

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G006		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  04/25/2012	
NAME OF PROVIDER OR SUPPLIER  LOGANSPORT STATE HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 1098 S SR 25 LOGANSPORT, IN 46947			
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W0000	<p>This visit was a pre-determined full recertification survey.</p> <p>Dates of Survey: April 16, 17, 18, 19, 20, 23, 24, and 25, 2012.</p> <p>Facility number: 000584 Provider number: 15G006 AIM number: 100273150</p> <p>Surveyors: Susan Eakright, Medical Surveyor III-Team Leader Claudia Ramirez, Public Health Nurse Surveyor III Tracy Brumbaugh, Medical Surveyor III Amber Bloss, Medical Surveyor III</p> <p>Quality Review completed 5/3/12 by Ruth Shackelford, Medical Surveyor III.</p>			W0000	<p>The Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. The Plan of Correction is submitted to meet requirements established by state and federal law.</p>		

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>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review, and interview, the Condition of Participation: Governing Body and Management was not met as the governing body failed to establish oversight over the facility to ensure the Conditions of Participation: Client Protections and Behavior and Facility Practices, were met for 8 of 8 sample clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) and 12 additional clients (clients #10, #11, #13, #14, #15, #17, #18, #19, #20, #21, #22, and #23). The governing body failed to ensure the implementation of its abuse and neglect prevention policy to immediately report and investigate allegations of abuse and unknown injuries, failed to develop policy and procedures to ensure employee screening was completed, failed to implement effective corrective action to protect clients from abuse, neglect, and/or mistreatment systemically, and failed to provide oversight of facility practices systemically for injuries in restraint, client treatment plans with restrictive measures and behavior management.</p> <p>Findings include:</p>	W0102	<p>For clients #1, #2, #3, #4, #5, #6, #7, #8, #10, #11, #13, #14, #15, #17, #18, #19, #20, #21, #22, #23, and all other clients, procedures were implemented to ensure the implementation of the abuse and neglect policy to include immediate reporting and immediate investigation of allegations of abuse and unknown injuries (see Attachment 1 Staff Retraining Memo for LSH Policy A4).Responsible Staff: Service Line Manager/Assistant Director of Nursing (ADON) For clients #1, #2, #3, #4, #5, #6, #7, #8, #10, #11, #13, #14, #15, #17, #18, #19, #20, #21, #22, #23, and all other clients, procedures were implemented to ensure employee screening for history of abuse/neglect, exploitation of clients (see Attachment 2 Background Checks for State Employment).Responsible Staff: Human Resources RepresentativeFor clients #1, #2, #3, #4, #5, #6, #7, #8, #10, #11, #13, #14, #15, #17, #18, #19, #20, #21, #22, #23, and all other clients, procedures were implemented to ensure effective corrective action to protect clients from abuse, neglect or mistreatment (see Attachments 3 Procedure for Investigation of All</p>	05/18/2012

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	<p>1. Please refer to W122 as the governing body failed to meet the Condition of Participation: Client Protections. Client Protections, is not met as the facility: 1. Failed to assure 8 of 8 sampled clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) and client #34 were taught the use of personal funds and to use United States currency during times of opportunity. 2. Failed to ensure clients had unimpeded access to a telephone for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) and client #17. 3. Failed to ensure clients had the opportunity to participate in community outings of their choice for 7 of 8 clients (clients #1, #2, #3, #4, #5, #6, and #8). 4. Failed to implement their abuse/neglect policy to immediately report to the administrator allegations of abuse/neglect/and mistreatment for 1 of 1 allegation made (client #17) and for 7 of 36 incidents reviewed of injuries during restraints (clients #1, #2, (twice) #3, #10, #11, and #20). The facility neglected to investigate injuries of unknown origin for 1 of 1 client (client #17), neglected to protect 11 of 24 clients who lived in the facility (clients #2, #5, #9, #13, #14, #15, #18, #19, #21, #22, and #23) from client #11's behavior of physical aggression, and neglected to develop a policy/procedure to screen employment histories to protect clients from the potential of abuse neglect, or mistreatment. 5. Failed to</p>		<p>Incidents, 3a Treatment Team Incident Report Review, 3b JETC Incident Report Review Form, 3c Procedure for HRC Approval, 3d Human Rights Committee Procedure).Responsible Staff: Service Line Manager/ADONFor clients #1, #2, #3, #4, #5, #6, #7, #8, #10, #11, #13, #14, #15, #17, #18, #19, #20, #21, #22, #23, and all other clients, policies and procedures were implemented to ensure oversight for injuries in restraint, client treatment plans with restrictive measures, and behavior management, (see Attachments 3c Procedure for HRC Approvals, 3d Human Rights Committee Procedure). Responsible Staff: Service Line ManagerThe governing body receives regular reports regarding implementation of the abuse and neglect policy, corrective action to protect clients from abuse, neglect, and mistreatment, injuries in restraint, client treatment plans with restrictive measures and behavioral management. The information is provided to the hospital's Clinical Executive Committee (CEC) quarterly and to the Human Rights Committee monthly. Responsible Staff: Service Line Manager; Assistant Director of Nursing See Responses at W104, W122, W266</p>				

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	<p>screen employee employment histories to prohibit abuse, neglect, and mistreatment of clients for 3 of 3 employment records reviewed (Facility Staff #10, #19, and #40) who were hired by the facility within the last twelve months. 6. Failed to report immediately report to the administrator and failed to allow client #17 to immediately report allegations of abuse of 1 of 1 client (client #17) who requested to report an allegation of abuse. 7. Failed to thoroughly investigate client #17's injury, allegation of abuse, and AWOL (Absent Without Leave) incident for 1 of 1 injuries of unknown origin and 1 of 1 allegation of abuse (client #17), and 1 of 1 AWOL behaviors (client #17). 8. Failed to implement effective corrective actions for 7 of 36 incidents reviewed of injuries during restraints (clients #1, #2 (twice), #3, #10, #11, and #20) and for failed 11 of 24 clients living in the facility (clients #2, #5, #9, #13, #14, #15, #18, #19, #21, #22, and #23) from client #11's behavior of physical aggression.</p> <p>2. Please refer to W266 as the governing body failed to meet the Condition of Participation: Client Behavior and Facility Practices for clients #1, #2, #3, #4, #5, #6, #7, #8, #10, #11, #14, and #20: 1. Failed to develop a policy and procedure for the use of BAC (Behavior Assessment Checklist) slips to promote</p>			

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	<p>growth, development, and independence for 8 of 8 sample clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) and for clients #10 and #14; 2. Failed to assure protective measures were taken to assure 6 of 24 clients who lived in the facility (clients #1, #2, #3, #10, #11, and #20) did not incur injury due to a restraint; 3. Failed to have a written descriptions in each client record for physical behavioral interventions which were employed for 7 of 8 sample clients (clients #1, #2, #3, #4, #5, #6, and #8); 4. Failed to prevent injuries in restraint for 6 of 24 clients who lived in the facility (clients #1, #2, #3, #10, #11, and #20).</p> <p>3. Please refer to W104 as the governing body failed to develop a policy and procedure for the use of BAC (Behavior Assessment Checklist) slips to promote client growth, development, and independence for 8 of 8 sample clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) and 2 additional clients (clients #10 and #14); and failed to develop a policy and procedure to screen employee employment histories to prohibit abuse, neglect, and mistreatment of clients for 3 of 3 employment records reviewed (Facility Staff #10, #19, and #40).</p>						

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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review, and interview, the governing body failed to develop a policy and procedure for the use of BAC (Behavior Assessment Checklist) slips to promote client growth, development, and independence for 8 of 8 sample clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) and 2 additional clients (clients #10 and #14); and failed to develop a policy and procedure to screen employee employment histories to prohibit abuse, neglect, and mistreatment of clients for 3 of 3 employment records reviewed (Facility Staff #10, #19, and #40).</p> <p>Findings include:</p> <p>1. On 4/18/12 at 10:20 A.M., an interview was conducted and the facility's personnel files were reviewed with Human Resources Representative (HRR) and the Service Line Manager (SLM) #1. The review indicated the following: -Facility Staff (FS) #10 was hired 1/30/2012 and had verification of previous employment dates. No employment reference information was available for review of FS #10's work</p>	W0104	<p>1. The procedure for pre-employment screening was revised and implemented May 18, 2012 to include background checks for any history of client abuse, neglect or exploitation. (see Attachment 2 Background Checks for State Employment). Human Resources personnel will confirm the screening of employment histories via documentation in the Human Resources files, beginning with all new hires as of May 18, 2012. Responsible Staff: Human Resources representative2. In regard to clients #1, #2, #3, #4, #5, #6, #7, #8, #10, #14 and all other clients, the Behavior Assessment Checklist (BAC slip) procedure was discontinued. A new program, JETC Treatment Observation Record (TOR) Procedure, was implemented for clients May 7, 2012, in order to promote growth and independence through the observation/documentation of positive behaviors. The QMRP will include aggregated information from the Treatment Observation Record in the monthly review of the client. The information from the Treatment Observation Record will be utilized by the treatment team and</p>	05/18/2012			

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	<p>history. No personal reference information was available for review.</p> <p>-FS #19 was hired 5/08/2011 and had verification of previous employment dates. No employment reference information was available for review of FS #19's work history. No personal reference information was available for review.</p> <p>-FS #40 was hired 11/28/2011 and had verification of previous employment dates. No employment reference information was available for review of FS #40's work history. No personal reference information was available for review.</p> <p>On 4/18/12 at 10:35 A.M., an interview with the HRR and SLM #1 was completed. The HRR stated "We only verify the dates of employment." The HRR stated "We do not complete personnel reference checks." When asked what the facility's system was to screen employee employment histories to prohibit abuse, neglect, and mistreatment, the HRR and SLM #1 both indicated they did not know. Both staff indicated no further information was available for review.</p> <p>On 4/19/12 at 8:30am, an interview was</p>		<p>QMRPs to identify patterns of behavior, track progress and formulate treatment plans. Staff and clients have been educated regarding the Treatment Observation Record Procedure. (see Attachments 7 JETC Treatment Observation Record Procedure and 7a JETC Treatment Observation Recording Form). The treatment team will discuss the client Treatment Observation Record during regularly scheduled meetings and information will be incorporated into monthly treatment plan reviews. Responsible Staff: Service Line Manager/QMRPs</p>				

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	<p>completed with SLM #1. SLM #1 indicated no policy and procedure for screening for potential employees for abuse, neglect, and mistreatment was available for review. The SLM #1 indicated the facility prohibited the hiring and employment of facility staff who abuse, neglect, or mistreat clients.</p> <p>2. On 4/17/12 at 7am, client #8 stated "We don't do any refusing (refusing to attend programming and scheduled events on the unit) or complaining or we get a BAC slip then we lose privileges." At 7am, clients #10 and #14 indicated they lost the opportunity for outings and lost privileges when they requested seconds on food and complained. FS (Facility Staff) #3 stood next to clients #8, #10, and #14, heard the clients comments, and stated "Yes, that's right." Client #8 indicated he no longer requested second servings of food such as vegetables, fruits, and meat because it would result in a BAC slip. Client #8 stated he continued to lose weight on his diet and had "lost over 130 lbs. (pounds) in the past year or so." Client #8 indicated he did not understand why he was not allowed to make decisions regarding his diet.</p> <p>On 4/17/12 at 1pm, an interview with the SLM (Service Line Manager) #1 was conducted. SLM #1 indicated no policy</p>						

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	<p>or procedure for BAC slips was available for review. SLM #1 indicated the facility recorded program refusals, behaviors, and identified needs for clients by facility staff filling out BAC slips.</p> <p>On 4/18/12 at 9am, an interview with the SLM #1 was conducted. SLM #1 provided a 4/2012 policy and procedure for "Behavior Assessment Checklist" (BAC) Slips. SLM #1 stated she "developed" this policy and procedure after the completed interview on 4/17/12. The 4/2012 BAC slip policy and procedure indicated "Purpose: To provide a consistent method of the reporting of behaviors for tracking and identification for modifying these behaviors. These behaviors are integrated into the STEPS (This behavior program allow clients to earn increased steps of privileges as the client increase their ability to assume higher levels of responsibility) program for movement through the steps based on the contract for privileges as well as the information on the Comprehensive Functional Assessment...BAC Slips should be used as a proactive tool to assist staff in identifying areas of need." SLM #1 indicated client behaviors can be positive and negative and both should be recorded.</p>						

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W0122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on observation, record review, and interview, the Condition of Participation: Client Protections, is not met as the facility: 1. Failed to assure 8 of 8 sampled clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) and client #34 were taught the use of personal funds and to use United States currency during times of opportunity. 2. Failed to ensure clients had unimpeded access to a telephone for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) and client #17. 3. Failed to ensure clients had the opportunity to participate in community outings of their choice for 7 of 8 clients (clients #1, #2, #3, #4, #5, #6, and #8). 4. Failed to implement their abuse/neglect policy to immediately report to the administrator allegations of abuse/neglect/and mistreatment for 1 of 1 allegation made (client #17) and for 7 of 36 incidents reviewed of injuries during restraints (clients #1, #2, #3, #10, #11, and #20). The facility neglected to investigate injuries of unknown origin for 1 of 1 client (client #17), neglected to protect 11 of 24 clients who lived in the facility (clients #2, #5, #9, #13, #14, #15, #18, #19, #21, #22, and #23) from client #11's</p>	W0122	<p>1. In regard to clients #1, #2, #3, #4, #5, #6, #7, #8, #34, and all others, the use of United States currency when being trained to use personal funds and when in money management or coin recognition training programs began on April 27, 2012. (see Attachment #4 Use of Real Money Memo). The opportunity to use personal funds will be offered to clients through the Community Access Program. Clients may choose to attend a community outing (shopping, etc.) thereby having the opportunity to spend personal funds. (see Attachment 6 JETC Community Access Procedure). See W126Responsible Staff: Service Line Manager2. In regard to clients #1, #2, #3, #4, #5, #6, #7, #8, #17, and all others, clients will have unimpeded access to a telephone to make outgoing and receive incoming calls with privacy. (see Attachment 5 JETC Client Choices Memo).See W135Responsible Staff: Service Line Manager3. In regard to clients #1, #2, #3, #4, #5, #6, #8 and all others, clients will be provided the opportunity to participate in community outings of their choice. (see Attachment 6 JETC Community Access Procedure). See W136Responsible Staff: Service</p>	05/18/2012			

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	<p>behavior of physical aggression, and neglected to develop a policy/procedure to screen employment histories to protect clients from the potential of abuse neglect, or mistreatment. 5. Failed to screen employee employment histories to prohibit abuse, neglect, and mistreatment of clients for 3 of 3 employment records reviewed (Facility Staff #10, #19, and #40) who were hired by the facility within the last twelve months. 6. Failed to report immediately report to the administrator and failed to allow client #17 to immediately report allegations of abuse of 1 of 1 client (client #17) who requested to report an allegation of abuse. 7. Failed to thoroughly investigate client #17's injury, allegation of abuse, and AWOL (Absent Without Leave) incident for 1 of 1 injuries of unknown origin and 1 of 1 allegation of abuse (client #17), and 1 of 1 AWOL behaviors (client #17). 8. Failed to implement effective corrective actions for 7 of 36 incidents reviewed of injuries during restraints (clients #1, #2, #3, #10, #11, and #20) and for failed 11 of 24 clients living in the facility (clients #2, #5, #9, #13, #14, #15, #18, #19, #21, #22, and #23) from client #11's behavior of physical aggression.</p> <p>Findings include:</p> <p>1. Please refer to W126 as the facility</p>		<p>Line Manager4. In regard to clients #1, #2, #3, #10, #11, #17, #20, and all others, staff have been retrained on LSH Policy A 4 Reporting Alleged Abuse including immediate notification to the administrator. (see Attachments 1 Staff Retraining Memo for LSH Policy A4 and 1a LSH Policy A4 Reporting Abuse, Neglect) The JETC Procedure for Investigation of Restraint Incidents, Self Injurious Behavior, Contact Intentional/Behavior Management incidents and unknown injuries was implemented to assure that allegations of abuse and neglect are reported to the administrator immediately and that all those incidents are investigated. (see Attachments 3 Procedure for Investigation of All Incidents, 3a Treatment Team Incident Report Review, 3b JETC Incident Report Review Form, 3c Procedure for HRC Approvals, 3d Human Rights Committee Procedure). In regard to client #11, on May 11, 2012, treatment plan interventions/strategies to address aggressive behavior were revised based on assessment and recommendations of the Psychologist. See W149Responsible Staff: Service Line Manager/ADON5. The procedure for pre-employment screening was revised and implemented May 18, 2012 to include background checks for</p>		

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	<p>failed for 8 of 8 sampled clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) and 1 additional client (client #34) to encourage and teach the use of personal funds and to use United States currency during times of opportunity.</p> <p>2. Please refer to W135 as the facility failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) and 1 additional client (client #17) to ensure they had unimpeded access to a telephone.</p> <p>3. Please refer to W136 as the facility failed for 7 of 8 clients (clients #1, #2, #3, #4, #5, #6, and #8) to ensure they had the opportunity to participate in community outings of their choice.</p> <p>4. Please refer to W149 as the facility neglected to implement their abuse/neglect policy to immediately report to the administrator an allegation of abuse/neglect/and mistreatment for 1 of 1 allegation made (client #17) and for 7 of 36 incidents reviewed of injuries during restraints (clients #1, #2 (twice), #3, #10, #11, and #20). The facility neglected to investigate an injury of unknown origin for 1 of 1 client (client #17), neglected to protect 11 of 24 clients who lived in the facility (clients #2, #5, #9, #13, #14, #15, #18, #19, #21, #22, and #23) from client #11's behavior of physical aggression, and</p>		<p>any history of client abuse, neglect or exploitation. (see Attachment 2 Background Checks for State Employment). Human Resources personnel will confirm the screening of employment histories via documentation in the Human Resources files, beginning with all new hires as of May 18, 2012. See W152Responsible Staff: Human Resources representative6. In regard to client #17 and all others, all staff have been retrained on LSH Policy A 4 Reporting of Alleged Abuse to include immediate reporting and immediate investigation of allegations of abuse. (see Attachments #1 Staff Retraining Memo for LSH Policy A4, and 1a LSH Policy A4 Reporting Abuse). The JETC Procedure for Investigation of Restraint Incidents, Self Injurious Behavior, Contact Intentional/Behavior Management incidents and unknown injuries was implemented to assure that allegations of abuse and neglect are reported to the administrator immediately and that all those incidents are investigated. (see Attachments 3 Procedure for Investigation of All Incidents, 3a Treatment Team Incident Report Review, 3b JETC Incident Report Review Form, 3c Procedure for HRC Approvals, 3d Human Rights Committee Procedure). Staff were re-educated regarding the client's</p>				

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	<p>neglected to develop a policy/procedure to screen employment histories to protect clients from the potential of abuse, neglect, or mistreatment.</p> <p>5. Please refer to W152 as the facility failed for 3 of 3 employment records reviewed (Facility Staff #10, #19, and #40) who were hired by the facility within the last twelve months to screen employee employment histories to prohibit abuse, neglect, and mistreatment of clients.</p> <p>6. Please refer to W153 as the facility failed to report immediately report to the administrator and failed to allow client #17 to immediately report allegations of abuse of 1 of 1 client (client #17).</p> <p>7. Please refer to W154 as the facility failed to thoroughly investigate client #17's injury, allegation of abuse, and AWOL (Absent Without Leave) incident for 1 of 1 injuries of unknown origin and 1 of 1 allegation of abuse (client #17), and 1 of 1 AWOL behaviors (client #17).</p> <p>8. Please refer to W157 as the facility failed to implement effective corrective actions for 7 of 36 incidents reviewed of injuries during restraints (clients #1, #2 (twice), #3, #10, #11, and #20) and failed to protect 11 of 24 clients who lived in the facility (clients #2, #5, #9, #13, #14,</p>		<p>right to immediately report allegations of abuse. See W153Responsible Staff: Service Line Manager/ADON7. In regard to client #17 and all other clients, all staff have been retrained on LSH Policy A 4 Reporting of Alleged Abuse (see Attachments 1 Staff Retraining Memo for LSH Policy A4, and 1a LSH Policy A4 Reporting Abuse). The JETC Procedure for Investigation of Restraint Incidents, Self Injurious Behavior, Contact Intentional/Behavior Management incidents and unknown injuries was implemented to assure that allegations of abuse and neglect are reported to the administrator immediately and that all those incidents are investigated. (see Attachments 3 Procedure for Investigation of All Incidents, 3a Treatment Team Incident Report Review, 3b JETC Incident Report Review Form, 3c Procedure for HRC Approvals, 3d Human Rights Committee Procedure). For client #17 and all others, incidents of elopement (AWOL) are reviewed/investigated by the Nurse Supervisor/ADON using the Nursing Elopement Report form. See W154 Responsible Staff Service Line Manager/ADON8. In regard to clients #1, #2, #3, #10, #11, #20, #5,# 9, #13, #14, #15, #17, #18, #19, #21, #22, #23, and all others, the JETC Procedure for Investigation of Restraint</p>				

