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| 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 11/18/2014 |
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| 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 an extended recertification and state licensure survey.</p> <p>Dates of Survey: November 10, 12, 13, 14, 17 and 18, 2014.</p> <p>Provider Number: 15G125 Aims Number: 100248730 Facility Number: 000662</p> <p>Surveyor: Mark Ficklin, QIDP.</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed November 25, 2014 by Dotty Walton, QIDP.</p> | W000000 | | |
| W000104 | <p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on interview and record review for 1 of 4 sampled clients (#2), the facility's governing body failed to exercise general policy and operating direction over the facility in regards to ensuring client #2 received identified supervision and</p> | W000104 | <p><u>W104</u> – Governing Body</p> <p>- The governing body must exercise general policy, budget and operating direction over the</p> | 12/18/2014 |

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>treatment (client #2's choking protocol), a timely investigation of client neglect and identified staff re-training needs (client risk plans, diets, reporting incidents) were addressed in a timely manner.</p> <p>Findings include:</p> <p>1. The facility's governing body failed to implement written policy and procedures to provide services (diet supervision, reporting incidents, staff re-training) to prevent neglect of client #2. Please see W149.</p> <p>9-3-1(a)</p> | | <p>facility.</p> <p>- The facility will ensure that all group home clients will receive supervision and treatment in a timely manner according to established protocols.</p> <p>-The facility will ensure proper training of all staff on established protocols.</p> <p>- Staff will be trained on Abuse and Neglect, chain of command, incident reporting, Client risk plans, and Client diets.</p> <p>-Residential Manager will be trained on Abuse and Neglect, chain of command, incident reporting, Client risk plans, and Client diets.</p> <p>-QIDP will be trained on Abuse and Neglect, chain of command, incident reporting, Client risk plans, and Client diets.</p> <p>-Clinical Supervisor will be trained on Abuse and Neglect, chain of</p> | | |

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| | | | <p>command, incident reporting, Client risk plans, and Client diets.</p> <p>-Residential manager will meet with the IDT and review with all clients regarding each client's risk plans and client diets.</p> <p>-Residential Manager will meet with the IDT and Client #2 to review and sign a grievance policy and client Bill of rights to ensure he feels safe in the home.</p> <p>-Residential Manager shall monitor, through daily observations in the home, to ensure that all clients (specifically client #2) are being properly monitored and diet plans followed.</p> <p>-Residential Manager shall monitor, through daily home visits, to review that daily procedures are being followed and incidents are reported in a timely manner.</p> <p>-QIDP shall monitor, through weekly observations in the home,</p> | |

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| | | | <p>to ensure that all clients (specifically client #2) are being properly monitored and diet plans followed.</p> <p>-QIDP shall monitor, through weekly home visits, to review that daily procedures are being followed and incidents are reported in a timely manner.</p> <p>-Clinical Supervisor shall monitor, through weekly observations in the home, to ensure that all clients (specifically client #2) are being properly monitored and diet plans followed.</p> <p>-Clinical Supervisor shall monitor, through weekly home visits, to review that daily procedures are being followed and incidents are reported in a timely manner.</p> <p>-QIDP will review all incidents in the home weekly.</p> <p>Persons Responsible: Staff, Residential Manager, QIDP, Clinical Supervisor, & Executive Director.</p> | |

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| W000122 | <p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on interview and record review, the facility failed for 1 of 4 sampled clients (#2), to meet the Condition of Participation: Client Protections, by failing to implement written policy and procedure to prevent neglect of client #2 in regards to: not providing an identified pureed diet to prevent choking, did not implement client #2's choking protocol to immediately call 911, failure to immediately notify the nurse, administrator and guardian, failure to notify the Bureau of Developmental Disabilities Services (BDDS) within 24 hours, failure to immediately start an investigation and failure to timely address identified staff re-training needs.</p> <p>Findings include:</p> <p>See W149. The facility failed to implement written policy and procedures to prevent neglect of client #2 in regards to: implementation of supervision of client #2 (diet plan and choking protocol) to prevent client #2 from choking and to ensure timely reporting, investigation and staff re-training was completed.</p> <p>See W153. The facility failed to ensure</p> | W000122 | <p>W122 – Client Protections (Condition)</p> <p>- The governing body must exercise general policy, budget and operating direction over the facility.</p> <p>- The facility will ensure that all group home clients will receive supervision and treatment in a timely manner according to established protocols.</p> <p>-The facility will ensure proper training of all staff on established protocols.</p> <p>- Staff will be trained on Abuse and Neglect, Bill of rights and Grievance policies, Chain of command, Incident reporting, Client risk plans, Client diets, 911 policy and nurse on-call procedures.</p> <p>-Residential Manager will be</p> | 12/18/2014 | | | |

