

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G125		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  08/26/2013	
NAME OF PROVIDER OR SUPPLIER  NORMAL LIFE OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 3000 BAILEY LN EVANSVILLE, IN 47710			
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 8/21, 8/22 and 8/26/13</p> <p>Facility number: 000662 Provider number: 15G125 AIM number: 100248730</p> <p>Surveyor: Paula Chika, QIDP-TC</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/5/13 by Ruth Shackelford, QIDP.</p>			W000000			

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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W000137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and for 3 additional clients (#5, #7 and #8), the facility failed to allow and/or encourage clients to keep their personal hygiene items/kits as the facility was locking the items.</p> <p>Findings include:</p> <p>During the 8/22/13 observation period between 5:35 AM and 8:15 AM, at the group home, client #1, #2, #3, #4, #5, #7 and #8's shaving cream, shampoo, toothpaste and tooth brushes were kept in a gray plastic cabinet in a hallway closet. A pad lock was laying on top of the cabinet. Client #2 retrieved and returned his toothbrush and toothpaste from the cabinet.</p> <p>Interview with staff #3 on 8/22/13 at 7:00 AM indicated client #1, #2, #3, #4, #5, #6's #7 and #8's hygiene supplies were kept in the hallway closet. Staff #3 stated the cabinet was kept locked because "razor blades were in the cabinet." Staff #3 also stated the cabinet was kept locked</p>	W000137	<p>W137: -The facility will ensure that clients have the right to retain and use appropriate personal possessions and clothing. - Staff will be trained on Abuse + Neglect Policies &amp; Client Rights. - Staff will be retrained on not locking up clients personal hygiene supplies unless addressed in client's plans due to health and safety concerns. - PC will be trained on Abuse + Neglect Policies &amp; Client Rights. - PC will be retrained on not locking up clients personal hygiene supplies unless addressed in client's plans due to health and safety concerns. - A Grievance Policy and Bill of Rights will be completed with all clients living at the Bailey Group Home. Persons Responsible: Staff, Residential Managers &amp; Program Managers. ADDENDUM:W137: -The facility will ensure that clients have the right to retain and use appropriate personal possessions and clothing. - Staff will be trained on Abuse + Neglect Policies &amp; Client Rights. - Staff will be retrained on not locking up clients personal hygiene supplies unless addressed in client's plans due to</p>	09/25/2013			

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	<p>as clients would "Use too much of it (shampoo and body wash)."</p> <p>Interview with staff #4 on 8/22/13 at 6:55 AM when asked why clients' personal hygiene supplies were locked, staff #4 stated "Don't want them to get razors." Staff #4 indicated client #6 would drink liquids/cleaning supplies.</p> <p>Interview with staff #1 on 8/22/13 at 7:45 AM stated client #1, #2, #3, #4, #5, #7 and #8's personal hygiene kits were locked due to client #6's "chemical restriction." Staff #1 indicated facility staff would give the clients access when grooming and hygiene tasks were completed. Staff #1 indicated the clients did not have a key to the gray cabinet, and it was kept locked when clients were not participating in grooming tasks. Staff #1 stated "[Client #6] will try to drink stuff (chemicals)."</p> <p>Client #2's record was reviewed on 8/22/13 at 1:16 PM. Client #2's 5/17/13 Individual Support Plan (ISP) and/or 8/13/13 BSP (Behavior Support Plan) did not indicate client #2 had a need to have his personal hygiene kit locked. Client #2's ISP and/or BSP did not indicate the facility's Human Rights Committee reviewed the facility's practice of locking the client's personal hygiene kit. Client</p>		<p>health and safety concerns. - Residential Manager will be trained on Abuse + Neglect Policies &amp; Client Rights. - Residential Manager will be retrained on not locking up clients personal hygiene supplies unless addressed in client's plans due to health and safety concerns. -Residential Manager will oversee through daily visits in the home to assure that client's rights are not restricted inappropriately. -Program Manager will oversee through weekly visits in the home to assure that client's rights are not restricted inappropriately. - The facility has a policy regarding client rights which remains appropriate, as well as, a policy regarding grievance procedures which remains appropriate; these policies will be reviewed with all clients in the home. -HRC committee will meet quartley to discuss all clients' rights restrictions to ensure that clients rights are not being restricted inappropriately. - IDT meeting will be completed with all clients to discuss the individual rights restrictions of each client. Persons Responsible: Staff, Residential Manager, Program Manager &amp; Executive Director.</p>				