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	#15, #18, #19, #21, #22, and #23) from client #11's behavior of physical aggression.		Incidents, Self Injurious Behavior, Contact Intentional/Behavior Management incidents and unknown injuries was implemented to assure effective corrective action for injuries in restraint. (see Attachments 3 Procedure for Investigation of All Incidents, 3a Treatment Team Incident Report Review, 3b JETC Incident Report Review Form, 3c Procedure for HRC Approvals, 3d Human Rights Committee Procedure). In regard to client #11, on May 11, 2012 treatment plan interventions/strategies to address aggressive behavior were revised based on assessment and recommendations of the Psychologist. See W157. Responsible Staff: Service Line Manager		

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W0126	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on observation, record review, and interview, the facility failed for 8 of 8 sampled clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) and 1 additional client (client #34) to encourage and teach the use of personal funds and to use United States currency during times of opportunity.</p> <p>Findings include:</p> <p>1. Observations were conducted on 04/17/12 from 9:30 AM until 2:00 PM at the facility. At 11:13 AM QMRP #34 sat down at a table with a divided container which contained replica coins and currency. QMRP #34 advised the group which included clients #1, #2, and #3 that she would call them to the table one by one to "work on their money goal."</p> <p>Client #1's records were reviewed on 04/18/12 at 10:30 AM. Client #1's Treatment Support Plan (TSP) dated 03/13/12 indicated client #1's goal was to add up all coins up to \$3.00.</p>	W0126	<p>1. In regard to clients #1, #2, #3, #4, #5, #6, #7, #8, #34, and all others, the use of United States currency during times of opportunity was implemented April 27, 2012, including money management skills and coin recognition programs. (see Attachment 4 Use of Real Money Memo).Responsible Staff: Service Line Manager</p> <p>2. In regard to clients #1, #2, #3, #4, #5, #6, #7, #8, #34, and all others, clients will have the opportunity to use their personal funds and use money management skills while participating in the Community Access Program. Each month, all clients will have the opportunity to choose to participate in community outings including shopping. All clients may attend community programs unless access is contraindicated as a result of assessment at the time of the activity, indicating behavior presenting a threat to client or community safety. (see Attachment 6 JETC Community Access Procedure)Community program participation will be included in each client's monthly treatment plan review by the QMRP.Responsible Staff: Service Line Manager</p>	05/18/2012			

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	<p>Client #2's records were reviewed on 04/18/12 at 1:45 PM. Client #2's TSP dated 09/27/11 indicated client #2's goal was to make change from \$3.00.</p> <p>Client #3's records were reviewed on 04/18/12 at 3:00 PM. Client #3's TSP dated 08/04/11 indicated client #3's goal was to add all coins up to \$1.00.</p> <p>The QMRP #34 was interviewed on 04/19/12 at 9:15 AM. The QMRP indicated the play replica money was not the same as using U.S. bills and coins. The QMRP indicated U.S. coins and bills would be used in the community and not the play replicas.</p> <p>2. On 4-18-12 at 9:30 a.m. a financial review for clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. The review indicated Social Worker III/Qualified Mental Retardation Professional (QMRP) #34 purchased items for clients #1, #2, #3, #4, #6, #7, and #8, with their personal client funds on the following dates without the clients present: On 11-10-11 shopping with \$200.00 and on 10-18-11 shopping with \$140.00 for client #1, on 2-23-12 \$75.00 for shopping, and on 12-21-11 \$200.00 for shopping for client #2, on 1-19-12 \$200.00 for shopping for client #3, on 3-21-12 \$200.00 for shopping for client #4, on 10-21-11</p>						

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	<p>\$170.00 for shopping for client #6, 3-21-12 \$200.00 for shopping, and on 2-24-12 \$200.00 for shopping for client #7, and on 3-15-12 \$220.00 for shopping, \$200.00 on 1-6-12 for shopping, 11-4-11 200.00 for shopping, and 10-5-11 \$65.00 for shopping for client #8.</p> <p>Client #1's records were reviewed on 04/18/12 at 10:30 AM. Client #1's Treatment Support Plan (TSP) dated 03/13/12 indicated client #1's goal was to add up all coins up to \$3.00 and client #1 had no court order which denied access to community.</p> <p>Client #2's records were reviewed on 04/18/12 at 1:45 PM. Client #2's TSP dated 09/27/11 indicated client #2's goal was to make change from \$3.00 and client #2 had no court order which denied access to community.</p> <p>Client #3's records were reviewed on 04/18/12 at 3:00 PM. Client #3's TSP dated 08/04/11 indicated client #3's goal was to add all coins up to \$1.00 and had no court order which denied access to community.</p> <p>On 4-18-12 at 1:00 p.m. a record review for client #4 was conducted. The Comprehensive Treatment Plan (CTP) dated 12-27-11 indicated client #4 had a</p>						

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	<p>money management goal to identify total amount of taxes and he had no court order which denied him access to his community.</p> <p>On 4-18-12 at 12:00 p.m. a record review for client #5 was conducted. The 9/08/11 CTP indicated client #5 had a money management goal to assist her with her financial needs and to document the money spent.</p> <p>On 4-18-12 at 2:15 p.m. a record review for client #6 was conducted. The CTP dated 6-30-11 indicated client #6 had a money management goal to make change from \$1.00 and she had no court order to prevent her from having access to her community.</p> <p>Client #7's records were reviewed on 04/18/12 at 1:05 PM. Client #7's TSP dated 03/06/12 indicated client #7's goal was to add all coins up to \$1.00 and had no court order which denied access to community.</p> <p>Client #8's records were reviewed on 04/18/12 at 11:50 AM. Client #8's TSP dated 03/27/12 indicated client #8's goal was to make change from \$1.00 and had no court order which denied access to community.</p>				

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	<p>On 4-18-12 at 12pm, an interview with the Qualified Mental Retardation Professional (QMRP) #34 indicated she did withdraw money from clients #1, #2, #3, #4, #5, #7, and #8's accounts and make purchases for them when they were not present with her.</p> <p>On 4-19-12 at 10:30 a.m. an interview with the (QMRP) #44 indicated clients #4, #5, and #6 did not have a court order which prevented them from going into their community.</p> <p>On 4/19/12 at 8:50 AM, an interview with QMRP #45 and QMRP #47 was completed and both QMRPs indicated clients #7 and #8 did not have a court order which prevented them from going into their community.</p>			

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W0135	<p>483.420(a)(10) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have access to telephones with privacy for incoming and outgoing local and long distance calls except as contraindicated by factors identified within their individual program plans.</p> <p>Based on observation, record review, and interview, the facility failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) and 1 additional client (client #17) to ensure they had unimpeded access to a telephone.</p> <p>Findings include:</p> <p>On 4-16-12 from 1:50 p.m. until 4:15 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, #8 and #17 was conducted. A telephone was not available for clients #1, #2, #3, #4, #5, #6, #7, #8 or #17 to use for their personal use with or without assistance.</p> <p>On 4-16-12 at 2:45 p.m., client #17 asked facility staff (FS) #7 if she could call the abuse hotline. FS #7 stated she would call Qualified Mental Retardation Professional (QMRP)/Registered Nurse #35 and "find out." QMRP #35 indicated she had left a message for the abuse hotline facility staff #51 on Friday and she</p>	W0135	In regard to clients #1, #2, #3, #4, #5, #6, #7, #8, #17, and all others, clients will have unimpeded access to the telephone (with privacy) to make outgoing and receive incoming telephone calls with or without assistance unless otherwise indicated on individual treatment plan (see Attachment #5 JETC Client Choices Memo). Any restriction will have approval of the Human Rights Committee, Health Care Representative/Guardian, and a remediation plan will be established by the treatment team so that their right may again be exercised when goals are met and assessment no longer indicates the need for the restriction. Human Rights Committee will assure compliance with ensuring patient rights via the monthly HRC meeting minutes. Responsible Staff: Service Line Manager	05/18/2012			

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	<p>was coming to see client #17 today 4-16-12. Client #17 asked permission to use a phone and a phone was not available to her to use.</p> <p>Client #1's records were reviewed on 04/18/12 at 10:30 AM. Client #1's Treatment Support Plan (TSP) dated 03/13/12 did not indicate client #1 could not have access to a telephone.</p> <p>Client #2's records were reviewed on 04/18/12 at 1:45 PM. Client #2's TSP dated 09/27/11 did not indicate client #2 could not have access to a telephone.</p> <p>Client #3's records were reviewed on 04/18/12 at 3:00 PM. Client #3's TSP dated 08/04/11 did not indicate client #3 could not have access to a telephone.</p> <p>On 4-18-12 at 1:00 p.m. a record review for client #4 was conducted. The Comprehensive Treatment Plan (CTP) dated 12-27-11 did not indicate client #4 could not have access to a telephone.</p> <p>On 4-18-12 at 12:00 p.m. a record review for client #5 was conducted. The 9/08/11 CTP did not indicate client #5 could not have access to a telephone for personal use.</p> <p>On 4-18-12 at 2:15 p.m. a record review</p>						

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	<p>for client #6 was conducted. The CTP dated 6-30-11 did not indicate client #6 could not have access to a phone for personal use.</p> <p>Client #7's records were reviewed on 04/18/12 at 1:05 PM. Client #7's TSP dated 03/06/12 did not indicate he could not have access to a phone for personal use.</p> <p>Client #8's records were reviewed on 04/18/12 at 11:50 AM. Client #8's TSP dated 03/27/12 did not indicate he could not have access to a phone for personal use.</p> <p>On 4-18-12 at 11:15 a.m. a record review for client #17 was conducted. The CTP dated 11-10-11 did not indicated she could not have access to a phone for personal use.</p> <p>On 4-16-12 at 4:00 p.m., an interview with client #3 stated she had access to use a phone during "phone time."</p> <p>On 4-16-12 at 3:35 p.m., an interview with client #7 stated the phone was available when a phone call came through then the phone was "put up."</p> <p>On 4-18-12 at 11:00 a.m. an interview with the Service Line Manager #1 (SLM)</p>				

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	<p>indicated clients did ask permission to use a phone due to privacy issues in the past. The SLM stated a phone was "only" available in evenings for clients to use at a specific time.</p> <p>On 4-19-12 at 10:45 a.m. an interview with QMRP #35 indicated a phone was available during evening hours but was not available at all times.</p>			

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W0136	<p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS 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 record review and interview, the facility failed for 5 of 8 sampled clients (clients #1, #2, #3, #4, and #8) to ensure they had the opportunity to participate in community outings of their choice.</p> <p>Findings include:</p> <p>On 4-18-12 at 12:10 p.m. a review of the facility's Off Grounds Activity Sheets dated 8-29-11 to 4-15-12 were reviewed for clients #1, #2, #3, #4 and #8. The review indicated client #4 had been out in the community 0 times during the time frame of 8-29-11 to 4-15-12. The review failed to indicate if the clients who went into the community had exited the facility van during the outing.</p> <p>On 4/18/12 at 12:10pm, clients #1, #2, #3, and #8's "Off Grounds Activity Sheets" from 8/29/11 through 4/15/12 were reviewed and did not indicate activities in the community for banking, church, and shopping.</p> <p>Client #1's records were reviewed on</p>	W0136	In regard to clients #1, #2, #3, #4, #8 and all others, clients will have the opportunity to choose and participate in social, religious, and community group activities via the JETC Community Access Program. Each month all clients may select community activities to attend. All clients may attend community programs unless access is contraindicated as a result of assessment at the time of the activity indicating behavior presenting a threat to client or community safety. (see Attachment 6 JETC Community Access Procedure). Community program participation will be included in each client's monthly treatment plan review by the QMRP. Responsible Staff: Service Line Manager	05/18/2012			

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	<p>04/18/12 at 10:30 AM. Client #1's Functional Outcome Assessment (FOA) dated 03/13/12 did not indicate client #1 could not access his community.</p> <p>Client #2's records were reviewed on 04/18/12 at 1:45 PM. Client #2's FOA dated 09/27/11 did not indicate client #2 could not access her community.</p> <p>Client #3's records were reviewed on 04/18/12 at 3:00 PM. Client #3's FOA dated 08/04/11 did not indicate client #3 could not access her community.</p> <p>On 4-18-12 at 1:00 p.m. a record review for client #4 was conducted. The Comprehensive Treatment Plan (CTP) dated 12-27-11 indicated client #4 had no court order which denied him access to his community.</p> <p>Client #8's records were reviewed on 04/18/12 at 11:50 AM. Client #8's TSP dated 03/27/12 record had no court order which denied him access to his community.</p> <p>On 4/19/12 at 8:50 AM, an interview with the SLM #1 (Service Line Manager) was completed. SLM #1 indicated clients had been limited to accessing the community because of staffing changes and the need for supervision of clients while in the</p>						

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	community. SLM #1 indicated clients #1, #2, #3, #4, and #8 were not currently accessing their community for banking, church, shopping, or other activities. SLM #1 indicated the social worker completed shopping for clients' personal snacks, clothing, and purchase requests.			

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on observation, record review, and interview, the facility neglected to implement their abuse/neglect policy to immediately report to the administrator an allegation of abuse/neglect/and mistreatment for 1 of 1 allegation made (client #17) and for 7 of 36 incidents reviewed of injuries during restraints (clients #1, #2 (twice), #3, #10, #11, and #20). The facility neglected to investigate injuries of unknown origin for 1 of 1 client (client #17), neglected to protect 11 of 24 clients who lived in the facility (clients #2, #5, #9, #13, #14, #15, #18, #19, #21, #22, and #23) from client #11's behavior of physical aggression, and neglected to develop a policy/procedure to screen employment histories to protect clients from the potential of abuse, neglect, or mistreatment.</p> <p>Findings include:</p> <p>1. On 4-16-12 from 1:50 p.m. until 4:15 p.m. an observation at the home of client #17 was conducted. A telephone was not available for client #17 to use with or without assistance. At 1:50pm, client #17 was observed to have the skin on her</p>	W0149	<p>In regard to client #17 and all others, clients will have unimpeded access to the telephone in order to report allegations of abuse (see Attachment 5 JETC Client Choices Memo). In regard to clients #1, #2, #3, #5, #9, #10, #11, #13, #14, #15, #17, #18, #19, #20, #21, #22, #23 and all others, all staff have been retrained on LSH Policy A 4 Reporting of Alleged Abuse including the immediate notification to the administrator. (see Attachments 1 Staff Retraining Memo for LSH Policy A4, and 1a LSH Policy A4 Reporting Abuse). The JETC Procedure for Investigation of Restraint Incidents, Self Injurious Behavior, Contact Intentional/Behavior Management incidents and unknown injuries was implemented to assure that allegations of abuse and neglect are reported to the administrator immediately and that all those incidents are investigated thoroughly. Duration of restraint is noted on page one of the Restraint/Seclusion form. (see Attachments 3 Procedure for Investigation of All Incidents, 3a Treatment Team Incident Report Review, 3b JETC Incident Report Review Form, 3c Procedure for</p>	05/18/2012

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	<p>lower lip bruised and scabbed with a one inch cut between her lip and chin on her face.</p> <p>On 4-16-12 at 2:45 p.m. client #17 asked facility staff (FS) #7 if she could call the abuse hotline. FS #7 stated she would call Qualified Mental Retardation Professional (QMRP)/Registered Nurse #35 and "find out." QMRP #35 indicated she had left a message for the abuse hotline facility staff #51 on Friday (4/13/12) and she was coming to see client #17 today 4-16-12. Client #17 asked permission to use a phone and a phone was not available to her to use.</p> <p>On 4/17/12 at 1:45pm, the facility's 4/17/12 "Alleged Abuse Investigation" for an incident on 4/15/12 at 4:45pm, indicated client #17 "alleges that [Facility Staff #60] put [client #17] up against wall with force causing injury to lower lip and chin." The investigation indicated a second incident report dated 4/15/12 at 4:45pm, for client #17 which indicated client #17 "had blood from lip after being placed against wall. [Client #17] had been aggressive and had gone after staff. [Client #17] in manual hold from 1645 to 1647 (4:45pm to 4:47pm)...Physician Comments: As noted above pt. (patient) placed against the wall during a manual hold from 1645 to 1647. Lip sl. (slightly)</p>		<p>HRC Approvals, 3d Human Rights Committee Procedure).Responsible Staff: Service Line Manager/ADONThe procedure for pre-employment screening was revised and implemented May 18, 2012 to include background checks for any history of client abuse, neglect or exploitation. (see Attachment 2 Background Checks for State Employment). Human Resources personnel will confirm the screening of employment histories via documentation in the Human Resources files, beginning with all new hires as of May 18, 2012. Responsible Staff: Human Resources representativeIn order to protect clients #2, #5, #9, #13, #14, #15, #18, #19, #21, #22, #23, and all others, the treatment plan for client #11 was reviewed/revised effective May 11, 2012. Two or more incidents of restraint or contact intentional requires review/revision of the treatment plan by the treatment team and information reported to Human Rights Committee by the QMRP. In order to ensure compliance, the QMRP and treatment team will document progress in monthly reviews. The Human Rights Committee will ensure compliance with the incidents/abuse review procedures by monthly review of reports and feedback documented in minutes. Responsible Staff: Service Line</p>				

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	<p>swollen." No information was available for review that the administrator was notified of client #17's 4/15/12 incident of injury during a staff applied restraint. The investigation did not indicate client #17 had requested to report an allegation on 4/13/12 or again on 4/16/12 and client #17 was not contacted by the abuse investigator until 4/17/12 at 1:45pm.</p> <p>On 4/17/12 at 1:45pm, the facility's 4/16/12 "Reportable Incident" for client #17's incident indicated "Description and Results of Incident: On 4/16/12, [client #17] alleges that during a manual hold/restraint last evening 4/15/12 at 4:45pm, she was abused by staff member [Facility Staff #60]. [Client #17] alleges that he slammed her into the wall. [Client #17] has a swollen lower lip. Inside her lower lip is a cut with what appears to be the imprint of her upper tooth. She also has a bruise under her chin and at the base of her lower lip." No sizes of client #17's injuries were available for review. Witness statements from Facility Staff (FS) #10 and FS #60 were obtained. FS #60 stated client #17 "lunged towards a [staff member] in an aggressive manner. At that point [FS #60] stated that he grabbed [client #17's] arms. When he grabbed her arms, [client #17] began to struggle and kicked him forcefully in the groin area. He then guided her to the</p>		<p>Manager; QMRPREQUESTED ADDENDUM:In order to protect other clients from Client #11's behaviors, the following strategies were implemented. Client #11 is currently on an LSH observation level, which requires two staff to be observing him during the hours of 7:00 a.m. to 11:15 p.m. During this time frame, one of the two staff will be positioned near the pod entrance in order to better observe client #11. The other staff member will be sitting near client #11 in order to promote interactions with client #11. Whenever client #11 leaves his pod and is among other clients, two staff will be within arms length. From 11:15 p.m. to 7:00 a.m., a staff member will be assigned to the pod area in order to observe client #11 as well as other clients during sleeping hours to provide safety for all patients in this pod area. The treatment team, with input from the Psychologist, has revised interventions/strategies on the treatment plan, effective May 22, 2012. The treatment team has identified two primary pre-aggressive behaviors for client #11. When either of these behaviors are exhibited, client #11 will be directed to an area away from other clients to promote safety while decreasing stimuli for client #11. Staff will encourage client #11 to engage in alternative activities/self soothing</p>				

