

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G627	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/19/2016
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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 8044 DARTMOUTH RD INDIANAPOLIS, IN 46260
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W 0000 Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: August 15, 16, 17, 18 and 19, 2016.</p> <p>Facility number: 001189 Provider number: 15G627 AIM number: 100245700</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed on 8/30/2016 by #09182.</p>	W 0000		
W 0125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3) and 2 of 3 additional clients (#4 and #5), the facility failed to allow and encourage</p>	W 0125	<p>CORRECTION:</p> <p><i>The facility must ensure the rights of all clients. Therefore, the</i></p>	09/18/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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

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	<p>clients to exercise their rights including, but not limited to, having access to watching the living room television.</p> <p>Findings include:</p> <p>During evening observation at the group home on 8/15/16 between 3:30 PM and 6:30 PM, clients #1, #2, #3, #4 and #5 were sitting in the living room. At 4:00 PM client #1 began setting the dinner table with plates, soup bowls, napkins, forks and spoons. At 4:00 PM, client #6 began playing an electronic video game. Client #6 played the video game on the living room television from 4:00 PM until 6:30 PM except during the time of the dinner meal (5:30 PM - 5:55 PM). At no time were clients #1, #2, #3, #4 and #5 able to watch the television.</p> <p>During observation at the Day Program on 8/16/16 from 11:30 AM until 12:25 PM, client #1 was interviewed at 11:45 AM. Client #1 stated "I would like to be able to watch TV (television) more often. He (client #6) plays the video games all the time."</p> <p>Client #2 was interviewed at the Day Program on 8/16/16 at 12:10 PM. He stated "it is too loud when [client #6] plays the video game."</p>		<p><i>facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</i> Specifically, the QIDP has guided the team in revising Client #6's plan to include using his gaming system only with his personal television so that he does not infringe on the rights of his housemates.</p> <p>PREVENTION:</p> <p>The QIDP will be retrained regarding the need to assure that all individuals have the opportunity to exercise their rights including but not limited to access to entertainment in common areas of their home.</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to assuring staff do not permit individual clients to infringe on the rights of their housemates. Members of the Operations Team, comprised of the Program</p>	

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	9-3-2(a)		<p>Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than twice weekly for the next 30 days, and after the 30 days, will conduct administrative observations weekly until all staff demonstrate competence. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative observation is defined as...</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at approximately 4:30 PM through</p>	

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			<p>the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the <i>facility</i>. Administrative support at the home will include assuring staff do not permit individual clients to infringe on the rights of their housemates.</p>	

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W 0140 Bldg. 00	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 1 of 3 sampled clients (#2) and 1 of 3 additional clients (#4), the facility failed to maintain an accurate accounting of the clients' personal funds.</p> <p>Findings include:</p> <p>The clients' Resident Family Member Statement (RFMS - Accounts held by the facility) from 8/19/15 to the dates of the survey were reviewed on 8/16/16 at 4:30 PM.</p> <p>--A debit entry on 5/20/16 indicated a check in the amount of \$600 was written on behalf of client #2.</p> <p>--A debit entry on 6/20/16 indicated a check for \$1000 was written for client #4 for "clothing."</p> <p>An RFMS check request form dated 5/18/16 was reviewed on 8/17/16 at 1:40 PM. The check request form indicated a \$600 check was made out to client #2's</p>	W 0140	<p>RESPONSIBLE PARTIES: QIDP, Operations Team</p> <p>CORRECTION:</p> <p><i>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Specifically, for Clients #1 and #4, personal financial ledgers will be updated by the Residential Manager and reviewed by the QIDP and certified as accurate per facility protocol. The Residential Manager will receive additional training and will maintain an up to date ledger to track purchases for all clients. All staff will assure that clients provide receipts for purchases as appropriate and the Residential Manager will maintain copies of receipts for purchases recorded on the ledgers.</i></p> <p>PREVENTION:</p>	09/18/2016	