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	<p>#2's ISP Modification Of Rights form indicated chemicals were locked in the group home due to another client (client #6). The client's ISP did not indicate the client's hygiene kit should be locked.</p> <p>Client #3's record was reviewed on 8/22/13 at 3:10 PM. Client #3's 5/7/13 ISP and/or 5/17/13 BSP did not indicate client #3 had a need to have his personal hygiene kit locked. Client #3's ISP and/or BSP did not indicate the facility's Human Rights Committee reviewed the facility's practice of locking the client's personal hygiene kit. Client #3's ISP Modification Of Rights form indicated chemicals were locked in the group home due to another client (client #6). The client's ISP did not indicate the client's hygiene kit should be locked.</p> <p>Client #4's record was reviewed on 8/26/13 at 9:30 AM. Client #4's 5/3/13 ISP and/or 5/3/13 BSP did not indicate client #4 had a need to have his personal hygiene kit locked. Client #4's ISP and/or BSP did not indicate the facility's Human Rights Committee reviewed the facility's practice of locking the client's personal hygiene kit. Client #4's ISP Modification Of Rights form indicated chemicals were locked in the group home due to another client (client #6). The client's ISP did not indicate the client's hygiene kit should be</p>				

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	<p>locked.</p> <p>Client #1's record was reviewed on 8/26/13 at 10:10 AM. Client #1's 5/3/13 ISP and/or 5/3/13 BSP did not indicate client #1 had a need to have his personal hygiene kit locked. Client #1's ISP and/or BSP did not indicate the facility's Human Rights Committee (HRC) reviewed the facility's practice of locking the client's personal hygiene kit. Client #1's ISP Modification Of Rights form indicated chemicals were locked in the group home due to another client (client #6). The client's ISP did not indicate the client's hygiene kit should be locked.</p> <p>Client #6's record was reviewed on 8/26/13 at 12:15 PM. Client #6's 5/3/13 Behavior Support Plan (BSP) indicated client #6 demonstrated impulsive behavior which was defined as "stealing food, taking others food/liquids in an attempt to consume and/or taking foods/liquids out of the trash and chemicals in attempt to consume."</p> <p>Interview with administrative staff #2 on 8/26/13 at 1:05 PM stated "It is unlocked now. [Staff #1] thought locking toothpaste was included as a chemical. She has been inserviced on that." Administrative staff #2 indicated client #1, #2, #3, #4, #5, #7 and #8's personal</p>			

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	<p>hygiene kits should not be locked. Administrative staff #2 indicated the chemicals/cleaning supplies were locked due to client #6's drinking liquids. Administrative staff #2 indicated the facility's HRC did not review the locking of the clients' personal hygiene kits.</p> <p>9-3-2(a)</p>			

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W000252	<p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Based on interview and record review for 2 of 4 sampled clients (#2 and #3), the facility failed to accurately document 15 minute checks for client #2 and/or document what behavior was observed in regard to the checks. The facility failed to collect data on client #3's objectives as outlined in the client's Individual Support Plan (ISP).</p> <p>Findings include:</p> <p>1. The facility's reportable incident reports, internal Incident Reports (IRs) and/or investigations were reviewed on 8/21/13 at 2:12 PM. The facility's reportable incident reports, IRs and/or investigations indicated the following:</p> <p>-5/13/13 "While [client #2] was getting meds he notified the PC (Program Coordinator) that he pulled off part of his nail on his toe and showed her. 3rd toe on left foot was had picked portion of nail off (sic)." The 5/13/13 IR indicated staff applied antibiotic ointment to the area and placed a band-aid on it.</p> <p>-5/29/13 "[Client #2] was taken to [name</p>	W000252	<p>W252: -The facility will ensure that data relative to accomplishment of the criteria specified in a client's individual program plan objectives are documented in measurable terms. - Staff will be trained on Abuse + Neglect Polices &amp; Client Rights. - Staff will be trained on reporting procedures, chain of command &amp; nursing on call procedures. - Staff will be trained on ensuring that 15 min checks are completed as addressed in client's BSP. - Staff will be trained on ensuring that the 15 min check forms are completed in there entirety. - Staff will be trained on ensuring that TA goals are being tracked for all client goals and are being filed appropriately in the clients TA book. - PC will be trained on Abuse + Neglect Polices &amp; Client Rights. - PC will be trained on reporting procedures, chain of command &amp; nursing on call procedures. - PC will be trained on ensuring that 15 min checks are completed as addressed in client's BSP. - PC will be trained on ensuring that the 15 min check forms are completed in there entirety.. - PC will be trained on ensuring that TA goals are being tracked for all client goals and are being filed</p>	09/25/2013			

