

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G237	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/22/2016
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NAME OF PROVIDER OR SUPPLIER DEVELOPMENTAL SERVICE ALTERNATIVES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3222 S 125 E SHELBYVILLE, IN 46176
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W 0000 Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Survey Dates: 2/16/16, 2/17/16, 2/18/16 and 2/22/16</p> <p>Facility Number: 000760 Provider Number: 15G237 AIMS Number: 100243330</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 3/3/16.</p>	W 0000		
W 0130 Bldg. 00	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview for 1 of 4 sampled clients (#4), the facility</p>	W 0130	All staff working in the home will receive re-training on consumer	03/23/2016

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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W 0136 Bldg. 00	<p>failed to ensure client #4 had privacy during personal care.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/17/16 from 6:00 A.M. through 8:00 A.M. At 6:05 A.M., client #4 was using the restroom by the medication room. Client #4 was sitting on the toilet with her pants down facing forward with the restroom door open. Qualified Intellectual Disability Professional (QIDP) #1 walked by the restroom and did not redirect client #4 or close the door.</p> <p>QIDP #1 was interviewed on 2/17/16 at 6:55 AM. QIDP #1 indicated the restroom door should be shut for privacy while completing self care.</p> <p>9-3-2(a)</p> <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. Based on record review and interview for 1 additional client (#6), the facility failed to ensure client #6 had the opportunity to participate in her preferred religious</p>	W 0136	<p>rights, including their right to privacy. This training will include adiscussion on how to assist the clients of the home to exercise their rights includingthis right. This shall include providing any needed re-direction in the momentto ensure the right is respected. The QIDP will also hold a session with the clientsof the home to discuss their rights, including this right to privacy. The QIDPwill provide on-going discussions of these nature with the clients as the needis identified. Evidence of staff training and the discussion with clients willbe provided to the administrator for review to verify compliance. The QIDP hasa routine presence in the home and will monitor for adherence to client rights. Responsible Party: QIDP</p> <p>The QIDP will work with client #6 to ensure she has opportunitiesto participate in her preferred religious activities. The QIDP will</p>	03/23/2016	

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	<p>activities.</p> <p>Findings include:</p> <p>Client #6 was interviewed on 2/18/16 at 9:00 AM. When asked if she was able to participate in outings, client #6 stated, "Yes, we go out to eat and occasionally go out to the store and things. Some of us go to Church but not everybody. [Client #2] goes but I don't know about that Church they go to. My mom and I went to a Methodist Church. My family always went to a Methodist Church." Client #6 stated, "They go to a [name] Church but I'm Methodist." When asked if she would like to attend a Methodist Church, client #6 stated, "Yes, I'd like to but who's going to take me? Who will pick me up? I don't think we can go to two Churches."</p> <p>Client #6's record was reviewed on 2/18/16 at 2:52 PM. Client #6's Community Outing Summary Report dated 2/18/16 did not indicate documentation of client #6 attending her preferred denomination of Church.</p> <p>PQC (Program Quality Coordinator) #1 was interviewed on 2/17/16 at 12:00 PM. PQC #1 indicated client #6 should participate in the religious activity of her choice.</p>		<p>also interview all clients in the home to ensure any preferences for participating in religious activities is known and that they are provided the opportunity to participate in those activities. The QIDP will document these discussions and provide to the administrator for review. All staff working in the home will receive re-training on consumer rights, including their right to have the opportunity to participate in social, religious, and community group activities. This training will include a discussion on how to assist the clients of the home to exercise their rights including this right. All of the clients participate in weekly house meetings. During these meetings the clients plan their social, religious, and community activities. These meetings are documented. The QIDP will routinely review documentation of house meetings and activity plans to ensure all clients have the opportunities they prefer. The QIDP is routinely present in the home and meets with each client one on one. She will address any expressed desires to participate in activities on-going.</p> <p>Responsible Party: QIDP</p>				

