

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G520	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/24/2013
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6386 ELLSWORTH PL MERRILLVILLE, IN 46410
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: August 27, 28 and September 6, 16 and 24, 2013</p> <p>Facility number: 001034 Provider number: 15G520 AIM number: 100245230</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 10/3/13 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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W000157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed for 3 of 4 sampled clients and 3 additional clients (clients #1, #2, #4, #5, #6 and #9) to take sufficient/effective corrective action to prevent medication administration errors.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted on 8/27/13 at 11:10 A.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports indicated:</p> <p>-BDDS report dated 8/7/12: "[Client #9]'s Levothyroxine (hypothyroidism) is scheduled for admission at 5:00 A.M.. The leaving overnight staff administered the medication, per the protocol. The oncoming morning staff also administered the medication, causing [client #9] to have a double dose...To simplify [client #9]'s medication passes the scheduled times of her medications will be reCOORDINATED." Further review of the report failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p>	W000157	<p>The corrective action is that staff will receive disciplinary action for any medication errors. Within two days of the error, the Program Director will complete disciplinary action and an observation of the staff passing the medication. The Program Director will document the results of the observation. This observation sheet will be submitted to an Area Director who will have a tracking system on the medication errors that occur to ensure that an observation of the staff passing medication is submitted within the established timeframe. Progressive discipline will be completed for staff who continue to make medication errors up to and including termination. The Area Director will track all the medication errors in the home, the staff that made the errors, and the disciplinary action completed to ensure that all staff who commit errors are receiving disciplinary action for the error. Monthly the Area Director will review the medication errors for the home to determine if the current plan of correction is working. If this action does not work to prevent errors, the Program Director/QDDP, Dungarvin Nurse, and Area Director will meet to develop a</p>	10/24/2013			

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	<p>-BDDS report dated 8/20/12: "The midnight staff person was not in attendance at the recent staff re-training where everyone was trained that oncoming morning staff is to pass [client #9]'s A.M. medications. [Midnight staff] passed [client #9]'s Levothyroxine and the [Morning staff] came on duty at 5 A.M. and passed the medication again. [Client #9] received two dosages of her medication...The nurse has changed the medication time to better coordinate with the changing of the shifts." Further review of the report failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p> <p>-BDDS report dated 10/3/12: "Residential staff made the report that [client #9]'s morning medications were off count. After investigating it was determined that [client #9]'s evening medications were off. [Client #9] should have had 1000 mg (milligram) of Divalproex SOD (seizures) and only received 500 mg...The med checker/med passer protocol is in place to catch and prevent medication errors." Further review of the report failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p> <p>-BDDS report dated 10/17/12: "A relatively new staff was working and had</p>		<p>plan of action that is more effective for the home. The Program Director will be in the home twice a week and monitor medication administration during the on-site visits. The Program Director will ensure that all medications are administered correctly. This monitoring will continue until the staff are consistently passing medications in a manner that the doctor ordered. The Area Director will complete monthly visits in the home and will monitor the staff administration of medications to ensure staff are administering medications per the doctors orders. The Systematic correction is that all medication errors are tracked and discussed in the Safety meeting. The overall number of medication errors and the specific homes where the errors occur are identified monthly in the Safety Committee meeting. All Area Directors are responsible for ensuring that each staff committee errors receives disciplinary action. There is a committee member that tracks all the errors and ensures that Program Directors/QDDPs are observing staff administer medications after a medication error has been committed. The designated safety committee member is identifying trends during the observation to see if there are other systems that could be implemented to reduce</p>		

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	<p>been instructed not to pass medications until she had observed several medication passes. The new person passed medications on 10/17/12 and gave [client #5] 1.0 mg of Clonazepam (seizures) instead of .5 mg of Clonazepam." Further review of the report failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p> <p>-BDDS report dated 11/9/12: "[Client #2] has an order for Olanzapine 10 mg (schizophrenia) each morning. Two bubble packs of the same medication were delivered during med exchange on 11/8/12. Both bubble packs were placed in [client #2]'s medication box. The morning staff passed meds this morning and administered both medications from the two bubble packs. [Client #2] received 20 mg of the medication instead of the prescribed 10 mg...The med checker/med passer protocol is in place and that is how this medication error was detected." Further review of the report failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p> <p>-BDDS report dated 12/10/12: "[Client #9] has multiple bubble packs for her Depakote (bipolar) medication. She is prescribed 500 mg (one tablet) each morning. Due to their (sic) being</p>		<p>the number of medication errors. The Area Director will re-train all the program director/QDDPs on the expectation that all staff who commit medication errors will receive disciplinary action for the error and that the program director is responsible for completing an observation of the staff passing medications. The Area Director will re-train the program directors on the expectation that completed observation reports are turned in so these can be tracked and trends potentially identified.</p>				

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	<p>multiple bubble packs in her medical box, the med passer mistakenly passed two Depakote pills instead of one." Further review of the report failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p> <p>-BDDS report dated 12/11/12: "[Client #2] is prescribed Metoprolol 25 mg (hypertension) each morning. On this morning staff passed one pill and pulled another pill (of the same medication) (sic) and administered the medication to [client #2]." Further review of the report failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p> <p>-BDDS report dated 1/5/13: "[Client #9] has one medication. Levothyroxine 200 mcgs (micrograms), that she must take before the administration of her other medications. The outgoing midnight staff had passed the medication and then oncoming morning staff also passed the medication. [Client #9] received 400 mcgs of the medication...There is a sticker system in place where there is a color for morning medications, noon medications, afternoon medications and evening medications." Further review of the report failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p>				

