

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G809	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/26/2012
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NAME OF PROVIDER OR SUPPLIER WARNER TRANSITIONAL SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11075 N PENNSYLVANIA ST INDIANAPOLIS, IN 46280
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W0000	<p>This visit was for investigation of complaint #IN00117054.</p> <p>Complaint #IN00117054: Substantiated. Federal and state deficiencies related to the allegation are cited at W104, W149, W157, W262, W263, W312, W331 and W368.</p> <p>Dates of Survey: October 24, 25 and 26, 2012.</p> <p>Facility Number: 012836 Provider Number: 15G809 AIMS Number:</p> <p>Surveyors: Claudia Ramirez, RN, Public Nurse Surveyor III/QMRP-Team Leader Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/2/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000	<p>Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of fault by the facility, the Executive Director or any employees, agents or other individuals who draft or may be discussed with this Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegations. Accordingly, the Facility has prepared and submitted this Plan of Correction prior to the resolution of any appeal which may be filed solely because of the requirements under State and federal law that mandate submission of a Plan of Correction within specified days of the survey as a condition to participate in Title 18 and Title 19 programs. This Plan of Correction is submitted as the facility's credible allegation of compliance.</p>	

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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the governing body failed to exercise operating direction over the facility for 3 of 3 sampled clients (clients A, B and C) to develop a policy and procedure for "PRN" (as needed) medications.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 10/24/12 at 4:34 PM. Client A's physician's orders/scripts indicated the following:</p> <p>-9/23/12, "Zyprexa (behavior management) 5 milligram (mg) IM (intramuscularly) one time now for increased aggression."</p> <p>-9/23/12, "Benadryl (behavior management) 50 milligram IM one time now for increased agitation."</p> <p>Client A's 10/19/12 BSP (behavior support plan) did not indicate when or how the PRN (as needed) behavior management medications would be utilized.</p>	W0104	<p>W 104 Based on record review and interview, the governing body failed to exercise operating direction over the facility for 3 of 3 sampled clients (clients A, B and C) to develop a policy and procedure for "PRN" (as needed) medications. - A PRN medication policy to address behavior requiring a PRN has been developed. Completed 11/15/12 - Appropriate staff trained on policy to assure citation / deficient practice does not reoccur- by 11/19 - TTC, QSPs and Behavior Services Coordinator will track PRNs administered to follow practice as outlined. Quality Assurance & Behavioral Services Directors will track occurrences and trends per individual and all residents. - Completion Date: 11/25/12 Attached: PRN Medication Administration - Behavior Management policy</p>	11/25/2012			

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	<p>2. Client B's record was reviewed on 10/25/12 at 11:25 AM. Client B's physician's orders/scripts indicated the following:</p> <p>-10/03/12, "Ativan 1 mg po (orally) now, 1 x (time) only, dx (diagnosis) agitation/anxiety."</p> <p>-10/05/12, "Haldol 5 mg IM 1 x only; agitation/aggression."</p> <p>-10/19/12, "Benadryl 50 mg IM x 1 now; aggression."</p> <p>-10/22/12, "Ativan 2 mg IM x 1 now for increased aggression/refusal to take oral."</p> <p>-10/22/12, "Haldol 5 mg IM x 1 now for increased aggression/refusal to take oral."</p> <p>3. Client C's record was reviewed on 10/25/12 at 1:25 AM. Client C's physician's orders/scripts indicated the following:</p> <p>-09/24/12, "Benadryl 50 mg IM x 1 now; agitation."</p> <p>An interview was conducted on 10/25/12 at 2:15 PM with the Director of Quality Review (DQR). The DQR stated the agency "did not have a policy/procedure for PRN medication administration."</p>				

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	<p>This federal tag relates to complaint #IN00117054.</p> <p>9-3-1(a)</p>			