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W 0159 Bldg. 00	<p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), plus 3 additional clients (#5, #6 and #7), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor clients #1, #2, #3, #4, #5, #6 and #7's active treatment programs by failing to ensure client #4's IST (Individual Support Team) reviewed and discussed medical recommendations with client #4's guardian, to ensure client #4's visual care was coordinated between client #4's guardian and the facility, to ensure client #4 had privacy during personal care, to ensure client #6 had the opportunity to participate in her preferred religious activities, to ensure client #4's guardian participated in the development of her ISP (Individual Support Plan), to ensure the facility's HRC (Human Rights Committee) ensured clients #3 and #4's restrictive programs were conducted with client #3's written informed consent or client #4's guardian's written informed</p>	W 0159	The QIDP for the home will receive some further training regarding her encompassing responsibility to integrate, coordinate, and monitor the active treatment program for each client. The QIDP is new to this responsibility in the past year and has already shown great growth in her role. Additional training will be provided to ensure she has a clear understanding of her responsibility regarding each identified finding. This will include the requirement to address any medical recommendations with the IST including the legal guardian and to oversee and ensure adherence to client rights including those for privacy and for providing opportunities to clients to participate in preferred religious activities. Training will also be provided to ensure that guardians do participate in development of the annual Individual Support Plan and to ensure that written consent is received by emancipated clients or legal guardians as appropriate for restrictive procedures to include behavior development programs and	03/23/2016

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	<p>consent, to ensure the facility's HRC reviewed, monitored and made recommendations regarding the facility's practice of utilizing audible alarm devices on entry/exit doors regarding clients #1, #2, #3, #4, #5, #6 and #7 and to ensure the facility promoted the dignity of client #3 regarding her appearance.</p> <p>Findings include:</p> <p>1. Client #4's record was reviewed on 2/17/16 at 11:21 AM. Client #4's IST (Individual Support Team) form dated 8/13/14 indicated the following:</p> <p>- "Discussion of potential placement at the [agency group home]. Discussion with family regarding expectations with care."</p> <p>- "Guardian prefers not to use too many mood stabilizers, but will address as recommended. [Client #4] will be seen by psychiatry provider, Discussed problem with skin picking and there are medications which can help reduce this compulsion. We will monitor the behavior when she moves in, it may decrease."</p> <p>- "Any physician recommendations to be reviewed with the guardian. Medications may be needed to ensure a medical issue is addressed. The family does prefer</p>		<p>the use of audio alarms and/or monitors. This training will also focus on the QIDP's responsibility to promote the dignity of clients regarding their appearance. Additionally each noted finding will be addressed by the QIDP with verification of compliance by the administrator. The QIDP will convene an IST meeting to include the participation of the legal guardian to discuss any medical and/or health recommendations to include the recommendation for a MRI regarding identified hearing loss, ordered medication treatment for hyperlipidemia, and ongoing symptoms of anxiety with use of the herbal anxiety remedy. This meeting will be documented and included in the client's record. Ongoing, the QIDP will ensure the IST is convened to address any further medical or health recommendations for this client. The QIDP will convene the IST for any client for which discussion is needed regarding a health or medical recommendation. Client #4 has had a vision exam and the QIDP and nurse will provide ongoing monitoring to ensure these exams are completed as needed and recommended. They will ensure all clients have current eye exams on record. The plan to correct the finding regarding client #4 not having privacy during personal care is addressed in response to W130. The plan to correct the finding regarding client #6 not having the opportunity</p>				

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	<p>natural methods but understands that the agency may need to follow medication orders. All situations to be addressed with the family."</p> <p>Client #4's ISP (Individual Support Plan) dated 9/3/15 indicated, "[Client #4] has the following diagnoses: Mild Intellectual Disability, Cerebral Palsy, Scoliosis and unspecified hearing loss. [Client #4] does not take any routine medications. She takes supplements and takes those as noted on MAR (Medication Administration Record). Her guardians prefer the use of natural supplements." Client #4's ISP dated 9/3/15 indicated, "[Client #4] does have a history of demonstrating inappropriate social behavior and needs support and formal programming in this area. This is addressed in a HRC (Human Rights Committee) approved BSP (Behavior Development Plan). This plan also addresses non-compliance, manipulative behavior, physical assault, property destruction and self injurious behavior. She does take a supplement that is intended to help control anxiety."</p> <p>Client #4's Behavior Summary Report dated from 11/1/15 through 2/17/16 indicated the following:</p> <p>- "11/5/15, Yes, extreme irritability."</p>		<p>to participate in her preferred religious activities is addressed in response to W136. Please review response to W209 regarding the finding that client #4's guardian did not participate in the development of her ISP. Please review the response to W263 regarding the failure of the QIDP to ensure restrictive programs for clients #3 and #4 are conducted with the required written informed consent. Please review the response to W264 regarding the failure to secure approval of the Human Rights Committee for use of the audio alarm devices on entry/exit doors in the home. Please review the response to W268 regarding the need to ensure the dignity of client #3 is promoted regarding her appearance. Responsible Party: Area Director</p>	