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	<p>-BDDS report dated 1/5/13: "[Client #6] is scheduled to receive one birth control pill each day. During the 6 A.M. medication pass on 1/6/13 it was noticed the birth control pill for 1/5/13 was still in the bubble pack." Further review of the report failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p> <p>-BDDS report dated 1/5/13: "[Client #1] is prescribed 30 mg of Phenobarbital (seizures) each morning. This medication comes in two fifteen mg tablets. Staff omitted a tablet and [client #1] was only given 15 mg of the medication." Further review of the report failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p> <p>-BDDS report dated 1/7/13: "Staff person was preparing to administer the morning medications when she realized that [client #1]'s morning dose of Phenobarbital was missing. The residential nurse was contacted. The evening staff had not signed for the medication and so it is unclear if [client #1] received her morning medications in the evening." Further review of the report failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p>						

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	<p>-BDDS report dated 2/25/13: "[Client #1] is prescribed 30 mg of Phenobarbital each morning. Residential staff administered one pill from a bubble pack that was slotted to be returned to the pharmacy during medication exchange. The oncoming staff completed a medication check. She realized that the regular bubble pack had not been punched. She administered the medications causing [client #1] to receive a double dosage of medication." Further review of the report failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p> <p>-BDDS report dated 3/23/13: "Program Director received a call from staff that while administering [client #5] medications on yesterday evening staff gave an additional dosage of Clozapine 50 mg (schizophrenia). Instead of [client #5] taking one dosage she took two pills for a total of 100 mg." Further review of the report failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p> <p>-BDDS report dated 5/3/13: "On the evening of 5/3/13 [client #1] was administered 60 mg Phenobarbital. This is morning medication and should be administered one time daily, however it</p>			

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	<p>was administered two times this day." Further review of the report failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p> <p>-BDDS report dated 5/3/13: "On the evening of 5/3/13 [client #2] received half her dose of Potassium CL (chloride) ER (extended release). Instead of receiving 16 MEQ (milliequivalent), she received 8 MEQ." Further review of the report failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p> <p>-BDDS report dated 5/15/13: "[Client #6] is prescribed Loperamide 2 mg to be administered every other day. This is a stool softener. Residential staff administered the medication on the 15th of the month instead of the 16th of the month." Further review of the report failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p> <p>-BDDS report dated 8/14/13: "The Lead Counselor was gathering [client #4]'s medications when she realized that the residential staff had skipped a row in [client #4]'s birth control packet. They skipped over the blue last week and just immediately began a new row." Further</p>						

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	<p>review of the report failed to indicate the facility took effective/sufficient corrective action to prevent recurrence.</p> <p>An interview with the Program Director/Qualified Intellectual Disabilities Professional Designee (PD/QIDP) was conducted on 9/16/13 at 4:20 P.M.. The PD/QIDP indicated although there is a med checker and sticker protocol in place during medication administration, medication administration errors still occurred. The PD/QIDP further indicated staff were disciplined after each incident. When asked if any other measures were put in place to prevent reoccurrence of medication errors, the PD/QIDP indicated there were no other measures put in place.</p> <p>9-3-2(a)</p>			

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W000210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on record review and interview, the facility failed to assess the dietary needs for 1 of 8 clients residing at the group home (client #7).</p> <p>Findings include:</p> <p>A review of client #7's record was conducted on 8/28/13 at 12:20 P.M.. Review of client #7's record indicated a date of admission to the facility of 3/1/13. The record failed to indicate a dietary assessment/nutritional status upon admission to the facility.</p> <p>An interview with Direct Support Professional (DSP) #7 was conducted on 8/28/13 at 4:20 P.M.. DSP #7 indicated client #7 had not been assessed by the dietician.</p> <p>An interview with Program Director/Qualified Intellectual Disabilities Professional (PD/QIDP) was conducted at the facility's administrative office on 9/16/13 at 4:20 P.M.. The PD/QIDP indicated client #7 did not have a dietary assessment completed.</p>	W000210	<p>Corrective Action- All of the dietary needs of the individuals in the home have been assessed and the staff trained on any dietary recommendations needed. The program director and dungarvin nurse will be re-trained on the expectation that all dietary needs of the individuals will be assessed within the first 30 days of admission and every year there after. The dungarvin nurse, program director, area director, and staff assigned to med duties will meet at least quarterly to discuss the medical issues with the individuals in the home and will ensure that all medical needs are being met, including ensuring the dietary assessments are all completed and up to date. The discussions of these meetings will be documented on the monthly nurse/program director meeting form and kept in the Portage office for review. Systematic Correction- The area director will re-train all program directors on the expectation that dietary assessments are completed within the first 30 days of admission and annually there after. The area director will re-train all the program directors on the expectation that meetings</p>	10/24/2013			

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	9-3-4(a)		are held between the program directors and dungarvin nurses to review all the medical needs of the individuals in the home, including dietary assessments. The area director will re-train the program directors on the expectation that these meetings are documented on the nurse/program director meeting form and turned in to the area director.		