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	<p>wall. [FS #60] stated [FS #10] then came and assisted with her right arm...[FS #60] indicated that when he put her up against the wall it may have been harder than I intended. [FS #60] stated that he noticed a small spot of blood on the wall at that point. [FS #60] stated that when [client #17] lay down in the quiet room, he asked to see her lip" and client #17 refused to show FS #60 her lip or chin. The report did not include the amount of client #17's injuries and did not include the severity of client #17's injuries. The report did not include information regarding the possibility of client #17's other injuries to her body. The report did not indicate the administrator was notified of the allegations or of client #17's incident.</p> <p>On 4/17/12 at 9:45am, an interview with the SLM (Service Line Manager) #1 was conducted. SLM #1 stated "all allegations and all unknown injuries must be immediately reported." The SLM #1 indicated the administrator should be aware of allegations of abuse and of injuries in restraint. The SLM #1 indicated the facility staff and clients had an "abuse hotline" within the facility to report allegations and stated "they should call the (telephone) number posted." SLM #1 indicated she was not aware how clients were to call the telephone number to report abuse when the clients did not</p>		<p>behaviors while attempting to refocus his behavior on positive actions/interactions.QMRP's will discuss with other clients possible boundary violations with client #11 and strategies other clients may use to reduce risk. This may include watching/observing client #11's movement, taking off personal glasses, and being aware of client #11's personal space. In order to reduce noise level as well as proximity of clients to client #11, the informational bulletin board has been moved to another area within the dayroom. This will provide client #11 as well as other clients a level of separation. The QMRP will monitor progress in monthly reviews.Responsible Staff: QMRP/Nursing</p>				

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	<p>have independent access to a telephone.</p> <p>The SLM #1 indicated no documented evidence was available for review that the administrator was notified of the injuries or the severity of client #17's injuries on 4/15/12 during a manual hold restraint.</p> <p>The SLM #1 indicated no documented evidence was available for review that client #17's injuries were thoroughly investigated on 4/15/12 for abuse, neglect, or mistreatment.</p> <p>2. On 4-16-12 at 2:45 p.m. client #17 asked facility staff (FS) #7 if she could call the abuse hotline. FS #7 stated she would call Qualified Mental Retardation Professional (QMRP)/Registered Nurse #35 and "find out." QMRP #35 indicated she had left a message for the abuse hotline facility staff #51 on Friday (4/13/12) and she was coming to see client #17 today 4-16-12. Client #17 asked permission to use a phone and a phone was not available to her to use.</p> <p>Observation and interview were completed on 4/17/12 at 6:45am, with client #17 on her living unit. At 6:45am, client #17 wore a fashion top which was loose at the neck and fell off her shoulder and exposed her skin. At 6:45am, client #17 was observed to have a faint dime size circular bruise with a darker brown colored pea size bruise inside the faint</p>			

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	<p>colored larger bruise. Client #17 was observed with a cut on her lower lip and a bruise on her chin.</p> <p>On 4/19/12 at 11am, the 4/18/12 "Reportable Incident" and the 4/18/12 "Alleged Abuse Investigation" report for client #17 were reviewed and an interview with the Program Coordinator (PC) was conducted. The PC provided a narrative investigation report which indicated the following:</p> <p>-On 4/17/12 client #17 "alleged that staff member [FS #13] abused her on 3/17/12. (sic)"</p> <p>-"On 3/17/12 [client #17] had eloped from [the facility]. [Client #17] was returned [to the facility] by County Sheriff's office. Upon return [FS #13 and FS #61] escorted [client #17] back to the unit."</p> <p>-FS (Facility Staff) #13 was removed from contact on 4/17/12 and an investigation was initiated.</p> <p>-Client #17 stated "[FS #13] caused the bruises on her right shoulder when he brought her back to the unit the night that she eloped. [Client #17] stated that the police dropped her off at the dock. [FS #13] and another male staff escorted her back to the unit." Client #17 stated "[FS #13] pulled me back by the shoulder" when client #17 attempted to bite a female staff.</p>			

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	<p>- "The writer reminded [client #17] that she and [the writer] met following the incident and that [client #17] gave different information. [Client #17] stated I am afraid to tell the truth because no one believe me. [Client #17] was informed that an investigation was being done... [Client #17] stated it doesn't matter because nothing ever gets done about the abuse...."</p> <p>- The investigation report indicated "Incident report dated 3/17/12 at 1800 (6pm) upon return from elopement stated: Baseball size bruising on right shoulder, red/dark blue...It should also be noted that [client #17] requested to speak to this writer on 3/19/12...[Client #17] then showed me the bruising on her shoulder. I asked her how that happened. [Client #17] stated that she had been in a manual hold because of attacking staff numerous times in the previous week. [Client #17] then indicated that when she eloped, she was in the weeded area near the river. [Client #17] stated that she bumped into trees and sticker bushes. She also stated that the Sheriff put her on the ground face down and put handcuffs on her before bringing her back to [the facility] on 3/17/12...."</p> <p>On 4/19/11 at 11am, an interview was conducted and the PC indicated she was the person responsible to complete</p>						

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	<p>investigations. The PC indicated no information was available for review that the administrator was notified of client #17's 3/17/12 elopement incident from a locked unit, police involvement, and restraint injuries during a staff applied restraint. The PC indicated no information was available for review that client #17's 3/17/12 elopement incident from a locked unit was investigated. The PC indicated the 4/19/12 investigation did not indicate that client #17 had requested to report allegation on 4/13/12 and again on 4/17/12 and client #17 was not contacted by the abuse investigator until 4/19/12 at 11am for this allegation.</p> <p>On 4/16/12 at 1:55pm, the facility's incident reports for client #17 were reviewed for the period from 12/1/11 to 4/16/12 and included the following restraints used: -On 3/31/12 at 5:34pm, a 2 minute manual hold was used with no injury. -On 3/23/12 at 5pm, a 5 minute manual hold, client #17 "attacked staff again," and client #17 was placed in NAR (Non Ambulatory Restraint) chair. The report indicated "Nursing Comments: [Client #17] had redness bilateral axilla (shoulders) from restraint straps, skin intact. 1745 (5:45pm)." No duration was available for review of the NAR restraint. -On 3/23/12 at 4:05pm, a 5 minute</p>			

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	<p>manual hold was used with no injury.</p> <p>-On 3/23/12 at 4:32pm, a 3 minute manual hold was used with no injury.</p> <p>-On 3/18/12 a 4 minute manual hold was used with no injury.</p> <p>-On 3/18/12 a 3 minute manual hold was used with no injury.</p> <p>-On 3/18/12 at 8:45am, "a 9 minute manual hold to NAR (Non Ambulatory Restraint chair) for 59 minutes. Complaint of pain to right ear. Reddened area noted. Complained of soreness to right shoulder stated that she injured it last night."</p> <p>-On 3/17/12 at 1:15pm, a 2 minute manual hold to NAR for 1 hour and 30 minutes. Redness noted on wrists from struggling against restraints.</p> <p>-On 3/17/12 a 1 minute manual hold was used with no injury.</p> <p>-On 3/16/12 a 2 minute manual hold was used with no injury.</p> <p>-On 3/16/12 at 8:20pm, a 3 minute manual hold was used with no injury.</p> <p>-On 3/13/12 at 6:50pm, a 3 minute manual hold was used with no injury.</p> <p>No restraint use information for client #17 in 4/2012 were available for review.</p> <p>On 4/16/12 at 1:55pm, the facility's incident reports for client #17 were reviewed for the period from 12/1/11 to 4/16/12 and included the following incidents:</p>						

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	<p>-A 3/17/12 "Elopement Report" at 1800 (6pm), indicated client #17 was noted by staff to have eloped from the facility at 6pm and returned to the facility by "[County Sheriff's Office] at 1825 (6:25pm)." The report indicated client #17 "was found on [name of] Street." Witness statements to the incident had client #17 last seen at 1750 (5:50pm). No investigation for client #17's elopement was available for review. No notification of the administrator was available for review.</p> <p>On 4/19/12 at 7:30pm, Rand McNally Driving Directions Website indicated [name of] Street was one to one and a half miles from the unit.</p> <p>On 4/17/12 at 9:45am, an interview with the SLM (Service Line Manager) #1 was conducted. SLM #1 stated "all allegations and all unknown injuries must be immediately reported." The SLM #1 indicated she was not aware of client #17's shoulder bruises. The SLM #1 indicated the administrator should be aware of allegations, elopements, and injuries in restraint. The SLM #1 indicated the facility staff and clients had an "abuse hotline" within the facility to report allegations and stated "they should call the (telephone) number posted." SLM #1 indicated she was not aware how</p>			

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	<p>clients were to call the telephone number to report abuse when the clients did not have independent access to a telephone. The SLM #1 indicated no documented evidence was available for review that the administrator was notified of the severity of client #17's injuries on 3/17/12. The SLM #1 indicated no documented evidence was available for review that client #17's shoulder injuries were thoroughly investigated. The SLM #1 indicated no documented evidence was available for review that client #17's elopement incident from a locked unit, police involvement, injuries during restraint, and client #17's allegation were immediately reported to the administrator,</p> <p>3. The facility's records were reviewed on 4/15/12 at 1:55 P.M.. A review of incident reports from 12/1/11 to 4/16/12 indicated the following seven incidents of injuries during the use of restraints:</p> <p>-"Incident Date: 4/10/12, Individuals Involved: [client #2], Description of Incident: [client #2] in 3 min. (three minute) manual hold, then NAR. (No description of the incident was documented.) Nursing Comments: No injuries, 2145 (9:45pm) small 1" (one inch) superficial scratch R (right) side of nose/cheek." The 4/10/12 "Incident Report Review" report indicated client #2</p>			

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	<p>"was in the quiet room, tied her shirt around her neck, when staff tried to remove shirt [client #2] became physically aggressive with staff which resulted in a manual restraint hold and non ambulatory restraint." The report included an attached sheet addressed to client #2's legally sanctioned representative which documented on 4/10/12 client #2 "was placed in manual hold and NAR...from 2048 until 2118 (8:48pm until 9:18pm) and was necessary because of physical aggression/self abuse."</p> <p>-"Incident Date: 4/9/12, Individuals Involved: [client #20], Description of Incident: [client #20] was banging her head against the wall, [client #20] was placed in a manual hold due to self abuse. [Client #20] then banged her head against the floor, when stabilized face up and pulled her hair out of the left side of her head. [Client #20] has reddened area to back and front of head, complains of pain, redness on R (right) neck from restraint straps. Nursing Comments: Redness noted to either side of neck due to intermittent struggling against restraints. No redness at time of writer's assessment of crown of head, denies pain." The report had an attached 4/9/12 "Incident Report Review" which indicated client #20 was "upset with her Doctor and went</p>			

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	<p>into the Quiet Room and began banging her arm on the wall. [Client #20] came out of Quiet Room yelling and was redirected back to Quiet Room at which time [client #20] began banging her head on the wall which resulted in manual hold and non ambulatory restraint (NAR)."</p> <p>The report did not indicated the duration client #20 was restrained in manual hold or the NAR.</p> <p>-"Incident Date: 4/7/12, Individuals Involved: [client #11], Description of Incident: [client #11] became physically aggressive in pod (living area) requiring Manual Hold, escorted to Quiet Room, attempted to release continued physical aggression requiring restabilization. Nursing Comments: 10 (ten) minute manual hold [Intermuscular injection of psychotropic] emergency medications. Sustained small scratch, redness under R (right) eye."</p> <p>-"Incident Date: 4/1/12, Individuals Involved: [client #1], Description of Incident: Client (client #1) attacked staff checking on [client #1] in the bathroom. Client swinging at staff, staff struggled to secure [client #1] to prevent further aggression. They lost balance, fell to floor, initially secured [client #1] in prone position then stabilized face up, unable to calm. [Client #1] was transferred to non</p>						

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	<p>ambulatory restraints. NSO (nursing service office) notified. Abrasion noted to forehead, R (right) side at hairline, no swelling, no impairment of skin integrity. Manual hold (was not recorded for amount of time held in hold). [Client #1] then placed in NAR (non ambulatory restraint)." The report included an attached sheet addressed to client #1's legally sanctioned representative which documented on 4/1/12 client #1 "was placed in restraints from 0808 until 0935 because of physical aggression." No record of injuries in restraint was documented.</p> <p>-"Incident Date: 3/20/12, Individuals Involved: [client #3], Description of Incident: [client #3] in 1 min. (one minute) hold, then to QR (Quiet Room). In QR, bit L (left) arm over previous injury, banging forehead on window, bit L shoulder. No injuries from restraint. Nursing Comments: L arm bleeding actively, compressed with Kleenex, then washed after bleeding stopped. Refuses pain medication, pain for L arm bruised, red, open areas. L shoulder no markings, no bite marks. Forehead no markings, no redness." The report included an attached sheet 3/20/12 "Incident Report Review" which indicated client #3's self injurious behaviors "resulted in a manual hold." The report had attached witness</p>			

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	<p>statements which indicated FS #13 stated client #3 was verbally aggressive after staff redirected client #3 from accessing "her treat locker, [client #3] had already been in there (inside client #3's personal treat locker) at 9am, Client was redirected to put snack away, client [client #3] refused. (Facility Staff) redirected client [client #3] again, client [client #3] attacked staff. [Client #3] directed to the QR, (two facility staff) had [client #3's] arms. Client [client #3] continued to struggle, [three Facility Staff] used Bridge Building skills and placed [client #3] on the floor. [Two additional facility staff] came in to help." The report did not indicate the duration of time client #3 was restrained on the floor.</p> <p>-"Incident Date: 3/19/12, Individuals Involved: [client #2], Description of Incident: [client #2] attacked the staff. Stabilized against the wall, continued to kick, scratch, bite, moved to QR (Quiet Room) floor, face up using proper bridge building. When calm released in the QR, talked to MD (Medical Doctor), no injuries. Nursing Comments: No injuries noted from restraints, per client [client #2] bruised both arms from previous restraints the day before. Manual hold from 1527 - 1530 (3:27pm to 3:30pm)." The report had witness statements attached from Facility Staff (FS) #4 which</p>			

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	<p>indicated client #2 was "placed on the floor using proper bridge building skills. [Two] staff (persons) were on [client #2's] arms, [one staff person] was on [client #2's] legs, and [FS #4] held [client #2's] head."</p> <p>-"Incident Date: 3/19/12, Individuals Involved: [client #10], Description of Incident: [client #10] attacked staff... [client #10] was manually held on the floor, face up, continued to fight, walking restraints were used to place client [client #10] in NAR. Nursing Comments: Abrasion to L (left) hand. Bruised R (right) shoulder, rug burn to R elbow area. Cleaned area with soap and water, applied Band-Aid, applied ice pack to bruised area, no other injuries. Manual Hold 1606-1619 (4:06pm until 4:19pm)." The report had an attached 3/19/12 "Incident Report Review" which indicated client #10 "was upset with peer when staff were directing [client #10] toward the Quiet Room, [client #10] became physically aggressive which resulted in manual hold and non ambulatory restraint (NAR)."</p> <p>The above seven incident reports were further reviewed on 4/18/12 at 1 P.M.. The review indicated the facility's treatment team (Inter-Disciplinary Team) reviewed the incident reports. However, the review failed to indicate the facility's</p>						

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	<p>treatment team thoroughly investigated the incidents to identify the cause of the injuries and failed to take effective corrective actions to prevent recurrence of injuries to restrained clients #1, #2, #3, #10, #11, and #20.</p> <p>Service Line Manager #1 was interviewed on 4/18/12 at 1 P.M.. Service Line Manager #1 stated the facility's treatment team, "Considers all client injuries in restraints important but have not been eliminated. We (the facility) can do a better job of determining the cause of injuries and eliminating them."</p> <p>The facility's records were further reviewed on 4/18/12 at 1:50 P.M.. A review of the facility's "Employee Procedure for Reporting Allegations of Abuse, Neglect or Maltreatment of Patients", dated June 3, 1991, indicated, in part, the following: "Employees shall initiate the above (reporting) procedures anytime they know or have reason to believe mistreatment of patients has occurred. Reporting shall include, but is not limited to, the following: ... g) Patient injuries potentially caused by abuse or neglect."</p> <p>4. The facility's records were reviewed on 4/15/12 at 1:55 P.M.. A review of incident reports from 6/1/11 to 4/16/12</p>			

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	<p>indicated the following incidents of client #11's physical aggression which resulted in broken eyeglasses and client injuries:</p> <p>-A 3/26/12 Incident report indicated client #11 broke an (unidentified) peers eyeglasses during physically aggressive behavior.</p> <p>-A 3/19/12 Incident report at 1:44 P.M., indicated client #14 "was attacked by [client #11] who snatched her eyeglasses off her face and broke them." Client #14 "sustained a scratch on L (left) eye lid."</p> <p>-A 3/7/12 Incident report at 9:12 P.M., indicated client #14 was in day room, shuffling his paperwork around, when suddenly client #11 ran up on her, pushed client #14, client #11 removed client #14's eyeglasses from her face and broke client #14's eyeglasses.</p> <p>-A 3/7/12 Incident report at 9:10 P.M., indicated client #11 "ran up to [client #14] and pushed her and pulled her eyeglasses off her head, plastic frames broke."</p> <p>-A 3/5/12 Incident report at 12:45 P.M., indicated client #11 "attacked [client #13] breaking [client #13's] glasses."</p> <p>-A 2/2/12 Incident report at 1:45 P.M., indicated client #11 "grabbed and broke" client #22's eyeglasses during physically aggressive behavior.</p> <p>-A 1/27/12 Incident report at 10:20 P.M., indicated client #11 "grabbed" client #15's eyeglasses but did not break the glasses</p>			

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	<p>during a physically aggressive behavior.</p> <p>-A 1/27/12 Incident report at 10:20 P.M., indicated client #11 "grabbed and broke" client #18's eyeglasses during a physically aggressive behavior.</p> <p>-A 6/27/11 Incident report indicated client #11 "crushed" an unidentified peers eyeglasses during physically aggressive behavior.</p> <p>-A 6/12/11 Incident report indicated client #11 "attacked" client #23 and broke client #23's eyeglasses.</p> <p>-A 6/7/11 Incident report at 10:05 A.M., indicated client #11 ran up from behind client #9, grabbed client #9's eyeglasses, and client #11 broke the glasses.</p> <p>-A 6/4/11 Incident report indicated client #11 "grabbed" and damaged client #2's eyeglasses.</p> <p>-A 6/3/11 Incident report indicated client #11 "grabbed [client #9's] eyeglasses and wadded them into a ball" breaking the glasses.</p> <p>On 4/17/12 at 10 A.M., the facility's "Human Rights Committee Minutes/Contact Intentional/Significant Injury Report" from 6/1/11 through 3/29/12 meetings were reviewed and indicated the following: For 3/29/12 Meeting: -A 3/19/12 entry indicated client #11 ran up to client #14, "grabbed her glasses off [client #14's] face and broke them."</p>			

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	<p>Client #14 "sustained a scratch" to her left eye lid.</p> <p>-A 3/13/12 entry indicated client #11 ran to client #19, "grabbed his glasses off [client #19's] face and broke them in half."</p> <p>-A 3/7/12 entry indicated client #11 broke client #14's eyeglasses.</p> <p>-A 3/5/12 entry indicated client #11 broke client #13's eyeglasses. The report indicated client #13 had a scratch on left side of nose.</p> <p>-An entry not dated indicated "It should be noted that prior to the 3/5/12 incident, [client #11] had gone 2 weeks without attacking a peer showing improvement."</p> <p>For 2/23/12 Meeting:</p> <p>-A 2/18/12 entry indicated client #11 ran out of pod and "tried to grab a can of soda out of [client #5's] hand," client #11 scratched client #5's chest, and "sustained 3 superficial scratches on right upper chest."</p> <p>-A 2/15/12 entry indicated client #11 ran out of pod and "grabbed [client #2's] glasses off her face and broke them."</p> <p>-A 2/14/12 entry indicated client #11 "grabbed" client #23's glasses and broke the glasses.</p> <p>-A 2/10/12 entry indicated client #11 ran out of pod and "attacked" client #23 while "attempting to grab [client #23's] eyeglasses. "Staff coverage increased in</p>			

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	<p>an effort to provide protection to other patients from [client #11]."</p> <p>-A 2/8/12 entry indicated client #11 ran out of pod and "grabbed" client #22's eyeglasses off client #22's face. Client #22 "sustained a small scratch to left side of nose."</p> <p>-A 2/2/12 entry indicated client #11 ran out of pod and "grabbed" client #22's eyeglasses, client #11 was unsuccessful to get client #22's eyeglasses, "but then grabbed onto [client #22] glasses, pulling them from his face and breaking them." Client #22 "sustained a 2cm (centimeter) scratch to right side of face."</p> <p>-An entry not dated indicated "Per treatment team on 1/31/12 regarding [client #11]: a change in medications to add Benadryl has been effective in getting him to sleep at night. This should have an effect in improving his behavior."</p> <p>-A 1/29/12 entry indicated client #11 "came running out of pod and grabbed [client #23's] eyeglasses off [client #23's] face."</p> <p>-A 1/27/12 entry indicated client #11 "grabbed" client #15's eyeglasses "off of his face and threw them to the floor." The entry indicated client #11 "then broke" the glasses.</p> <p>For 1/26/12 Meeting: -A 1/9/12 entry indicated client #11 "walked out of pod and grabbed" client</p>			

