

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G749	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  11/02/2015
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NAME OF PROVIDER OR SUPPLIER  RES CARE SOUTHEAST INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 16613 SIMA GRAY RD HENRYVILLE, IN 47126
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W 0000  Bldg. 00	<p>This visit was for an annual recertification and state licensure survey. This visit included the investigation of complaint #IN00182727.</p> <p>Complaint #IN00182727: Substantiated, Federal/state deficiencies related to the allegations are cited at W149 and W157.</p> <p>Dates of survey: October 28, 29, 30 and November 2, 2015.</p> <p>Facility Number: 011595 Provider Number: 15G749 AIM Number: 200905630</p> <p>These federal deficiencies reflect findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/12/15.</p>	W 0000		
W 0104  Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview for 2 of 2 sampled clients (A and B), and 2</p>	W 0104	<b>W104:</b> The governing body must	12/02/2015

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

TITLE

(X6) DATE

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

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	<p>additional clients (C and D), the facility's Governing Body failed to ensure drywall was kept in good order, lighting was maintained and the bathroom on the east side of the house was maintained in working condition. The facility's Governing Body failed to ensure clients A, B, and C attended day program on a routine basis.</p> <p>Findings include:</p> <p>1. During an environmental tour of the facility on 10/28/15 at 4:00 PM, there was a patched, unpainted area in the drywall near the TV in the east sitting room. The bathroom in the east side of the facility was closed.</p> <p>On 10/29/15 between 6:15 AM and 7:15 AM, client A received medications and showered. Client A was directed to wash his hands in the kitchen and shower on the south side of the dwelling because the east side bathroom (near his bedroom) was out of order. At 7:15 AM, the hallway light bulb near the kitchen was absent and the hall was dark. These environmental issues affected clients A, B, C and D.</p> <p>Interview with staff #1 on 10/29/15 at 7:00 AM indicated the east side bathroom had been out of order for an unknown length of time, possibly eight</p>		<p>exercise general policy, budget, and operating direction over the facility.</p> <p><b>Corrective Action: (Specific):</b> The bathroom on the east side has been repaired and is now accessible for use; the drywall patch near the TV in the east sitting room has been painted and light bulbs have been replaced in the hallway and in the kitchen. The Residential Manager will be in-serviced on all individuals attending day program daily.</p> <p><b>How others will be identified: (Systemic):</b> The Maintenance Coordinator will visit the home at least weekly to ensure that all items are in good repair and any concerns are addressed immediately. The QIDP will follow up with the Residential Manager daily to ensure that all individuals are attending workshop and visit the home at least twice weekly to review day program attendance records to ensure all individuals are attending day service unless there is a specific reason that is documented why they should not.</p> <p><b>Measures to be put in place:</b> The bathroom on the east side has been repaired and is now accessible for use; the drywall patch near the TV in the east sitting room has been painted and light bulbs have been replaced in the hallway and in the kitchen. The</p>	

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	<p>months.</p> <p>2. Interviews and review of day services notes were conducted on 10/29/15 at 11:00 AM. Day Services/DS staff #1 and #2 were interviewed and their records of attendance for clients A, B, C and D were reviewed on 10/29/15 at 11:00 AM. The interview indicated clients A and B attended day services 10/29/15 (today) but they had not been regularly attending. The attendance records indicated client C had not attended in August, September or October, 2015. The interview with DS #1 indicated client B had attended on 10/29/15 and stated client B had attended "a couple of days last month (September 2015)." There was no evidence client B had attended day program in August 2015.</p> <p>The attendance records indicated client B had not attended in August, September or October, 2015 (until 10/29/15).</p> <p>QIDP (Qualified Intellectual Disabilities Professional) staff #1 was interviewed on 10/30/15 at 11:00 AM regarding day program attendance. The interview indicated lack of staff, client illness and client behaviors all played a part in the lack of client attendance at day program.</p> <p>9-3-1(a)</p>		<p>Residential Manager will be in-serviced on all individuals attending day program daily.</p> <p><b>Monitoring of Corrective Action:</b> The Maintenance Coordinator will visit the home at least weekly to ensure that all items are in good repair and any concerns are addressed immediately. The QIDP will follow up with the Residential Manager daily to ensure that all individuals are attending workshop and visit the home at least twice weekly to review day program attendance records to ensure all individuals are attending day service unless there is a specific reason that is documented why they should not.</p> <p><b>Completion date: 12/2/15</b></p>	