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients and 2 additional clients (clients #1, #2, #3, #4, #5 and #6), the facility failed to implement the clients' training objectives when formal and/or informal opportunities existed at the group home.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 8/27/13 from 5:50 A.M. until 7:15 A.M.. During the entire observation period clients #2 and #4 stayed in their bedrooms with no interaction and/or meaningful activity. Clients #1, #3, #5 and #6 sat in the living room area with no meaningful activity. Direct Support Professionals (DSP) #1, #2 and #3 would walk into the rooms and occasionally check on clients #1, #2, #3, #4, #5 and #6, but did not offer any meaningful activity. At 6:25 A.M., DSP #2 administered client #1's prescribed medications. Client #1 did not learn the names and purposes of her medications.</p>	W000249	<p>Corrective Action- All staff were re-trained by the program director on the individuals' goals. All staff were re-trained that they will always assist and monitor the individuals during toothbrushing. The program director has implemented a system of assigning goal implementation to each shift to ensure the staff are aware of the expectation that goals are completed each shift. The Program Director will create a meaningful activity schedule for each individual in the home and train the staff on the schedule. The Program Director will train staff on what a meaningful day should look like for each individual and on the expectation the staff are documenting the meaningful day activities completed during a shift. The program director will be in the home twice weekly and observe staff's active treatment and goal implementation of the staff. The Area Director will be in the home at least once every three months and will ensure staff are implementing goals and providing active treatment to the</p>	10/24/2013			

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	<p>An evening observation was conducted at the group home on 8/27/13 from 4:50 P.M. until 6:25 P.M.. From 4:50 P.M. until 5:55 P.M., clients #2 and #4 stayed in their bedrooms with no interaction and/or meaningful activity. Clients #1, #3, #5 and #6 sat in the living room area with no meaningful activity. Direct Support Professionals (DSP) #1, #2 and #3 would walk into the rooms and occasionally check on clients #1, #2, #3, #4, #5 and #6, but did not offer any meaningful activity.</p> <p>A review of client #1's record was conducted on 8/28/13 at 11:55 A.M.. A review of client #1's Individual Support Plan (ISP) dated 4/27/13 indicated the following objectives that could have been implemented during both observations: "Will improve her housekeeping skills by cleaning her dining area after each meal and washing her hands...Will improve her health/safety skills by learning the names and purposes of her medications...Will improve her personal safety skills by learning her address and telephone number...Will improve her money management skills by learning how to recognize coins."</p> <p>A review of client #2's record was conducted on 8/28/13 at 1:15 P.M.. The</p>		<p>individuals. The Area Director will review the documentation at least weekly to ensure the staff are documenting the meaningful day activities completed during the shift. Systematic Correction- The Area Director will re-train all the program directors on the expectation that staff are providing active treatment and are implementing goals as written. The area director will re-train the program directors of the expectation that they are in the homes and observe staff's program implementation and active treatment. Program directors are to ensure they are coaching staff who are not providing active treatment and goal implementation to ensure the staff understand what needs to be done to meet these needs. The area director re-train all the other area directors on the expectation that area directors are in the home at least once every three months to ensure the staff are providing active treatment and implementing goals appropriately.</p>		

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	<p>ISP dated 10/19/12 indicated the following objectives that could have been implemented during both observations: "Will increase her money management skills and social skills by planning, purchasing and delivering a small shopping purchase that is meant for a family member...Will increase her handwriting skills by writing cards to family members, addressing the envelopes and mailing them off... Will increase her health and well being by exercising...Will increase her meal preparation skills by planning and preparing one side dish."</p> <p>A review of client #3's record was conducted on 8/28/13 at 3:00 P.M.. The ISP dated 6/1/13 indicated the following objectives that could have been implemented during both observations: "Will learn to prepare a side dish...Will be prompted to wear her glasses...Will learn her street address and telephone number...Will learn how to complete a financial transaction...Will improve her health care skills by reviewing the names of her medications and their purpose."</p> <p>A review of client #4's record was conducted on 8/28/13 at 2:00 P.M.. The ISP dated 10/24/12 indicated the following objectives that could have been implemented during both observations:</p>				

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	<p>"Will increase her money management skills by learning coin recognition... Will increase her medication skills by learning the proper names of her medications... Will state the names of her medications... Will increase her emergency skills by learning how to state her telephone number... Will increase her academic skills by learning how to write her name."</p> <p>A review of client #5's record was conducted on 8/28/13 at 2:30 P.M.. The ISP dated 11/11/12 indicated the following objectives that could have been implemented during both observations: "Will increase her money management skills by making a purchase... Will increase her medication administration skills by learning the names of her medications."</p> <p>A review of client #6's record was conducted on 8/28/13 at 12:30 P.M.. The ISP dated 6/22/13 indicated the following objectives that could have been implemented during both observations: "Will improve her meal preparation skills by selecting an item from the cabinet and giving it to staff for preparation... Will improve her money management skills by making a purchase."</p> <p>An interview with the Qualified</p>						

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	<p>Intellectual Disabilities Professional (QIDP) was conducted on 9/16/13 at 4:20 P.M.. The QIDP indicated facility staff should implement training objectives at all times of opportunity.</p> <p>9-3-4(a)</p>			

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W000323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #4) to have a follow up hearing evaluation as recommended by the physician.</p> <p>Findings include:</p> <p>A review of client #4's record was conducted on 8/28/13 at 2:00 P.M.. Client #4's record indicated a most current hearing evaluation dated 8/17/10 which indicated: "Return in three years." Client #4's record did not contain evidence she had a follow up hearing evaluation in three years as recommended.</p> <p>The Program Director/Qualified Intellectual Disabilities Professional (PD/QIDP) was interviewed on 9/16/13 at 4:20 P.M.. The PD indicated client #4 should have returned to the physician as recommended.</p> <p>9-3-6(a)</p>	W000323	<p>Corrective Action- The follow-up hearing evaluation for the individual has been completed</p> <p>The program director and dungarvin nurse will be re-trained on the expectation that all doctor recommendations are followed up within the specified time frame.</p> <p>The dungarvin nurse, program director, area director, and staff assigned to med duties will meet at least quarterly to discuss the medical issues with the individuals in the home and will ensure that all medical needs are being met, including ensuring the doctor recommendations and follow ups are all completed and up to date. The discussions of these meetings will be documented on the monthly nurse/program director meeting form and kept in the Portage office for review.</p> <p>Systematic Correction- The area director will re-train all program directors on the expectation that all doctor recommendations and follow up must be completed timely. The area director will re-train all the program directors on the expectation that meetings are held between the program directors and dungarvin nurses to review all the medical needs of the individuals in the home,</p>	10/24/2013			