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	<p>#19's eyeglasses off of his face and broke them. Client #19 "sustained a small scratch on the bridge of his nose, forehead, and left side of his cheek." -An undated entry indicated "According to treatment team, medication adjustments continue to be made, Tegretol added. Medication not at therapeutic levels and continues to require frequent adjustment. [Client #11] is on level I (staff eyesight supervision) during the day and level 2 (staff supervision) at night" Doctor evaluation will be completed. -A 1/8/12 entry indicated client #11 "ran out of the pod," grabbed client #5's eyeglasses off her face and broke them. -A 1/6/12 entry indicated client #11 came out of pod and "grabbed" client #19's eyeglasses off his face. -An undated entry indicated "Medication adjustments are being made with [client #11]." -A 12/27/11 entry indicated client #11 "attacked [client #19] and grabbed [client #19's] glasses." Client #19 had a "small scratch on right side of neck." -A 12/23/11 entry indicated client #11 "grabbed [client #18's] glasses off [client #18's] face and the punched/hit [client #8] nose in the process." Client #18 had a bloody nose. -A 12/19/11 entry indicated client #11 "attacked" client #23 "breaking [client</p>						

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	<p>#23's] glasses."</p> <p>For 12/15/11 Meeting: -An undated entry indicated "Treatment team is discussing [client #11] and what can be done to prevent him from this behavior. Medications are being discussed, however [client #11] is very sensitive and doctor is reluctant to change anything at this time. Team will discuss and relate any changes to the HRC." -A 12/12/11 entry indicated client #11 "attacked [client #23] from behind. [Client #11] attempted to break [client #23's] glasses." -A 12/11/11 entry indicated client #11 "ran after [client #5]. He pulled her glasses off her face." Client #5 had "red fingertip marks on left upper arm and superficial scratch to left cheek."</p> <p>For 11/17/11 Meeting: -A 11/1/11 entry indicated client #11 "came running out of pod and ripped the glasses off the face of [client #21]. [Client #11] snapped the glasses in half." Client #21 "sustained a small scratch in the bridge of his nose."</p> <p>For 9/29/11 Meeting: -A 8/25/11 entry indicated client #11 "ran from 2:1 (two staff assigned to client #11's person) and attempted to grab [client #19's] glasses off of his face."</p>						

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	<p>Client #19 "sustained a 2" (two inch) scratch on left temple area."</p> <p>For 8/28/11 Meeting: -A 8/2/11 entry indicated client #11 went up to client #5 "and took [client #5's] glasses off her face and broke them." The entry indicated client #5 "was scratched on her forehead and [client #11] squeezed [client #5's] arm. Client #5 had a 3cm scratch and bruises to her right arm.</p> <p>For 7/28/11 Meeting: -A 7/12/11 entry indicated client #11 "grabbed [client #19's] eyeglasses off [client #19's] face and crushed them." Client #19 had "redness and scratches to right side of forehead."</p> <p>For 6/30/11 Meeting: -A 6/27/11 entry indicated client #11 "grabbed" client #23's eye glasses off client #23's face and broke them. -An undated entry indicated "Per [Service Line Manager #2] regarding [client #11]: Treatment team developed a program where he is given 5 x (five times) daily to go to his room to masturbate. We noticed an increase in aggression that appears related to sexual frustration and this was added to his plan. [Client #11] now has a new QMRP (Qualified Mental Retardation Professional) who will be working with him on a daily basis starting</p>			

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	<p>with 5 min. (minutes) at a time to help in dealing gratification to decrease impulsivity. [Client #11's] Abilify (medication for impulse control) has been reintroduced to his medication regimen with some positive effects at this time 6/15/11."</p> <p>-A 6/12/11 entry indicated client #11 "attacked" client #23 "slapping [client #23's] glasses off his face."</p> <p>-A 6/7/11 entry indicated client #11 "ran from behind [client #9] and grabbed her eye glasses." Client #9 had "small reddened abraded area on bridge of nose on right side."</p> <p>-A 6/4/11 entry indicated client #11 "attacked" client #2 in the day room "by grabbing her glasses off her face." Client #2 "complained of soreness to the bridge of her nose."</p> <p>Service Line Manager (SLM) #1 was interviewed on 4/18/12 at 1 P.M.. Service Line Manager #1 stated client #11 had two staff with him during the day and "he will still get to other clients and their glasses." SLM #1 indicated clients in the facility who wear eye glasses continued to be at risk to have their glasses broken by client #11. SLM #1 indicated clients whom client #11 targets have sustained injuries during client #11's physical aggression when he attempts to break their eyeglasses.</p>			

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	<p>5. On 4/18/12 at 10:20 A.M., an interview was conducted and the facility's personnel files were reviewed with Human Resources Representative (HRR) and the Service Line Manager (SLM) #1. The review indicated the following:</p> <p>-Facility Staff (FS) #10 was hired 1/30/2012 and had verification of previous employment dates. No employment reference information was available for review of FS #10's work history. No personal reference information was available for review.</p> <p>-FS #19 was hired 5/08/2011 and had verification of previous employment dates. No employment reference information was available for review of FS #19's work history. No personal reference information was available for review.</p> <p>-FS #40 was hired 11/28/2011 and had verification of previous employment dates. No employment reference information was available for review of FS #40's work history. No personal reference information was available for review.</p> <p>On 4/18/12 at 10:35 A.M., an interview with the HRR and SLM #1 was completed. The HRR stated "We only</p>						

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	<p>verify the dates of employment." The HRR stated "We do not complete personnel reference checks." When asked what the facility's system was to screen employee employment histories to prohibit abuse, neglect, and mistreatment, the HRR and SLM #1 both indicated they did not know. Both staff indicated no further information was available for review.</p> <p>On 4/19/12 at 8:30am, an interview was completed with SLM #1. SLM #1 indicated no policy and procedure for employment hiring and screening for abuse, neglect, and mistreatment was available for review. The SLM #1 indicated the facility prohibited the hiring and employment of facility staff who abuse, neglect, or mistreat clients.</p>				

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W0152	<p>483.420(d)(1)(iii) STAFF TREATMENT OF CLIENTS The facility must prohibit the employment of individuals with a conviction or prior employment history of child or client abuse, neglect or mistreatment.</p> <p>Based on record review and interview for 3 of 3 employment records reviewed (Facility Staff #10, #19, and #40) who were hired by the facility within the last twelve months, the facility failed to screen employee employment histories to prohibit abuse, neglect, and mistreatment of clients.</p> <p>Findings include:</p> <p>On 4/18/12 at 10:20 A.M., an interview was conducted and the facility's personnel files were reviewed with Human Resources Representative (HRR) and the Service Line Manager (SLM) #1. The review indicated the following: -Facility Staff (FS) #10 was hired 1/30/2012 and had verification of previous employment dates. No employment reference information was available for review of FS #10's work history. No personal reference information was available for review.</p> <p>-FS #19 was hired 5/08/2011 and had verification of previous employment dates. No employment reference</p>	W0152	In order to prohibit the employment of individuals with a conviction or prior employment history of abuse, neglect or mistreatment, effective May 18, 2012, all employees will be screened to assure there is no history of abuse, neglect or exploitation (see Attachment 2 Background Checks for State Employment). Human Resource personnel will confirm screening via documentation in the Human Resources file. Responsible Staff: Human Resources representative	05/18/2012

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	<p>information was available for review of FS #19's work history. No personal reference information was available for review.</p> <p>-FS #40 was hired 11/28/2011 and had verification of previous employment dates. No employment reference information was available for review of FS #40's work history. No personal reference information was available for review.</p> <p>On 4/18/12 at 10:35 A.M., an interview with the HRR and SLM #1 was completed. The HRR stated "We only verify the dates of employment." The HRR stated "We do not complete personnel reference checks." When asked what the facility's system was to screen employee employment histories to prohibit abuse, neglect, and mistreatment, the HRR and SLM #1 both indicated they did not know. Both staff indicated no further information was available for review.</p> <p>On 4/19/12 at 8:30am, an interview was completed with SLM #1. SLM #1 indicated no policy and procedure for employment hiring and screening for abuse, neglect, and mistreatment was available for review. The SLM #1 indicated the facility prohibited the hiring</p>						

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	and employment of facility staff who abuse, neglect, or mistreat clients.			

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on observation, interview, and record review, for 1 of 1 client (client #17) who requested to report allegations of abuse, the facility failed to immediately report to the administrator and failed to allow client #17 to immediately report allegations of abuse.</p> <p>Findings include:</p> <p>1. On 4-16-12 from 1:50 p.m. until 4:15 p.m. an observation at the home of client #17 was conducted. A telephone was not available for client #17 to use with or without assistance. At 1:50pm, client #17 was observed to have the skin on her lower lip bruised and scabbed with a one inch cut between her lip and chin on her face.</p> <p>On 4-16-12 at 2:45 p.m. client #17 asked facility staff (FS) #7 if she could call the abuse hotline. FS #7 stated she would call Qualified Mental Retardation Professional (QMRP)/Registered Nurse #35 and "find out." QMRP #35 indicated</p>	W0153	<p>1. For client #17 and all other clients, in order to assure that allegations of abuse are immediately reported, all staff have been retrained on LSH Policy A4 Reporting Alleged Abuse, Neglect, or Exploitation of Patients (see Attachments 1 Staff Retraining Memo for LSH Policy A4, and 1a LSH Policy A4 Reporting Abuse). A telephone has been placed on the unit and is available for client #17 and all others, use with or without assistance to call and report alleged abuse. (see Attachment 5 Client Choices Memo).2. For client #17, and all other clients, the JETC Procedure for Investigation of Restraint Incidents, Self Injurious Behavior, Contact Intentional/Behavior Management incidents and unknown injuries was implemented to assure that allegations of abuse and neglect are reported to the administrator immediately and injury occurring during restraint and unknown injuries are investigated thoroughly. Review and investigation includes separate reviews by the ADON/Nurse Supervisor, the treatment team,</p>	05/18/2012			

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	<p>she had left a message for the abuse hotline facility staff #51 on Friday (4/13/12) and she was coming to see client #17 today 4-16-12. Client #17 asked permission to use a phone and a phone was not available to her to use.</p> <p>On 4/17/12 at 1:45pm, the facility's 4/17/12 "Alleged Abuse Investigation" for an incident on 4/15/12 at 4:45pm, indicated client #17 "alleges that [Facility Staff #60] put [client #17] up against wall with force causing injury to lower lip and chin." The investigation indicated a second incident report dated 4/15/12 at 4:45pm, for client #17 which indicated client #17 "had blood from lip after being placed against wall. [Client #17] had been aggressive and had gone after staff. [Client #17] in manual hold from 1645 to 1647 (4:45pm to 4:47pm)...Physician Comments: As noted above pt. (patient) placed against the wall during a manual hold from 1645 to 1647. Lip sl. (slightly) swollen." No information was available for review that the administrator was notified of client #17's 4/15/12 incident or injuries during a staff applied restraint. The investigation did not indicate client #17 had requested to report an allegation on 4/16/12 and client #17 was not contacted by the abuse investigator until 4/17/12 at 1:45pm.</p>		<p>and the Program Coordinator when warranted to assure the details of the incident and any injuries are clearly documented. Per LSH Policy A4, all allegations of patient abuse will be investigated. (see Attachments 3 Procedure for Investigation of All Incidents, 3a Treatment Team Incident Report Review, 3b JETC Incident Report Review Form, 3c Procedure for HRC Approvals, 3d Human Rights Committee Procedure). All incidents of elopement will be reviewed/investigated by the Nurse Supervisor using the Nursing Elopement Report form. The Human Rights Committee will ensure compliance with incident/abuse review procedures by monthly review of reports. Feedback will be documented in meeting minutes. Responsible Staff: Service Line Manager/ADON</p>		

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	<p>On 4/17/12 at 1:45pm, the facility's 4/16/12 "Reportable Incident" for client #17's incident indicated "Description and Results of Incident: On 4/16/12, [client #17] alleges that during a manual hold/restraint last evening 4/15/12 at 4:45pm, she was abused by staff member [Facility Staff #60]. [Client #17] alleges that he slammed her into the wall. [Client #17] has a swollen lower lip. Inside her lower lip is a cut with what appears to be the imprint of her upper tooth. She also has a bruise under her chin and at the base of her lower lip." No sizes of client #17's injuries were available for review.</p> <p>Witness statements from Facility Staff (FS) #10 and FS #60 were obtained. FS #60 stated client #17 "lunged towards a [staff member] in an aggressive manner. At that point [FS #60] stated that he grabbed [client #17's] arms. When he grabbed her arms, [client #17] began to struggle and kicked him forcefully in the groin area. He then guided her to the wall. [FS #60] stated [FS #10] then came and assisted with her right arm...[FS #60] indicated that when he put her up against the wall it may have been harder than I intended. [FS #60] stated that he noticed a small spot of blood on the wall at that point. [FS #60] stated that when [client #17] lay down in the quiet room, he asked to see her lip" and client #17 refused to show FS #60 her lip or chin. The report</p>			

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	<p>did not include the amount of client #17's injuries and did not include the severity of client #17's injuries. The report did not indicate the administrator was notified of the allegation or of client #17's incident.</p> <p>On 4/17/12 at 9:45am, an interview with the SLM (Service Line Manager) #1 was conducted. SLM #1 stated "all allegations must be immediately reported." The SLM #1 indicated the administrator should be aware of allegations of abuse and of injuries in restraint. The SLM #1 indicated the facility staff and clients had an "abuse hotline" within the facility to report allegations and stated "they should call the (telephone) number posted." SLM #1 indicated she was not aware how clients were to call the telephone number to report abuse when the clients did not have independent access to a telephone. The SLM #1 indicated no documented evidence was available for review that the administrator was notified of the injuries or the severity of client #17's injuries on 4/15/12 during a manual hold restraint.</p> <p>2. On 4-16-12 at 2:45 p.m. client #17 asked facility staff (FS) #7 if she could call the abuse hotline. FS #7 stated she would call Qualified Mental Retardation Professional (QMRP)/Registered Nurse #35 and "find out." QMRP #35 indicated she had left a message for the abuse</p>			

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	<p>hotline facility staff #51 on Friday (4/13/12) and she was coming to see client #17 today 4-16-12. Client #17 asked permission to use a phone and a phone was not available to her to use.</p> <p>Observation and interview were completed on 4/17/12 at 6:45am, with client #17 on her living unit. At 6:45am, client #17 wore a fashion top which was loose at the neck and fell off her shoulder and exposed her skin. At 6:45am, client #17 was observed to have a faint dime size circular bruise with a darker brown colored pea size bruise inside the faint colored larger bruise. Client #17 was observed with a cut on her lower lip and a bruise on her chin.</p> <p>On 4/19/12 at 11am, the 4/18/12 "Reportable Incident" and the 4/18/12 "Alleged Abuse Investigation" report for client #17 were reviewed and an interview with the Program Coordinator (PC) was conducted. The PC provided a narrative investigation report which indicated the following: -On 4/17/12 client #17 "alleged that staff member [FS #13] abused her on 3/17/12. (sic)" -"On 3/17/12 [client #17] had eloped from [the facility]. [Client #17] was returned [to the facility] by County Sheriff's office. Upon return [FS #13 and</p>			

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	<p>FS #61] escorted [client #17] back to the unit."</p> <p>-FS (Facility Staff) #13 was removed from contact on 4/17/12 and an investigation was initiated.</p> <p>-Client #17 stated "[FS #13] caused the bruises on her right shoulder when he brought her back to the unit the night that she eloped. [Client #17] stated that the police dropped her off at the dock. [FS #13] and another male staff escorted her back to the unit." Client #17 stated "[FS #13] pulled me back by the shoulder" when client #17 attempted to bite a female staff.</p> <p>-"The writer reminded [client #17] that she and [the writer] met following the incident and that [client #17] gave different information. [Client #17] stated I am afraid to tell the truth because no one believe me. [Client #17] was informed that an investigation was being done... [Client #17] stated it doesn't matter because nothing ever gets done about the abuse...."</p> <p>-The investigation report indicated "Incident report dated 3/17/12 at 1800 (6pm) upon return from elopement stated: Baseball size bruising on right shoulder, red/dark blue...It should also be noted that [client #17] requested to speak to this writer on 3/19/12...[Client #17] then showed me the bruising on her shoulder. I asked her how that happened. [Client</p>			

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	<p>#17] stated that she had been in a manual hold because of attacking staff numerous times in the previous week. [Client #17] then indicated that when she eloped, she was in the weeded area near the river. [Client #17] stated that she bumped into trees and sticker bushes. She also stated that the Sheriff put her on the ground face down and put handcuffs on her before bringing her back to [the facility] on 3/17/12...."</p> <p>On 4/19/11 at 11am, an interview was conducted and the PC. The PC indicated she was the person responsible to complete investigations. The PC indicated no information was available for review that the administrator was notified of client #17's 3/17/12 elopement incident from a locked unit, police involvement, and restraint injuries during a staff applied restraint.</p> <p>On 4/16/12 at 1:55pm, the facility's incident reports for client #17 were reviewed for the period from 12/1/11 to 4/16/12 and included the following incidents: -A 3/17/12 "Elopement Report" at 1800 (6pm), indicated client #17 was noted by staff to have eloped from the facility at 6pm and returned to the facility by "[County Sheriff's Office] at 1825 (6:25pm)." The report indicated client</p>						

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	<p>#17 "was found on [name of] Street." Witness statements to the incident had client #17 last seen at 1750 (5:50pm). No notification of the administrator was available for review.</p> <p>On 4/17/12 at 9:45am, an interview with the SLM (Service Line Manager) #1 was conducted. SLM #1 stated "all allegations and all unknown injuries must be immediately reported." The SLM #1 indicated she was not aware of client #17's shoulder bruises until 4/16/12. The SLM #1 indicated the administrator should be aware of allegations, elopements, and injuries in restraint. The SLM #1 indicated the facility staff and clients had an "abuse hotline" within the facility to report allegations and stated "they should call the (telephone) number posted." SLM #1 indicated she was not aware how clients were to call the telephone number to report abuse when the clients did not have independent access to a telephone. The SLM #1 indicated no documented evidence was available for review that the administrator was notified of the severity of client #17's injuries on 3/17/12. The SLM #1 indicated no documented evidence was available for review that client #17's elopement incident from a locked unit, police involvement, injuries during restraint, and client #17's allegation were</p>			

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	immediately reported to the administrator.			