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	<p>of medical facility] for an area on his toenail due to him picking at it resulting in part of his toenail falling off, [Client #2] is safe. He was prescribed Keflex (antibiotic) and instructed to apply antibiotic ointment and a dressing daily. Staff will continue to monitor."</p> <p>-7/26/13 "[Client #2] tore off the toenail on his third toe on his left foot. [Client #2] was evaluated at [name of medical facility]. [Client #2] returned home with a prescription for Keflex. This behavior is addressed in [client #2's] BSP (Behavior Support Plan). Staff will continue to monitor." The facility's reportable incident report indicated the incident occurred at 6:20 PM.</p> <p>-8/16/13 reportable incident report indicated "[Client #2] tore off his toenail on his left big toe. [Client #2] was evaluated at [name of local medical facility]. [Client #2] returned home with a prescription for Keflex. This behavior is addressed in [client #2's] BSP. Staff will continue to monitor." The reportable incident report indicated the incident occurred at 7:00 PM.</p> <p>Client #2's record was reviewed on 8/22/13 at 1:16 PM. Client #2's 8/17/13 Interdisciplinary Team Meeting (IDT) note indicated client #2's IDT met to</p>		<p>appropriately in the clients TA book. Persons Responsible: Staff, Residential Managers &amp; Program Managers. ADDENDUM: W252: - The facility will ensure that data relative to accomplishment of the criteria specified in a client's individual program plan objectives are documented in measurable terms. - Staff will be trained on Abuse + Neglect Polices &amp; Client Rights. - Staff will be trained on reporting procedures, chain of command &amp; nursing on call procedures. - Staff will be trained on ensuring that 15 min checks are completed as addressed in client's BSP. - Staff will be trained on ensuring that the 15 min check forms are completed in there entirety. - Staff will be trained on ensuring that TA goals are being tracked for all client goals and are being filed appropriately in the clients TA book. - Residential Manager will be trained on Abuse + Neglect Polices &amp; Client Rights. - Residential Manager will be trained on reporting procedures, chain of command &amp; nursing on call procedures. - Residential Manager will be trained on ensuring that 15 min checks are completed as addressed in client's BSP. - Residential Manager will be trained on ensuring that the 15 min check forms are completed in there entirety.. - Residential Manager will be trained on ensuring that TA goals are being</p>				

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	<p>review/discuss client #2's "Toenail picking." The IDT note indicated "Reviewed [client #2's] ISP/BSP on Picking his toenails. Goal remains appropriate at this time. added (sic) 15 min (minute) checks."</p> <p>Client #2's 15 minute monitoring sheets were reviewed on 8/22/13 at 7:30 AM. Client #2's 15 minute monitoring sheets indicated "Check yes or no column below to indicate if client is demonstrating appropriate behavior at that time." The sheet also indicated staff were to check the client at 15 minute intervals and place their signature on the line for each 15 minute check. Client #2's 15 minute check monitoring sheet indicated 15 minute checks were started on 8/13/13 versus 8/17/13. Client #2's 8/13/13 15 minute monitoring sheet indicated staff placed a check mark in the "No" column at 4:30 PM. The 15 minute checklist, IRs and/or record did not indicate the staff documented what behavior was observed at that time.</p> <p>Client #2's 8/15/13 15 minute monitoring sheet indicated staff checked "No" at 11:45 PM. The 8/15/13 checklist, client #2's record and/or the facility's IR indicated the staff did not document what behavior was observed.</p>		<p>tracked for all client goals and are being filed appropriately in the clients TA book. -Residential Manager will oversee through daily visits in the home to assure that client's rights are not restricted inappropriately. -Program Manager will oversee through weekly visits in the home to assure that client's rights are not restricted inappropriately. - IDT meeting will be completed with all clients to discuss the individual rights restrictions of each client. - The facility has a policy regarding client rights which remains appropriate, as well as, a policy regarding grievance procedures which remains appropriate; these policies will be reviewed with all clients in the home. Persons Responsible: Staff, Residential Manager, Program Manager &amp; Executive Director.</p>				