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	<p>- "12/2/15, Yes, extreme irritability."</p> <p>- "2/1/16, Yes, extreme irritability."</p> <p>- 2/14/16, Yes, extreme irritability."</p> <p>Client #4's Nursing Quarterly Review form dated September 2015 indicated the following:</p> <p>- "[Client #4] frequently picks at her skin and at times, scratches herself with objects (rocks, etc). This behavior is not unusual for [client #4] and is covered in her BDP."</p> <p>- [Client #4] was seen for hearing evaluation, had wax in both ears, was cleaned out. Evaluation shows some hearing loss. MRI (testing) was ordered to check auditory nerve with and without contrast when [guardian] was called (sic) she refused to have testing done at this time. [Client #4's] lipids remain elevated. [Doctor] wanted to start [client #4] on Atorvastatin (lipids) 20 milligram daily. Explained to office they would need to call [guardian] to see if we can start this medication. Mother told [doctor's] office no. Do not start on any hyperlipidemia medications (sic) they will continue to treat with diet at this time."</p>			

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	<p>RN (Registered Nurse) #1 was interviewed on 2/17/16 at 12:11 PM. RN #1 indicated client #4's guardians preferred natural herbal remedies. RN #1 indicated client #4's guardians had declined client #4's recommendation for a MRI regarding her hearing loss. RN #1 indicated client #4's guardians had declined client #4's recommended Atorvastatin to treat client #4's hyperlipidemia. RN #1 indicated client #4's Lipid levels had remained elevated. RN #1 indicated client #4's guardians had declined mood stabilizing medications to treat client #4's anxiousness and irritability. RN #1 indicated client #4's guardians had provided client #4 with an herbal anxiety remedy. RN #1 indicated the herbal anxiety remedy had not been effective in reducing client #4's anxiety levels.</p> <p>PQC (Program Quality Coordinator) #1 was interviewed on 2/17/16 at 12:00 PM. PQC #1 indicated client #4's guardians preferred herbal supplements to address client #4's health needs. PQC #1 indicated the facility had completed an IST meeting with client #4's guardians upon her admission to the group home on 8/13/14. PQC #1 indicated the 8/13/14 IST discussed and recommended client #4's health and behavioral needs and medical recommendations should be</p>			

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	<p>reviewed and discussed with client #4's guardian to advocate for client #4's health and well-being. PQC #1 indicated there was not documentation of client #4's IST convening with client #4's mother/guardian to discuss recommendations regarding her hearing, lipids or treatment options for her continued anxiety.</p> <p>Client #4's record did not indicate documentation of IST discussion or recommendations regarding her hearing, lipids or treatment options for her continued anxiety with her mother/guardian.</p> <p>2. Client #4's record was reviewed on 2/17/16 at 11:21 AM. Client #4's Vision Assessment form dated 6/18/13 indicated client #4's had a vision examination with recommendations for prescription eyeglasses and to return in two years for a re-evaluation. Client #4's record did not indicate documentation of additional vision examinations for client #4 since the 6/18/13 examination.</p> <p>PQC #1 was interviewed on 2/18/16 at 1:32 PM. PQC #1 indicated client #4's guardian scheduled and took client #4 to her vision examinations. PQC #1 indicated the facility would need to request documentation from the guardian</p>			

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	<p>regarding client #4's most recent vision examination and recommendations. PQC #1 indicated client #4's visual care recommendations and examinations should be coordinated/communicated between client #4's guardian and the facility.</p> <p>3. The QIDP failed to integrate, coordinate and monitor client #4's active treatment program by failing to ensure client #4 had privacy during personal care. Please see W130.</p> <p>4. The QIDP failed to integrate, coordinate and monitor client #6's active treatment program by failing to ensure client #6 had the opportunity to participate in her preferred religious activities. Please see W136.</p> <p>5. The QIDP failed to integrate, coordinate and monitor client #4's active treatment program by failing to ensure client #4's guardian participated in the development of her ISP. Please see W209.</p> <p>6. The QIDP failed to integrate, coordinate and monitor clients #3 and #4's active treatment programs by failing to ensure the facility's HRC ensured clients #3 and #4's restrictive programs were conducted with client #3's written</p>			