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	<p>mother. The check request form signed by client #2's mother indicated "I understand that I hold these funds for the benefit of [client #2] and that I am responsible for returning receipts for the purchase or the balance of the funds within 7 days after I have received the funds/check." The check request form was signed by client #2's mother.</p> <p>An RFMS check request form dated 6/17/16 was reviewed on 8/17/16 at 1:40 PM. The check request form indicated a \$1000 check was made out to client #4's sister. The check request form signed by client #4's sister indicated "I understand that I hold these funds for the benefit of [client #4] and that I am responsible for returning receipts for the purchase or the balance of the funds within 7 days after I have received the funds/check." The check request was signed by client #4's sister.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) was completed on 8/17/16 at 1:40 PM. She stated "neither the mother of client #2 nor the sister of client #4 turned in receipts for the checks. They should have turned in receipts within 7 days. That is company policy."</p> <p>9-3-2(a)</p>		<p>The Residential Manager will maintain responsibility for maintaining client financial records and the QIDP will audit these records no less than weekly. All staff will be retrained regarding the need to assist clients with budgeting and collecting receipts, with appropriate accompanying documentation. The QIDP will turn in client financial records to the Business Manager no less than monthly for review and filing. Additionally, members of the Operations Team comprised of the Program Managers, Quality Assurance Manager, Quality Assurance Coordinator, Training Coordinator, Nurse Manager and Executive Director, will include audits of client finances as part of an ongoing facility audit process. Operations Team audits will occur on a twice weekly basis for the next 30 days and after 30 days, will conduct administrative observations no less than weekly until all staff demonstrate competence. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative support will include assuring a complete and accurate accounting of client finances is present.</p>	

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W 0159 Bldg. 00	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 1 of 3 sampled clients (#3), the facility's QIDP (Qualified Intellectual Disabilities Professional) failed to implement the correct date when revising client #3's ISP (Individual Support Plan) as well as his BSP (Behavior Support Plan).</p> <p>Findings include:</p> <p>Client #3's record review was completed on 8/17/16 at 11:20 AM. Client #3's ISP (Individual Support Plan) as well as his BSP (Behavior Support Plan) were both future dated for 8/27/16.</p> <p>The QIDP was interviewed on 8/17/16 at 1:50 PM. She stated "I'm not sure why I did that. I knew they were coming up to be revised. I thought I'd get a head start on them by dating them in the future when they (client plans) were to be</p>	W 0159	<p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team</p> <p>CORRECTION: <i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically the date of Client #3's Individual Support Plan has been corrected. A Review of facility support documents indicated this deficient practice did not affect additional consumers.</i></p> <p>PREVENTION: The QIDP has been re-trained to assure that the date of the Individual Support Plan corresponds with the date of the annual ISP meeting.</p>	09/18/2016

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W 0312 Bldg. 00	<p>revised. I realize now I shouldn't have done it."</p> <p>9-3-3(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based upon record review and interview</p>	W 0312	<p>Additionally, members of the Operations Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator will conduct documentation reviews no less than twice weekly for the next 30 days, weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility, which will occur no less than twice monthly. These administrative documentation reviews will include assuring all individual support plans are properly dated.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	09/18/2016

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	<p>for 1 of 3 sampled clients (client #3) who received behavior control drugs, the facility failed to include a behavior medication (Topiramate) in his Behavioral Support Plan (BSP). The facility also did not include a plan of reduction for the medication.</p> <p>Findings include:</p> <p>During client #3's record review on 8/17/16 at 11:20 AM, the 8/1 - 8/31/2016 physician's orders indicated client #3 received Topiramate Tab (tablet) 25 mg (milligrams) - give one tablet by mouth twice daily. Review of client #3's future dated BSP (8/27/16) did not indicate client #3 was taking Topiramate.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 8/17/16 at 2:00 PM, she stated "client #3 was taking Topiramate for behaviors and it should be indicated in his BSP along with a plan of reduction" for that medication.</p> <p>9-3-5(a)</p>		<p>CORRECTION:</p> <p><i>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</i> Specifically the QIDP will incorporate the use of Topiramate into Client #3's Behavior Support Plan, including a plan for the reduction and eventual elimination of the medication. A review of facility support documents indicated that this deficient practice did not affect any additional clients.</p> <p>PERVENTION:</p> <p>The QIDP has been retrained regarding the need to assure that active treatment programs are in place to support the reduction and eventual elimination of all currently prescribed psychotropic medications and that the use of all behavior controlling medications is incorporated into clients' behavior support plans.</p> <p>Additionally, members of the Operations Team, comprised of</p>	