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	<p>Client #2's 8/16/13 15 minute check monitoring sheet indicated facility staff did not place a check mark in the yes or no columns at each 15 minute interval from 3:30 PM until 11:45 PM as the columns were blank.</p> <p>Client #2's 8/19/13 15 minute monitoring sheet indicated facility staff did not check "Yes" or "No" for the 15 minute checks done from 9:15 PM to 11:45 PM as the areas were blank.</p> <p>Client #2's 8/21/13 15 monitoring sheet indicated facility staff did not document 15 minute checks from 3:30 PM until 11:45 PM.</p> <p>Interview with staff #3 on 8/22/13 at 6:44 AM indicated client #2 was on 15 minute checks due to the client's picking off his toenails.</p> <p>Interview with staff #4 on 8/22/13 at 6:55 AM indicated she had not observed client #2's behavior. Staff #4 stated client #2's picking behavior had to occur "at night and after he gets his meds." Staff #4 indicated facility staff were to conduct 15 minute checks on client #2.</p> <p>Interview with staff #1 on 8/22/13 at 7:45 AM stated client #2 would "pick" after the staff would leave his room. Staff #1</p>				

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	<p>indicated the 15 minute checks were put in place due to the client's picking behavior. Staff #1 indicated the 15 minute checks were to be completed every 15 minutes.</p> <p>Interview with Administrative staff #2 and the Director of Health Service (DHS) on 8/26/13 at 1:05 PM indicated facility staff should fill out the 15 minute check sheets. Administrative staff #2 stated staff were to check "yes or no." Administrative staff stated if staff checked "No" it meant client #2 was not demonstrating "appropriate behavior." Administrative staff #2 indicated there were no additional documentation and/or IRs to indicate what behavior/skin picking the client demonstrated. Administrative staff #2 indicated client #2 had not removed his nail since the 8/17/13 incident.</p> <p>2. Client #3's record was reviewed on 8/22/13 at 3:10 PM. Client #3's August 2013 task analysis (TA) book indicated client #2 had the following 2 objectives:</p> <p>-"[Client #3] will talk to his housemates bout his day, for at least 5 minutes, with 2 or less verbal prompts 60% opportunities across 3 consecutive months by 5/7/11 (sic)."</p>						

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	<p>-"[Client #3] will wash and dry himself with 2 or less verbal prompts 40% of opportunities per month for 6 consecutive months by 11/7/13." Client #2 did not have any other training objectives in his TA book for August 2013.</p> <p>Client #2's 5/7/13 ISP (Individual Support Plan) indicated client #3 had the following objectives:</p> <ul style="list-style-type: none"> <li>-To open a canned item with a can opener with 2 verbal prompts or less 35% of the time.</li> <li>-To choose a healthy snack with 1 or less verbal prompts 70% of the time.</li> <li>-To choose and participate in a leisure activity of choice for 15 minutes with 1 or less verbal prompts 65% of the time.</li> <li>-To look both ways before crossing the street with 2 or less verbal prompts 75% of the time.</li> <li>-To pour his own water independently during the medication pass.</li> <li>-To brush his teeth "correctly and thoroughly" 2 times a day with 3 or less verbal prompts.</li> <li>-To learn to express his frustration with 1</li> </ul>			

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	<p>or less verbal prompts 50% of the time.</p> <p>-To complete his household chore with one or less verbal prompts 50% of the time.</p> <p>-To engage in an exercise activity of his choice for 15 minutes with 1 verbal prompt or less 25% of the time.</p> <p>-To identify coins with 3 or less verbal prompts 60% of the time.</p> <p>Client #3's August 2013 TA book did not indicate the facility staff collected data on the above mentioned ISP objectives.</p> <p>Interview with administrative staff #2 on 8/26/13 at 1:05 PM indicated she did not know why client #3 had two objectives in his TA book as the client had 12 objectives staff should be collecting data on.</p> <p>9-3-4(a)</p>						