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on observation, interview, and record review, for 1 of 1 injuries of unknown origin and 1 of 1 allegation of abuse (client #17), and 1 of 1 AWOL (Absent without Leave) behaviors (client #17), the facility failed to thoroughly investigate client #17's injuries, allegation of abuse, and AWOL.</p> <p>Findings include:</p> <p>1. On 4-16-12 from 1:50 p.m. until 4:15 p.m. an observation at the home of client #17 was conducted. A telephone was not available for client #17 to use with or without assistance. At 1:50pm, client #17 was observed to have the skin on her lower lip bruised and scabbed with a one inch cut between her lip and chin on her face.</p> <p>On 4-16-12 at 2:45 p.m. client #17 asked facility staff (FS) #7 if she could call the abuse hotline. FS #7 stated she would call Qualified Mental Retardation Professional (QMRP)/Registered Nurse #35 and "find out." QMRP #35 indicated she had left a message for the abuse hotline facility staff #51 on Friday</p>	W0154	<p>For client #17 and all others, in order to assure that allegations of abuse are immediately reported, all staff have been retrained on LSH Policy A4 Reporting Alleged Abuse, Neglect, or Exploitation of Patients (see Attachments 1 Staff Retraining Memo for LSH Policy A4, and 1a LSH Policy A4 Reporting Abuse). A telephone has been placed on the unit and is available for client #17 and all others, use with or without assistance to call and report alleged abuse. (see Attachment 5 Client Choices Memo).For client #17, and all others, the JETC Procedure for Investigation of Restraint Incidents, Self Injurious Behavior, Contact Intentional/Behavior Management incidents and unknown injuries was implemented to assure that allegations of abuse and neglect are reported to the administrator immediately and injury occurring during restraint and unknown injuries are investigated thoroughly. Review and investigation includes separate reviews by the ADON/Nurse Supervisor, the treatment team, and the Program Coordinator when warranted. Per LSH Policy A4, all allegations of patient abuse will be investigated. (see Attachments 3 Procedure for Investigation of All Incidents, 3a</p>	05/18/2012			

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	<p>(4/13/12) and she was coming to see client #17 today 4-16-12. Client #17 asked permission to use a phone and a phone was not available to her to use.</p> <p>On 4/17/12 at 1:45pm, the facility's 4/17/12 "Alleged Abuse Investigation" for an incident on 4/15/12 at 4:45pm, indicated client #17 "alleges that [Facility Staff #60] put [client #17] up against wall with force causing injury to lower lip and chin." The investigation indicated a second incident report dated 4/15/12 at 4:45pm, for client #17 which indicated client #17 "had blood from lip after being placed against wall. [Client #17] had been aggressive and had gone after staff. [Client #17] in manual hold from 1645 to 1647 (4:45pm to 4:47pm)...Physician Comments: As noted above pt. (patient) placed against the wall during a manual hold from 1645 to 1647. Lip sl. (slightly) swollen." The investigation did not indicate client #17 had requested to report an allegation on 4/13/12 or again on 4/16/12 and client #17 was not contacted by the abuse investigator until 4/17/12 at 1:45pm.</p> <p>On 4/17/12 at 1:45pm, the facility's 4/16/12 "Reportable Incident" for client #17's incident indicated "Description and Results of Incident: On 4/16/12, [client #17] alleges that during a manual</p>		<p>Treatment Team Incident Report Review, 3b JETC Incident Report Review Form, 3c Procedure for HRC Approvals, 3d Human Rights Committee Procedure). All incidents of elopement will be reviewed/investigated by the Nurse Supervisor using the Nursing Elopement Report form. In addition, recommendations/findings made by the Abuse Review Committee will be part of the completed abuse allegation packet that is kept in the Superintendent's office. If employee training is recommended by the Abuse Review Committee, a copy of the training will be included as proof that this requirement was met. (see Attachment 8 Abuse Review Committee Findings Memo).The Human Rights Committee will ensure compliance with incident/abuse review procedures by monthly review report and feedback documented in meeting minutes. Responsible Staff: Service Line Manager/ADON/Abuse Review Committee Chairperson</p>				

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	<p>hold/restraint last evening 4/15/12 at 4:45pm, she was abused by staff member [Facility Staff #60]. [Client #17] alleges that he slammed her into the wall. [Client #17] has a swollen lower lip. Inside her lower lip is a cut with what appears to be the imprint of her upper tooth. She also has a bruise under her chin and at the base of her lower lip." No sizes of client #17's injuries were available for review. Witness statements from Facility Staff (FS) #10 and FS #60 were obtained. FS #60 stated client #17 "lunged towards a [staff member] in an aggressive manner. At that point [FS #60] stated that he grabbed [client #17's] arms. When he grabbed her arms, [client #17] began to struggle and kicked him forcefully in the groin area. He then guided her to the wall. [FS #60] stated [FS #10] then came and assisted with her right arm...[FS #60] indicated that when he put her up against the wall it may have been harder than I intended. [FS #60] stated that he noticed a small spot of blood on the wall at that point. [FS #60] stated that when [client #17] lay down in the quiet room, he asked to see her lip" and client #17 refused to show FS #60 her lip or chin. The report did not include the amount of client #17's injuries and did not include the severity of client #17's injuries. The report did not include information regarding the possibility of client #17's other injuries to</p>				

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	<p>her body.</p> <p>On 4/17/12 at 9:45am, an interview with the SLM (Service Line Manager) #1 was conducted. The SLM #1 indicated the facility staff and clients had an "abuse hotline" within the facility to report allegations and stated "they should call the (telephone) number posted." SLM #1 indicated she was not aware how clients were to call the telephone number to report abuse when the clients did not have independent access to a telephone. The SLM #1 indicated no documented evidence was available for review that the administrator was notified of the injuries or the severity of client #17's injuries on 4/15/12 during a manual hold restraint. The SLM #1 indicated no documented evidence was available for review that client #17's injuries were thoroughly investigated on 4/15/12 for abuse, neglect, or mistreatment.</p> <p>2. On 4-16-12 at 2:45 p.m. client #17 asked facility staff (FS) #7 if she could call the abuse hotline. FS #7 stated she would call Qualified Mental Retardation Professional (QMRP)/Registered Nurse #35 and "find out." QMRP #35 indicated she had left a message for the abuse hotline facility staff #51 on Friday (4/13/12) and she was coming to see client #17 today 4-16-12. Client #17</p>						

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	<p>asked permission to use a phone and a phone was not available to her to use.</p> <p>Observation and interview were completed on 4/17/12 at 6:45am, with client #17 on her living unit. At 6:45am, client #17 wore a fashion top which was loose at the neck and fell off her shoulder and exposed her skin. At 6:45am, client #17 was observed to have a faint dime size circular bruise with a darker brown colored pea size bruise inside the faint colored larger bruise. Client #17 was observed with a cut on her lower lip and a bruise on her chin.</p> <p>On 4/19/12 at 11am, the 4/18/12 "Reportable Incident" and the 4/18/12 "Alleged Abuse Investigation" report for client #17 were reviewed and an interview with the Program Coordinator (PC) was conducted. The PC provided a narrative investigation report which indicated the following: -On 4/17/12 client #17 "alleged that staff member [FS #13] abused her on 3/17/12. (sic)" -"On 3/17/12 [client #17] had eloped from [the facility]. [Client #17] was returned [to the facility] by County Sheriff's office. Upon return [FS #13 and FS #61] escorted [client #17] back to the unit." -FS (Facility Staff) #13 was removed</p>			
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	<p>from contact on 4/17/12 and an investigation was initiated.</p> <p>-Client #17 stated "[FS #13] caused the bruises on her right shoulder when he brought her back to the unit the night that she eloped. [Client #17] stated that the police dropped her off at the dock. [FS #13] and another male staff escorted her back to the unit." Client #17 stated "[FS #13] pulled me back by the shoulder" when client #17 attempted to bite a female staff.</p> <p>-"The writer reminded [client #17] that she and [the writer] met following the incident and that [client #17] gave different information. [Client #17] stated I am afraid to tell the truth because no one believe me. [Client #17] was informed that an investigation was being done... [Client #17] stated it doesn't matter because nothing ever gets done about the abuse...."</p> <p>-The investigation report indicated "Incident report dated 3/17/12 at 1800 (6pm) upon return from elopement stated: Baseball size bruising on right shoulder, red/dark blue..It should also be noted that [client #17] requested to speak to this writer on 3/19/12...[Client #17] then showed me the bruising on her shoulder. I asked her how that happened. [Client #17] stated that she had been in a manual hold because of attacking staff numerous times in the previous week. [Client #17]</p>			

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	<p>then indicated that when she eloped, she was in the weeded area near the river. [Client #17] stated that she bumped into trees and sticker bushes. She also stated that the Sheriff put her on the ground face down and put handcuffs on her before bringing her back to [the facility] on 3/17/12...."</p> <p>On 4/19/11 at 11am, an interview was conducted and the PC indicated she was the person responsible to complete investigations. The PC indicated no information was available for review that client #17's 3/17/12 elopement incident from a locked unit was investigated. The PC indicated the 4/18/12 investigation did not indicate client #17 had requested to report allegation on 4/13/12 and again on 4/17/12, or that client #17 was not contacted by the abuse investigator until 4/19/12 at 11am for this allegation.</p> <p>On 4/16/12 at 1:55pm, the facility's incident reports for client #17 were reviewed for the period from 12/1/11 to 4/16/12 and included the following incidents: -A 3/17/12 "Elopement Report" at 1800 (6pm), indicated client #17 was noted by staff to have eloped from the facility at 6pm and returned to the facility by "[County Sheriff's Office] at 1825 (6:25pm)." The report indicated client</p>			

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	<p>#17 "was found on [name of] Street." Witness statements to the incident had client #17 last seen at 1750 (5:50pm). No investigation for client #17's elopement was available for review.</p> <p>On 4/19/12 at 7:30pm, Rand McNally Driving Directions Website indicated [name of] Street was one to one and a half miles from the unit.</p> <p>On 4/17/12 at 9:45am, an interview with the SLM (Service Line Manager) #1 was conducted. SLM #1 stated "all allegations and all unknown injuries must be immediately reported." The SLM #1 indicated she was not aware of client #17's shoulder bruises. The SLM #1 indicated the facility staff and clients had an "abuse hotline" within the facility to report allegations and stated "they should call the (telephone) number posted." SLM #1 indicated she was not aware how clients were to call the telephone number to report abuse when the clients did not have independent access to a telephone. The SLM #1 indicated no documented evidence was available for review that client #17's shoulder injuries were thoroughly investigated. The SLM #1 indicated no documented evidence was available for review that client #17's elopement incident from a locked unit, police involvement, and injuries during</p>			

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	restraint were thoroughly investigated.			

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W0157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to implement effective corrective actions for 7 of 36 incidents reviewed of injuries during restraints (clients #1, #2 (twice), #3, #10, #11, and #20) and failed to protect 11 of 24 clients who lived in the facility (clients #2, #5, #9, #13, #14, #15, #18, #19, #21, #22, and #23) from client #11's behavior of physical aggression.</p> <p>Findings include:</p> <p>1. The facility's records were reviewed on 4/15/12 at 1:55 P.M.. A review of incident reports from 12/1/11 to 4/16/12 indicated the following seven incidents of injuries during the use of restraints:</p> <p>-"Incident Date: 4/10/12, Individuals Involved: [client #2], Description of Incident: [client #2] in 3 min. (three minute) manual hold, then NAR. (No description of the incident was documented.) Nursing Comments: No injuries, 2145 (9:45pm) small 1" (one inch) superficial scratch R (right) side of nose/cheek." The 4/10/12 "Incident Report Review" report indicated client #2</p>	W0157	<p>1. In order to assure that the treatment team takes corrective action to prevent reoccurrence of injury in restraint, the JETC Procedure for Investigation of Restraint Incidents, Self Injurious Behavior, Contact Intentional/Behavior Management incidents and unknown injuries was implemented. The treatment plan will be reviewed in detail and changes made as necessary for any client noted to be involved in 2 or more incidents of restraint, contact intentional, or self injurious behavior in a one month period. (see Attachments 3 Procedure for Investigation of All Incidents, 3a Treatment Team Incident Report Review, 3b JETC Incident Report Review Form, 3c Procedure for HRC Approvals, 3d Human Rights Committee Procedure). In order to protect clients #2, #5, #9, #13, #14, #15, #18, #19, #21, #22, #23, and all others, treatment plan for client #11 was reviewed and updated effective May 11, 2012, based on assessment and recommendations of the Psychologist. QMRP/Treatment Team will document progress in monthly reviews. The Human Rights Committee will review, approve and monitor individual programs which incorporate restrictive techniques. This</p>	05/18/2012			

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	<p>"was in the quiet room, tied her shirt around her neck, when staff tried to remove shirt [client #2] became physically aggressive with staff which resulted in a manual restraint hold and non ambulatory restraint." The report included an attached sheet addressed to client #2's legally sanctioned representative which documented on 4/10/12 client #2 "was placed in manual hold and NAR...from 2048 until 2118 (8:48pm until 9:18pm) and was necessary because of physical aggression/self abuse."</p> <p>-"Incident Date: 4/9/12, Individuals Involved: [client #20], Description of Incident: [client #20] was banging her head against the wall, [client #20] was placed in a manual hold due to self abuse. [client #20] then banged her head against the floor, when stabilized face up and pulled her hair out of the left side of her head. [Client #20] has reddened area to back and front of head, complains of pain, redness on R (right) neck from restraint straps. Nursing Comments: Redness noted to either side of neck due to intermittent struggling against restraints. No redness at time of writer's assessment of crown of head, denies pain." The report had an attached 4/9/12 "Incident Report Review" which indicated client #20 was "upset with her Doctor and went</p>		<p>information will be presented to the Human Rights Committee at least monthly. The QMRP will present information regarding whether less intrusive methods have been attempted and whether the severity of the clients behavior outweighs the risks of the proposed program. The HRC will monitor and make suggestions to provide oversight. All discussion will be noted in Human Rights Committee minutes. (see Attachments 3c Procedure for HRC Approvals and 3d Human Rights Committee Procedure).To assure appropriate action is taken following abuse investigations, recommendations/findings made by the Abuse Review Committee will be part of the completed abuse allegation packet that is kept in the Superintendent's office. If employee training is recommended, a copy of the training will be included as proof that this requirement was met. (see Attachment 8 Abuse Review Committee Findings Memo).The Human Rights Committee will ensure compliance with incidents/abuse review procedures by monthly review report and feedback documented in meeting minutes. Responsible Staff: Service Line Manager; Human Rights Committee Chairperson; Abuse Review Committee ChairpersonREQUESTED ADDENDUM:In order to protect</p>				

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	<p>into the Quiet Room and began banging her arm on the wall. [Client #20] came out of Quiet Room yelling and was redirected back to Quiet Room at which time [client #20] began banging her head on the wall which resulted in manual hold and non ambulatory restraint (NAR)."</p> <p>The report did not indicated the duration client #20 was restrained in manual hold or the NAR.</p> <p>-"Incident Date: 4/7/12, Individuals Involved: [client #11], Description of Incident: [client #11] became physically aggressive in pod (living area) requiring Manual Hold, escorted to Quiet Room, attempted to release continued physical aggression requiring restabilization. Nursing Comments: 10 (ten) minute manual hold [Intermuscular injection of psychotropic] emergency medications. Sustained small scratch, redness under R (right) eye."</p> <p>-"Incident Date: 4/1/12, Individuals Involved: [client #1], Description of Incident: Client (client #1) attacked staff checking on [client #1] in the bathroom. Client swinging at staff, staff struggled to secure [client #1] to prevent further aggression. They lost balance, fell to floor, initially secured [client #1] in prone position then stabilized face up, unable to calm. [Client #1] was transferred to non</p>		<p>other clients from Client #11's behaviors, the following strategies were implemented. Client #11 is currently on an LSH observation level, which requires two staff to be observing him during the hours of 7:00 a.m. to 11:15 p.m. During this time frame, one of the two staff will be positioned near the pod entrance in order to better observe client #11. The other staff member will be sitting near client #11 in order to promote interactions with client #11. Whenever client #11 leaves his pod and is among other clients, two staff will be within arms length. From 11:15 p.m. to 7:00 a.m., a staff member will be assigned to the pod area in order to observe client #11 as well as other clients during sleeping hours to provide safety for all patients in this pod area. The treatment team, with input from the Psychologist, has revised interventions/strategies on the treatment plan, effective May 22, 2012. The treatment team has identified two primary pre-aggressive behaviors for client #11. When either of these behaviors are exhibited, client #11 will be directed to an area away from other clients to promote safety while decreasing stimuli for client #11. Staff will encourage client #11 to engage in alternative activities/self soothing behaviors while attempting to refocus his behavior on positive</p>		

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	<p>ambulatory restraints. NSO (nursing service office) notified. Abrasion noted to forehead, R (right) side at hairline, no swelling, no impairment of skin integrity. Manual hold (was not recorded for amount of time held in hold). [Client #1] then placed in NAR (non ambulatory restraint)." The report included an attached sheet addressed to client #1's legally sanctioned representative which documented on 4/1/12 client #1 "was placed in restraints from 0808 until 0935 because of physical aggression." No record of injuries in restraint was documented.</p> <p>-"Incident Date: 3/20/12, Individuals Involved: [client #3], Description of Incident: [client #3] in 1 min. (one minute) hold, then to QR (Quiet Room). In QR, bit L (left) arm over previous injury, banging forehead on window, bit L shoulder. No injuries from restraint. Nursing Comments: L arm bleeding actively, compressed with Kleenex, then washed after bleeding stopped. Refuses pain medication, pain for L arm bruised, red, open areas. L shoulder no markings, no bite marks. Forehead no markings, no redness." The report included an attached sheet 3/20/12 "Incident Report Review" which indicated client #3's self injurious behaviors "resulted in a manual hold." The report had attached witness</p>		<p>actions/interactions.QMRP's will discuss with other clients possible boundary violations with client #11 and strategies other clients may use to reduce risk. This may include watching/observing client #11's movement, taking off personal glasses, and being aware of client #11's personal space. In order to reduce noise level as well as proximity of clients to client #11, the informational bulletin board has been moved to another area within the dayroom. This will provide client #11 as well as other clients a level of separation. The QMRP will monitor progress in monthly reviews.Responsible Staff: QMRP/Nursing</p>				

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	<p>statements which indicated FS #13 stated client #3 was verbally aggressive after staff redirected client #3 from accessing "her treat locker, [client #3] had already been in there (inside client #3's personal treat locker) at 9am, Client was redirected to put snack away, client [client #3] refused. (Facility Staff) redirected client [client #3] again, client [client #3] attacked staff. [Client #3] directed to the QR, (two facility staff) had [client #3's] arms. Client [client #3] continued to struggle, [three Facility Staff] used Bridge Building skills and placed [client #3] on the floor. [Two additional facility staff] came in to help." The report did not indicate the duration of time client #3 was restrained on the floor.</p> <p>-"Incident Date: 3/19/12, Individuals Involved: [client #2], Description of Incident: [client #2] attacked the staff. Stabilized against the wall, continued to kick, scratch, bite, moved to QR (Quiet Room) floor, face up using proper bridge building. When calm released in the QR, talked to MD (Medical Doctor), no injuries. Nursing Comments: No injuries noted from restraints, per client [client #2] bruised both arms from previous restraints the day before. Manual hold from 1527 - 1530 (3:27pm to 3:30pm)." The report had witness statements attached from Facility Staff (FS) #4 which</p>			

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	<p>indicated client #2 was "placed on the floor using proper bridge building skills. [Two] staff (persons) were on [client #2's] arms, [one staff person] was on [client #2's] legs, and [FS #4] held [client #2's] head."</p> <p>-"Incident Date: 3/19/12, Individuals Involved: [client #10], Description of Incident: [client #10] attacked staff... [client #10] was manually held on the floor, face up, continued to fight, walking restraints were used to place client [client #10] in NAR. Nursing Comments: Abrasion to L (left) hand. Bruised R (right) shoulder, rug burn to R elbow area. Cleaned area with soap and water, applied Band-Aid, applied ice pack to bruised area, no other injuries. Manual Hold 1606-1619 (4:06pm until 4:19pm)." The report had an attached 3/19/12 "Incident Report Review" which indicated client #10 "was upset with peer when staff were directing [client #10] toward the Quiet Room, [client #10] became physically aggressive which resulted in manual hold and non ambulatory restraint (NAR)."</p> <p>The above seven incident reports were further reviewed on 4/18/12 at 1 P.M.. The review indicated the facility's treatment team (Inter-Disciplinary Team) reviewed the incident reports. However, the review failed to indicate the facility's</p>			

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	<p>treatment team failed to take effective corrective actions to prevent recurrence of injuries to restrained clients #1, #2, #3, #10, #11, and #20.</p> <p>Service Line Manager #1 was interviewed on 4/18/12 at 1 P.M.. Service Line Manager #1 stated the facility's treatment team, "Considers all client injuries in restraints important but have not been eliminated. We (the facility) can do a better job of determining the cause of injuries and eliminating them."</p> <p>2. The facility's records were reviewed on 4/15/12 at 1:55 P.M.. A review of incident reports from 6/1/11 to 4/16/12 indicated the following incidents of client #11's physical aggression which resulted in broken eyeglasses and client injuries:</p> <p>-A 3/26/12 Incident report indicated client #11 broke an unidentified peers eyeglasses during physically aggressive behavior.</p> <p>-A 3/19/12 Incident report at 1:44 P.M., indicated client #14 "was attacked by [client #11] who snatched her eyeglasses off her face and broke them." Client #14 "sustained a scratch on L (left) eye lid."</p> <p>-A 3/7/12 Incident report at 9:12 P.M., indicated client #14 was in day room, shuffling his paperwork around, when suddenly client #11 ran up on her, pushed client #14, client #11 removed client</p>			

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	<p>#14's eyeglasses from her face and broke client #14's eyeglasses.</p> <p>-A 3/7/12 Incident report at 9:10 P.M., indicated client #11 "ran up to [client #14] and pushed her and pulled her eyeglasses off her head, plastic frames broke."</p> <p>-A 3/5/12 Incident report at 12:45 P.M., indicated client #11 "attacked [client #13] breaking [client #13's] glasses."</p> <p>-A 2/2/12 Incident report at 1:45 P.M., indicated client #11 "grabbed and broke" client #22's eyeglasses during physically aggressive behavior.</p> <p>-A 1/27/12 Incident report at 10:20 P.M., indicated client #11 "grabbed" client #15's eyeglasses but did not break the glasses during a physically aggressive behavior.</p> <p>-A 1/27/12 Incident report at 10:20 P.M., indicated client #11 "grabbed and broke" client #18's eyeglasses during a physically aggressive behavior.</p> <p>-A 6/27/11 Incident report indicated client #11 "crushed" an unidentified peers eyeglasses during physically aggressive behavior.</p> <p>-A 6/12/11 Incident report indicated client #11 "attacked" client #23 and broke client #23's eyeglasses.</p> <p>-A 6/7/11 Incident report at 10:05 A.M., indicated client #11 ran up from behind client #9, grabbed client #9's eyeglasses, and client #11 broke the glasses.</p> <p>-A 6/4/11 Incident report indicated client</p>						