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W 0125  Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview for 1 of 2 sampled clients (A), the facility failed to ensure client A had an active surrogate to assist client A with making informed choices and decisions.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 10/29/15 at 12:42 PM. Client A's ISP (Individual Support Plan) dated 6/13/15 indicated client A's foster mother served as his legal guardian. Client A's record did not indicate documentation of client A's guardian's participation in the development of client A's 6/13/15 ISP nor was any recent contact evident from the guardian.</p> <p>QIDP (Qualified Intellectual Disability Professional) #1 and Behaviorist #1 were interviewed on 10/30/15 at 1:30 PM. The interview indicated there was difficulty regarding contacting the guardian. The interview indicated no additional</p>	W 0125	<p><b>W125:</b> The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility and as citizens of the United States including the right to file complaints, and the right to due process.</p> <p><b>Corrective Action: (Specific):</b> The QIDP will be in-serviced on guardian participation and guardian signature in all aspects of client A's and all other clients in the home care and program plans. The team will pursue an active surrogate to assist client A with making informed decisions and choices.</p> <p><b>How others will be identified: (Systemic):</b> The Program Manager will visit the home at least weekly to ensure that guardians/surrogates/HCR's are involved in client programming and</p>	12/02/2015

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W 0149 Bldg. 00	<p>documentation available for review regarding client A's guardian's participation in the ISP. The interview indicated securing a new surrogate to help him make life decisions would be in client A's best interest.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement</p>		<p>care and have signed all pertinent documentation as required.</p> <p><b>Measures to be put in place:</b> The QIDP will be in-serviced on guardian participation and guardian signature in all aspects of client A's and all other clients in the home care and program plans. The team will pursue an active surrogate to assist client A with making informed decisions and choices.</p> <p><b>Monitoring of Corrective Action:</b> The Program Manager will visit the home at least weekly to ensure that guardians/surrogates/HCR's are involved in client programming and care and have signed all pertinent documentation as required.</p> <p><b>Completion date: 12/02/2015</b></p>	

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	<p>written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 7 investigations of allegations of staff abuse/neglect of clients reviewed, the facility failed for 1 of 2 sampled clients (B), to implement policy and procedures which prohibited abuse/exploitation (financial) and failed to provide corrective action (reimbursement of missing money).</p> <p>Findings include:</p> <p>Review of reportable incidents, BDDS (Bureau of Developmental Disabilities Services) reports, investigations, and client financial records RFMS (Resident Fund Management System) accounts on 10/28/15 at 12:30 PM and on 10/30/15 at 12:28 PM indicated the following:</p> <p>An investigation dated 9/15/15 to 9/19/15 by Clinical Supervisor #1 regarding client B indicated \$120.00 of his personal money was found to be missing. The client had taken \$250.00 (8/24/15 withdrawal from his RFMS account) in cash along with his guardian/mother and had taken a vacation with his family. During the vacation, client B had not spent much of the \$250.00 and returned to the facility with \$195.00. Client B spent some of the cash, but the</p>	W 0149	<p><b>W149:</b> The facility must develop and implement written procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p><b>Corrective Action: (Specific):</b> All staff will be in-serviced on the client finance policy and procedure and a full and complete accounting of client personal funds. All staff will be in-serviced on the abuse, neglect, exploitation policy and procedure. Client B's missing funds have been reimbursed.</p> <p><b>How others will be identified: (Systemic)</b> The Residential Manager will review all client finances at least five times weekly to ensure full and complete accounting of client personal funds and that all transactions are documented as they occur. The QIDP will visit the home at least twice weekly to review all client finance records to ensure a full and complete accounting of personal funds is being completed and that all transactions are documented accordingly. The Residential Manger and the QIDP will initial the client finance record when reviews are completed and any problems will be addressed with staff immediately.</p>	12/02/2015

