side pain." QMRP-D #1 indicated when x-rays were done, client B was found to have broken ribs and was diagnosed with Osteoporosis. When asked how client B broke his ribs, QMRP-D #1 indicated client B told QMRP-D #1 client B fell before he moved into the group home. QMRP-D #1 stated client B was admitted</p>						

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	<p>to the group home "back in the summer."</p> <p>Interview with staff #3 on 2/7/12 at 7:00 AM indicated client B had not complained about his ribs. Staff #3 stated client B "has bad coughing spells in the morning when he gets up."</p> <p>Interview with administrative staff #1, QMRP-D #1 and the Director of Health Services (DHS) on 2/8/12 at 9:55 AM indicated client B had fractured his ribs in the past. Administrative staff #1 indicated when client B fell in 11/11 at the day program, client B's x-ray showed the client had an old fracture of the rib. Administrative staff #1 and the DHS stated client B's current rib fractures was "a new fracture" and not the same fracture seen in 11/11. Administrative staff #1 indicated the NP indicated client B's rib fractures occurred within 30 days of fractures being found. The DHS, QMRP-D #1 and administrative staff #1 indicated they were only aware of one fall with client B since he moved into the group home. Administrative staff #1 indicated client B's IDT met on 2/7/12 to address the client's fractured ribs and to put in place protective measures. Administrative staff #1 and the DHS indicated they thought a risk plan had been put in place for client B's rib fractures. Administrative staff #1 stated,</p>						

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	<p>"BDDS (Bureau of Developmental Disabilities Services) would not have closed case without one." Administrative staff #1 and the DHS indicated client B's NP indicated client B's fractured ribs could have occurred from client B's coughing since the client had Osteoporosis. Administrative staff #1 indicated she was aware of the client's order for the Spirometer and the order to use a pillow when coughing. Administrative staff #1 and the DHS indicated the staff should be asking the client to follow the ordered treatment. Administrative staff #1 indicated she thought client B did not want to use the pillow when coughing and/or do the deep cough treatments with a pillow. The DHS and/or administrative staff #1 did not know if the group home's nurse had contacted client B's doctor on the client's refusal of the treatments. Administrative staff #1, QMRP-D #1 and the DHS indicated client B was a cigarette smoker. Administrative staff#1, the DHS and QMRP-D #1 stated they had "informally counseled" client B about his smoking and the need to stop smoking. QMRP-D #1 and administrative staff #1 indicated client B did not have a formal training objective in place which addressed the client's smoking and/or need to stop smoking. Administrative staff #1 indicated client B's IDT addressed this</p>						

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	<p>issue at the 2/7/12 IDT meeting. Administrative staff #1 and QMRP-D #1 indicated client B's IPP did not address the client's refusals to participate in medical treatments. Administrative staff #1 indicated she had asked the nurse to speak with client B's doctor about client B's coughing.</p> <p>Interview with LPN #1 on 2/8/12 at 11:25 AM indicated LPN #1 had not developed a risk/care plan for client B's fractured ribs and/or Osteoporosis. LPN #1 stated "I was told I had until Friday (2/10/12) to do." LPN #1 indicated client B's doctor was aware of the client's refusals to do the deep breathing treatment and refusal to use the Spirometer. LPN #1 indicated client B's doctor called LPN #1 on 1/30/12 and told LPN #1 client B was refusing to do the treatments. When asked if LPN #1 had obtained any other instructions/directives or clarification on what to do, LPN #1 stated "No he (client B's doctor) has not done anything yet."</p> <p>Interview with administrative staff #1 on 2/8/12 at 1:40 PM indicated client B was started on Spiriva and a PRN medication for his breathing on 1/30/12. Administrative staff #1 indicated client B's Spirometer and deep breathing orders had not been discontinued. Administrative staff #1 indicated she did</p>						

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	<p>not know why staff were not documenting the treatments and/or refusals on the 2/12 MAR. When asked if the facility was monitoring client B's lung/breath sounds for complications, administrative staff #1 indicated the group home nurse should be monitoring/assessing the client. Administrative staff #1 stated the DHS indicated LPN #1 had assessed the client's lung/breath sounds but "did not document his assessments.</p> <p>2. Client B's record was reviewed on 2/7/12 at 11:54 AM. Client B's 1/26/12 Quarterly Review by the pharmacist indicated "List needs Corrected-Glipizide EX (extended release) (Diabetes) 2.5 mg (milligrams) is (one tablet) daily (medication list says two times daily), add Metformin (diabetes) 500 mg (one tablet) BID (two times a day), add Diovan (hypertension) 40 mg 1/2 tab daily, add fluphenazine (psychotic medication injection form) strength 37.5 mg. *Based on blood glucose From Nov. (241) recommended testing more than 3 times a week; consider getting A1C (blood sugar test) and adding another agent to (decrease) blood glucose."</p> <p>Client B's record and/or 2/12 nursing notes did not indicate the above mentioned pharmacy recommendations had been sent to client B's doctor for</p>			