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	<p>#11 "grabbed" and damaged client #2's eyeglasses.</p> <p>-A 6/3/11 Incident report indicated client #11 "grabbed [client #9's] eyeglasses and wadded them into a ball" breaking the glasses.</p> <p>On 4/17/12 at 10 A.M., the facility's "Human Rights Committee Minutes/Contact Intentional/Significant Injury Report" meetings from 6/1/11 through 3/29/12 was reviewed and indicated the following: For the 3/29/12 Meeting: -A 3/19/12 entry indicated client #11 ran up to client #14, "grabbed her glasses off [client #14's] face and broke them." Client #14 "sustained a scratch" to her left eye lid. -A 3/13/12 entry indicated client #11 ran to client #19, "grabbed his glasses off [client #19's] face and broke them in half." -A 3/7/12 entry indicated client #11 broke client #14's eyeglasses. -A 3/5/12 entry indicated client #11 broke client #13's eyeglasses. The report indicated client #13 had a scratch on left side of nose. -An entry not dated indicated "It should be noted that prior to the 3/5/12 incident, [client #11] had gone 2 weeks without attacking a peer showing improvement."</p>			

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	<p>For the 2/23/12 Meeting:</p> <p>-A 2/18/12 entry indicated client #11 ran out of pod and "tried to grab a can of soda out of [client #5's] hand," client #11 scratched client #5's chest, and "sustained 3 superficial scratches on right upper chest."</p> <p>-A 2/15/12 entry indicated client #11 ran out of pod and "grabbed [client #2's] glasses off her face and broke them."</p> <p>-A 2/14/12 entry indicated client #11 "grabbed" client #23's glasses and broke the glasses.</p> <p>-A 2/10/12 entry indicated client #11 ran out of pod and "attacked" client #23 while "attempting to grab [client #23's] eyeglasses. "Staff coverage increased in an effort to provide protection to other patients from [client #11]."</p> <p>-A 2/8/12 entry indicated client #11 ran out of pod and "grabbed" client #22's eyeglasses off client #22's face. Client #22 "sustained a small scratch to left side of nose."</p> <p>-A 2/2/12 entry indicated client #11 ran out of pod and "grabbed" client #22's eyeglasses, client #11 was unsuccessful to get client #22's eyeglasses, "but then grabbed onto [client #22] glasses, pulling them from his face and breaking them." Client #22 "sustained a 2cm (centimeter) scratch to right side of face."</p> <p>-An entry not dated indicated "Per treatment team on 1/31/12 regarding</p>			

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	<p>[client #11]: a change in medications to add Benadryl has been effective in getting him to sleep at night. This should have an effect in improving his behavior."</p> <p>-A 1/29/12 entry indicated client #11 "came running out of pod and grabbed [client #23's] eyeglasses off [client #23's] face."</p> <p>-A 1/27/12 entry indicated client #11 "grabbed" client #15's eyeglasses "off of his face and threw them to the floor." The entry indicated client #11 "then broke" the glasses.</p> <p>For the 1/26/12 Meeting:</p> <p>-A 1/9/12 entry indicated client #11 "walked out of pod and grabbed" client #19's eyeglasses off of his face and broke them. Client #19 "sustained a small scratch on the bridge of his nose, forehead, and left side of his cheek."</p> <p>-An undated entry indicated "According to treatment team, medication adjustments continue to be made, Tegretol added. Medication not at therapeutic levels and continue to require frequent adjustment. [Client #11] is on level I during the day and level 2 at night" Doctor evaluation will be completed.</p> <p>-A 1/8/12 entry indicated client #11 "ran out of the pod," grabbed client #5's eyeglasses off her face and broke them.</p> <p>-A 1/6/12 entry indicated client #11 came out of pod and "grabbed" client #19's</p>				

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	<p>eyeglasses off his face.</p> <p>-An undated entry indicated "Medication adjustments are being made with [client #11]."</p> <p>-A 12/27/11 entry indicated client #11 "attacked [client #19] and grabbed [client #19's] glasses." Client #19 had a "small scratch on right side of neck."</p> <p>-A 12/23/11 entry indicated client #11 "grabbed [client #18's] glasses off [client #18's] face and the punched/hit [client #8] nose in the process." Client #18 had a bloody nose.</p> <p>-A 12/19/11 entry indicated client #11 "attacked" client #23 "breaking [client #23's] glasses."</p> <p>For the 12/15/11 Meeting:</p> <p>-An undated entry indicated "Treatment team is discussing [client #11] and what can be done to prevent him from this behavior. Medications are being discussed, however [client #11] is very sensitive and doctor is reluctant to change anything at this time. Team will discuss and relate any changes to the HRC."</p> <p>-A 12/12/11 entry indicated client #11 "attacked [client #23] from behind. [Client #11] attempted to break [client #23's] glasses.</p> <p>-A 12/11/11 entry indicated client #11 "ran after [client #5]. He pulled her glasses off her face." Client #5 had "red fingertip marks on left upper arm and</p>						

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	<p>superficial scratch to left cheek."</p> <p>For the 11/17/11 Meeting: -A 11/1/11 entry indicated client #11 "came running out of pod and ripped the glasses off the face of [client #21]. [Client #11] snapped the glasses in half." Client #21 "sustained a small scratch in the bridge of his nose."</p> <p>For the 9/29/11 Meeting: -A 8/25/11 entry indicated client #11 "ran from 2:1 (two staff assigned to client #11's person) and attempted to grab [client #19's] glasses off of his face." Client #19 "sustained a 2" (two inch) scratch on left temple area."</p> <p>For the 8/28/11 Meeting: -A 8/2/11 entry indicated client #11 went up to client #5 "and took [client #5's] glasses off her face and broke them." The entry indicated client #5 "was scratched on her forehead and [client #11] squeezed [client #5's] arm. Client #5 had a 3cm scratch and bruises to her right arm.</p> <p>For the 7/28/11 Meeting: -A 7/12/11 entry indicated client #11 "grabbed" client #19's eyeglasses off [client #19's] face and crushed them." Client #19 had "redness and scratches to right side of forehead."</p>						

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	<p>For the 6/30/11 Meeting:</p> <p>-A 6/27/11 entry indicated client #11 "grabbed" client #23's eye glasses off client #23's face and broke them.</p> <p>-An undated entry indicated "Per [Service Line Manager #2] regarding [client #11]: Treatment team developed a program where he is given 5 x (five times) daily to go to his room to masturbate. We noticed an increase in aggression that appears related to sexual frustration and this was added to his plan. [Client #11] now has a new QMRP (Qualified Mental Retardation Professional) who will be working with him on a daily basis starting with 5 min. (minutes) at a time to help in dealing gratification to decrease impulsivity. [Client #11's] Abilify (medication for impulse control) has been reintroduced to his medication regimen with some positive effects at this time 6/15/11."</p> <p>-A 6/12/11 entry indicated client #11 "attacked" client #23 "slapping [client #23's] glasses off his face."</p> <p>-A 6/7/11 entry indicated client #11 "ran from behind [client #9] and grabbed her eye glasses." Client #9 had "small reddened abraded area on bridge of nose on right side."</p> <p>-A 6/4/11 entry indicated client #11 "attacked" client #2 in the day room "by grabbing her glasses off her face." Client #2 "complained of soreness to the bridge</p>						

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	<p>of her nose."</p> <p>Service Line Manager (SLM) #1 was interviewed on 4/18/12 at 1 P.M.. Service Line Manager #1 stated client #11 had two staff with him during the day and "he will still get to other clients and their glasses." SLM #1 indicated clients in the facility who wear eye glasses continued to be at risk to have their glasses broken by client #11. SLM #1 indicated clients whom client #11 targets have sustained injuries during client #11's physical aggression when he attempts to break their eyeglasses. SLM #1 indicated no additional correction action was available for review.</p>			

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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, record review, and interview, for 1 of 1 sample client (client #7) who had a speech deficit identified, the facility failed to develop a training objective based on his identified speech need.</p> <p>Findings include:</p> <p>On 4/16/12 from 1:15pm until 5:50pm, client #7 was observed at the facility. He spoke rarely to other clients and staff. At 5:45pm, client #7 was in dining room, sat at a table, and did not talk with other clients and staff. At 5:45pm, client #7 spoke softly and his speech was unable to be understood. Client #7 had requested a serving of food four (4) times from the staff seated at the table and the staff did not know what client #7 wanted. The other clients seated at the table were eating their food and client #7 had no food. Client #7 repeated himself four (4) times, before the staff person began to offer client #7 each item of food until the item client #7 wanted was offered. Client #7 sighed exhaling his breath from his</p>	W0227	<p>For client #7 the treatment plan was revised to include training objectives and strategies to address communication needs based on the input from the Speech Pathology consultation of May 8, 2012. For all other clients, specific training objectives necessary to meet the client's needs when identified by assessment will be added to the treatment plan. QMRP will monitor progress/effectiveness of treatment plan objectives and strategies through monthly treatment plan reviews. Responsible Staff: Qualified Mental Retardation Professional (QMRP)</p>	05/18/2012			

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	<p>mouth. At 5:45pm, client #7 spoke softly and his speech was unable to be understood when answering questions asked of him. Client #7 after several minutes began to motion with his finger to mean "next" choice to enable client #7 to answer the question correctly.</p> <p>On 4/18/12 at 1:05 P.M., client #7's record was reviewed. Client #7's 2/28/12 "Nursing Annual Assessment" indicated "Language: Very soft spoken, difficult to understand. Speech/Communication Issues: Slow-Soft-Speech Impediment." Client #7's 2/28/12 "Speech Evaluation Consultant Record" indicated client #7 had speech and language "distortions on [pronouncing] words on s, r, and r blends." The consultant record indicated "The listener must attend to what he says closely, speech intelligibility at the conversational level...Discussion was held about the articulation errors." The consultant record indicated "prior approval...before the service is rendered" had to be obtained. Client #7's 3/6/12 TSP (Therapeutic Support Plan) did not include a communication goal for client #7 to work on articulation of the "r" and "s."</p> <p>On 4/19/12 at 8:50 A.M., an interview with QMRP (Qualified Mental Retardation Professional) #42, QMRP</p>			

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	#45, and the Director of Nursing (DON) was completed. The DON indicated client #7 had difficulty with his speech. QMRP #42 stated "There's nothing more to be done. We're waiting for prior approval for any further treatment." QMRP #45 stated client #7 had a "sign language interpreter come to assess [client #7]." QMRP #45 stated "he recommended [client #7] to learn sign language and to speak in complete sentences." QMRP #45 indicated no communication goal was included in client #7's record. QMRP #45 indicated no sign language interpreter recommendations or visit was documented in client #7's record.			

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W0247	<p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management.</p> <p>Based on observation, record review, and interview, the facility failed for 8 of 8 sampled clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) to encourage, teach, and include client choices in their daily routine.</p> <p>Findings include:</p> <p>On 4-17-12 at 6:40 a.m. client #1, #3, #5, #6, #7, and #8's tables were preset with table ware, prune juice, and coffee set at the tables.</p> <p>On 4-17-12 at 6:40 a.m. an interview with the dietary aid #52 indicated prune juice was poured due to it being in a bottle, coffee was poured because it was hot, and the tables were preset for breakfast and lunch.</p> <p>On 4-17-12 at 6:50 a.m. facility staff (FS) #2 poured coffee from a pitcher that was kept behind the nurses station. At 6:50am, FS #2 indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 were not allowed to pour their own coffee or water because of facility policy for staff to complete. At 6:55 a.m. FS #52 and FS</p>	W0247	<p>In regards to clients, #1, #2, #3, #4, #5, #6, #7, #8 and all others, in order to provide clients with opportunities for choice and independence in their daily routine, they will be offered choices to include pouring their own beverages (coffee, juice, water, etc), gathering laundry, choosing television programs, and setting the table for meals. (see Attachment 5 JETC Client Choices Memo)All clients will have input into menu planning by choosing the items to be served at a special monthly meal beginning May 22, 2012. SLM will ensure that input into menu planning occurs monthly with the assistance of Food Service. Monitoring of client choices will be completed by daily observation and incorporated into client treatment plan reviews by the QMRP. Responsible Staff: Service Line Manager; Food Service Director</p>	05/18/2012			

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	<p>#20 gathered yellow laundry barrels from clients #1, #2, #3, #4, #5, #6, #7, and #8's bathrooms and took them off the unit. FS #52 indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 were not given a choice to gather their own laundry and take it to the laundry area. At 11:10 a.m. client #7 indicated they could only watch the news or cooking channel and he would like to have more choices for television shows.</p> <p>At 4:15 p.m. clients #1, #5, and #7 indicated they would like to have the choice to help make the menus for the food served in the cafeteria. At 4:30 p.m. clients #1, #7, and #8 went to their pod while medication administration began. The television was turned on the news by FS #10 and he held the remote. Clients #1, #7, and #8 were not given a choice of what to watch on television or to hold the remote. At 4:45 p.m. FS #10 continued to hold the remote and have the channel on the news with no input from clients #1, #7, and #8.</p> <p>On 4-18-12 at 11:00 a.m. an interview with the Service Line Manager indicated clients should be given choices about their daily routines and activities.</p>			

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W0261	<p>483.440(f)(3) PROGRAM MONITORING &amp; CHANGE The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility.</p> <p>Based on record review and interview, the facility failed to ensure the Human Rights Committee (HRC) had parent or guardian members for 8 of 8 sampled clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) who lived in the facility.</p> <p>Findings include:</p> <p>On 04/18/12 at 3:30 PM a review of the facility's HRC minutes from 7/2011 through 03/2012 were reviewed for clients #1, #2, #3, #4, #5, #6, #7 and #8. The HRC roster indicated the facility had failed to include parents or guardians as members.</p> <p>On 04/18/12 11:00 AM an interview with the Program Coordinator (PC) was conducted. The PC indicated the HRC meetings did not include parents or guardians as members.</p>	W0261	In regard to clients #1, #2, #3, #4, #5, #6, #7, #8 and all others, a legal guardian has been appointed to the Human Rights Committee effective April 27, 2012. (see Attachment 9 Legal Guardian Letter for HRC). Participation will be documented in monthly Human Rights Committee meeting minutes. Responsible Staff: Human Rights Committee Chairperson	05/18/2012			

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W0264	<p>483.440(f)(3)(iii) PROGRAM MONITORING &amp; CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on record review and interview for 6 of 8 sampled clients (clients #1, #2, #3, #4, and #5, and #8) and 1 additional client (client #17), the facility HRC (Human Rights Committee) failed to review the facility practice related to restrictive programs and restraints to adequately evaluate the need for the restrictive interventions.</p> <p>Findings include:</p> <p>On 04/18/12 at 3:30 PM a review of the facility's HRC minutes from 12/2011 through 03/2012 were reviewed for clients #1, #2, #3, #4, #5, #8 and #17. The HRC roster indicated the facility reviewed the following dated incidents of restraint/seclusion for:</p> <p>Client #1: 01/12/12; 02/09/12; 02/22/12; 02/23/12; 02/24/12; for a total of 5 incidents of restraints used.</p>	W0264	In regard to clients #1, #2, #3, #4, #5, #8, #17 and all others, the Human Rights Committee will review all practices related to restrictive programs, and restraints, in order to thoroughly evaluate the need for restrictive interventions. The Human Rights Committee will monitor and make suggestions as necessary and the information will be recorded in the committee meeting minutes. (see Attachments 3 Procedure for Investigation of All Incidents; 3a Treatment Team Incident Report Review; 3b JETC Incident Report Review; 3c Procedure for HRC Approval; 3d Human Rights Committee Procedure).Responsible Staff: Service Line Manager; Human Rights Committee Chairperson	05/18/2012			

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	<p>Client #2: 12/28/11 two incidents; 02/06/12 two incidents; 03/18/12; 03/23/12; for a total of 6 incidents of restraints used.</p> <p>Client #3: 12/13/11; 02/05/12; 02/18/12; 02/23/12; 03/09/12; for a total of 5 incidents of restraints used.</p> <p>Client #4: 02/24/12; 03/13/12; for a total of 2 incidents of restraints used.</p> <p>Client #5: 11/12/11; 03/02/12; 03/23/12; 03/20/12; for a total of 4 incidents of restraints used.</p> <p>Client #17: 01/12/12; 02/14/12; 02/16/12; 02/18/12; 03/13/12; 03/17/12; 03/18/12; 03/23/12; for a total of 8 incidents of restraints used.</p> <p>On 04/18/12 at 5:00 PM a review of the "Restraint/Seclusion Event History for Specific Client For Events From 12/01/01/11 through 04/18/12" was conducted. The events (incidents) documented the following dates for restraints used:</p> <p>Client #1: 12/06/11 three incidents; 12/08/11 two incidents; 12/21/11 two incidents; 12/25/11 two incidents; 12/27/11 two incidents; 12/28/11 four incidents; 12/30/11 two incidents;</p>			

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	<p>12/31/11 two incidents; 01/12/12 three incidents; 01/17/12; 02/09/12 three incidents; 02/22/12/ 02/23/12 two incidents; 02/24/12 two incidents; 02/25/12; 03/30/12 three incidents and 04/01/12 two incidents for a total of 38 incidents of restraints used. The HRC only reviewed 5 of the incidents of restraints used.</p> <p>Client #2: 12/15/11 two incidents; 12/27/11 three incidents; 12/28/11 two incidents; 12/30/11; 01/08/12 two incidents; 01/09/12 two incidents; 02/06/12 three incidents; 03/16/12 three incidents; 03/18/12 six incidents; 03/19/12; 03/23/12 four incidents; 03/24/12 two incidents; 03/25/12; 03/28/12; 04/07/12 two incidents; 04/10/12 two incidents and 04/11/12 for a total of 38 incidents of restraints used. The HRC only reviewed 6 of the incidents of restraints used.</p> <p>Client #3: 12/13/11 two incidents; 02/05/12; 02/18/12; 02/23/12 two incidents; 03/09/12 two incidents; 03/20/12; and 03/22 two incidents for a total of 11 incidents of restraints used. The HRC only reviewed 5 of the incidents of restraints used.</p> <p>Client #4: 02/26/12 for a total of 1 incident of restraints used. The HRC did</p>			

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	<p>not review this dated incident of restraint use.</p> <p>Client #5: 03/08/12 three incidents; 03/20/12; 03/23/12 three incidents and 04/02/12 three incidents for a total of 10 incidents of restraints used. The HRC only reviewed 4 of the incidents of restraints used.</p> <p>Client #8: 01/25/12 two incidents for a total of 2 incidents of restraints used. The HRC did not review any incidents for client #8 of restraints used.</p> <p>Client #17: 12/01/11 two incidents; 12/02/11; 12/05/11 two incidents; 12/06/11 two incidents; 12/10/11 two incidents; 12/11/11 two incidents; 12/14/11 two incidents; 12/25/11 two incidents; 12/28/11; 01/05/12; 01/09/12; 01/15/12; 01/19/12 two incidents; 01/24/12 two incidents; 02/01/12 two incidents; 02/02/12 two incidents; 02/07/12; 02/08/12; 02/09/12 two incidents; 02/18/12 two incidents; 02/28/12; 03/13/12; 03/16/12 two incidents; 03/17/12 three incidents; 03/18/12 four incidents; 03/23/12 five incidents; 03/24/12 two incidents; 03/31/12; 04/07/12 and 04/09/12 for a total of 54 incidents of restraints used. The HRC only reviewed 8 of the incidents of restraints used.</p>						

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	On 04/18/12 11:00 AM an interview with the Program Coordinator (PC) was conducted. The PC indicated the HRC reviewed "only" restraints with injuries. She indicated they did not review all restraint incidents.			