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			including any follow-up issues. The area director will re-train the program directors on the expectation that these meetings are documented on the nurse/program director meeting form and turned in to the area director. The meeting notes will be kept within the offices for review as needed.		

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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 3 clients observed during the morning medication administration, (client #8), the facility's nursing services failed to reconcile doctor's orders with labels and Medication Administration Records (MAR).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 8/27/13 from 5:50 A.M. until 7:15 A.M.. At 6:05 A.M., Direct Support Professional (DSP) #2 administered client #8's prescribed medications. DSP #2 took out a bottle of oral medication and administered the medication to client #8. Review of the medication label at 6:08 A.M., indicated: "Oxcarbazepin 600 mg (milligram) tablet (seizures)...1 tablet twice daily once done with 300 mg tablets." A review of the Medication Administration Record (MAR) dated August 1, 2013 to August 31, 2013 at 6:13 A.M. indicated: "Oxcarbazepin 300 mg tablet...6:30 A.M. and 8:00 P.M.." A review of the Physician Order dated 8/1/13 to 8/31/13 indicated: "Oxcarbazepin 600 mg tablet...1 tablet twice daily."</p>	W000331	<p>Corrective Action- The medication administration record was changed to ensure the name of the medication matches name of the medication on the package. The program director and nurse re-trained all staff that when medications come in from the pharmacy, the staff are to check the medication with what is listed on the medication administration record. Should the staff see a discrepancy in the name of the medication versus how the medication is listed on the administration record, the staff are to contact the nurse immediately. If the medication that was received was a generic medication, but the name of the medication on the administration record is the actual drug name, then the nurse will instruct the staff to change the medication administration record accordingly. If the medication is different than what is listed, the nurse will call the doctor to confirm the medication order prior to the medication being given. Weekly the nurse will be in the home and will review the medication record with the medications. Should there be a discrepancy, the nurse will ensure the discrepancy is fixed prior to leaving the home. Systematic Action- The Area Director will</p>	10/24/2013			

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	<p>An interview with DSP #2 was conducted on 8/27/13 at 6:15 A.M. DSP #2 stated "The nurse checks the medications with the label and MAR." DSP #2 further stated "I'm not sure, [client #8] just came to us on Friday and these are the medications she came with."</p> <p>An interview with the Program Director/Qualified Intellectual Disabilities Professional (PD/QIDP) was conducted on 9/16/13 at 4:20 P.M.. The PD/QIDP indicated the facility's nurse is responsible for reconciling the Physician Order, MAR and label.</p> <p>9-3-6(a)</p>		<p>re-train all program directors that the name of the medication on the packaging should match the name of the medication on the administration record. The area director will ensure that all program directors are aware that in the event the name of the medication doesn't match the name on the administration record, the staff should report this to the nurse or program director immediately. The area director will re-train the program directors to routinely monitor medications during the weekly site visits to ensure all medications are in the home and the medications match the administration record. The area directors will be in the home at least once every three months and periodically check medications to ensure all medications are in the home and match what is on the administration record.</p>		

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W000368	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on observation, record review, and interview, the facility failed to assure drugs administered to 3 of 4 sampled clients and 3 additional clients (clients #1, #2, #4, #5, #6 and #9) were administered in compliance with the physician's orders.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted on 8/27/13 at 11:10 A.M.. Review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports indicated:</p> <p>-BDDS report dated 8/7/12: "[Client #9]'s Levothyroxine (hypothyroidism) is scheduled for admission at 5:00 A.M.. The leaving overnight staff administered the medication, per the protocol. The oncoming morning staff also administered the medication, causing [client #9] to have a double dose."</p> <p>-BDDS report dated 8/20/12: "The midnight staff person was not in attendance at the recent staff re-training where everyone was trained that oncoming morning staff is to pass [client #9]'s A.M. medications. [Midnight staff]</p>	W000368	<p>The corrective action is that staff will receive disciplinary action for any medication errors. Within two days of the error, the Program Director will complete disciplinary action and an observation of the staff passing the medication. The Program Director will document the results of the observation. This observation sheet will be submitted to an Area Director who will have a tracking system on the medication errors that occur to ensure that an observation of the staff passing medication is submitted within the established timeframe. Progressive discipline will be completed for staff who continue to make medication errors up to and including termination. The Area Director will track all the medication errors in the home, the staff that made the errors, and the disciplinary action completed to ensure that all staff who commit errors are receiving disciplinary action for the error. Monthly the Area Director will review the medication errors for the home to determine if the current plan of correction is working. If this action does not work to prevent errors, the Program Director/QDDP, Dungarvin Nurse, and Area</p>	10/24/2013
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	<p>passed [client #9]'s Levothyroxine and the [Morning staff] came on duty at 5 A.M. and passed the medication again. [Client #9] received two dosages of her medication."</p> <p>-BDDS report dated 10/3/12: "Residential staff made the report that [client #9]'s morning medications were off count. After investigating it was determined that [client #9]'s evening medications were off. [Client #9] should have had 1000 mg (milligrams) of Divalproex SOD (seizures) and only received 500 mg."</p> <p>-BDDS report dated 10/17/12: "A relatively new staff was working and had been instructed not to pass medications until she had observed several medication passes. The new person passed medications on 10/17/12 and gave [client #5] 1.0 mg of Clonazepam (seizures) instead of .5 mg of Clonazepam."</p> <p>-BDDS report dated 11/9/12: "[Client #2] has an order for Olanzapine 10 mg (schizophrenia) each morning. Two bubble packs of the same medication were delivered during med exchange on 11/8/12. Both bubble packs were placed in [client #2]'s medication box. The morning staff passed meds this morning and administered both medications from</p>		<p>Director will meet to develop a plan of action that is more effective for the home. Twice weekly the Program Director will conduct on-site visits. During the visits, the Program Director will observe staff administering medications. The Program Director will ensure the staff are administering medications per the doctor's order. The Area Director will complete on-site visits monthly. During the visits the Area Director will observe staff administering medications to ensure the staff are administering the medications per Dungarvin policy and the doctor's order. This level of monitoring will continue until the Program Director and Area Director observe staff always passing medications correctly. The Systematic correction is that all medication errors are tracked and discussed in the Safety meeting. The overall number of medication errors and the specific homes where the errors occur are identified monthly in the Safety Committee meeting. All Area Directors are responsible for ensuring that each staff committee errors receives disciplinary action. There is a committee member that tracks all the errors and ensures that Program Directors/QDDPs are observing staff administer medications after a medication error has been committed. The designated safety committee</p>		