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	<p>investigation concluded he had \$120.00 which could not be accounted for. The investigation indicated the agency would reimburse the missing funds. A review of the client's RFMS account from 5/01/15 through 10/28/15 indicated no deposit (reimbursement) of \$120.00.</p> <p>Interview with the business manager on 10/28/15 at 12:30 PM indicated no evidence of reimbursement of client B's missing \$120.00.</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 on 10/30/15 at 1:30 PM indicated client B's missing funds should have been reimbursed. QIDP #1 stated "poor communication" by the group home supervisory staff with the business management staff had resulted in a lack of reimbursement (corrective action) of client B's \$120.00.</p> <p>The "Abuse/Neglect/Exploitation Policy and Procedure" component of the agency's 08/01/07 Operational Policy and Procedure Manual (revised 01/09/2015) was reviewed on 10/28/2015 at 2:45 PM. The review indicated the agency prohibited staff abuse/exploitation of clients. The policy indicated all allegations would be investigated and addressed. The definition of</p>		<p><b>Measures to be put in place:</b> All staff will be in-serviced on the client finance policy and procedure and a full and complete accounting of client personal funds. All staff will be in-serviced on the abuse, neglect, exploitation policy and procedure. Client B's missing funds have been reimbursed.</p> <p><b>Monitoring of Corrective Action:</b> The Residential Manager will review all client finances at least five times weekly to ensure full and complete accounting of client personal funds and that all transactions are documented as they occur. The QIDP will visit the home at least twice weekly to review all client finance records to ensure a full and complete accounting of personal funds is being completed and that all transactions are documented accordingly. The Residential Manger and the QIDP will initial the client finance record when reviews are completed and any problems will be addressed with staff immediately.</p> <p><b>Completion date: 12/02/2015</b></p>	

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W 0157 Bldg. 00	<p>abuse/exploitation was as follows:</p> <p>"E. Abuse--Exploitation Definition: 1. An act that deprives an individual of real or personal property by fraudulent or illegal means. 2. Intentional failure to implement a support plan, inappropriate application intervention, etc. which may result in jeopardy without qualified person notification/review."</p> <p>This federal tag relates to complaint #IN00182727.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview for 1 of 7 investigations of allegations of staff abuse/neglect of clients reviewed, the facility failed for 1 of 2 sampled clients (B), to provide corrective action (reimbursement of client's missing money).</p>	W 0157	<p><b>W157:</b> If an alleged violation is verified, appropriate corrective action must be taken</p> <p><b>Corrective Action: (Specific):</b> All staff will be in-serviced on the client finance policy and procedure and a</p>	12/02/2015
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	<p>Findings include:</p> <p>Review of reportable incidents, BDDS (Bureau of Developmental Disabilities Services) reports, investigations, and client financial records RFMS (Resident Fund Management System) accounts on 10/28/15 at 12:30 PM and on 10/30/15 at 12:28 PM indicated the following:</p> <p>An investigation dated 9/15/15 to 9/19/15 by Clinical Supervisor #1 regarding client B indicated \$120.00 of his personal money was found to be missing. The client had taken \$250.00 (8/24/15 withdrawal from his RFMS account) in cash along with his guardian/mother and had taken a vacation with his family. During the vacation, client B had not spent much of the \$250.00 and returned to the facility with \$195.00. Client B spent some of the cash, but the investigation concluded he had \$120.00 which could not be accounted for. The investigation indicated the agency would reimburse the missing funds. A review of the client's RFMS account from 5/01/15 through 10/28/15 indicated no deposit (reimbursement) of \$120.00.</p> <p>Interview with the business manager on 10/28/15 at 12:30 PM indicated no evidence of reimbursement of client B's missing \$120.00.</p>		<p>full and complete accounting of client personal funds. All staff will be in-serviced on the abuse, neglect, exploitation policy and procedure. Client B's missing funds have been reimbursed. The Business Manager will be in-serviced on</p> <p><b>How others will be identified:</b> <b>(Systemic)</b> The Residential Manager will review all client finances at least five times weekly to ensure full and complete accounting of client personal funds and that all transactions are documented as they occur. The QIDP will visit the home at least twice weekly to review all client finance records to ensure a full and complete accounting of personal funds is being completed and that all transactions are documented accordingly. The Residential Manger and the QIDP will initial the client finance record when reviews are completed and any problems will be addressed with staff immediately.</p> <p><b>Measures to be put in place:</b> All staff will be in-serviced on the client finance policy and procedure and a full and complete accounting of client personal funds. All staff will be in-serviced on the abuse, neglect, exploitation policy and procedure. Client B's missing funds have been reimbursed.</p>	