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| | <p>the facility administrator and BDDS were immediately notified of the alleged neglect (choking incident) of client #2.</p> <p>9-3-2(a)</p> | | <p>trained on Abuse and Neglect, Bill of rights and Grievance policies, Chain of command, Incident reporting, Client risk plans, Client diets, 911 policy and nurse on-call procedures.</p> <p>-Residential Manager will be trained on ensuring the chain of command, 911 policies and nurse on-call procedure is current and posted in the home and that the clinical supervisor is notified immediately of any incidences related to any allegations of abuse or neglect.</p> <p>-QIDP will be trained on Abuse and Neglect, Bill of rights and Grievance policies, chain of command, reporting procedures, 911 policy and nurse on-call procedure, Client risk plans, Client diets, guardian and administrator notification, and timeliness of BDDS reporting and investigation.</p> <p>-QIDP will be trained on posting of chain of command, 911 policies, and nurse on-call procedure.</p> <p>-Clinical Supervisor will be trained</p> | |

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| | | | <p>on Abuse and Neglect, Bill of rights and Grievance policies, Chain of command, Incident reporting, Client risk plans, Client diets, 911 policy and nurse on-call procedures.</p> <p>-Clinical supervisor will be trained on ensuring the chain of command and 911 policies and nurse on-call procedure is current and posted in the home and that the executive director is notified immediately of any incidences related to any allegations of abuse or neglect.</p> <p>-The facility will implement administrative observations within the group home to ensure it is free from abuse and neglect as well as ensuring staff members are reporting to administration as required by ResCare policy and procedure as related to incident reporting and abuse/neglect. The observation team will consist of the Residential manager, QIDP, clinical supervisor, training director, director of health services, and executive director. Any issues or concerns will be addressed with immediate training by the facility.</p> <p>-An IDT meeting will be held with</p> | | |

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| | | | <p>all clients living in the Bailey home to ensure all BSP's, ISP's, and HRP's remain appropriate.</p> <p>- All staff will be trained on any addendums to client plans.</p> <p>-Residential Manager shall monitor, through daily observations in the home, to ensure that all clients (specifically client #2) are being properly monitored, diet plans followed, chain of command posted in the home, and 911 policy and nurse on-call procedures are posted.</p> <p>-Residential Manager shall monitor, through daily home visits, to review that daily procedures are being followed and incidents are reported immediately to Clinical supervisor.</p> <p>-QIDP shall monitor, through weekly observations in the home, to ensure that all clients (specifically client #2) are being properly monitored, diet plans followed, chain of command posted in the home, and 911 policy and nurse on-call procedures are posted.</p> | | |

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| | | | <p>-QIDP shall monitor, through weekly home visits, to review that daily procedures are being followed and incidents are reported in a timely manner.</p> <p>-Clinical Supervisor shall monitor, through weekly observations in the home, to ensure that all clients (specifically client #2) are being properly monitored, diet plans followed, chain of command posted in the home, and 911 policy and nurse on-call procedures are posted.</p> <p>-Clinical Supervisor shall monitor, through weekly home visits, to review that daily procedures are being followed and incidents are reported immediately to the executed director.</p> <p>-QIDP will review all incidents in the home weekly.</p> <p>Persons Responsible: Staff, Residential Manager, QIDP, Clinical Supervisor, & Executive Director.</p> | |

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| W000148 | <p>483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS &</p> <p>The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence.</p> <p>Based on record review and interview, the facility failed for 1 of 2 reviewed facility investigations (client #2), to promptly inform client #2's guardian of a choking incident that required a visit to the emergency room.</p> <p>Findings include:</p> <p>Record review of the facility's incident reports was done on 11/12/14 at 9:14a.m. An incident report on 8/8/14 indicated client #2 had been given the wrong textured diet (did not receive pureed as ordered) during supper on 8/7/14 and client #2 choked. The incident report indicated client #2 received 5 back blows from staff and then client #2 vomited the food. The incident report indicated the group home staff informed the facility nurse of the 8/7/14 choking incident on the evening of 8/8/14 and client #2 was sent to the emergency room for follow up care. The 8/9/14 state reportable incident</p> | W000148 | <p><u>W148</u> – Communication with clients, parents, & guardian</p> <p>- The governing body must exercise general policy, budget and operating direction over the facility.</p> <p>- The facility will ensure that all group home clients will receive supervision and treatment in a timely manner according to established protocols.</p> <p>-The facility will ensure proper training of all staff on established protocols.</p> <p>- Staff will be trained reporting procedures.</p> | 12/18/2014 |