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	<p>the two bubble packs. [Client #2] received 20 mg of the medication instead of the prescribed 10 mg."</p> <p>-BDDS report dated 12/10/12: "[Client #9] has multiple bubble packs for her Depakote (bipolar) medication. She is prescribed 500 mg (one tablet) each morning. Due to their (sic) being multiple bubble packs in her medical box, the med passer mistakenly passed two Depakote pills instead of one."</p> <p>-BDDS report dated 12/11/12: "[Client #2] is prescribed Metoprolol 25 mg (hypertension) each morning. On this morning staff passed one pill and pulled another pill (of the same medication) (sic) and administered the medication to [client #2]."</p> <p>-BDDS report dated 1/5/13: "[Client #9] has one medication. Levothyroxine 200 mcgs (micrograms), that she must take before the administration of her other medications. The outgoing midnight staff had passed the medication and then oncoming morning staff also passed the medication. [Client #9] received 400 mcgs of the medication."</p> <p>-BDDS report dated 1/5/13: "[Client #6] is scheduled to receive one birth control pill each day. During the 6 A.M.</p>		<p>member is identifying trends during the observation to see if there are other systems that could be implemented to reduce the number of medication errors. The Area Director will re-train all the program director/QDDPs on the expectation that all staff who commit medication errors will receive disciplinary action for the error and that the program director is responsible for completing an observation of the staff passing medications. The Area Director will re-train the program directors on the expectation that completed observation reports are turned in so these can be tracked and trends potentially identified.</p>		

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	<p>medication pass on 1/6/13 it was noticed that the birth control pill for 1/5/13 was still in the bubble pack."</p> <p>-BDDS report dated 1/5/13: "[Client #1] is prescribed 30 mg of Phenobarbital (seizures) each morning. This medication comes in two fifteen mg tablets. Staff omitted a tablet and [client #1] was only given 15 mg of the medication."</p> <p>-BDDS report dated 1/7/13: "Staff person was preparing to administer the morning medications when she realized that [client #1]'s morning dose of Phenobarbital was missing. The residential nurse was contacted. The evening staff had not signed for the medication and so it is unclear if [client #1] received her morning medications in the evening."</p> <p>-BDDS report dated 2/25/13: "[Client #1] is prescribed 30 mg of Phenobarbital each morning. Residential staff administered one pill from a bubble pack that was slotted to be returned to the pharmacy during medication exchange. The oncoming staff completed a medication check. She realized that the regular bubble pack had not been punched. She administered the medications causing [client #1] to receive a double dosage of medication."</p>						

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	<p>-BDDS report dated 3/23/13: "Program Director received a call from staff that while administering [client #5] medications on yesterday evening staff gave an additional dosage of Clozapine 50 mg (schizophrenia). Instead of [client #5] taking one dosage she took two pills for a total of 100 mg."</p> <p>-BDDS report dated 5/3/13: "On the evening of 5/3/13 [client #1] was administered 60 mg Phenobarbital. This is morning medication and should be administered one time daily, however it was administered two times this day."</p> <p>-BDDS report dated 5/3/13: "On the evening of 5/3/13 [client #2] received half her dose of Potassium CL (chloride) ER (extended release). Instead of receiving 16 MEQ (milliequivalent), she received 8 MEQ."</p> <p>-BDDS report dated 5/15/13: "[Client #6] is prescribed Loperamide 2 mg to be administered every other day. This is a stool softener. Residential staff administered the medication on the 15th of the month instead of the 16th of the month."</p> <p>-BDDS report dated 8/14/13: "The Lead Counselor was gathering [client #4]'s medications when she realized that the</p>						

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	<p>residential staff had skipped a row in [client #4]'s birth control packet. They skipped over the blue last week and just immediately began a new row."</p> <p>A review of the facility's "Policy and Procedure on Medication Administration" dated 4/2011 was conducted on 8/27/13 at 1:15 P.M.. Review of the policy indicated: "The purpose of this policy is to establish guidelines for the direct care employees, which will assure safe administration of medications...Procedure: B. All medications administered will be checked by the staff dispensing them to see that the:</p> <ol style="list-style-type: none"> 1. Right medication is given to the; 2. Right person at the; 3. Right time; 4. Right dose/strength; 5. Right route. <p>E. When preparing medications for administration, the labels will be checked against the Medication Administration Record (Therap or ARS-13) to ensure that the prescription label corresponds to the order. The labels must be checked on 3 separate occasions which are:</p> <ol style="list-style-type: none"> 1. Before dispensing medication. 2. After dispensing medication. 				