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for 12 of 38 BDDS (Bureau of Developmental Disabilities Services) reports, the facility neglected to implement the facility's policy and procedure to prevent client to client aggression for 3 of 3 sampled clients (clients A, B and C) and neglected to provide appropriate supervision to clients (clients D and G) to protect clients from their self-abusive behavior (client B).</p> <p>Findings include:</p> <p>On 10/24/12 at 11:45 AM the facility's BDDS Reports were reviewed from 08/20/12 through 10/23/12 and indicated the following:</p> <p>10/02/12: "[Client G] reported to staff that [client D] had sex with her. Then she reported he touched her breast...during the investigation it was determined that [client G] initiated physical contact with [client D] and later decided she did not want to engage in the physical contact. [Client G] tried to push [client D] off of her when he started thrusting his waist back and forth against her body...Both</p>	W0149	<p>W149 - The TTC and QSPs will re-train direct care and other staff who have routine contact with clients to intervene immediately (even if it may lead to more restrictive measures) in behaviors which can present a danger to self and/or others; as well as clearing area of clients when a disruptive behavior is present and to constantly re-double efforts to maintain close supervision on clients' activities. - Staff will be re-trained to provide extra supervision for clients who display non-normative, unusual behaviors as a cautionary measure - TTC / QSPs will reinforce to staff the necessity to spread supervision throughout the area clients are in to assure to the best of their abilities that clients are not engaged in self-harm or abusing other clients. - The Lead Direct Support Professional (LDSP) will be periodically checked to assure that they have staff well positioned to monitor the various activities of clients assigned to them and/or in their area. - Completion date: 11/25/12</p>	11/25/2012			

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	<p>clients were fully dressed during the entire incident...".</p> <p>10/03/12: "[Client B] was in her bedroom and wrapped her radio cord around her neck...".</p> <p>10/08/12: "[Client B] came out of her bedroom and stood by peer who [client B] had been trying to antagonize for much of the day. [Client B] then scratched herself and began writing on the wall with her blood...began yelling and sat on the chair and began scratching her arm vigorously. Staff asked [client B] to stop and she refused...".</p> <p>10/10/12: "[Client B] walked to the telephone area to make a phone call...instead of calling a family member she called 911...began to scratch staff and then tore the telephone off the wall. Staff placed [client B] in a standing PRT (Primary Restraint Technique)...while in the PRT [client B] kicked one of her peers...9:28 PM [client B] was laying on her bed, she sat up in the bed with the covers over her head...and she began wrapping the blanket around her neck...".</p> <p>10/13/12: "[Client B] was in the day room and she took a pen and started to write on herself...[client B] walked to the television and knelt down on the floor and</p>				

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	<p>began to wrap the cord around her neck...".</p> <p>10/15/12: "At 4:10 PM, [client B] was laying on her bed with staff in the room supervising her. She sat up and began wrapping a blanket around her neck. At 4:20 PM, a staff member was standing right in front of [client B] supervising her and talking to another client...[client B] suddenly got up and ran about 10 feet to the TV...staff intervened immediately and removed the cord from [client B's] neck...".</p> <p>10/16/12: "...[Client B] continued to be agitated at 8:26 PM about the vending (sic) and staff encouraged her that she could get snack on the next vending day. Staff again offered other snacks...[client B] then went to her peer's closet door and tore down their decorations...".</p> <p>10/19/12: "At 7:33 PM during medication administration [client B] was agitated saying (she) wanted to leave the unit. She immediately started banging her head against the door. Staff redirected her to stop but she ignored staff request...One of her peers was walking down the hallway, immediately [client B] ran to her and grabbed her...".</p> <p>10/22/12: "...[client B] then placed her</p>						