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W 0186  Bldg. 00	<p>Interview with QIDP (Qualified Intellectual Disabilities Professional) #1 on 10/30/15 at 1:30 PM indicated client B's missing funds should have been reimbursed. QIDP #1 stated "poor communication" by the group home supervisory staff with the business management staff had resulted in a lack of reimbursement (corrective action) of client B's \$120.00.</p> <p>This federal tag relates to complaint #IN00182727.</p> <p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program</p>		<p><b>Monitoring of Corrective Action:</b> The Residential Manager will review all client finances at least five times weekly to ensure full and complete accounting of client personal funds and that all transactions are documented as they occur. The QIDP will visit the home at least twice weekly to review all client finance records to ensure a full and complete accounting of personal funds is being completed and that all transactions are documented accordingly. The Residential Manger and the QIDP will initial the client finance record when reviews are completed and any problems will be addressed with staff immediately.</p> <p><b>Completion date: 12/02/2015</b></p>	

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	<p>plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review and interview for 1 of 2 sampled clients (A) and 2 additional clients (C and D), the facility failed to ensure sufficient staff to supervise the clients according to their needs.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on the morning of 10/29/15 from 6:10 AM until 8:30 AM. Staff #2 was responsible to prepare medications for clients A, B, and D. Staff #4 was one to one (one staff to one client supervision due to client D's behaviors) with client D on the south side of the dwelling. Clients B and D's bedrooms were on the south side of the facility.</p> <p>Observations were conducted at the facility on the afternoon of 10/29/15 from 2:00 PM until 4:15 PM. Staff #2 was relieved by staff #8 at 2:00 PM. Staff #1 was able to leave when staff #9 arrived at the facility between 3:15 and 3:30 PM. Staff #4, who was one on one staff with client D, was relieved by staff #9. Staff #4 took client B to the facility's office to</p>	W 0186	<p><b>186:</b> The facility must provide sufficient direct care staff to manger and supervise clients in accordance with their individual program plans.</p> <p><b>Corrective Action: (Specific):</b> The Residential Manger will be in-serviced on ensuring staffing ratios at the home are consistent with the scheduled hours and client program plans. All staff will be in-serviced on the abuse, neglect exploitation policy and procedure. The Residential Manager will be in-serviced on the completion of thorough training for all new employees timely and within 2 weeks of beginning to work at the home.</p> <p><b>How others will be identified: (Systemic)</b> The Office Coordinator and/or the QIDP will review staffing time cards daily to ensure that staffing ratios are consistent with the scheduled hours and client program plans for the home. Any inconsistencies will be addressed immediately. The Residential Manager will be at the home at least five times weekly to ensure that</p>	12/02/2015

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	<p>get money and on to his shopping/meal outing that evening. Interview (10/29/15 at 3:25 PM) with staff #8 indicated staff #4 was scheduled to administer medications in the evening after client B's outing.</p> <p>On 10/29/15 at 3:30 PM, staff #9 was on the south side of the building as client D's one on one staff.</p> <p>Staff #8 was in the kitchen/east area of the facility. Staff #8 sought ingredients for the evening meal and attended to the dish washer (loading/unloading). Clients B and C sat in the east living area with the television as the only activity. Client B started to move about the room and speak in an echolalic manner. Staff #8 attempted redirection of client B to his bedroom to calm. Staff #8 continued redirection telling client B that staff needed to cook supper.</p> <p>Confidential interview (CI) #1 indicated the house manager had a rule that staff were not allowed to drive the facility van until they had completed all steps of the medication administration training according to Core A/B as well as the agency procedures. CI #1 indicated client C became ill the evening of 10/27/15 and a staff from another facility had to take client C to the emergency room.</p> <p>CI #2 indicated staff #8 and #9 had not</p>		<p>staffing ratios are consistent with the scheduled hours for the home and to ensure that all new staff is thoroughly trained within 2 weeks of beginning to work at the home. The QIDP will be in the home at least twice weekly to ensure that all new staff is thoroughly trained within 2 weeks of beginning to work at the home. The Human Resource Managers will track new employee training and follow up with the QIDP and the Residential Manager to ensure that all new staff are being thoroughly trained within the 2 week time frame.</p> <p><b>Measures to be put in place:</b> <b>Corrective Action: (Specific):</b> The Residential Manger will be in-serviced on ensuring staffing ratios at the home are consistent with the scheduled hours and client program plans. All staff will be in-serviced on the abuse, neglect exploitation policy and procedure. The Residential Manager will be in-serviced on the completion of thorough training for all new employees timely and within 2 weeks of beginning to work at the home.</p> <p><b>Monitoring of Corrective Action:</b> The Office Coordinator and/or the QIDP will review staffing time cards daily to ensure that staffing ratios are consistent with the scheduled hours and client program plans for the home. Any inconsistencies will be addressed immediately. The</p>		