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W 0209 Bldg. 00	<p>informed consent or client #4's guardian's written informed consent. Please see W263.</p> <p>7. The QIDP failed to integrate, coordinate and monitor clients #1, #2, #3, #4, #5, #6 and #7's active treatment programs by failing to ensure the facility's HRC reviewed, monitored and made recommendations regarding the facility's practice of utilizing audible alarm devices on entry/exit doors. Please see W264.</p> <p>8. The QIDP failed to integrate, coordinate and monitor client #3's active treatment program by failing to ensure the facility promoted the dignity of client #3 regarding her appearance. Please see W268.</p> <p>9-3-3(a)</p> <p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Based on record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure client #4's guardian participated in the development of her</p>	W 0209	The QIDP will receive training to ensure understanding of therequirement to include legal guardians in development of Individual SupportPlans. This is	03/23/2016	

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W 0263 Bldg. 00	<p>ISP (Individual Support Plan).</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 2/17/16 at 11:21 AM. Client #4's ISP dated 9/3/15 indicated client #4 had a legal guardian. Client #4's ISP or record did not indicate documentation of client #4's legal guardian's participation in the development of client #4's 9/3/15 ISP.</p> <p>PQC (Program Quality Coordinator) #1 was interviewed on 2/17/16 at 12:00 PM. PQC #1 indicated client #4's guardian should participate in the development of her ISP.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on observation, record review and interview for 2 of 4 sampled clients (#3 and #4), the facility's HRC (Human Rights Committee) failed to ensure</p>	W 0263	<p>verified by the guardian signing the ISP agreement and participation statement. The QIDP will meet with the IST including the guardian for client #4 to update her ISP per team discussion. She will secure the needed documentation to verify the guardian participated. The QIDP will review all client ISP's to ensure guardians participated as applicable for all clients. The QIDP will provide the results of this review to the administrator. On-going the QIDP will ensure that for those clients that have legal guardians that their legal guardians participate in the development of their Individual Support Programs. Records will be routinely reviewed by the administrator to verify this does occur. Responsible Party: QIDP</p> <p>The QIDP will receive specific training to ensure she understands her responsibility to secure written informed consent from clients and/or their legal guardians as</p>	03/23/2016

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	<p>clients #3 and #4's restrictive programs were conducted with client #3's written informed consent and client #4's guardian's written informed consent.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 2/16/16 from 4:45 PM through 5:45 PM and on 2/17/16 from 6:00 AM through 7:45 AM. Clients #3 and #4 were observed in the group home throughout the observation periods. The home's entry/exit doors were equipped with audible door alarms. Each time an entry/exit door was opened an audible alarm was heard throughout the home.</p> <p>1. Client #3's record was reviewed on 2/17/16 at 10:12 AM. Client #3's ISP (Individual Support Plan) dated 3/5/15 indicated client #3 was an emancipated adult with no legal guardian. Client #3's BDP (Behavior Development Plan) dated 1/2016 indicated, "Vacating: Leaves the group home or workshop property without staff supervision and/or without alerting staff that she is leaving. Leaving the supervision/eyesight of staff while on a community outing." Client #3's BDP dated 1/2016 indicated, "Vacating: The front door of the home and other doors or windows as approved by the IST (Individual Support Team), should be</p>		<p>applicable for restrictive programs including behaviordevelopment programs and programs to use audio alarms. The legal guardian forclient #4 did provide written consent for her current behavior program thatdoes include the use of the alarm on 10/15/16. This documentation is attached.At the time of survey this client had an updated program that also includes theuse of the alarms. The QIDP will ensure the required consents are received for client#3 and #4's programs. Should consent not be obtained, the QIDP will addressthis with the IST. The QIDP will review the documentation for all restrictiveprograms in the home to ensure the required written consents are present. She willmake any needed corrections that are identified. She will document this reviewand provide to the administrator. On-going the QIDP will ensure that requiredconsents are received before restrictive programs are implemented. The administratorwill routinely review records to ensure this does occur. There are agencyadministrators on the Human Rights Committee who will also closely review documentationthat is presented to the committee to ensure needed written consents arepresent.</p> <p>Responsible Party: QIDP</p>	