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	<p>head in the computer cables and moved around in the cables...staff placed her in the PRT (Primary Restraint Technique) to prevent injury to [client B]. At 7:50 PM [client B] was sitting in her bed and placed her t-shirt over her head. When asked to remove the shirt from her head she did not reply. Staff removed the shirt and noticed her straps of her sports bra was (sic) wrapped around her neck...".</p> <p>10/22/12: "While transitioning to the dining hall [client B] was agitated because it was not vending day. She became physically aggressive with two of her peers...At 8:20 PM [client B] placed her comforter over her head. Staff redirected her on several occasions to remove the comforter from her face but she refused...".</p> <p>On 10/24/12 at 11:30 AM, a review of the facility's 08/2012 Policy on Abuse and Neglect indicated, "It is the policy of Warner Transitional Services (WTS) to protect individuals who may be vulnerable to abuse, neglect or exploitation, mistreatment, or a violation of client rights...". The "Legally Mandated Responsibilities" undated document indicated the following definitions: "Physical Abuse refers to any physical motion or action (hitting, slapping, punching, kicking, pinching,</p>						

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	<p>etc)...Examples of Sexual Abuse: Pressuring an individual to have sex with another individual...".</p> <p>Interview with TCC (Transitional Care Coordinator) #1 on 10/25/12 at 1:19 PM indicated client B was aggressive to staff and peers. She further indicated client B continued to have episodes of attempting to harm herself. She indicated clients should not be aggressive to each other and needed to be protected. She further indicated staff needed to protect the clients from their attempts of self-harm behaviors. She indicated staff neglected to follow the abuse/neglect policy and procedure.</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, internal incident reports and investigations were reviewed on 10/24/12 at 11:45 AM. The review indicated the following:</p> <p>-BDDS report dated 9/23/12 indicated on 9/22/12, "[Client A] and his peers was (sic) transitioning form the computer lab to the library. After going down the stairs [client A] walked faster and got in front of his peers and suddenly [client A] grabbed [client C] (sic) glasses from her face breaking [client C] (sic) glasses. [Client C] sustained a scratch on her nose</p>						

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	<p>the size of a pen point and scratch on her lip."</p> <p>-Behavioral Incident Report (BIR) dated 10/24/12 at 1:18 PM indicated, "It was just after exercise with all clients. [Client C] was washing dishes with staff, all of us was busy (sic) when [client A] come (sic) right behind and he smash (sic) [client C] eyeglasses from [client C] haid (sic) and brokend (sic) in two and smash in the floor (sic) and go right back into his seat."</p> <p>Interview with TCC (Transitional Care Coordinator) #1 on 10/25/12 at 1:19 PM indicated client A had two instances of breaking client C's glasses. When asked if there had been an IDT (Interdisciplinary Team Meeting) to ensure the safety of client C, TCC #1 stated, "We talked about it. I would have to check to my notes." TCC #1 indicated client to client aggression was abuse. TCC #1 did not provide additional IDT notes to review.</p> <p>This federal tag relates to complaint #IN00117054.</p> <p>9-3-2(a)</p>				

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W0157	<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 for 11 of 38 BDDS (Bureau of Developmental Disabilities Services) reports regarding client aggression, the facility neglected to initiate and document effective corrective action to prevent incidents of client to client abuse (clients A, B and C), and failing to supervise clients (clients B, D and G) to protect clients from their self-abusive behavior (client B).</p> <p>Findings include:</p> <p>1. On 10/24/12 at 11:45 AM the facility's BDDS Reports were reviewed from 08/20/12 through 10/23/12 and indicated the following:</p> <p>10/03/12: "[Client B] was in her bedroom and wrapped her radio cord around her neck...". No record of documented effective corrective action was available for review.</p> <p>10/08/12: "[Client B] came out of her bedroom and stood by peer who [client B] had been trying to antagonize for much of the day. [Client B] then scratched herself</p>	W0157	<p>W 157 - The TTC and QSPs will re-train direct care and other staff who have routine contact with clients to intervene immediately (even if it may lead to more restrictive measures per BSP) in behaviors which can present a danger to self and/or others; as well as clearing area of clients when a disruptive behavior is present and to constantly re-double efforts to maintain close supervision on clients' activities. - Staff will be re-trained to provide extra supervision for clients who display non-normative, unusual behaviors as a cautionary measure - TTC / QSPs will reinforce to staff the necessity to spread supervision throughout the area clients are in to assure to the best of their abilities that clients are not engaged in self-harm or abusing other clients. - The Lead Direct Support Professional (LDSP) will be periodically checked to assure that they have staff well positioned to monitor the various activities of clients assigned to them and/or in their area. - Completion date: 11/25/12</p>	11/25/2012			