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	<p>consideration.</p> <p>Interview with the DHS on 2/8/12 at 9:55 AM indicated pharmacy recommendations would be sent to the doctor to review. The DNS indicated she was not sure if the recommendations had been addressed/sent to the doctor.</p> <p>9-3-6(a)</p>			
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W0436	<p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, interview and record review for 1 of 3 sampled clients (B), with adaptive equipment, the facility failed to teach the client to wear his eyeglasses as recommended.</p> <p>Findings include:</p> <p>During the 2/7/12 observation period between 5:00 AM and 8:00 AM, at the group home, client B did not wear eyeglasses during the observation period.</p> <p>Client B's record was reviewed on 2/7/12 at 11:54 AM. Client B's 7/29/11 Physical Examination record indicated client B wore glasses.</p> <p>Client B's 7/26/11 Medical Information Form indicated client B had "Early Cataracts OU (both eyes) Get New Glasses Today & (and) Wear Them Full time."</p> <p>Client B's 8/31/11 Individual Program Plan (IPP) did not indicate client B had an objective to teach the client to wear his eyeglasses and/or to address the client's</p>	W0436	<p>Plan of Correction: A training objective will be developed for Client B concerning wearing his glasses as ordered. All staff will be trained on the objective.</p> <p>Preventive Action: The Group Home Manager and Group Home Coordinator will be retrained on when it is appropriate to revise an individual's plan.</p> <p>Monitoring: The Group Home Coordinator will monitor that each individual's plan is reviewed regularly and revised when necessary.</p> <p>Date to Be Completed By: March 14, 2012 Responsible Party: Director of Residential Services, Group Home Coordinator, Group Home Manager</p>	03/14/2012			

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	<p>refusal to wear the eyeglasses.</p> <p>Interview with administrative staff #1, the Director of Health Services and Qualified Mental Retardation Professional-Designee (QMRP-D) #1 on 2/8/12 at 9:55 AM indicated client B was to wear eyeglasses. Administrative staff #1 and QMRP-D #1 stated client B "refuses to wear all the time." Administrative staff #1 and QMRP-D #1 indicated client B's 8/31/11 ISP did not address client's refusals to wear the needed adaptive equipment/eyeglasses.</p> <p>9-3-7(a)</p>			
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W0488	<p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, interview and record review for 2 of 3 sampled clients (B and C) and for 3 additional clients (D, E and F), the facility failed to ensure clients were allowed and/or encouraged to participate in all aspects of meal preparation to the best of their abilities.</p> <p>Findings include:</p> <p>During the 2/7/12 observation period between 5:00 AM and 8:00 AM, at the group home, staff #4 had client E set the table, carry milk and juice to the table. Staff #4 dipped bread into an egg mixture and placed the bread into a frying pan on the stove to cook. Staff #4 also fried ham in a skillet without involving and/or encouraging clients to assist. Client E stood next to staff #4, but staff #4 did not encourage the client to help/assist. At one point, client B was in the kitchen getting himself a cup of coffee and client C was standing at the dining room table while client F sat on the couch rocking her upper body back and forth without an activity. Staff #4 did not encourage clients B, C, E and/or F to assist with cooking the french toast. At one point, staff #4 stated to client E "It is done." Client E stood and watched staff #4</p>	W0488	<p>Plan of Correction: Staff will be trained to allow and/or encourage consumers to be involved in all aspects of meal preparation.</p> <p>Preventive Action: Staff will be trained to allow and/or encourage consumers to be involved in all aspects of meal preparation.</p> <p>Monitoring: The Group Home Manager will monitor in the home at least 4 days per week to ensure clients are being allowed/encouraged to be involved in all aspects of meal preparation.</p> <p>Date to Be Completed By: March 14, 2012 Responsible Party: Group Home Manager</p>	03/14/2012			

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	<p>remove the french toast from the skillet to a platter. Staff #4 did not encourage client E to help. Staff #4 also fried an egg and made toast for client F who did not want french toast for breakfast. Staff #4 placed the egg between 2 slices of bread and placed a muffin on the client's adaptive plate while client F sat on the couch without an activity. Staff #4 then carried client F's plate to the table without assisting the client. At 6:11 AM, client C was fixing her lunch with verbal prompts from staff on what to take in her lunch. Client C was able to independently fix an egg salad sandwich and independently retrieved other items (fruit, cookies, chips and a drink) for her lunch. Staff #4 then took the items and packed/placed the items in client C's lunch box in an organized manner without allowing client #4 to pack her own lunch. Staff #4 dried and put away the dishes without allowing and/or encouraging clients B, C, D, E and/or F to participate in the task.</p> <p>Client B's record was reviewed on 2/7/12 at 11:54 AM. Client B's 8/31/11 Individual Program Plan (IPP) indicated client B had an objective to prepare an evening meal.</p> <p>Client C's record was reviewed on 2/7/12 at 2:17 PM. Client B's 8/3/11 IPP indicated the client had an objective to</p>			
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	<p>assist with preparing an evening meal.</p> <p>Interview with administrative staff #1 and Qualified Mental Retardation Professional-Designee (QMRP-D) #1 on 2/8/12 at 9:55 AM indicated client C was able to pack her own lunch and clients should be involved/encouraged to participate in all aspects of the meal preparation.</p> <p>9-3-8(a)</p>			
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