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	<p>fitted with an audible alarm to alert staff to movement when doors and windows are opened."</p> <p>Client #3's record did not indicate documentation of client #3's written informed consent regarding the use of audible door alarms to manage her vacating behavior.</p> <p>2. Client #4's record was reviewed on 2/17/16 at 11:21 AM. Client #4's ISP dated 9/3/15 indicated client #4 had a legal guardian. Client #4's BDP dated 1/2016 indicated, "Vacating: Leaves the group home or workshop property without staff supervision and/or without alerting staff that she is leaving. Leaving the supervision/eyesight of staff while on a community outing." Client #4's BDP dated 1/2016 indicated, "Vacating: The front door of the home and other doors or windows as approved by the IST, should be fitted with an audible alarm to alert staff to movement when doors and windows are opened."</p> <p>Client #4's record did not indicate documentation of client #4's guardian's written informed consent regarding the use of audible door alarms to manage her vacating behavior.</p> <p>PQC (Program Quality Coordinator) #1</p>			

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W 0264 Bldg. 00	<p>was interviewed on 2/17/16 at 12:00 PM. PQC #1 indicated clients #3 and #4's restrictive program should be conducted with client #3's written informed consent and with client #4's guardian's written informed consent.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(iii) PROGRAM MONITORING & 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 observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), plus 3 additional clients (#5, #6 and #7), the facility's HRC (Human Rights Committee failed to review, monitor and make recommendations regarding the facility's practice of utilizing audible alarm devices on entry/exit doors.</p> <p>Findings include:</p> <p>Observations were conducted at the</p>	W 0264	The QIDP will receive specific training to ensure that she understands her responsibility to secure approval from the Human Rights Committee for use of restrictive procedures including audio alarms on entrances/exits for all clients this effects. The QIDP will ensure that information is secured that the Human Rights Committee has reviewed and approved the use of the alarms for each client in the home. On-going the QIDP will ensure required approvals are received for such restrictions. The administrator will	03/23/2016

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	<p>group home on 2/16/16 from 4:45 PM through 5:45 PM and on 2/17/16 from 6:00 AM through 7:45 AM. Clients #1, #2, #3, #4, #5, #6 and #7 were observed in the group home throughout the observation periods. The home's entry/exit doors were equipped with audible door alarms. Each time an entry/exit door was opened an audible alarm was heard throughout the home.</p> <p>1. Client #1's record was reviewed on 2/17/16 at 9:25 AM. Client #1's record did not indicate documentation of HRC review, monitoring or recommendations regarding the facility's practice of utilizing audible alarm devices on entry/exit doors.</p> <p>2. Client #2's record was reviewed on 2/17/16 at 10:51 AM. Client #2's record did not indicate documentation of HRC review, monitoring or recommendations regarding the facility's practice of utilizing audible alarm devices on entry/exit doors.</p> <p>3. Client #3's record was reviewed on 2/17/16 at 10:12 AM. Client #3's record did not indicate documentation of HRC review, monitoring or recommendations regarding the facility's practice of utilizing audible alarm devices on entry/exit doors.</p>		<p>routinely review records to ensure required approvals are documented. Responsible Party: QIDP</p>	

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W 0268 Bldg. 00	<p>4. Client #4's record was reviewed on 2/17/16 at 11:21 AM. Client #4's record did not indicate documentation of HRC review, monitoring or recommendations regarding the facility's practice of utilizing audible alarm devices on entry/exit doors.</p> <p>PQC (Program Quality Coordinator) #1 was interviewed on 2/17/16 at 12:00 PM. PQC #1 indicated the group home utilized audible door alarms. PQC #1 indicated there was not documentation available for review of HRC review, monitoring or recommendations regarding the use of audible door alarms in the home for clients #1, #2, #3, #4, #5, #6 or #7.</p> <p>9-3-4(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation, record review and interview for 1 of 4 sampled clients (#3), the facility failed to promote the dignity of client #3 regarding her appearance.</p>	W 0268	The QIDP will receive further training in her responsibility to assist clients in promoting their dignity regarding their appearance. The QIDP will lead the IST to discuss	03/23/2016