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	<p>and began writing on the wall with her blood...began yelling and sat on the chair and began scratching her arm vigorously. Staff asked [client B] to stop and she refused...". No record of documented effective corrective action was available for review.</p> <p>10/10/12: "[Client B] walked to the telephone area to make a phone call...instead of calling a family member she called 911...began to scratch staff and then tore the telephone off the wall. Staff placed [client B] in a standing PRT (Primary Restraint Technique)...while in the PRT [client B] kicked one of her peers...9:28 PM [client B] was laying on her bed, she sat up in the bed with the covers over her head...and she began wrapping the blanket around her neck...". No record of documented effective corrective action was available for review.</p> <p>10/13/12: "[Client B] was in the day room and she took a pen and started to write on herself...[client B] walked to the television and knelt down on the floor and began to wrap the cord around her neck...". No record of documented effective corrective action was available for review.</p> <p>10/15/12: "At 4:10 PM, [client B] was laying on her bed with staff in the room</p>						

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	<p>supervising her. She sat up and began wrapping a blanket around her neck. At 4:20 PM, a staff member was standing right in front of [client B] supervising her and talking to another client...[client B] suddenly got up and ran about 10 feet to the TV...staff intervened immediately and removed the cord from [client B's] neck...". No record of documented effective corrective action was available for review.</p> <p>10/16/12: "...[Client B] continued to be agitated at 8:26 PM about the vending (sic) and staff encouraged her that she could get snack on the next vending day. Staff again offered other snacks...[client B] then went to her peer's closet door and tore down their decorations...". No record of documented effective corrective action was available for review.</p> <p>10/19/12: "At 7:33 PM during medication administration [client B] was agitated saying (she) wanted to leave the unit. She immediately started banging her head against the door. Staff redirected her to stop but she ignored staff request...One of her peers was walking down the hallway, immediately [client B] ran to her and grabbed her...". No record of documented effective corrective action was available for review.</p>						

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	<p>10/22/12: "...[client B] then placed her head in the computer cables and moved around in the cables...staff placed her in the PRT (Primary Restraint Technique) to prevent injury to [client B]. At 7:50 PM [client B] was sitting in her bed and placed her t-shirt over her head. When asked to remove the shirt from her head she did not reply. Staff removed the shirt and noticed her straps of her sports bra was (sic) wrapped around her neck...". No record of documented effective corrective action was available for review.</p> <p>10/22/12: "While transitioning to the dining hall [client B] was agitated because it was not vending day. She became physically aggressive with two of her peers...At 8:20 PM [client B] placed her comforter over her head. Staff redirected her on several occasions to remove the comforter from her face but she refused...". No record of documented effective corrective action was available for review.</p> <p>Interview with TCC (Transitional Care Coordinator) #1 on 10/25/12 at 1:19 PM indicated client B was aggressive to staff and peers. She further indicated client B continued to have episodes of attempting to harm herself. She indicated clients should not be aggressive to each other and needed to be protected. She further</p>						

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	<p>indicated staff needed to protect the clients from their attempts of self-harm behaviors. She indicated the agency neglected to implement and document effective corrective action for the BDDS incidents.</p> <p>2. The facility's BDDS (Bureau of Developmental Disabilities Services) reports, internal incident reports and investigations were reviewed on 10/24/12 at 11:45 AM. The review indicated the following:</p> <p>-BDDS report dated 9/23/12 indicated on 9/22/12, "[Client A] and his peers was (sic) transitioning form the computer lab to the library. After going down the stairs [client A] walked faster and got in front of his peers and suddenly [client A] grabbed [client C] (sic) glasses from her face breaking [client C] (sic) glasses. [Client C] sustained a scratch on her nose the size of a pen point and scratch on her lip."</p> <p>-Behavioral Incident Report (BIR) dated 10/24/12 at 1:18 PM indicated, "It was just after exercise with all clients. [Client C] was washing dishes with staff, all of us was busy (sic) when [client A] come (sic) right behind and he smash (sic) [client C] eyeglasses from [client C] haid (sic) and brokend (sic) in two and smash in the</p>				