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W 0323 Bldg. 00	483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.		<p>the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator will conduct documentation reviews no less than twice weekly for the next 30 days, weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility, which will occur no less than twice monthly. These administrative documentation reviews will include a review of facility Behavior Support Plans no less than monthly and to assure the plans include active treatment programs designed to reduce and eventually eliminate the use of behavior controlling medications.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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	<p>Based on record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure the client received an annual vision examination and an audiology evaluation.</p> <p>Findings include:</p> <p>During client #3's record review on 8/17/16 at 11:20 AM, there were no records indicating client #3 had an audiology or an optometry appointment prior to the survey dates.</p> <p>Interview with the facility director of nursing was completed on 8/17/16 at 11:30 AM. She stated "I am the nurse for that group home. I took over the group home from another nurse who recently quit. I checked with medical records and there is no record of [client #3] having a previous hearing evaluation or an optometry appointment. We will need to schedule both appointments immediately."</p> <p>9-3-6(a)</p>	W 0323	<p>CORRECTION:</p> <p><i>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Specifically, Client #3 will receive a visual and hearing evaluation. A review of medical records indicated this deficient practice did not affect additional clients.</i></p> <p>PREVENTION:</p> <p>The QIDP will work with the facility nurse will coordinate with the facility direct support medical coach and Residential Manager to assure that all medical assessments and evaluations occur as required. Members of the Operations Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator will incorporate medical chart reviews into their formal audit process, which will occur no less than monthly to assure that examinations including but not limited to visual evaluations take place as required.</p>	09/18/2016	

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W 0331 Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, interview and record review for 1 of 3 sampled clients (#3), the facility's nursing services failed to ensure staff followed the physician's orders in regards to client #3 receiving his oxygen on a constant basis.</p> <p>Findings include:</p> <p>During observation at the group home on 8/15/16 between 3:30 PM and 6:30 PM, client #3 had been sitting in the living room receiving oxygen at 3 liters (L) via nasal canula. At 5:40 PM, staff assisted client #3 to the dinner table without client #3's oxygen. The oxygen tubing was left adjacent to the oxygen concentrator machine in the living room while client #3 ate his dinner. At 6:30 PM, staff assisted client #3 back to the living room where he resumed his oxygen once again.</p> <p>During client #3's record review on 8/17/16 at 11:20, the 8/1 - 8/31/16 physician's orders indicated client #3's</p>	W 0331	<p>RESPONSIBLE PARTIES: QIDP, Health Services Team, Residential Manager, Direct Support Staff, Operations Team</p> <p>CORRECTION:</p> <p><i>The facility must provide clients with nursing services in accordance with their needs. Specifically, the Nurse Manager retrained all facility staff regarding Client #3's need to receive supplemental oxygen at all times. A review of current diagnostic information and risk plans indicated this deficient practice did not affect additional clients.</i></p> <p>PERVENTION:</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to implementation of Comprehensive high risk plans. Members of the Operations</p>	09/18/2016

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	<p>Plan of Treatment included, but was not limited to, "oxygen 3 L (liters) when sitting or sleeping and 4 L when up and active."</p> <p>The facility's Director of Nursing was interviewed on 8/17/16 at 11:30 AM. She stated "staff should keep him (client #3) on his oxygen at all times. There is no excuse to take him off his oxygen while he is eating."</p> <p>9-3-6(a)</p>		<p>Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than twice weekly for the next 30 days, and after the 30 days, will conduct administrative observations weekly until all staff demonstrate competence. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative observation is defined as...</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>Evenings: Beginning at</p>	

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NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 8044 DARTMOUTH RD INDIANAPOLIS, IN 46260
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			<p>approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring staff implement comprehensive high risk plans as written.</p>	