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	<p>completed all of the in facility monitoring "check offs" for medication administration and were also not to drive the facility van. CI #2 indicated client C became ill the evening of 10/27/15 and a staff from another facility had to take client C to the emergency room due to a lack of staff training.</p> <p>Review of facility staffing schedules prepared by QIDP (Qualified Intellectual Disabilities Professional) on 10/29/15 at 7:30 AM indicated there were two 40 hour staff weekly shift openings and one eight hour shift on Wednesdays. No additional staff coverage was listed as coverage for client D's one on one staffing (one staff to one client 24 hours 7 days a week). No additional staff was indicated for client B who was one to one staffing while at day program (scheduled mornings 8AM-12 NOON) and no extra staff was listed when clients had outings.</p> <p>Interview with staff #1 on 10/28/15 at 3:35 PM indicated the morning staff (6:00 AM to 2:00 PM) was scheduled for three staff. The afternoon shift (2:00 PM to 10:00 PM) was scheduled with three staff and the night shift (10:00 PM to 6:00 AM) was scheduled with two staff.</p> <p>9-3-3(a)</p>		<p>Residential Manager will be at the home at least five times weekly to ensure that staffing ratios are consistent with the scheduled hours for the home and to ensure that all new staff is thoroughly trained within 2 weeks of beginning to work at the home. The QIDP will be in the home at least twice weekly to ensure that all new staff is thoroughly trained within 2 weeks of beginning to work at the home. The Human Resource Managers will track new employee training and follow up with the QIDP and the Residential Manager to ensure that all new staff are being thoroughly trained within the 2 week time frame.</p> <p><b>Completion date: 12/02/2015</b></p>	

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W 0189 Bldg. 00	<p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, record review and interview for 1 of 2 sampled clients (A) and 2 additional clients (C and D), the facility failed to ensure staff who supervised the clients were able to administer medications and drive the facility van.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on the afternoon of 10/29/15 from 2:00 PM until 4:15 PM. Staff #2 was relieved by staff #8 at 2:00 PM. Staff #1 was able to leave when staff #9 arrived at the facility between 3:15 and 3:30 PM. Staff #4, who was one on one staff with client D, (one staff to one client supervision due to client D's behaviors) was relieved by staff #9. Staff #4 took</p>	W 0189	<p><b>189:</b> The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently and competently.</p> <p><b>Corrective Action: (Specific):</b> The Residential Manager will be in-serviced on the completion of thorough training for all new employees timely and within 2 weeks of beginning to work at the home. All new employees training will be reviewed by the Human Resource Managers to ensure that all new staff training has been completed.</p> <p><b>How others will be identified: (Systemic):</b> The Residential</p>	12/02/2015