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W000264	<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 interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and for 3 additional clients (#5, #7 and #8), the facility's failed to have its Human Rights Committee (HRC) review and/or approve its restrictive practice of locking clients' personal hygiene kits.</p> <p>Findings include:</p> <p>During the 8/22/13 observation period between 5:35 AM and 8:15 AM, at the group home, client #1, #2, #3, #4, #5, #7 and #8's shaving cream, shampoo, toothpaste and tooth brushes were kept in a gray plastic cabinet in a hallway closet. A pad lock was laying on top of the cabinet. Client #2 retrieved and returned his toothbrush and toothpaste from the cabinet.</p> <p>Interview with staff #3 on 8/22/13 at 7:00 AM indicated client #1, #2, #3, #4, #5, #6's #7 and #8's hygiene supplies were kept in the hallway closet. Staff #3 stated</p>	W000264	<p>W264: -The facility will ensure that clients have the right to retain and use appropriate personal possessions and clothing. - Staff will be trained on Abuse + Neglect Policies &amp; Client Rights. - Staff will be retrained on not locking up clients personal hygiene supplies unless addressed in client's plans due to health and safety concerns. - PC will be trained on Abuse + Neglect Policies &amp; Client Rights. - PC will be retrained on not locking up clients personal hygiene supplies unless addressed in client's plans due to health and safety concerns. - A Grievance Policy and Bill of Rights will be completed with all clients living at the Bailey Group Home. Persons Responsible: Staff, Residential Managers &amp; Program Managers. ADDENDUM: W264: - The facility will ensure that clients have the right to retain and use appropriate personal possessions and clothing. - Staff will be trained on Abuse + Neglect Policies &amp; Client Rights. - Staff</p>	09/25/2013			

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	<p>the cabinet was kept locked because "razor blades were in the cabinet." Staff #3 also stated the cabinet was kept locked as clients would "Use too much of it (shampoo and body wash)."</p> <p>Interview with staff #4 on 8/22/13 at 6:55 AM when asked why clients' personal hygiene supplies were locked, staff #4 stated "Don't want them to get razors." Staff #4 indicated client #6 would drink liquids/cleaning supplies.</p> <p>Interview with staff #1 on 8/22/13 at 7:45 AM stated client #1, #2, #3, #4, #5, #7 and #8's personal hygiene kits were locked due to client #6's "chemical restriction." Staff #1 indicated facility staff would give the clients access when grooming and hygiene tasks were completed. Staff #1 indicated the clients did not have a key to the gray cabinet, and it was kept locked when clients were not participating in grooming tasks. Staff #1 stated "[Client #6] will try to drink stuff (chemicals)."</p> <p>Client #2's record was reviewed on 8/22/13 at 1:16 PM. Client #2's 5/17/13 Individual Support Plan (ISP) and/or 8/13/13 BSP (Behavior Support Plan) did not indicate client #2 had a need to have his personal hygiene kit locked. Client #2's ISP and/or BSP did not indicate the</p>		<p>will be retrained on not locking up clients personal hygiene supplies unless addressed in client's plans due to health and safety concerns. - Residential Manager will be trained on Abuse + Neglect Policies &amp; Client Rights. - Residential Manger will be retrained on not locking up clients personal hygiene supplies unless addressed in client's plans due to health and safety concerns. -Residential Manager will oversee through daily visits in the home to assure that client's rights are not restricted inappropriately. -Program Manager will oversee through weekly visits in the home to assure that client's rights are not restricted inappropriately. - The facility has a policy regarding client rights which remains appropriate, as well as, a policy regarding grievance procedures which remains appropriate; these policies will be reviewed with all clients in the home. - IDT meeting will be completed with all clients to discuss the individual rights restrictions of each client. Persons Responsible: Staff, Residential Manager, Program Manager &amp; Executive Director.</p>				

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	<p>facility's Human Rights Committee reviewed the facility's practice of locking the client's personal hygiene kit. Client #2's ISP Modification Of Rights form indicated chemicals were locked in the group home due to another client (client #6). The client's ISP did not indicate the client's hygiene kit should be locked.</p> <p>Client #3's record was reviewed on 8/22/13 at 3:10 PM. Client #3's 5/7/13 ISP and/or 5/17/13 BSP did not indicate client #3 had a need to have his personal hygiene kit locked. Client #3's ISP and/or BSP did not indicate the facility's Human Rights Committee reviewed the facility's practice of locking the client's personal hygiene kit. Client #3's ISP Modification Of Rights form indicated chemicals were locked in the group home due to another client (client #6). The client's ISP did not indicate the client's hygiene kit should be locked.</p> <p>Client #4's record was reviewed on 8/26/13 at 9:30 AM. Client #4's 5/3/13 ISP and/or 5/3/13 BSP did not indicate client #4 had a need to have his personal hygiene kit locked. Client #4's ISP and/or BSP did not indicate the facility's Human Rights Committee reviewed the facility's practice of locking the client's personal hygiene kit. Client #4's ISP Modification Of Rights form indicated chemicals were</p>						