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	<p>3. Before administering medication.</p> <p>F. Prompt documentation will be made in the individual's permanent Medication Administration Record (Therap or ARS-13) following administration of any given medication."</p> <p>An interview with the Program Director/Qualified Intellectual Disabilities Professional Designee (PD/QIDP) was conducted on 9/16/13 at 4:20 P.M.. The PD/QIDP indicated staff should have checked the label three times prior to dispensing the medications to prevent medication errors. The PD/QIDP further indicated staff should have followed the facility's medication administration policy.</p> <p>2. A morning observation was conducted at the group home on 8/27/13 from 5:50 A.M. until 7:15 A.M.. At 6:25 A.M., Direct Support Professional (DSP) #2 was observed administering client #1's prescribed medications. DSP #2 administered client #1's "Topiramate 100 mg tablet (seizures)...1 tablet orally two times a day...Take with plenty of water." Review of the medication packet label and the Medication Administration Record (MAR) dated 8/2013 was done at 6:30 A.M. and indicated "Topiramate 100 mg tablet...1 tablet orally two times a</p>						

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	<p>day...Take with plenty of water." Client #1 took her medications with 2 ounces of water. Client #1 did not take her medication with plenty of water.</p> <p>An interview with the Program Director/Qualified Intellectual Disabilities Professional (PD/QIDP) was conducted at the facility's administrative office on 9/16/13 at 4:20 P.M.. The PD/QIDP indicated the client should have been given her medication with at least 8 ounces of water. The QIDP further indicated staff should have followed the directions on the label.</p> <p>9-3-6(a)</p>			

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W000369	<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, the facility failed for 1 of 3 clients observed during the morning medication administration (client #1) to ensure staff administered 1 of 6 of the client's medications, as ordered without error.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 8/27/13 from 5:50 A.M. until 7:15 A.M.. At 6:25 A.M., Direct Support Professional (DSP) #2 was observed administering client #1's prescribed medications. DSP #2 administered client #1's "Naproxen 500 mg (milligram) tablet (pain)...1 tablet orally once a day with food." Review of the medication packet label and the Medication Administration Record (MAR) dated 8/2013 was done at 6:30 A.M. and indicated "Naproxen 500 mg (milligram) tablet...1 tablet orally once a day with food." Client #1 took her medications was observed to eat breakfast at 7:00 A.M.. Client #1 did not take her medication with food.</p>	W000369	<p>The corrective action is that staff will receive disciplinary action for any medication errors. Within 2 days of the error, the Program Director will complete an observation of the staff passing the medication and document the results of the observation. This observation sheet will be submitted to an Area Director who will have a tracking system on the medication errors that occur to ensure that an observation of the staff passing medication is submitted within the established 30 day timeframe. Progressive discipline will be completed for staff who continue to make medication errors up to and including termination. The Area Director will track all the medication errors in the home, the staff that made the errors, and the disciplinary action completed to ensure that all staff who commit errors are receiving disciplinary action for the error. Monthly the Area Director will review the medication errors for the home to determine if the current plan of correction is working. If this action does not work to prevent errors, the Program Director/QDDP, Dungarvin Nurse, and Area Director will meet to develop a</p>	10/24/2013			

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	An interview with the Program Director/Qualified Intellectual Disabilities Professional (PD/QIDP) was conducted at the facility's administrative office on 9/16/13 at 4:20 P.M.. The PD/QIDP indicated the client should have been given her medication with her breakfast. The QIDP further indicated staff should have followed the directions on the label. 9-3-6(a)		plan of action that is more effective for the home. The Program Director will complete on-site visits twice weekly and observe the staff administering medications. The Program Director will ensure the staff are administering medications per Dungarvin policy and per the doctors orders. Monthly the Area Director will complete a site visit and observe staff administering medications. The Area Director will ensure medications are being administered per the doctor's orders and per Dungarvin policy. This level of monitoring will continue until the Area Director and Program Director are confident staff are administering medications correctly. The Systematic correction is that all medication errors are tracked and discussed in the Safety meeting. The overall number of medication errors and the specific homes where the errors occur are identified monthly in the Safety Committee meeting. All Area Directors are responsible for ensuring that each staff committee errors receives disciplinary action. There is a committee member that tracks all the errors and ensures that Program Directors/QDDPs are observing staff administer medications within thirty days of a medication error being committed. The designated safety committee member is		

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			<p>identifying trends during the observation to see if there are other systems that could be implemented to reduce the number of medication errors. The Area Director will re-train all the program director/QDDPs on the expectation that all staff who commit medication errors will receive disciplinary action for the error and that the program director is responsible for completing an observation of the staff passing medication within thirty days of the errors. The Area Director will re-train the program directors on the expectation that completed observation reports are turned in so these can be tracked and trends potentially identified.</p>		