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| | <p>report indicated client #2's guardian was notified of this incident on 8/9/14. The facility's 8/12/14 investigation report indicated the guardian was notified on 8/14/14. There was no written documentation to verify the guardian was contacted on 8/9/14 and/or on 8/14/14. Record review for client #2 was done on 11/13/14 at 2:14p.m. Client #2's 5/3/14 individual support plan (ISP) indicated client #2's mother was his guardian.</p> <p>Interview of professional staff #1 on 11/12/14 at 11:01a.m. indicated client #2 had a guardian. Staff #1 indicated there was no documentation to ensure if client #2's guardian had been contacted on 8/9/14 or on 8/14/14. Staff #1 indicated the guardian should have been contacted immediately after the incident on 8/7/14.</p> <p>9-3-2(a)</p> | | <p>-Residential Manager will be trained on reporting procedures and guardian notification.</p> <p>-QIDP will be trained on reporting procedures and guardian notification.</p> <p>-Clinical Supervisor will be trained on reporting procedures and guardian notification.</p> <p>-Residential Manager shall monitor, through daily home visits, to review that daily procedures are being followed and incidents are reported in a timely manner.</p> <p>-QIDP shall monitor, through weekly home visits, to review that daily procedures are being followed and incidents are reported in a timely manner.</p> <p>-Clinical Supervisor shall monitor, through weekly home visits, to review that daily procedures are being followed and incidents are reported in a timely manner.</p> | | | | |

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| W000149 | <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on interview and record review, the facility failed for 1 of 2 allegations of client neglect reviewed (client #2), to implement policy and procedures to ensure allegations of neglect were immediately reported to the administrator, Bureau of Developmental Disabilities Services (BDDS), and guardians; and failed to ensure timely completion of identified staff re-training needs to prevent reoccurrence.</p> <p>Findings include:</p> <p>Record review of the facility's incident reports was done on 11/12/14 at 9:14a.m. The following reports were reviewed:</p> <p>1) An incident report dated on 8/8/14 indicated client #2 had been given the wrong textured diet (did not receive pureed as ordered) during supper on 8/7/14 and client #2 choked (on 8/7/14).</p> | | | W000149 | <p>Persons Responsible: Staff, Residential Manager, QIDP, Clinical Supervisor, & Executive Director.</p> <p><u>W149</u> – Staff treatment of clients</p> <p>- The governing body must exercise general policy, budget and operating direction over the facility.</p> <p>- The facility will ensure that all group home clients will receive supervision and treatment in a timely manner according to established protocols.</p> <p>-The facility will ensure proper training of all staff on established protocols.</p> <p>- Staff will be trained on Abuse and Neglect, Bill of rights and</p> | | 12/18/2014 |

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| | <p>The incident report indicated client #2 received 5 back blows from staff and then client #2 vomited the food. The incident report indicated client #2 had received food that was "not pureed correctly and corn was not pureed at all." The incident report indicated the facility nurse wasn't informed of the choking incident until the evening of 8/8/14 and client #2 was sent to the emergency room (by the nurse) for follow up care on 8/8/14 for the 8/7/14 choking incident. Client #2 returned to the group home on 8/8/14 with an 8/8/14 Medical Consult Report that indicated "no difficulty with swallowing, no cough, continue pureed diet and watch for fever, cough." The nurse had documented on 8/8/14 that the facility administrator was informed (on 8/8/14) of the 8/7/14 choking incident. The facility had documented the 8/7/14 choking incident had been reported to BDDS on 8/9/14. The facility's 8/9/14 BDDS report indicated the guardian wasn't contacted until 8/9/14. The facility's investigation of the 8/7/14 incident of neglect (client #2 given wrong texture diet and choked) was not started until 8/12/14. The 8/12/14 investigation was completed on 8/14/14. The investigation summary indicated client #2 "choked because some of his food was not pureed." The 8/14/14 investigation summary included the following</p> | | <p>Grievance policies, Chain of command, Incident reporting, Client risk plans, Client diets, 911 policy and nurse on-call procedures.</p> <p>-Residential Manager will be trained on Abuse and Neglect, Bill of rights and Grievance policies, Chain of command, Incident reporting, Client risk plans, Client diets, 911 policy and nurse on-call procedures.</p> <p>-QIDP will be trained on Abuse and Neglect, Bill of rights and Grievance policies, Chain of command, Incident reporting, 911 policy and nurse on-call procedure, Client risk plans, Client diets, Guardian and administrator notification, and timeliness of BDDS reporting and investigation.</p> <p>-Clinical Supervisor will be trained on Abuse and Neglect, Bill of rights and Grievance policies, Chain of command, Incident reporting, Client risk plans, Client diets, 911 policy and nurse on-call procedures</p> <p>-Residential Manager will be</p> | | | | |