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	<p>floor (sic) and go right back into his seat."</p> <p>Interview with TCC (Transitional Care Coordinator) #1 on 10/25/12 at 1:19 PM indicated client A had two instances of breaking client C's glasses. When asked what was being done to protect and ensure the safety of client C, the TCC #1 stated, "We talked about it. I would have to check to my notes." TCC #1 did not provide additional notes to review.</p> <p>This federal tag relates to complaint #IN00117054.</p> <p>9-3-2(a)</p>				

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W0262	<p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>Based on record review and interview, the facility's Human Rights Committee (HRC) failed for 3 of 3 sampled clients (clients A, B and C), to review, approve, and monitor restrictive practices (psychotropic medications) in the clients' BSPs (Behavioral Support Plans).</p> <p>Findings include:</p> <p>1. Client B's record was reviewed on 10/25/12 at 11:15 AM. Client B's Transitional Behavior Support Plan (TBSP) dated 10/02/12 indicated the date of implementation was 10/02/12. Client B's TBSP indicated client B was on behavioral medications which included: Depakote ER (Extended Release), Prozac, Haldol and Ativan for the following behaviors: physical aggression, self-abusive behaviors; verbal aggression/threatening; program refusal/disruption and elopement. The BSP signature page was dated 10/08/12. Client B's record did not indicate HRC (Human Rights Committee)</p>	W0262	<p>W 262 - A PRN medication policy to address behavior requiring a PRN has been developed that includes approval and subsequent review of the Human Rights Committee (HRC). Completed 11/15/12 - Policy will be presented to the HRC to assure citation / deficient practice does not reoccur- by 11/25 - All PRNs will be tracked by TTC/QSPs to be reviewed by HRC. All BSPs, as appropriate, will include provision for the administration of a PRN to address behavior and will be presented to the HRC for approval. - Completion Date: 11/25/12 Attached: PRN Medication Administration - Behavior Management policy</p>	11/25/2012	

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	<p>review/approval of client B's TBSP prior to 10/08/12.</p> <p>On 10/25/12 at 1:45 PM an interview with the BSC (Behavior Support Coordinator) was conducted. The BSC indicated client B had a TBSP upon admission to the facility which contained restrictive programs, but the TBSP did not have HRC approval until 10/08/12.</p> <p>2. Client A's record was reviewed on 10/24/12 at 4:34 PM. Client A's Transitional Behavior Support Plan (TBSP) dated 9/4/12 indicated the date of implementation was 9/4/12. Client A's TBSP indicated, "it may be necessary for staff to intercede in the treatment process by implementing physical restraint, environmental restraint, or PRN (As Needed) psychotropic interventions." Client A's HRRS (Human Rights Review Sheet) dated 10/24/12 indicated review and approval of client A's BSP (Behavior Support Plan) dated 10/19/12. Client A's record did not indicate HRC (Human Rights Committee) review/approval of client A's TBSP dated 9/4/12.</p> <p>3. Client C's record was reviewed on 10/25/12 at 11:02 AM. Client C's TBSP dated 9/15/12 indicated the date of implementation was 9/24/12. Client C's TBSP indicated, "it may be necessary for</p>			