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, for 3 of 4 sampled clients who used adaptive aids and devices (clients #1, #2 and #3), the facility failed to encourage and teach the use of compression hose, eyeglasses and a helmet.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 8/27/13 between 5:50 A.M. and 7:15 A.M.. Client #3 was observed the entire observation period not wearing eyeglasses. Direct Support Professionals (DSP) #1, #2 and #3 did not prompt client #3 to wear her eyeglasses.</p> <p>An evening observation was conducted at the group home on 8/27/13 between 4:50 P.M. and 6:25 P.M.. At 5:10 P.M., client #1 got up, walked past DSP #4, down the hallway and then back to the living room. At 5:30 P.M., client #1 got up and walked into the kitchen where DSP #5 was without her helmet on. DSP #3, #4 and #5 did not prompt client #1 to wear her</p>	W000436	<p>Corrective action- All staff have been re-trained on the expectation they prompt individuals to wear prescribed adaptive equipment. The staff have been re-trained on the adaptive equipment of all the individuals and the prescribed time frame of when the equipment should be used. The program director will conduct site visits at least twice weekly and observe to ensure staff are at least prompting individuals to use their adaptive equipment. The area director will conduct quarterly site visits and will ensure the individuals are using their prescribed adaptive equipment or staff is prompting the individuals to use that equipment. Systematic Correction- The area director will re-train the program directors to ensure staff are trained on the adaptive equipment of all the individuals with whom the staff work. The area director will re-train the program directors on the importance of ensuring that staff prompt the individuals to use adaptive equipment and inform the individuals as to the benefit of</p>	10/24/2013			

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	<p>helmet. Client #3 was observed during the entire observation period not wearing eyeglasses. DSPs #3, #4 and #5 did not prompt client #3 to wear her eyeglasses.</p> <p>An observation was conducted at the outside day program on 8/28/13 between 10:00 A.M. and 11:10 A.M.. Client #2 was observed the entire observation period not wearing her prescribed compression hose.</p> <p>A review of client #1's record was conducted at the group home on 8/28/13 at 11:59 A.M.. A review of client #1's Individual Support Plan (ISP) dated 4/27/2013 indicated client #1 wore a seizure helmet at all times while ambulating.</p> <p>A review of client #2's record was conducted on 8/28/13 at 1:15 P.M.. A review of client #2's Physician Orders (PO) dated 8/1/13 to 8/31/13 indicated: "Compression hose apply to lower legs in A.M. and off in P.M., at all times except for showering."</p> <p>A review of client #3's record was conducted on 8/28/13 at 3:00 P.M.. A review of client #3's ISP dated 6/1/13 indicated: "Wears eyeglasses to correct her vision...Will be prompted to wear her</p>		<p>using the adaptive equipment if the individual refuses. The area director will re-train the program directors and other area directors to ensure everyone is clear of the responsibility of both positions completing site visits and monitoring the use and/or prompting of the use of adaptive equipment.</p>				

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	<p>glasses."</p> <p>The Program Director/Qualified Intellectual Disabilities Professional (PD/QIDP) was interviewed at the facility's administrative office on 9/16/13 at 4:20 P.M.. The PD/QIDP indicated staff should be teaching clients to wear their adaptive equipment at all times. The PD/QIDP further indicated staff should have prompted client #1 to wear her helmet, client #2 to wear her compression hose and client #3 to wear her eyeglasses.</p> <p>9-3-7(a)</p>				

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W000455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed to maintain proper hygiene practices and prevent cross contamination, for 1 of 4 sampled clients and 1 additional client (clients #1 and #6), while setting the dining table.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 8/27/13 from 4:50 P.M. until 6:25 P.M.. During the observation period, client #1 was observed to wipe saliva from her mouth with her bare hands. At 5:35 P.M., Direct Support Professional (DSP) #5 prompted clients #1 and #6 to set the silverware on the dining table. Clients #1 and #6 set the silverware with their bare hands and placed them at each client's place setting. Clients #1 and #6 did not wash their hands and were not prompted to wash their hands.</p> <p>An interview with the Program Director/Qualified Intellectual Disabilities Professional (PD/QIDP) was conducted at the facility's administrative office on 9/16/13 at 4:20 P.M.. The PD/QIDP indicated staff should have prompted</p>	W000455	<p>Corrective Action- The program director re-trained all the staff on the importance of prompting individuals to wash their hands prior to assisting with setting the table or meal preparation. The program director will be in the home twice weekly and observe the staff interactions with the individuals. The program director will ensure that during visits during meal times the individuals are washing their hands appropriately. The area director will complete site visits every three months. During visits during meal times the area director will ensure the individuals are washing hands prior to setting the table and preparing the meal.</p> <p>Systematic correction- The area director will re-train all the program directors on the importance of ensuring individuals wash their hands prior to setting the table or preparing a meal. The area director will re-train the program directors on the importance of ensuring this is done for the health and safety of the other individuals in the home. The area director will re-train the program directors on the expectation that any site visit during meal time the program directors should ensure individuals are washing their</p>	10/24/2013			

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	clients #1 and #6 to wash their hands before handling the silverware. 9-3-7(a)		hands prior to setting the table and preparing the meal. The area director will discuss the monitoring of the area directors when they are in the home every three months and the importance of area directors ensuring proper hand washing occurs.		