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	<p>client B to the facility's office to get money and on to his shopping/meal outing that evening. Interview (10/29/15 at 3:25 PM) with staff #8 indicated staff #4 was scheduled to administer medications in the evening after client B's outing.</p> <p>Confidential interview (CI) #1 indicated the house manager had a rule that staff were not allowed to drive the facility van until they had completed all steps of the medication administration training according to Core A/B as well as the agency procedures. CI #1 indicated client C became ill the evening of 10/27/15 and a staff from another facility had to take client C to the emergency room.</p> <p>CI #2 indicated staff #8 and #9 had not completed all of the in facility monitoring "check offs" for medication administration and were also not to drive the facility van. CI #2 indicated client C became ill the evening of 10/27/15 and a staff from another facility had to take client C to the emergency room due to a lack of staff training.</p> <p>Review of facility staffing schedules prepared by QIDP (Qualified Intellectual Disabilities Professional) on 10/29/15 at 7:30 AM indicated staff #2, #8, and #9</p>		<p>Manager will be at the home at least five times weekly to ensure that staffing ratios are consistent with the scheduled hours for the home and to ensure that all new staff is thoroughly trained within 2 weeks of beginning to work at the home. The QIDP will be in the home at least twice weekly to ensure that all new staff is thoroughly trained within 2 weeks of beginning to work at the home. The Human Resource Managers will track new employee training and follow up with the QIDP and the Residential Manager to ensure that all new staff are being thoroughly trained within the 2 week time frame.</p> <p><b>Measures to be put in place:</b> <b>Corrective Action: (Specific):</b> The Residential Manager will be in-serviced on the completion of thorough training for all new employees timely and within 2 weeks of beginning to work at the home. All new employees training will be reviewed by the Human Resource Managers to ensure that all new staff training has been completed.</p> <p><b>Monitoring of Corrective Action:</b> The Residential Manager will be at the home at least five times weekly to ensure that staffing ratios are consistent with the scheduled hours for the home and to ensure that all new staff is thoroughly trained within 2 weeks of beginning to work at the home. The QIDP will be in the</p>	

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W 0331 Bldg. 00	<p>were on duty the evening of 10/27/15.</p> <p>9-3-3(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 2 sampled clients (B), the facility's nursing services failed to ensure clients' medication package labels and the MAR/Medication Administration Record were reconciled and staff was aware of changes to prevent potential errors.</p> <p>Findings include:</p>	W 0331	<p>home at least twice weekly to ensure that all new staff is thoroughly trained within 2 weeks of beginning to work at the home. The Human Resource Managers will track new employees training and follow up with the QIDP and the Residential Manager to ensure that all new staff is being thoroughly trained within the 2 week time frame.</p> <p><b>Completion date: 12/02/2015</b></p> <p><b>W331:</b> The facility must provide clients with nursing services in accordance with their needs.</p> <p><b>Corrective Action: (Specific):</b> The nurse will be in-serviced on ensuring that all clients' medication package labels and the Medication</p>	12/02/2015

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	<p>Client B's medications were prepared for administration by staff #2 on 10/29/15 at 7:35 AM. Staff prepared client B's morning medications by dispensing the following (not inclusive):</p> <p>Buspironone (anti-anxiety) medication by dispensing a 15 mg/milligram pill and a 5 mg. pill to equal a 20 mg. dosage. Sertraline (anti-depressant) medication 100 mg, one tablet. The package label indicated two tablets should be administered. Trileptal (anticonvulsant used for behavior management) 300 mg tablet and 150 mg tablet to equal 450 mg dosage. Latuda (atypical anti-psychotic) 40 mg tablet.</p> <p>Client B's 10/15 MAR (10/29/15 at 7:35 AM and 12:38 PM) was reviewed and indicated:</p> <p>Buspironone 10 mg two tablets three times daily. Sertraline 100 mg one tablet in the morning, package label indicated two tablets were to be given. Trileptal three 150 mg tablets given in the morning to equal a 450 mg dosage. Latuda 2 20 mg tablets in the morning to equal a 40 mg dosage.</p> <p>Staff #1 did a "buddy check" of the</p>		<p>Administration Record are reconciled, that everything is accurate and matches and that staff are aware of any changes.</p> <p><b>How others will be identified:</b> <b>(Systemic):</b> The Residential Manager will review all clients' medication package labels and the Medication Administration Record at the beginning of the month after the nurse has completed the review to ensure that there was nothing missed, that all changes are accounted for and all staff is aware of those changes. .</p> <p><b>Measures to be put in place:</b> The nurse will be in-serviced on ensuring that all clients' medication package labels and the Medication Administration Record are reconciled, that everything is accurate and matches and that staff are aware of any changes.</p> <p><b>Monitoring of Corrective Action:</b> The Residential Manager will review all clients' medication package labels and the Medication Administration Record at the beginning of the month after the nurse has completed the review to</p>	