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	<p>staff to intercede in the treatment process by implementing physical restraint, environmental restraint, or PRN psychotropic interventions." Client C's HRRS dated 10/24/12 indicated review and approval of client C's BSP dated 10/25/12. Client C's record did not indicate HRC review/approval of client C's TBSP dated 9/15/12.</p> <p>Interview with BSC (Behavior Support Coordinator) #1 on 10/25/12 at 1:40 PM indicated clients A and C had TBSPs upon admission to the facility. BSC #1 indicated the facility had not developed the TBSPs and did not have HRC approval prior to implementing the TBSPs. BSC #1 indicated client A and client C's TBSPs included restrictive programs.</p> <p>This federal tag relates to complaint #IN00117054.</p> <p>9-3-4(a)</p>				

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W0263	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview, the facility failed to obtain the health care representative (HCR) or guardian's approval before implementation of a Behavioral Support Plan or behavioral medications for 3 of 3 sampled clients (clients A, B and C) with restrictive programs.</p> <p>Findings include:</p> <p>1. Client B's record was reviewed on 10/25/12 at 11:25 AM. Client B's Transitional Support Plan (TSP) dated 10/02/12 indicated client B had a health care representative. Client B's physicians orders/scripts indicated the following:</p> <p>-10/03/12, "Ativan 1 mg (milligram) po (orally) now, 1 x (time) only, dx (diagnosis) agitation/anxiety."</p> <p>-10/05/12, "Haldol 5 mg IM (intramuscularly) 1 x only; agitation/aggression."</p> <p>-10/19/12, "Benadryl 50 mg IM x 1 now;</p>	W0263	<p>W 263 - Health Care Representative (HCR) or legal guardian's approvals will be obtained prior to the implementation of restrictive Behavioral Support Plans (BSPs). - WTS staff will document the date, time, staff attempting to contact the Health Care Representative or Legal Guardian and the method of contact. The BDDS Coordinator will be contacted in the event the Health Care Representative or Legal Guardian is unresponsive and WTS is unable to gain approval to implement a BSP. - All resident BSPs with restrictive interventions will receive the review and approval prior to implementation - QSPs, TTC and Behavioral Services Coordinator (HSPP) will redouble efforts to encourage unresponsive legal guardians/HCPs to take a more proactive stance in the involvement of their peoples care and treatment. - TTCs and Behavioral Services Coordinator will not implement restrictive measures without an approval from a legal guardian/HCR. - DAt e to be Completed: 11/25/12</p>	11/25/2012

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	<p>aggression."</p> <p>-10/22/12, "Ativan 2 mg IM x 1 now for increased aggression/refusal to take oral."</p> <p>-10/22/12, "Haldol 5 mg IM x 1 now for increased aggression/refusal to take oral."</p> <p>Client B's record did not indicate written informed consent from client B's HCR for the BSP or use of PRN psychotropic/behavior management medications.</p> <p>On 10/25/12 at 1:45 PM an interview with the Transitional Team Coordinator (TTC) was conducted. The TTC indicated they failed to obtain the HCR's or guardian's approval prior to implementation of the BSPs and PRN medications.</p> <p>2. Client A's record was reviewed on 10/24/12 at 4:34 PM. Client A's ISP (Individual Support Plan) dated 10/19/12 indicated client A had a legal guardian. Client A's physician's orders/scripts indicated the following:</p> <p>-9/23/12, "Zyprexa (behavior management) 5 milligram IM one time now for increased aggression."</p> <p>-9/23/12, "Benadryl (behavior</p>						

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	<p>management) 50 milligram IM one time now for increased agitation."</p> <p>-10/3/12, "Please discontinue trazodone (sleep aid) 50 milligram. Increase trazodone 100 milligram by mouth at bedtime to promote sleep."</p> <p>Client A's record did not indicate written informed consent from client A's guardian for the use of PRN psychotropic/behavior management medications.</p> <p>On 10/25/12 at 1:45 PM an interview with the Transitional Team Coordinator (TTC) was conducted. The TTC indicated they failed to obtain the HCR's or guardian's approval prior to implementation of the BSPs and PRN medications.</p> <p>This federal tag relates to complaint #IN00117054.</p> <p>9-3-4(a)</p>				