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W000484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview, the facility failed for 8 of 8 clients (clients #1, #2, #4, #5, #6, #7 and #8) residing in the group home to provide butter knives and condiments at the dining table.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group on 8/27/13 from 4:50 P.M. until 6:25 P.M.. At 5:55 P.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 began eating their dinner which consisted of pork chops, mashed potatoes, mixed vegetables and grapes. There was no ketchup, barbeque sauce, or butter on the table for the clients' use. Program Counselor (PC) #6 went into a drawer and got a knife, walked around the table and began cutting up clients #1, #3, #5 and #6's pork chops on their plates. No butter knives were observed on the table for clients #1, #2, #3, #4, #5, #6, #7 and #8's use.</p> <p>An interview with the Program Director/Qualified Intellectual Disabilities Professional (PD/QIDP) was conducted on 9/16/13 at 4:20 P.M.. The PD/QIDP indicated butter knives and condiments</p>	W000484	<p>Corrective action-The program director re-trained the staff to ensure that individuals are given full sets of eating utensils and condiments are available during the meal. The program director worked with the lead counselor to purchase a bin that has all the condiments for a particular meal and the staff have been trained on the expectation that this bin is placed on the table prior to the meal. The program director will do site visits at least twice weekly and during visits at meal times will ensure the condiments are on the table and the individuals have all required eating utensils. The area director will do visits at least once a quarter and when the visits occur during meal time will ensure all eating utensils and all condiments are placed on the table. Systematic Correction- The area director will re-train all the program directors on the expectation that individuals have access to all eating utensils at meal time unless specified in the ISP. The area director will re-train all the program directors on the expectation that staff ensure condiments are placed on the table during meal time. The area director will re-train the program directors on the</p>	10/24/2013	

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	should be put on the table for the clients to use. 9-3-8(a)		expectation they are to be in the home at least weekly and that this should be monitored when visits are completed during meal times. The area director will discuss the importance of ensuring area directors are doing site visits at least once a quarter and if those visits occur during meal times then staff should be monitored to ensure condiments are placed on the table and each individual has all eating utensils unless specified in the ISP.		

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W000488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview, the facility failed to assure 8 of 8 clients residing at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8) were involved in meal preparation.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group on 8/27/13 from 5:50 A.M. until 7:15 A.M.. Upon arrival clients #1, #3, #5, #6, #7 and #8 sat in the living room with no activity and clients #2 and #4 sat in their bedrooms with no activity. At 6:40 A.M., Direct Support Professional (DSP) #2 prepared scrambled eggs, bacon and toast. Clients #1, #2, #3, #4, #5, #6, #7 and #8 did not assist in meal preparation.</p> <p>An evening observation was conducted at the group home on 8/27/13 from 4:50 P.M. until 6:25 P.M.. During the observation period, clients #1, #3, #5, #6, #7 and #8 sat in the living room with no activity. Clients #2 and #4 sat in their bedrooms with no activity. At 5:40 P.M., DSP #5 took pots out of the cabinets and began to cook client #1, #2, #3, #4, #5, #6, #7 and #8's dinner which consisted of</p>	W000488	<p>Corrective Action- The Program Director will re-train the staff on the individual's goals, including the meal preparation goals. The Program Director will re-train the staff on the expectation the individuals are involved with the preparation of the meals. The Program Director will create a meaningful activity schedule for each individual in the home which will include a schedule for assisting with meal preparation. The Program Director will train the staff on the activity schedule. The Program Director will conduct site visits at least twice weekly to ensure the individuals are assisting with meal preparation. This level of monitoring will occur until the Program Director sees staff are following the meaningful activity schedules and including individuals in the preparation of the meals. The Area Director will conduct monthly site visits for three months to monitor the compliance of staff following the activity schedules. After three months if the staff are in compliance, the Area Director will complete quarterly site visits and monitor the staff following the activity schedules of the individuals. Systematic Correction- The Area Director will re-train all</p>	10/24/2013			

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	<p>pork chops, mashed potatoes, mixed vegetables, and grapes. Clients #1, #2, #3, #4, #5, #6, #7 and #8 did not assist in meal preparation.</p> <p>A review of client #1's record was conducted on 8/28/13 at 1:15 P.M.. A review of client #1's Individual Support Plan (ISP) dated 10/19/12 indicated: "Will increase her meal preparation skills by planning and preparing one side dish."</p> <p>A review of client #3's record was conducted on 8/28/13 at 3:00 P.M.. A review of client #3's ISP dated 6/1/13 indicated: "Will learn to prepare a simple side dish."</p> <p>A review of client #6's record was conducted on 8/28/13 at 3:40 P.M.. A review of client #6's ISP dated 6/22/13 indicated: "Will improve her meal preparation skills by selecting an item from the cabinet and giving it to staff for preparation."</p> <p>A review of client #7's record was conducted on 8/28/13 at 4:00 P.M.. A review of client #7's ISP dated 3/1/13 indicated: "Will prepare a side dish."</p> <p>An interview with the Program Director/Qualified Intellectual Disabilities Professional (PD/QIDP) was conducted at</p>		<p>the Program Directors on the expectation that individuals are to participate in meal preparation. The Area Director will remind the Program Directors of the responsibility of completing a schedule of meaningful activities, which should include implementing goals and assisting individuals in meal preparation. The Program Directors are to complete on-site visits weekly and will reminded they are to monitor the staff to ensure that meaningful activities such as meal preparation are being completed with the individuals. The Area Directors will be in the home at least quarterly to monitor the staff and ensure individuals are following meaningful activity schedules including meal preparation.</p>				

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	<p>the facility's administrative office on 9/16/13 at 4:20 P.M.. The PD/QIDP indicated clients were capable of assisting in meal preparation and further indicated they should be assisting in meal preparation at all times.</p> <p>9-3-8(a)</p>			