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	<p>medications dispensed for client B by staff #2, including a pill count. Staff #2 stated there should be "twelve" pills in the medication cup. Staff #1 and #2 reviewed client B's 10/15 MAR/Medication Administration Record. The surveyor asked for the blister package of Latuda (atypical anti-psychotic) 40 milligram/mg. medication to be reviewed along with the order in the MAR. An empty Latuda blister package was also examined which had contained 20 mg. medication. The number of pills administered from the 20 mg. package was two, making the dosage 40 mg. every morning. A new blister medication package containing 40 mg. Latuda was started on 10/27/15, in the morning. A review of the blister package indicated staff #3 had administered 2 40 mg. (80 mg total dosage) tablets to client B on 10/27/15. Staff #1 had administered 2 40 mg. (80 mg.) tablets to client B on the morning of 10/28/15.</p> <p>Staff #1 stated the incorrect dosages (80 mg) administered on 10/27/15 and 10/28/15 were "medication errors."</p> <p>Staff #2 and QIDP (Qualified Intellectual Disabilities Professional) were asked on 10/29/15 at 8:15 AM whose responsibility it was to reconcile physician's orders, the MAR and the</p>		<p>ensure that there was nothing missed, that all changes are accounted for and all staff is aware of those changes.</p> <p><b>Completion date: 12/02/2015</b></p>	

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W 0368 Bldg. 00	<p>medication packages labels. QIDP #1 stated "the nurse."</p> <p>9-3-6(a)</p> <p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on observation, record review and interview for 1 of 2 sampled clients (B), the facility failed to ensure medications were administered according to the physician's orders.</p> <p>Findings include:</p> <p>Client B's medications were prepared for administration by staff #2 on 10/29/15 at 7:35 AM. Staff #1 did a "buddy check" of the medications which included a pill count. Staff #2 stated there should be "twelve" pills in the medication cup. Staff #1 and #2 reviewed client B's 10/15 MAR/Medication Administration record. The surveyor asked for the blister package of Latuda (atypical anti-psychotic) 40 milligram/mg. medication to be reviewed along with the order in the MAR. An empty Latuda blister package was also examined which had contained 20 mg. medication. The number of pills administered from the 20</p>	W 0368	<p><b>W368:</b> The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p><b>Corrective Action: (Specific):</b> All staff will be in-serviced on the Medication Administration Policy and Procedure and General Guidelines on Medications. The nurse will be in-serviced on ensuring that all clients' medication package labels and the Medication Administration Record are reconciled, that everything is accurate and matches and that staff are aware of any changes. All medications for all clients will be reviewed to ensure that all labels match the medication administration record.</p> <p><b>How others will be identified: (Systemic)</b> The Residential Manager</p>	12/02/2015

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	<p>mg. package was two, making the dosage 40 mg. every morning. A new blister medication package containing 40 mg. Latuda was started on 10/27/15 in the morning. A review of the blister package indicated staff #3 had administered 2 40 mg. (80 mg total dosage) tablets to client B on 10/27/15. Staff #1 had administered 2 40 mg. (80 mg.) tablets to client B on the morning of 10/28/15.</p> <p>Review of client B's 10/15 MAR on 10/29/15 at 7:35 AM indicated client B was to be given a 40 mg. dosage of Latuda every morning.</p> <p>Staff #1 stated, on 10/29/15 at 7:45 AM, the incorrect dosages (80 mg) of Latuda administered to client B on 10/27/15 and 10/28/15 were "medication errors."</p> <p>9-3-6(a)</p>		<p>will review all clients' medication package labels and the Medication Administration Record at the beginning of the month after the nurse has completed the review to ensure that there was nothing missed, that all changes are accounted for and all staff is aware of those changes. The nurse will be in the home at least weekly to review all medication labels and the Medication Administration Record to ensure that everything is accurate and matches and that staff are aware of any changes.</p> <p><b>Measures to be put in place:</b> All staff will be in-serviced on the Medication Administration Policy and Procedure and General Guidelines on Medications. The nurse will be in-serviced on ensuring that all clients' medication package labels and the Medication Administration Record are reconciled, that everything is accurate and matches and that staff are aware of any changes. All medications for all clients will be reviewed to ensure that all labels match the medication administration record.</p> <p><b>Monitoring of Corrective Action:</b> The Residential Manager will review all clients' medication package labels and the Medication Administration</p>	

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			<p>Record at the beginning of the month after the nurse has completed the review to ensure that there was nothing missed, that all changes are accounted for and all staff is aware of those changes. The nurse will be in the home at least weekly to review all medication labels and the Medication Administration Record to ensure that everything is accurate and matches and that staff are aware of any changes.</p> <p><b>Completion date: 12/02/2015</b></p>	