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W0266	<p>483.450 CLIENT BEHAVIOR &amp; FACILITY PRACTICES The facility must ensure that specific client behavior and facility practices requirements are met.</p> <p>Based on observation, record review, and interview, the Condition of Participation: Client Behavior and Facility Practices, is not met as the facility: 1. Failed to develop a policy and procedure for the use of BAC (Behavior Assessment Checklist) slips to promote growth, development, and independence for 8 of 8 sample clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) and for clients #10 and #14; 2. Failed to assure protective measures were taken to assure 6 of 24 clients who were physically restrained (clients #1, #2, #3, #10, #11, and #20) did not incur injury due to a restraint; 3. Failed to have a written descriptions in each client record for physical behavioral interventions which were employed for 7 of 8 sample clients (clients #1, #2, #3, #4, #5, #6, and #8); and; 4. Failed to prevent injuries in restraint for 6 of 24 clients (clients #1, #2, #3, #10, #11, and #20).</p> <p>Findings include:</p> <p>1. Please refer to W268 as the facility failed to develop a policy and procedure</p>	W0266	<p>1. In regard to clients #1, #2, #3, #4, #5, #6, #7, #8, #10, #11, #14, #20, and all others, the BAC slip (Behavior Assessment Checklist) procedure was discontinued. A new program, JETC Treatment Observation Record Procedure, was implemented May 7, 2012 for clients in order to promote growth and independence through the observation/documentation of positive behaviors. The QMRP will include aggregated information from the Treatment Observation Record in the monthly review of the client. (see Attachments 7 Treatment Observation Record Procedure and 7a JETC Treatment Observation Recording Form). See W268Responsible Staff: Service Line Manager/QMRPs2. To assure that protective measures are taken, for clients #1, #2, #3, #10, #11, #20 and all other clients involved in restraint, the following policy/procedures were implemented: The JETC Procedure for Investigation of Restraint Incidents, Self Injurious Behavior, Contact Intentional/Behavior Management incidents and unknown (see Attachments 3 Procedure for Investigation of All Incidents; 3a</p>	05/18/2012	

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	<p>for the use of BAC (Behavior Assessment Checklist) slips to promote growth, development, and independence for 8 of 8 sample clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) and 2 additional clients (clients #10 and #14) who lived in the facility.</p> <p>2. Please refer to W285 as the facility failed for 6 of 24 clients (clients #1, #2, #3, #10, and #20) who were injured during the use of physical restraint interventions to assure protective measures were taken to ensure clients did not incur injury due to a restraint.</p> <p>3. Please refer to W289 as the facility failed to have a written descriptions in each client record for physical behavioral interventions which were employed for 7 of 8 sample clients (clients #1, #2, #3, #4, #5, #6, and #8) who had physical interventions used for behaviors</p> <p>4. Please refer to W304 as the facility failed to protect 6 of 24 clients who were physically restrained (clients #1, #2, #3, #10, #11, and #20) from injury due to a restraint.</p>		<p>Treatment Team Incident Report Review; 3b JETC Incident Report Review Form; 3c Procedure for HRC Approval; 3d Human Rights Committee Procedure). See W285Responsible Staff: Service Line Manager/Human Rights Committee Chairperson3. In order to define behavioral intervention techniques, for clients #1, #2, #3, #4, #5, #6, #8 and all others, a Hierarchy of Interventions (least restrictive to most intrusive) including written definitions has been added to the client's record. For clients #1, #2, #3, #4, #5, #6, #7, #8, #11, and #17 specific physical behavioral interventions have been added to the client's treatment plan if appropriate. For all other clients, if appropriate, physical behavioral interventions using the Hierarchy, will be incorporated into the treatment plan during their quarterly review. (see Attachments 10 Hierarchy of Interventions and 10a Hierarchy Definitions). See W289Responsible Staff: Service Line Manager; QMRP's 4. In order to protect clients #1, #2, #3, #10, #11 and all others, from injury due to restraint, the JETC Procedure for Investigation of Restraint Incidents, Self Injurious Behavior, Contact Intentional/Behavior Management incidents and unknown incidents has been implemented. Per procedure, a description of each incident must be documented and</p>				

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			<p>must include the cause of any injury to the patient. The duration of restraint is documented on the restraint/seclusion form and is part of the complete review/investigation process. This policy also requires the treatment team to identify the cause of injuries and take corrective action to prevent reoccurrence. Two or more incidents of restraint or contact intentional requires review/revision and information reported to the Human Rights Committee by the QMRP. (see Attachments 3 Procedure for Investigation of All Incidents; 3a Treatment Team Incident Report Review; 3b JETC Incident Report Review Form; 3c Procedure for HRC Approvals; 3d Human Rights Committee Procedure).The ADON/Nurse Supervisor/Service Line Manager will review each incident to ensure the details and any injuries are clearly documented. See W304Responsible Staff: Service Line Manager/ADON/QMRPs</p>		

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W0268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation, record review, and interview, for 8 of 8 sample clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) and 2 additional clients (clients #10 and #14) who lived in the facility, the facility failed to develop a policy and procedure for the use of BAC (Behavior Assessment Checklist) slips to promote growth, development, and independence.</p> <p>Findings include:</p> <p>On 4/17/12 at 7am, clients #8 stated when "we don't do any refusing (refusing to attend programming and scheduled events on the unit) or complaining (because) we get a BAC slip then we lose privileges. At 7am, clients #10 and #14 indicated they do not complain or refuse to attend programming or scheduled events on the unit because staff fill out a BAC slip for the client refusal and then clients lose privileges. FS (Facility Staff) #3 stood next to clients #8, #10, and #14, heard the clients comments, and stated "Yes, that's right." Client #8 indicated he no longer requested second servings of food such as vegetables, fruits, and meat because it would result in a BAC slip. Client #8</p>	W0268	In regard to clients #1, #2, #3, #4, #5, #6, #7, #8, #10, #14 and all other clients, the Behavior Assessment Checklist (BAC slip) procedure was discontinued. A new program, JETC Treatment Observation Record (TOR) Procedure, was implemented for clients May 7, 2012, in order to promote growth and independence through the observation/documentation of positive behaviors. The QMRP will include aggregated information from the Treatment Observation Record in the monthly review of the client. The information from the Treatment Observation Record will be utilized by the treatment team and QMRPs to identify patterns of behavior, track progress and formulate treatment plans. Staff and clients have been educated regarding the Treatment Observation Record Procedure. (see Attachments 7 JETC Treatment Observation Record Procedure and 7a JETC Treatment Observation Recording Form). The treatment team will discuss the client Treatment Observation Record during regularly scheduled meetings and information will be incorporated into monthly treatment plan	05/18/2012			

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	<p>stated he continued to lose weight on his diet and had "lost over 130 lbs. (pounds) in the past year or so."</p> <p>On 4/17/12 at 1pm, an interview with the SLM (Service Line Manager) #1 was conducted. SLM #1 indicated no policy or procedure for BAC slips was available for review. SLM #1 indicated the facility recorded program refusals, behaviors, and identified needs for clients by facility staff filling out BAC slips.</p> <p>On 4/18/12 at 9am, an interview with the SLM #1 was conducted. SLM #1 provided a 4/2012 policy and procedure for "Behavior Assessment Checklist (BAC) Slips. SLM #1 stated she "developed" this policy and procedure after the completed interview on 4/17/12. The 4/2012 BAC slip policy and procedure indicated the "Purpose: To provide a consistent method of the reporting of behaviors for tracking and identification for modifying these behaviors. These behaviors are integrated into the STEPS program (a behavior program for all clients in the facility to move through steps after accomplishing goals for responsibility) for movement through the steps based on the contract for privileges as well as the information on the Comprehensive Functional Assessment...BAC Slips should be used</p>		reviews.Responsible Staff: Service Line Manager/QMRPs				

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	as a proactive tool to assist staff in identifying areas of need." SLM #1 indicated client behaviors can be positive and negative and both should be recorded.			

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W0285	<p>483.450(b)(2) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Interventions to manage inappropriate client behavior must be employed with sufficient safeguards and supervision to ensure that the safety, welfare and civil and human rights of clients are adequately protected.</p> <p>Based on record review and interview, for 6 of 24 clients (clients #1, #2, #3, #10, and #20) who were injured during the use of physical restraint interventions, the facility failed to assure protective measures were taken to ensure clients did not incur injury due to a restraint.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 4/15/12 at 1:55 P.M.. A review of incident reports from 12/1/11 to 4/16/12 indicated the following seven incidents of injuries during the use of restraints:</p> <p>-"Incident Date: 4/10/12, Individuals Involved: [client #2], Description of Incident: [client #2] in 3 min. (three minute) manual hold, then NAR. (No description of the incident was documented.) Nursing Comments: No injuries, 2145 (9:45pm) small 1" (one inch) superficial scratch R (right) side of nose/cheek." The 4/10/12 "Incident Report Review" report indicated client #2</p>	W0285	<p>In regard to clients #1, #2, #3, #10, #20 and all others, to assure that all incidents are thoroughly investigated, identify the cause of injury, and corrective action taken to prevent re-occurrence, the JETC Procedure for Investigation of Restraint Incidents, Self Injurious Behavior, Contact Intentional/Behavior Management Incidents and unknown injuries has been implemented. The duration of restraint is documented on the restraint/seclusion form and is a part of the complete investigation process. Cause of injury is documented on the Report of Incident/Injury form and the JETC Incident Report Review Form. The ADON/Nurse Supervisor/Service Line Manager will ensure the details of the incident and any injuries are clearly documented. (see Attachments 3 Procedure for Investigation of All Incidents, 3a Treatment Team Incident Report Review, 3b JETC Incident Report Review Form, 3c Procedure for HRC Approvals, 3d Human Rights Committee Procedure).The Human Rights Committee will oversee</p>	05/18/2012

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	<p>"was in the quiet room, tied her shirt around her neck, when staff tried to remove shirt [client #2] became physically aggressive with staff which resulted in a manual restraint hold and non ambulatory restraint." The report included an attached sheet addressed to client #2's legally sanctioned representative which documented on 4/10/12 client #2 "was placed in manual hold and NAR...from 2048 until 2118 (8:48pm until 9:18pm) and was necessary because of physical aggression/self abuse."</p> <p>-"Incident Date: 4/9/12, Individuals Involved: [client #20], Description of Incident: [client #20] was banging her head against the wall, [client #20] was placed in a manual hold due to self abuse. [client #20] then banged her head against the floor, when stabilized face up and pulled her hair out of the left side of her head. [Client #20] has reddened area to back and front of head, complains of pain, redness on R (right) neck from restraint straps. Nursing Comments: Redness noted to either side of neck due to intermittent struggling against restraints. No redness at time of writer's assessment of crown of head, denies pain." The report had an attached 4/9/12 "Incident Report Review" which indicated client #20 was "upset with her Doctor and went</p>		<p>compliance with incident review and investigation procedures. Responsible Staff: Service Line Manager; Human Rights Committee Chairperson</p>	

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	<p>into the Quiet Room and began banging her arm on the wall. [Client #20] came out of Quiet Room yelling and was redirected back to Quiet Room at which time [client #20] began banging her head on the wall which resulted in manual hold and non ambulatory restraint (NAR)." The report did not indicated the duration client #20 was restrained in manual hold or the NAR.</p> <p>-"Incident Date: 4/7/12, Individuals Involved: [client #11], Description of Incident: [client #11] became physically aggressive in pod (living area) requiring Manual Hold, escorted to Quiet Room, attempted to release continued physical aggression requiring restabilization. Nursing Comments: 10 (ten) minute manual hold [Intermuscular injection of psychotropic] emergency medications. Sustained small scratch, redness under R (right) eye."</p> <p>-"Incident Date: 4/1/12, Individuals Involved: [client #1], Description of Incident: Client (client #1) attacked staff checking on [client #1] in the bathroom. Client swinging at staff, staff struggled to secure [client #1] to prevent further aggression. They lost balance, fell to floor, initially secured [client #1] in prone position then stabilized face up, unable to calm. [Client #1] was transferred to non</p>						

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	<p>ambulatory restraints. NSO (nursing service office) notified. Abrasion noted to forehead, R (right) side at hairline, no swelling, no impairment of skin integrity. Manual hold (was not recorded for amount of time held in hold). [Client #1] then placed in NAR (non ambulatory restraint)." The report included an attached sheet addressed to client #1's legally sanctioned representative which documented on 4/1/12 client #1 "was placed in restraints from 0808 until 0935 because of physical aggression." No record of injuries in restraint was documented.</p> <p>-"Incident Date: 3/20/12, Individuals Involved: [client #3], Description of Incident: [client #3] in 1 min. (one minute) hold, then to QR (Quiet Room). In QR, bit L (left) arm over previous injury, banging forehead on window, bit L shoulder. No injuries from restraint. Nursing Comments: L arm bleeding actively, compressed with Kleenex, then washed after bleeding stopped. Refuses pain medication, pain for L arm bruised, red, open areas. L shoulder no markings, no bite marks. Forehead no markings, no redness." The report included an attached sheet 3/20/12 "Incident Report Review" which indicated client #3's self injurious behaviors "resulted in a manual hold." The report had attached witness</p>			

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	<p>statements which indicated FS #13 stated client #3 was verbally aggressive after staff redirected client #3 from accessing "her treat locker, [client #3] had already been in there (inside client #3's personal treat locker) at 9am, Client was redirected to put snack away, client [client #3] refused. (Facility Staff) redirected client [client #3] again, client [client #3] attacked staff. [Client #3] directed to the QR, (two facility staff) had [client #3's] arms. Client [client #3] continued to struggle, [three Facility Staff] used Bridge Building skills and placed [client #3] on the floor. [Two additional facility staff] came in to help." The report did not indicate the duration of time client #3 was restrained on the floor.</p> <p>-"Incident Date: 3/19/12, Individuals Involved: [client #2], Description of Incident: [client #2] attacked the staff. Stabilized against the wall, continued to kick, scratch, bite, moved to QR (Quiet Room) floor, face up using proper bridge building. When calm released in the QR, talked to MD (Medical Doctor), no injuries. Nursing Comments: No injuries noted from restraints, per client [client #2] bruised both arms from previous restraints the day before. Manual hold from 1527 - 1530 (3:27pm to 3:30pm)." The report had witness statements attached from Facility Staff (FS) #4 which</p>						

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	<p>indicated client #2 was "placed on the floor using proper bridge building skills. [Two] staff (persons) were on [client #2's] arms, [one staff person] was on [client #2's] legs, and [FS #4] held [client #2's] head."</p> <p>-"Incident Date: 3/19/12, Individuals Involved: [client #10], Description of Incident: [client #10] attacked staff... [client #10] was manually held on the floor, face up, continued to fight, walking restraints were used to place client [client #10] in NAR. Nursing Comments: Abrasion to L (left) hand. Bruised R (right) shoulder, rug burn to R elbow area. Cleaned area with soap and water, applied Band-Aid, applied ice pack to bruised area, no other injuries. Manual Hold 1606-1619 (4:06pm until 4:19pm)." The report had an attached 3/19/12 "Incident Report Review" which indicated client #10 "was upset with peer when staff were directing [client #10] toward the Quiet Room, [client #10] became physically aggressive which resulted in manual hold and non ambulatory restraint (NAR)."</p> <p>The above seven incident reports were further reviewed on 4/18/12 at 1 P.M.. The review indicated the facility's treatment team (Inter-Disciplinary Team) reviewed the incident reports. However, the review failed to indicate the facility's</p>						

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	<p>treatment team thoroughly investigated the incidents to identify the cause of the injuries and failed to take effective corrective actions to prevent recurrence of injuries to restrained clients #1, #2, #3, #10, #11, and #20.</p> <p>Service Line Manager #1 was interviewed on 4/18/12 at 1 P.M.. Service Line Manager #1 stated direct care staff purposefully inflicting injuries upon clients during the restraint process "could not be ruled out." Service Line Manager #1 stated the facility's treatment team, "Considers all client injuries in restraints important but have not been eliminated. We (the facility) can do a better job of determining the cause of injuries and eliminating them."</p>				

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W0289	<p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p> <p>Based on record review and interview, for 7 of 8 sample clients (clients #1, #2, #3, #4, #5, #6, and #8) who had physical interventions used for behaviors, the facility failed to have written descriptions in each client record for physical behavioral interventions, which were employed for clients #1, #2, #3, #4, #5, #6, and #8.</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 04/18/12 at 10:30 AM. Client #1's Treatment Support Plan (TSP) dated 03/13/12 included a behavior plan for the following targeted behaviors: physical aggression, threatening, disruption, property destruction, being in unauthorized area, teasing/provoking and program refusals. The plan indicated, "per therapeutic intervention Manual, when [client #1] is physically aggressive, staff will use physical therapeutic intervention techniques to stabilize [client #1] in the least restrictive manner possible</p>	W0289	<p>In order to define behavioral intervention techniques, for clients #1, #2, #3, #4, #5, #6, #8 and all others, a Hierarchy of Interventions (least restrictive to most intrusive) including written definitions has been added to the client's record. For clients #1, #2, #3, #4, #5, #6, #7, #8, #11, and #17 specific physical behavioral interventions have been added to the client's treatment plan if appropriate. For all other clients, if appropriate, physical behavioral interventions using the Hierarchy, will be incorporated into the treatment plan during their quarterly review. (see Attachments 10 Hierarchy of Interventions and 10a Hierarchy Definitions).Responsible Staff: Service Line Manager/QMRPs</p>	05/18/2012

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	<p>utilizing the come along technique, wall and floor stabilization techniques and non-ambulatory restraint techniques." The plan failed to define the techniques.</p> <p>Client #2's records were reviewed on 04/18/12 at 1:45 PM. Client #2's Treatment Support Plan (TSP) dated 09/27/11 included a behavior plan for the following targeted behaviors: physical aggression, hostile, disruption, property destruction, self abuse, refusing activity/program, distorts information/lies/false allegations, med refusals and threatening. The plan indicated, "per therapeutic intervention manual, when [client #2] is physically aggressive, staff will use physical therapeutic intervention techniques to stabilize [client #2] in the least restrictive manner possible utilizing the come along technique, wall and floor stabilization techniques and non-ambulatory restraint techniques." The plan failed to define the techniques.</p> <p>Client #3's records were reviewed on 04/18/12 at 3:00 PM. Client #3's TSP dated 08/04/11 included a behavior plan for the following targeted behaviors: physical aggression, hostile, disruption, elopement, inappropriate sexual behavior, self abuse, refusing activity/program, teasing/provoking, stealing and</p>			

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	<p>threatening. The plan indicated, "per therapeutic intervention manual, when [client #3] is physically aggressive, staff will use physical therapeutic intervention techniques to stabilize [client #3] in the least restrictive manner possible utilizing the come along technique, wall and floor stabilization techniques and non-ambulatory restraint techniques." The plan failed to define the techniques.</p> <p>On 4-18-12 at 1:00 p.m. a record review for client #4 was conducted. The Comprehensive Treatment Plan (CTP) date 12-27-11 included a behavior plan for the following targeted behaviors: physical aggression, property destruction, self abuse, refusing activity/program, and threatening. The plan indicated, "per therapeutic intervention manual, when [client #4] is physically aggressive, staff will use physical therapeutic intervention techniques to stabilize [client #4] in the least restrictive manner possible utilizing the come along technique, wall and floor stabilization techniques and non-ambulatory restraint techniques." The plan failed to define the techniques.</p> <p>On 4-18-12 at 12:00 p.m. a record review for client #5 was conducted. The Comprehensive Treatment Plan (CTP) date 9-8-11 included a behavior plan for the following targeted behaviors: physical</p>			

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	<p>aggression, property destruction, self abuse, refusing activity/program, and verbal aggression. The plan indicated, "per therapeutic intervention manual, when [client #5] is physically aggressive, staff will use physical therapeutic intervention techniques to stabilize [client #5] in the least restrictive manner possible utilizing the come along technique, wall and floor stabilization techniques and non-ambulatory restraint techniques." The plan failed to define the techniques.</p> <p>On 4-18-12 at 2:15 p.m. a record review for client #6 was conducted. The Comprehensive Treatment Plan (CTP) date 6-30-11 included a behavior plan for the following targeted behaviors: physical aggression, property destruction, self abuse, refusing activity/program, and threatening. The plan indicated, "per therapeutic intervention manual, when [client #6] is physically aggressive, staff will use physical therapeutic intervention techniques to stabilize [client #6] in the least restrictive manner possible utilizing the come along technique, wall and floor stabilization techniques and non-ambulatory restraint techniques." The plan failed to define the techniques.</p> <p>On 4-18-12 at 11:15 a.m. a record review for client #17 was conducted. The Comprehensive Treatment Plan (CTP)</p>			