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| | <p>recommendations: "Retrain all staff on incident reporting; Retrain on all diets and high risk plans; Retrain on nursing on call procedures."</p> <p>Record of staff training was done on 11/12/14 at 2:00p.m. The facility had the following documented staff training completed on 9/2/14, in response to the 8/14/14 client #2 neglect recommendations: All diet plans and whom to call if questions; staff must call the on call nurse of all medical incidents; staff must puree client #2's food and retrained on how to puree food to proper consistency; staff are to call 911 (for emergency assistance) for all choking episodes before contacting the nurse.</p> <p>Record review for client #2 was done on 11/13/14 at 2:14p.m. Client #2's 11/7/14 physician's orders indicated client #2 was on a pureed diet. Client #2 had an individual support plan (ISP) dated 5/3/14. The ISP indicated client #2 had a guardian. The ISP indicated client #2 was on a pureed diet and had a High Risk Plan (HRP) for "Potential for Choking." The choking HRP indicated: staff will provide pureed diet per physician's order; should choking occur staff will immediately call 911, begin life saving techniques learned in CPR (Cardio Pulmonary Resuscitation) training and</p> | | <p>trained on ensuring that all investigation recommendations are being completed in a timely manner.</p> <p>-QIDP will be trained on ensuring that all investigation recommendations are being completed in a timely manner.</p> <p>-Clinical supervisor will be trained on ensuring that all investigation recommendations are being completed in a timely manner.</p> <p>-QIDP will review and oversee incidents daily and ensure that all alleged incidents or abuse and neglect are investigated thoroughly and review within five business days.</p> <p>-Staff will be trained on proper meal preparations including diets and risk plans.</p> <p>-Residential Manager will be trained on proper meal preparations including diets and risk plans..</p> | | | | |

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| | <p>notify nursing.</p> <p>The facility's policy and procedures were reviewed on 11/13/14 at 9:02a.m. The policy (undated) "Procedures Abuse/Neglect/Exploitation Death Incident Reporting and Investigation" indicated its purpose to "ensure that all allegations of Abuse/Neglect/Exploitation and Death are reported and investigated as required by regulations, local, state, federal guidelines. Any act of abuse/neglect/exploitation is strictly prohibited and will not be tolerated." The policy indicated Employee responsibilities as: "Determine need for medical and/or law enforcement authorities. Immediately call 911 or local authorities when imminent danger is present. Provide support as needed (medical, emotional). Immediately notify the home manager, QMRP (Qualified Mental Retardation Professional) and nurse for additional actions." The policy indicated the program director would contact the guardians and ensure client safety and put protective and preventative measures in place immediately. The facility was to ensure that documentation of protective and preventative measures are submitted to Quality Assurance within 5 days of the report of the incident. The policy indicated the facility</p> | | <p>-QIDP will be trained on proper meal preparations including diets and risk plans..</p> <p>- Clinical Supervisor will be trained on proper meal preparations including diets and risk plans.</p> <p>-Residential Manager shall monitor, through daily observations in the home, to ensure that all clients (specifically client #2) are being properly monitored and diet plans followed.</p> <p>-Residential Manager shall monitor, through daily home visits, to review that daily procedures are being followed and incidents are reported in a timely manner.</p> <p>-QIDP shall monitor, through weekly observations in the home, to ensure that all clients (specifically client #2) are being properly monitored and diet plans followed.</p> | | |

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| | <p>Quality Assurance employee would report the incident to BDDS within 24 hours. The facility's 911 undated policy indicated "Do not ever call the nurse first if the following conditions are present. Pick up the phone and dial 911." The list of conditions included "choking."</p> <p>Professional staff #1 (nurse) was interviewed on 11/12/14 at 11:01a.m. Professional staff #1 indicated the facility staff had failed to follow the facility's policy and procedures in regards to client #2's 8/7/14 choking incident. Professional staff #1 indicated the group home staff should have called 911 on 8/7/14 at the time of the choking incident. Staff #1 indicated that also on 8/7/14 the nurse, guardian and the administrator should have been notified. Staff #1 indicated an incident report should have been completed on 8/7/14. Staff #1 indicated BDDS should have been notified within 24 hours. Staff #1 indicated the facility's investigation should have started immediately after the facility was aware of the choking on 8/8/14. Staff #1 indicated the 8/14/14 identified recommendations for staff re-training should have been completed prior to 9/2/14.</p> <p>9-3-2(a)</p> | | <p>-QIDP shall monitor, through weekly home visits, to review that daily procedures are being followed and incidents are reported in a timely manner.</p> <p>-Clinical Supervisor shall monitor, through weekly observations in the home, to ensure that all clients (specifically client #2) are being properly monitored and diet plans followed.</p> <p>-Clinical Supervisor shall monitor, through weekly home visits, to review that daily procedures are being followed and incidents are reported in a timely manner.</p> <p>-QIDP will review all incidents in the home weekly.</p> <p>Persons Responsible: Staff, Residential Manager, QIDP, Clinical Supervisor, & Executive Director.</p> <p>-</p> | | | | |