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	<p>locked in the group home due to another client (client #6). The client's ISP did not indicate the client's hygiene kit should be locked.</p> <p>Client #1's record was reviewed on 8/26/13 at 10:10 AM. Client #1's 5/3/13 ISP and/or 5/3/13 BSP did not indicate client #1 had a need to have his personal hygiene kit locked. Client #1's ISP and/or BSP did not indicate the facility's Human Rights Committee (HRC) reviewed the facility's practice of locking the client's personal hygiene kit. Client #1's ISP Modification Of Rights form indicated chemicals were locked in the group home due to another client (client #6). The client's ISP did not indicate the client's hygiene kit should be locked.</p> <p>Client #6's record was reviewed on 8/26/13 at 12:15 PM. Client #6's 5/3/13 Behavior Support Plan (BSP) indicated client #6 demonstrated impulsive behavior which was defined as "stealing food, taking others food/liquids in an attempt to consume and/or taking foods/liquids out of the trash and chemicals in attempt to consume."</p> <p>Interview with administrative staff #2 on 8/26/13 at 1:05 PM stated "It is unlocked now. [Staff #1] thought locking toothpaste was included as a chemical.</p>						

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	<p>She has been inserviced on that." Administrative staff #2 indicated client #1, #2, #3, #4, #5, #7 and #8's personal hygiene kits should not be locked. Administrative staff #2 indicated the chemicals/cleaning supplies were locked due to client #6's drinking liquids. Administrative staff #2 indicated the facility's HRC did not review the locking of the clients' personal hygiene kits.</p> <p>9-3-4(a)</p>			

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W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on interview and record review for 1 of 4 sampled clients (#1), the facility's nursing services failed to ensure a pharmacist recommendation was addressed/documentated.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 8/26/13 at 10:10 AM. Client #1's 6/6/13 Drug Regimen Review Note indicated "* Vit (vitamin) D level toxic- watch for lab results."</p> <p>Client #1's 5/14/13 lab sheet indicated client #1's Vitamin D level was greater than 150. The lab sheet indicated the normal range was between 30 to 100. The lab sheet also indicated "Possibly toxic: (greater than) 150." The 5/14/13 bottom of the lab result sheet indicated "[Name of doctor] called orders received To Hold Vit D until next visit."</p> <p>Client #1's 8/19/13 physician's orders indicated client #1 received Oyster Calcium 500 milligrams plus Vitamin D daily with food as a supplement. Client #1's 8/19/13 physician's orders did not indicate how often client #1's Vitamin D level should be checked/monitored to</p>	W000331	<p>W331 - The facility will provide clients with nursing services in accordance with their needs. - Home nurse will be retrained on health service procedures. Persons Responsible: Home nurse, Nursing Manager. ADDENDUM: W331 - The facility must provide clients with nursing services in accordance with their needs. -A complete audit of pharmacies reviews will be completed to ensure that all pharmacy recommendations are reviewed by the physician and implemented in a timely manner. -Residential Manager will monitor through weekly observations or as needed to ensure that labs are being completed per physicians orders. -Program Manager will monitor through monthly observations to ensure that labs are being completed per physician's orders. -Nursing will complete a monthly summary to ensure that all lab orders are completed, reviewed by the physician and are being implemented appropriately. -Nurse will complete quarterly chart reviews to ensure that all pharmacy reviews have been reviewed by the physician and implemented appropriately. Persons Responsible: Staff,</p>	09/25/2013			

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	<p>prevent a toxic level. Client #1's record did not indicate the facility's nursing service made the client's doctor aware of the pharmacist's 6/6/13 recommendation as the client remained on a vitamin D supplement.</p> <p>Interview with the Director of Health Care Services and LPN #1 on 8/26/13 at 1:05 PM indicated client #1 was to have labs every 6 months as ordered by the Neurologist. The DHS indicated she could not locate how the doctor addressed the pharmacist recommendation. LPN #1 indicated client #1's doctor discontinued the Vitamin D supplement the client received, and stated it was "Ok" for the client to continue taking the Calcium with vitamin D. LPN #1 indicated the client's doctor did not indicate how often he wanted a vitamin D level done. The DHS indicated the doctor's response to the pharmacist recommendation and/or clarification should be documented in client #1's record.</p> <p>9-3-6(a)</p>		Residential Manager, Program Manager, Nurse, Nursing Manager & Executive Director.		