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W 0488 Bldg. 00	<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. Based on observation and interview for 3 of 3 sampled clients (#1, #2 and #3) and 3 additional clients (#4, #5, and #6), the facility failed to ensure that each client participated in preparation of the breakfast and dinner meals in a manner consistent with their developmental level.</p> <p>Findings include:</p> <p>During the 8/15/16 observation period between 3:30 PM and 6:30 PM, clients #2, #3, #4 and #5 sat in the living room watching client #6 play a video game. Client #1 was setting the dining room table. Facility staff custodially prepared the evening meal consisting of chicken noodle soup, salad, fruit cup, bread, juice, coffee, and milk.</p> <p>During the 8/16/16 observation period between 5:45 AM and 6:55 AM, clients</p>	W 0488	<p>RESPONSIBLE PARTIES:</p> <p>QIDP, Residential Manager, Direct Support Staff, Health Services Team, Operations Team</p> <p>CORRECTION:</p> <p><i>The facility must assure that each client eats in a manner consistent with his or her developmental level. Specifically, staff will be retrained regarding the need to assure all clients participate in all aspects of meal preparation to the extent of their capabilities. Additionally, the facility will modify the staffing matrix to assure that there are no less than three staff on duty at meal times.</i></p> <p>PREVENTION:</p> <p>The Residential Manager will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to meal</p>	09/18/2016

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	<p>#2, #3, #4 and #5 were sitting in the living room watching television. Client #1 was setting the breakfast table. Facility staff custodially prepared the breakfast meal consisting of eggs, sausage, toast, apple juice, skim milk and/or coffee.</p> <p>Interview with the Qualified Intellectual Disabilities Professional (QIDP) was completed on 8/16/16 at 6:30 PM. The QIDP stated "I'm not sure why the clients didn't participate in preparation of either meal. With the exception of [client #5] since he is blind and [client # 3] being on oxygen, the other clients should help to prepare all meals."</p> <p>9-3-8(a)</p>		<p>preparation and family style dining. Members of the Operations Team, comprised of the Program Managers, Nurse Manager and Executive Director, Quality Assurance Manager, Training Coordinator and Quality Assurance Coordinator and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than twice weekly for the next 30 days, and after the 30 days, will conduct administrative observations weekly until all staff demonstrate competence. At the conclusion of this period of enhanced administrative monitoring and support, the Executive Director and Regional Director will determine the level of ongoing support needed at the facility. Administrative observation is defined as...</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p>	

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			<p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility. Administrative support at the home will include assuring staff provide continuous active</p>	

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W 9999 Bldg. 00	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met:</p> <p>460 IAC 9-3-3 Facility Staffing</p> <p>(e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician.</p>	W 9999	<p>treatment during formal and informal opportunities, including but not limited to meal preparation and family style dining.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Operations Team</p> <p>CORRECTION:</p> <p>Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin (TB) test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the</p>	09/18/2016

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	<p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 1 of 3 employee files reviewed (staff #2), the facility failed to ensure an annual Mantoux (STU, PPD) tuberculosis (TB) screening was conducted annually.</p> <p>Findings include:</p> <p>On 8/17/16 at 2:10 PM a review of the facility's employee files was conducted. Staff #2's employee file did not contain documentation of a TB test being conducted since 6/11/15.</p> <p>On 8/17/16 at 2:40 PM, the Human Resources Director indicated there was no documentation in staff #2's employee file indicating she had a TB test since 6/11/15. She stated "nursing has notified me that it is past due. We will schedule it immediately."</p> <p>9-3-3(e)</p>		<p>physician. Specifically, Staff #2 has received an annual Tuberculosis screening. A review of employee files indicated this deficient practice did not affect any additional staff.</p> <p>PREVENTION:</p> <p>The health services team has established a bi-annual tuberculosis testing process that will assure all staff receive annual screening. Health Services personnel will track employee compliance and staff who do not comply with the testing procedure will be removed from the work schedule until such time as they complete the required PPD or chest X-Ray. Additionally, the agency's Safety Committee will coordinate with Health Services to follow-up and ensure compliance.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Health Services Team, Quality Assurance Team, Operations Team, Safety Committee</p>		