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	<p>date 11-10-11 included a behavior plan for the following targeted behaviors: physical aggression, hostile, disruption, property destruction, self abuse, refusing activity/program, distorts information/lies/false allegations, med refusals and threatening. The plan indicated, "per therapeutic intervention manual, when [client #17] is physically aggressive, staff will use physical therapeutic intervention techniques to stabilize [client #17] in the least restrictive manner possible utilizing the come along technique, wall and floor stabilization techniques and non-ambulatory restraint techniques." The plan failed to define the techniques.</p> <p>On 4/18/12 at 11:50 A.M., client #8's record was reviewed. Client #8's 3/27/12 TSP included a behavior plan for the following targeted behaviors: physical aggression, hostile, property destruction, refusing activity/program, lying, Inappropriate excessive touching, and threatening. The plan indicated, "per therapeutic intervention manual, when [client #8] is physically aggressive, staff will use physical therapeutic intervention techniques to stabilize [client #8] in the least restrictive manner possible utilizing the come along technique, wall and floor stabilization techniques and non-ambulatory restraint techniques."</p>			

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	<p>The plan failed to define the techniques.</p> <p>On 4/19/12 at 8:50 A.M., an interview was conducted with the SLM (Service Line Manager) #1, QMRPs (Qualified Mental Retardation Professionals) #35, QMRP #42, QMRP #44, QMRP #45, and QMRP #47. The five QMRPs indicated clients #1, #2, #3, #4, #5, #6, and #8's plans used for behavior management included restrictive manual and mechanical techniques which were not defined in each clients' plan. SLM #1 indicated clients #1, #2, #3, #4, #5, #6, and #8 had been physically restrained by the arms, physically restrained when taken from a standing position to the floor by facility staff, and had been technically restrained to prevent movements in a Non Ambulatory Restraint (NAR) chair within the past year. SLM #1 stated the interventions employed by the facility staff "were not defined in each client's plan."</p>				

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W0304	<p>483.450(d)(5) PHYSICAL RESTRAINTS Restraints must be designed and used so as not to cause physical injury to the client.</p> <p>Based on record review and interview, the facility failed to protect 6 of 24 clients who were physically restrained (clients #1, #2, #3, #10, #11, and #20) from injury due to a restraint.</p> <p>Findings include:</p> <p>The facility's records were reviewed on 4/15/12 at 1:55 P.M.. A review of incident reports from 12/1/11 to 4/16/12 indicated the following seven incidents of injuries during the use of restraints:</p> <p>-"Incident Date: 4/10/12, Individuals Involved: [client #2], Description of Incident: [client #2] in 3 min. (three minute) manual hold, then NAR. (No description of the incident was documented.) Nursing Comments: No injuries, 2145 (9:45pm) small 1" (one inch) superficial scratch R (right) side of nose/cheek." The 4/10/12 "Incident Report Review" report indicated client #2 "was in the quiet room, tied her shirt around her neck, when staff tried to remove shirt [client #2] became physically aggressive with staff which resulted in a manual restraint hold and</p>	W0304	<p>In order to protect clients #1, #2, #3, #10, #11 and all others, from injury due to restraint, the JETC Procedure for Investigation of Restraint Incidents, Self Injurious Behavior, Contact Intentional/Behavior Management incidents and unknown incidents has been implemented. Per procedure, a description of each incident must be documented and must include the cause of any injury to the patient. The duration of restraint is documented on the restraint/seclusion form and is part of the complete review/investigation process. This policy also requires the treatment team to identify the cause of injuries and take corrective action to prevent reoccurrence. Two or more incidents of restraint or contact intentional requires review/revision and information reported to the Human Rights Committee by the QMRP. (see Attachments 3 Procedure for Investigation of All Incidents; 3a Treatment Team Incident Report Review; 3b JETC Incident Report Review Form; 3c Procedure for HRC Approvals; 3d Human Rights Committee Procedure).The ADON/Nurse Supervisor/Service Line Manager will review each incident to ensure the details and any injuries are clearly documented.</p>	05/18/2012			

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	<p>non ambulatory restraint." The report included an attached sheet addressed to client #2's legally sanctioned representative which documented on 4/10/12 client #2 "was placed in manual hold and NAR...from 2048 until 2118 (8:48pm until 9:18pm) and was necessary because of physical aggression/self abuse."</p> <p>-"Incident Date: 4/9/12, Individuals Involved: [client #20], Description of Incident: [client #20] was banging her head against the wall, [client #20] was placed in a manual hold due to self abuse. [client #20] then banged her head against the floor, when stabilized face up and pulled her hair out of the left side of her head. [Client #20] has reddened area to back and front of head, complains of pain, redness on R (right) neck from restraint straps. Nursing Comments: Redness noted to either side of neck due to intermittent struggling against restraints. No redness at time of writer's assessment of crown of head, denies pain." The report had an attached 4/9/12 "Incident Report Review" which indicated client #20 was "upset with her Doctor and went into the Quiet Room and began banging her arm on the wall. [Client #20] came out of Quiet Room yelling and was redirected back to Quiet Room at which time [client #20] began banging her head</p>		Responsible Staff: Service Line Manager/ADON	

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	<p>on the wall which resulted in manual hold and non ambulatory restraint (NAR)." The report did not indicated the duration client #20 was restrained in manual hold or the NAR.</p> <p>-"Incident Date: 4/7/12, Individuals Involved: [client #11], Description of Incident: [client #11] became physically aggressive in pod (living area) requiring Manual Hold, escorted to Quiet Room, attempted to release continued physical aggression requiring restabilization. Nursing Comments: 10 (ten) minute manual hold [Intermuscular injection of psychotropic] emergency medications. Sustained small scratch, redness under R (right) eye."</p> <p>-"Incident Date: 4/1/12, Individuals Involved: [client #1], Description of Incident: Client (client #1) attacked staff checking on [client #1] in the bathroom. Client swinging at staff, staff struggled to secure [client #1] to prevent further aggression. They lost balance, fell to floor, initially secured [client #1] in prone position then stabilized face up, unable to calm. [Client #1] was transferred to non ambulatory restraints. NSO (nursing service office) notified. Abrasion noted to forehead, R (right) side at hairline, no swelling, no impairment of skin integrity. Manual hold (was not recorded for</p>			

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	<p>amount of time held in hold). [Client #1] then placed in NAR (non ambulatory restraint)." The report included an attached sheet addressed to client #1's legally sanctioned representative which documented on 4/1/12 client #1 "was placed in restraints from 0808 until 0935 because of physical aggression." No record of injuries in restraint was documented.</p> <p>-"Incident Date: 3/20/12, Individuals Involved: [client #3], Description of Incident: [client #3] in 1 min. (one minute) hold, then to QR (Quiet Room). In QR, bit L (left) arm over previous injury, banging forehead on window, bit L shoulder. No injuries from restraint. Nursing Comments: L arm bleeding actively, compressed with Kleenex, then washed after bleeding stopped. Refuses pain medication, pain for L arm bruised, red, open areas. L shoulder no markings, no bite marks. Forehead no markings, no redness." The report included an attached sheet 3/20/12 "Incident Report Review" which indicated client #3's self injurious behaviors "resulted in a manual hold." The report had attached witness statements which indicated FS #13 stated client #3 was verbally aggressive after staff redirected client #3 from accessing "her treat locker, [client #3] had already been in there (inside client #3's personal</p>			

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	<p>treat locker) at 9am, Client was redirected to put snack away, client [client #3] refused. (Facility Staff) redirected client [client #3] again, client [client #3] attacked staff. [Client #3] directed to the QR, (two facility staff) had [client #3's] arms. Client [client #3] continued to struggle, [three Facility Staff] used Bridge Building skills and placed [client #3] on the floor. [Two additional facility staff] came in to help." The report did not indicate the duration of time client #3 was restrained on the floor.</p> <p>-"Incident Date: 3/19/12, Individuals Involved: [client #2], Description of Incident: [client #2] attacked the staff. Stabilized against the wall, continued to kick, scratch, bite, moved to QR (Quiet Room) floor, face up using proper bridge building. When calm released in the QR, talked to MD (Medical Doctor), no injuries. Nursing Comments: No injuries noted from restraints, per client [client #2] bruised both arms from previous restraints the day before. Manual hold from 1527 - 1530 (3:27pm to 3:30pm)." The report had witness statements attached from Facility Staff (FS) #4 which indicated client #2 was "placed on the floor using proper bridge building skills. [Two] staff (persons) were on [client #2's] arms, [one staff person] was on [client #2's] legs, and [FS #4] held [client #2's]</p>				

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	<p>head."</p> <p>-"Incident Date: 3/19/12, Individuals Involved: [client #10], Description of Incident: [client #10] attacked staff... [client #10] was manually held on the floor, face up, continued to fight, walking restraints were used to place client [client #10] in NAR. Nursing Comments: Abrasion to L (left) hand. Bruised R (right) shoulder, rug burn to R elbow area. Cleaned area with soap and water, applied Band-Aid, applied ice pack to bruised area, no other injuries. Manual Hold 1606-1619 (4:06pm until 4:19pm)." The report had an attached 3/19/12 "Incident Report Review" which indicated client #10 "was upset with peer when staff were directing [client #10] toward the Quiet Room, [client #10] became physically aggressive which resulted in manual hold and non ambulatory restraint (NAR)."</p> <p>The above seven incident reports were further reviewed on 4/18/12 at 1 P.M.. The review indicated the facility's treatment team (Inter-Disciplinary Team) reviewed the incident reports. However, the review failed to indicate the facility's treatment team thoroughly investigated the incidents to identify the cause of the injuries and failed to take effective corrective actions to prevent recurrence of injuries to restrained clients #1, #2, #3,</p>			

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	<p>#10, #11, and #20.</p> <p>Service Line Manager #1 was interviewed on 4/18/12 at 1 P.M.. Service Line Manager #1 stated direct care staff purposefully inflicting injuries upon clients during the restraint process "could not be ruled out." Service Line Manager #1 stated the facility's treatment team, "Considers all client injuries in restraints important but have not been eliminated. We (the facility) can do a better job of determining the cause of injuries and eliminating them."</p>				

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, interview and record review for 4 of 8 clients (clients #1, #3, #6, and #8) with adaptive equipment, the facility failed to ensure and/or train clients to use their adaptive equipment.</p> <p>Findings include:</p> <p>1. Observations were conducted at the facility on 04/16/12 from 12:15 PM until 1:15 PM; on 04/16/12 from 1:45 PM until 5:06 PM; 04/16/12 from 5:18 PM until 6:00 PM; 04/17/12 from 6:30 AM until 8:00 AM and on 04/17/12 from 9:30 AM until 2:00 PM. During all observations clients #1 and #3 were not wearing eyeglasses nor were any verbal prompts made to clients #1 and #3 to put on their eyeglasses.</p> <p>Client #1's record was reviewed on 04/18/12 at 10:30 AM. Client #1's vision examination date 03/02/12 indicated client #1 was prescribed glasses. Client #1's Treatment Support Plan (TSP) dated 03/13/12 indicated client #1 had a goal to wear his eyeglasses.</p> <p>Client #3's record was reviewed on 04/18/12 at 3:00 PM. Client #3's vision examination date 06/16/11 indicated client #3 was prescribed glasses. Client #3's Treatment Support Plan (TSP) dated 08/04/12 indicated client #3 had a goal to wear her eyeglasses.</p>	W0436	<p>For clients #1, #3, #6, #8 and all others with an identified need, education regarding adaptive equipment was provided and documented on the Patient Education (SF43495) form in the client record. Treatment Plans for clients #1, #3, #6, #8 and other clients with an identified need, were reviewed and updated to include appropriate goals, objectives and strategies for use of their adaptive equipment. Progress will be included by the QMRP in the monthly treatment plan review. Responsible Staff: Service Line Manager; QMRP</p>	05/04/2012	

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	<p>On 04/19/12 at 9:45 AM an interview with the QMRP #42 (Qualified Mental Retardation Professional) was conducted. She indicated clients #1 and #3 were prescribed glasses and they were resistive to wear them. She indicated staff should prompt them every 15 minutes to wear their glasses.</p> <p>2. On 4-17-12 at 7:50 a.m. facility staff (FS) #2 prompted client #6 to take her teeth out. Client #6 asked why and FS #2 told client #6 she "had to."</p> <p>On 4-17-12 at 7:55 a.m. an interview with client #6 was conducted. Client #6 stated she "wasn't allowed to have her teeth because she put them on her buttocks one time to clean it." Client #6 stated she had placed her false teeth on her "buttocks one time about a year ago." Client #6 indicated facility staff kept her dentures at the nurses station.</p> <p>On 4-18-12 at 2:15 p.m. a record review for client #6 was conducted. The Comprehensive Treatment Plan (CTP) dated 6-30-11 did not indicate client #6 had any misuse of her dentures over the past year. The CTP indicated there was not a goal to address the client being able to access her dentures.</p> <p>On 4-19-12 at 10:45 a.m. an interview with the Qualified Mental Retardation Professional (QMRP) indicated there was no documentation to review which indicated client #6 had any misuse of her dentures in the past year.</p> <p>3. Observations were conducted at the facility on 04/16/12 from 12:15 PM until 1:15 PM; on 04/16/12 from 1:45 PM until 5:06 PM; 04/16/12 from 5:18 PM until 6:00 PM; 04/17/12 from 6:30 AM until 8:00 AM and on 04/17/12 from 9:30</p>			

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	<p>AM until 2:00 PM. During all observations client #8 was not wearing his dental "flipper" (a dental flipper is a cosmetic denture that has a tooth and fixed to a removable partial plate for personal appearance and oral positioning in the mouth) nor were any verbal prompts made to clients #8 to wear the flipper.</p> <p>On 4/16/12 at 5:35pm, client #8 was interviewed and was not wearing his dental "flipper." Client #8 stated he had "been missing his front tooth over a year." Client #8 stated he had a dental "flipper" that "did not "fit securely" inside his mouth to eat his meals and talk clearly.</p> <p>On 4/18/12 at 11:50 A.M., client #8's record was reviewed. Client #8's 3/27/12 TSP indicated client #8 wore a dental flipper for his front tooth. Client #8's 3/27/12 TSP did not identify an objective for him to wear his dental flipper. Client #8's record included a 2/12/12 dental record entry which indicated "flipper cleaned." Client #8's record did not indicate a plan for a sturdy permanent partial plate for client #8's front tooth.</p> <p>On 4/19/12 at 8:50 A.M., an interview with QMRP (Qualified Mental Retardation Professional) #45 was completed. QMRP #45 indicated client #8 did not have a goal to wear his "flipper." QMRP #45 stated client #8's flipper was "Cosmetic." QMRP #45 indicated no information was available for review to determine if client #8 was in the process of obtaining a partial plate with a front tooth.</p> <p>On 4/19/12 at 1pm, QMRP #45 indicated client #8 had a "new goal, just developed." Client #8's goal sheet indicated "Will improve level of independence by wearing false tooth as prescribed, will wear false tooth daily as prescribed with two vps (verbal prompts)."</p>						

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W0460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview, for 1 of 1 sample client (client #1) who was on a modified diet and at risk for choking, the facility failed to follow diet orders.</p> <p>Findings include:</p> <p>On 04/16/12 from 1:45 PM until 6:00 PM, and on 04/17/12 from 6:40 PM until 8:00 AM, observations at the facility were completed. On 04/16/12 at 5:32 PM client #1's food included a whole piece of bread and lettuce which were in strips approximately 1/2 inch by 5 inches. Client #1 ate the bread folded over and it was not cut into pieces. Client #1 ate the lettuce without further cuts into smaller pieces. On 04/17/12 at 7:25 AM client #1's food included a whole slice of toast. Client #1 ate the toast folded over and the toast was not cut into pieces.</p> <p>Client #1's records were reviewed on 04/18/12 at 10:30 AM. Client #1's record contained a Nutritional Assessment dated 02/28/12 and indicated she was at risk to choke on food. The review indicated client #1 was on a ground soft diet.</p>	W0460	<p>For client #1, diet was changed by the physician to a regular diet on April 19, 2012. All dietary staff were trained regarding the guidelines for components and consistencies of special diets including the Diet Load sheets. Food Service Director will assure compliance with implementation of special diets via quarterly reporting. Responsible Staff: Food Service Director REQUESTED ADDENDUM: After further review of the chart, it is noted that client #1's diet still remains to be 1800 diabetic ground texture. For client #1, a consultation on 7/27/11 from Logansport Memorial Hospital indicated no abnormalities with swallowing. LSH Nutritional Assessment 2/28/12 indicated client #1 required ground texture, not due to a swallowing issue, but rather to assist him with eating habits and safety. Client #1 issues, per LSH Nutritional Assessment, relate to the size of bites he takes as well as the rate of speed when taking bites. Treatment team has revised the treatment plan to include strategies/interventions in order to teach him appropriate eating skills. These include direct encouragement and education by staff to chew food and take</p>	05/18/2012	

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	On 04/19/12 at 9:40 AM an interview with the Dietary Professional #54 indicated according to the dietary guidelines for client #1's food, the bread should have been chopped and the lettuce should be shredded. She indicated both of client #1's meals were not served according to the guidelines.		appropriate size bites. He will also be requested to place utensil on table between bites in order to slow rate of eating, allowing for chewing and swallowing of food. Client #11 will be encouraged/instructed on how to take small bites with sips of fluid between bites.Reinforcers of verbal praise as well as his preferred choice of pop or juice will be provided when he demonstrates appropriate eating habits. These reinforcers will be provided after each meal. Effective 5/22/12QMRP will monitor progress at monthly review.	

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview, the facility failed for 8 of 8 sampled clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) to teach and encourage participation in pre-meal planning and dining skills.</p> <p>Findings include:</p> <p>On 4-17-12 at 6:40 a.m. client #1, #3, #5, #6, #7, and #8's tables were preset with table ware, prune juice, and coffee set at the tables.</p> <p>On 4-17-12 at 6:40 a.m. an interview with the dietary aid #52 indicated prune juice was poured due to it being in a bottle, coffee was poured because it was hot, and the tables were preset for breakfast and lunch.</p> <p>On 4-17-12 at 6:50 a.m. facility staff (FS) #2 poured coffee from a pitcher that was kept behind the nurses station. At 6:50am, FS #2 indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 were not allowed to pour their own coffee or water because of facility policy for staff to complete.</p> <p>On 4-16-12 at 4:15 p.m. clients #1, #5, and #7 indicated they would like to have the choice to help make the menus for the food served in the cafeteria. At 5:20 p.m. clients #1, #3, #5, #7, and #8 had a bowl of lettuce with no choice of toppings and only one choice of dressing, and no choice of salt was offered. At 5:40 p.m. FS #10</p>	W0488	<p>In order to teach and encourage participation in premeal planning and diet skills, clients #1, #2, #3, #4, #5, #6, #7, #8 and all others will be provided opportunities for choice and independence in their daily routine. They will be offered choices including pouring their own beverages (coffee, juice, water, etc) serving themselves at meals, and setting the table for meals. (see Attachment 5 JETC Client Choices Memo)In addition clients will have input into menu planning by choosing the items to be served at a special monthly meal beginning May 22, 2012. Beginning April 17, 2012, a choice of condiments was made available at each meal. Responsible Staff: Service Line Manager; Food Service Director</p>	05/18/2012			

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	<p>served client #8 his second helping of rice, vegetables, and turkey ala king not allowing client #8 the choice of serving himself.</p> <p>Client #1's records were reviewed on 04/18/12 at 10:30 AM. Client #1's Treatment Support Plan (TSP) dated 03/13/12 indicated he had the skill to pour his own drinks.</p> <p>Client #2's records were reviewed on 04/18/12 at 1:45 PM. Client #2's TSP dated 09/27/11 indicated client #2 could pour her own drinks.</p> <p>Client #3's records were reviewed on 04/18/12 at 3:00 PM. Client #3's TSP dated 08/04/11 indicated client #3 had the skill to pour her own drinks.</p> <p>On 4-18-12 at 1:00 p.m. a record review for client #4 was conducted. The CTP indicated client #4 could pour his own drinks.</p> <p>On 4-18-12 at 12:00 p.m. a record review for client #5 was conducted. The 9/08/11 CTP indicated client #5 could have poured her own drinks or assist in making her own menu.</p> <p>On 4-18-12 at 2:15 p.m. a record review for client #6 was conducted. The CTP dated 6-30-11 indicated client #6 could have poured her own drinks.</p> <p>Client #7's records were reviewed on 04/18/12 at 1:05 PM. Client #7's TSP dated 03/06/12 indicated client #7 could pour his own drinks. Client #7's TSP indicated he completed paid supervised work in the facility's dietary department.</p> <p>Client #8's records were reviewed on 04/18/12 at 11:50 AM. Client #8's TSP dated 03/27/12</p>						

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	<p>indicated client #8 could pour his own drinks.</p> <p>On 4-18-12 at 11:00 a.m. an interview with the Service Line Manager indicated clients should be given choices about their daily routines and activities. The SLM indicated clients could pour their own drinks.</p>			