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W0312	<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.</p> <p>Based on record review and interview, the facility failed for 2 of 3 sampled clients (clients A and B) who were on psychiatric/behavior medications (meds) by not ensuring clients A and B's Behavior Support Plans (BSP) included the medication in the plan.</p> <p>Findings include:</p> <p>1. Client B's record was reviewed on 10/25/12 at 11:25 AM. Client B's physician's orders/scripts indicated the following:</p> <p>-10/03/12, "Ativan 1 mg (milligram) po (orally) now, 1 x (time) only, dx (diagnosis) agitation/anxiety."</p> <p>-10/05/12, "Haldol 5 mg IM (intramuscularly) 1 x only; agitation/aggression."</p> <p>-10/19/12, "Benadryl 50 mg IM x 1 now; aggression."</p>	W0312	W 312 - A PRN medication policy to address behavior requiring a PRN has been developed that includes approval and subsequent review of the Human Rights Committee (HRC). Completed 11/15/12 - Policy will be presented to the HRC to assure citation / deficient practice does not reoccur- by 11/25 - All PRNs will be tracked by TTC/QSPs to be reviewed by HRC. All BSPs, as appropriate, will include provision for the administration of a PRN to address behavior and will be presented to the HRC for approval. - Completion Date: 11/25/12 Attached: PRN Medication Administration - Behavior Management policy	11/25/2012			

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	<p>-10/22/12, "Ativan 2 mg IM x 1 now for increased aggression/refusal to take oral."</p> <p>-10/22/12, "Haldol 5 mg IM x 1 now for increased aggression/refusal to take oral."</p> <p>Client B's 10/02/12 BSP (behavior support plan) did not mention the PRN or indicate when or how the PRN (as needed) behavior management medications would be utilized.</p> <p>On 10/25/12 at 2:30 PM, an interview with the Behavioral Support Coordinator (BSC) was conducted. The BSC indicated clients A and B's BSPs did not contain any mention of the PRN medications or any reference to them.</p> <p>2. Client A's record was reviewed on 10/24/12 at 4:34 PM. Client A's physician's orders/scripts indicated the following:</p> <p>-9/23/12, "Zyprexa (behavior management) 5 milligram IM (intramuscularly) one time now for increased aggression."</p> <p>-9/23/12, "Benadryl (behavior management) 50 milligram IM one time now for increased agitation."</p> <p>Client A's 10/19/12 BSP (behavior</p>				

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	<p>support plan) did not mention the PRN or indicate when or how the PRN (as needed) behavior management medications would be utilized.</p> <p>On 10/25/12 at 2:30 PM, an interview with the Behavioral Support Coordinator (BSC) was conducted. The BSC indicated clients A and B's BSPs did not contain any mention of the PRN medications or any reference to them.</p> <p>This federal tag relates to complaint #IN00117054.</p> <p>9-3-5(a)</p>				