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	<p>Findings include:</p> <p>Observations were conducted at the group home on 2/16/16 from 4:45 PM through 5:45 PM and on 2/17/16 from 6:00 AM through 7:45 AM. Client #3 was observed in the group home throughout both observation periods. Client #3 had two upper front teeth missing which was visible when she verbally spoke and non-verbally communicated through smiling, or facial gestures.</p> <p>Client #3's record was reviewed on 2/17/16 at 10:12 AM. Client #3's BDP (Behavior Development Plan) dated 1/2016 indicated, "[Client #3] is a 26 year old female." Client #3's BDP dated 1/2016 indicated, "[Client #3] has also recently started completing community job trials in order to obtain a job in the community. [Client #3] enjoys going out to eat and participating in social engagements such as dances with her housemates."</p> <p>Client #3's record did not indicate documentation of IST (Individual Support Team) review or recommendations regarding client #3's appearance regarding her missing teeth.</p> <p>Client #3 was interviewed on 2/18/16 at</p>		<p>client #3's report that she would like to have dentures to replace two missing front teeth. This will include obtaining estimates for this work from a dentist and reviewing with the IST including Alicia to determine how this cosmetic need can be addressed. The QIDP will review appearance with all clients in the home to ensure any other personal appearance concerns are identified and then addressed. This review will be provided to the administrator to verify compliance.</p> <p>Responsible Party: QIDP</p>	

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W 0327 Bldg. 00	<p>9:05 AM. Client #3 indicated she had a boyfriend. Client #3 stated, "My brother knocked my teeth out (points to upper front two teeth). He threw a toy car at me and they broke." Client #3 stated, "I want to get dentures to fix my teeth." When asked why she wanted to get dentures, client #3 stated, "So I can have a beautiful smile."</p> <p>PQC (Program Quality Coordinator) #1 was interviewed on 2/17/16 at 12:00 PM. PQC #1 indicated client #3's front upper teeth were missing. PQC #1 indicated client #3 had not previously expressed interest in having her teeth replaced/repared.</p> <p>9-3-5(a)</p> <p>483.460(a)(3)(iv) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both. Based on record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure client #4 received annual TB (Tuberculosis) testing, x-ray</p>	W 0327	The nurse is responsible for ensuring that each client receives Tuberculosis (TB) testing, X-ray or symptom screening no less than annually. She will ensure this is completed for	03/23/2016			

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W 0369 Bldg. 00	<p>or symptom screenings.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 2/17/16 at 11:21 AM. Client #4's record did not indicate documentation of annual TB testing, x-ray or symptom screenings.</p> <p>RN (Registered Nurse) #1 was interviewed on 2/17/16 at 12:11 PM. RN #1 indicated client #4 should have annual TB testing, x-ray or symptom screenings.</p> <p>9-3-6(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview for 2 of 4 sampled clients (#1 and #2), the facility failed to ensure staff administered medication as ordered.</p> <p>Findings include:</p>	W 0369	<p>client #4. The nurse will develop a monitoring mechanism to ensure that required TB testing is completed no less than annually for all clients in the facility. These tests will be completed and will be available for review in the client record. The administrator will routinely review records to ensure ongoing compliance.</p> <p>Responsible Party: Nurse</p> <p>The nurse will ensure that all staff working in the home are retrained on medication administration procedures to ensure medications are being administered per all directions on the medication label. This training will include a specific review of the directions to properly time the administration of each</p>	03/23/2016

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	<p>1. Observations were conducted at the group home on 2/17/16 from 6:00 AM through 7:45 AM. At 6:20 AM, client #1 entered the medication administration area with staff #1. Staff #1 administered client #1's 6:00 AM Levothyroxine (hypothyroidism) tablet 10 milligrams and Metformin (metabolic disorder) tablet 500 milligram. Client #1 took her morning medications with a glass of water.</p> <p>At 6:40 AM, client #1 participated in the home's family style morning meal and ate toast with peanut butter and jelly and cereal with milk.</p> <p>Client #1's medication pharmacy packages were reviewed on 2/17/16 at 6:28 AM. Client #1's Levothyroxine 10 milligram tablet pharmacy package indicated client #1 should wait 30 minutes to eat after taking the medication. Client #1's Metformin 500 milligram tablet pharmacy package indicated client #1 should take the medication with milk or food.</p> <p>Client #1's MAR (Medication Administration Record) dated 2/1/16 indicated client #1 should wait 30 minutes to eat after taking Levothyroxine 10 milligram tablet and client #1 should take his Metformin 500 milligram tablet</p>		<p>prescribed medication for client #1 and to ensure properdose administration of client #2's nasal spray. Each staff that works in thehome will be observed to administer medications to ensure they are administeredas ordered and instructed. Documentation of these observations will be providedto the administrator for review. On-going there will be routine observations ofmedication administration in the home to ensure medications continue to beadministered as ordered. Responsible Party: Nurse</p>	