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| W000153 | <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview, the facility failed for 1 of 6 facility reportable incidents (client #2) reviewed, to immediately report an allegation of neglect to the administrator and the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>Findings include:</p> <p>Record review of the facility's incident reports was done on 11/12/14 at 9:14a.m. An incident report dated on 8/8/14 indicated client #2 had been given the wrong textured diet (did not receive pureed as ordered) during supper on 8/7/14 and client #2 choked (on 8/7/14). The incident report indicated client #2 received 5 back blows from staff and then client #2 vomited the food. The</p> | W000153 | <p><u>W153</u> – Staff treatment of clients</p> <p>- The governing body must exercise general policy, budget and operating direction over the facility.</p> <p>- The facility will ensure that all group home clients will receive supervision and treatment in a timely manner according to established protocols.</p> <p>-The facility will ensure proper training of all staff on established protocols.</p> | 12/18/2014 |

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| | <p>incident report indicated the facility nurse was informed of the choking incident on the evening of 8/8/14 and client #2 was sent to the emergency room for follow up care on 8/8/14 for the 8/7/14 choking incident. The nurse had documented on 8/8/14 that the facility administrator was informed (on 8/8/14) of the 8/7/14 choking incident. The facility documented the 8/7/14 choking incident had been reported to BDDS on 8/9/14.</p> <p>Professional staff #1 was interviewed on 11/12/14 at 11:01a.m. Professional staff #1 indicated the above identified incident of neglect by direct care staff to client #2 had not been immediately reported to the administrator and BDDS. Staff #1 indicated the incident of neglect took place on the evening of 8/7/14 and was not reported to the administrator until the evening of 8/8/14 and to BDDS on 8/9/14. Staff #1 indicated all allegations of abuse/neglect should be immediately reported to the administrator and BDDS.</p> <p>9-3-1(b)(5) 9-3-2(a)</p> | | <p>- Staff will be trained on Abuse and Neglect, Bill of rights and Grievance policies, Chain of command, Incident reporting, Client risk plans, Client diets, 911 policy and nurse on-call procedures.</p> <p>-Residential Manager will be trained on Abuse and Neglect, Bill of rights and Grievance policies, Chain of command, Incident reporting, Client risk plans, Client diets, 911 policy and nurse on-call procedures</p> <p>-QIDP will be trained on Abuse and Neglect, chain of command, reporting procedures, 911 policy and procedures, Client risk plans, proper meal preparations, and Client diets.</p> <p>-QIDP will be trained on reporting incidents to BBDS within 24 hours.</p> <p>-Clinical Supervisor will be trained on Abuse and Neglect, chain of command, incident reporting, Client risk plans, proper meal preparations, and Client diets.</p> | | | | |

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| | | | <p>-Residential Manager shall monitor, through daily observations in the home, to ensure that all clients (specifically client #2) are being properly monitored and diet plans followed.</p> <p>-Residential Manager shall monitor, through daily home visits, to review that daily procedures are being followed and incidents are reported immediately to Clinical supervisor.</p> <p>-QIDP shall monitor, through weekly observations in the home, to ensure that all clients (specifically client #2) are being properly monitored and diet plans followed.</p> <p>-QIDP will ensure that all incidents including abuse/neglect are reported immediately to the administrative staff.</p> <p>-Nurses will ensure that all incidents including abuse/neglect are reported immediately to the administrative staff.</p> | | |

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| | | | <p>-Clinical Supervisor shall monitor, through weekly observations in the home, to ensure that all clients (specifically client #2) are being properly monitored and diet plans followed.</p> <p>-Clinical Supervisor shall monitor, through weekly home visits, to review that daily procedures are being followed and incidents are reported immediately to the executed director.</p> <p>Persons Responsible: Staff, Residential Manager, QIDP, Clinical Supervisor, & Executive Director.</p> | |