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	<p>with milk or food.</p> <p>Staff #1 was interviewed on 2/17/16 at 7:35 AM. Staff #1 indicated client #1's Levothyroxine 10 milligram tablet should be taken 30 minutes prior to eating and his Metformin 500 milligram tablet should be taken with milk or food. Staff #1 indicated client #1 received both doses of Levothyroxine and Metformin at the same time on 2/17/16. Staff #1 indicated client #1 should receive the medications at different times to ensure each medications food/eating administration guidelines could be followed.</p> <p>RN (Registered Nurse) #1 was interviewed on 2/17/16 at 12:11 PM. RN #1 indicated Levothyroxine should be administered 30 minutes prior to eating to ensure proper absorption. RN #1 indicated Metformin should be administered with milk or food to prevent stomach irritation. RN #1 indicated client #1's Levothyroxine and Metformin tablets should not be taken together at the same time to ensure each medications food/eating administration guidelines could be followed. 2. Observations were conducted at the group home on 2/17/16 at 6:00 AM through 8:00 AM. At 6:10 AM, client #2 received Fluticasone (allergies) spray 50 micrograms and Azelastine (allergies) spray 0.15% .</p>			

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	<p>Client #2 received 2 sprays in each nostril of both medications. Client #2 self administered the Fluticasone and Azelastine. Client #2 was then asked by Staff #1 if she had done two sprays in each nostril.</p> <p>Client #2's Azelastine pharmacy label was reviewed on 2/17/16 at 6:12 AM. Client #2's Azelastine pharmacy label indicated client #2 should receive one spray in each nostril of her Fluticasone spray 50 micrograms and Azelastine spray 0.15% two times a day</p> <p>Client #2's Fluticasone pharmacy label was reviewed on 2/17/16 at 6:12 AM. Client #2's Fluticasone pharmacy label indicated, "Give one spray in each nostril, twice daily."</p> <p>Client #2's record was reviewed on 2/17/16 at 9:35 AM. Client #2's Physician's Orders form dated 1/6/16 indicated, "Give one spray in each nostril, twice daily."</p> <p>RN (Registered Nurse) #1 was interviewed on 2/17/16 at 12:15 PM and indicated medication should be administered as ordered by the physician.</p> <p>9-3-6(a)</p>			

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W 0440 Bldg. 00	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), plus 3 additional clients (#5, #6 and #7), the facility failed to conduct evacuation drills quarterly for each shift of personnel.</p> <p>Findings include:</p> <p>The facility's evacuation drill record was reviewed on 2/17/16 at 6:53 AM. The review indicated the facility failed to conduct evacuations drills for clients #1, #2, #3, #4, #5, #6 and #7 for the evening and overnight shifts for the second quarter, April, May, June for 2015, the overnight shift for the third quarter, July, August, September for 2015 and for the evening shift for the fourth quarter, October, November, December for 2015.</p> <p>PQC (Program Quality Coordinator) #1 was interviewed on 2/17/16 at 6:55 AM. PQC #1 indicated the group home should conduct evacuation drills one time per quarter per shift of personnel.</p> <p>9-3-7(a)</p>	W 0440	<p>The agency has a Professional Presence policy which includes the use of a home visit note that directs items professional staff review when in the program. The QIDP is in the home no less than weekly and completed the form. This form has been updated to include a review of evacuation drills that have been completed and to take steps to ensure any needed drills are completed. A copy of this form is provided for review as an attachment. The QIDP will be trained on this updated expectation. The QIDP will also will retrain all staff in the home regarding the expectations for completing evacuation drills. The administrator will be copied on provided training to verify completion. The administrator is also provided copies of the completed home visit notes to verify the QIDP is reviewing and ensuring completion of required evacuation drills.</p> <p>Responsible Party: QIDP</p>	03/23/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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