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W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client B) and 2 additional clients (clients D and G) by not ensuring clients received nursing services according to their medical needs by not ensuring Physician Orders were carried out correctly for clients B, D and G, and by not ensuring nursing services accurately transcribed Physician's Orders (client B).</p> <p>Findings include:</p> <p>On 10/24/12 at 11:45 AM the facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed from 08/20/12 through 10/23/12 and indicated the following medication errors:</p> <p>09/27/12: "[Client D] did not receive his AM dose of artificial tears eye drops (dry eyes) as prescribed due to not having the drops available...". Client D's record was reviewed on 10/25/12 at 1:25 PM. Client D's September 2012 Physician Orders indicated client D was ordered Artificial Tear Eye Drops in the AM.</p>	W0331	<p>W 331 - Health Services (nursing) will assure physician orders are carried out as directed.</p> <ul style="list-style-type: none"> - All physician orders will be accurately transcribed for all residents - Nursing supervision will assure: <ul style="list-style-type: none"> · physician orders/scripts are audited by another team member besides the one who transcribed them; · for medications the MAR will be triple checked against label of medication prior to administering; · caseloads will be assigned to nurses to check MARs against scripts every month before the start of the month · assigning caseloads within nursing; using PRN Pharmacy's "Cycle Team" to roll over medications start of cycle - ensuring meds needed are present. - Practices will be routinely sampled for compliance by Health Services supervisor - To be completed by: 11/25/12 	11/25/2012			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
	<p>09/27/12: "[Client G] is prescribed to take 175 mg (milligram) of Synthroid (for thyroid) once a day. [Client G] was administered 350 mg of Synthroid in error...".</p> <p>Client G's record was reviewed on 10/25/12 at 2:05 PM. Client G's September 2012 Physician Orders indicated client G was ordered 175 mg of Synthroid once a day.</p> <p>10/06/12: "[Client B] was admitted to WTS from [name of facility] on 10/02/12. Deepakote (sic) (for behaviors) 2000 mg was a daily dose supplied for 5 days by [facility]. The WTS psychiatrist saw [client B] on 10/05/12. Psychiatrist changed order of Depakote to 750 mg daily. An error in nurse transcription showed the Depakote as discontinued. Consequently, [client B] was without Depakote for two days - 10/06/12 and 10/07/12...". Client B was not given Depakote for two days.</p> <p>Client B's record was reviewed on 10/25/12 at 11:25 AM. Client B's Admission Nursing Assessment dated 10/02/12 indicated client B's medicines included Depakote ER (Extended Release) 200 mg PO (orally) Q (every) HS (hour of sleep) for mood stabilization. Client B's Transitional Support Plan (TSP) dated 10/02/12 indicated client B's</p>						

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	<p>Depakote dose was 2000 mg.</p> <p>On 10/25/12 at 3:30 PM an interview with the Transitional Team Coordinator (TTC) was conducted. The TTC indicated it was the responsibility of nursing services to administer medication according to Physician Orders, to transcribe the orders correctly and they should complete the admission nursing assessment accurately.</p> <p>This federal tag relates to complaint #IN00117054.</p> <p>9-3-6(a)</p>				

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W0368	<p>483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client B) and 2 additional clients (clients D and G) who take medications prescribed by the physician, to administer medications as ordered.</p> <p>Findings include:</p> <p>On 10/24/12 at 11:45 AM the facility's BDDS (Bureau of Developmental Disabilities Services) reports were reviewed from 08/20/12 through 10/23/12 and indicated the following medication errors:</p> <p>09/27/12: "[Client D] did not receive his AM dose of artificial tears eye drops (dry eyes) as prescribed due to not having the drops available...". Client D's record was reviewed on 10/25/12 at 1:25 PM. Client D's September 2012 Physician Orders indicated client D was ordered Artificial Tear Eye Drops in the AM.</p> <p>09/27/12: "[Client G] is prescribed to take 175 mg (milligram) of Synthroid (for thyroid) once a day. [Client G] was</p>	W0368	<p>W 368 - Health Services (nursing) will assure physician orders are carried out as directed. - All physician orders will be accurately transcribed for all residents - Nursing supervision will assure: · physician scripts are audited by another team member besides the one who transcribed them; · MAR will be triple checked against label of medication prior to administering; · caseloads will be assigned to nurses to check MARs against scripts every month before the start of the month · assigning caseloads within nursing; using PRN Pharmacy's "Cycle Team" to roll over medications start of cycle - ensuring meds needed are present. - Practices will be routinely sampled for compliance by Health Services supervisor - To be completed by: 11/25/12</p>	11/25/2012			

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	<p>administered 350 mg of Synthroid in error...".</p> <p>Client G's record was reviewed on 10/25/12 at 2:05 PM. Client G's September 2012 Physician Orders indicated client G was ordered 175 mg of Synthroid once a day.</p> <p>10/06/12: "[Client B] was admitted to WTS from [name of facility] on 10/02/12. Deepakote (sic) (for behaviors) 2000 mg was a daily dose supplied for 5 days by [facility]. The WTS psychiatrist saw [client B] on 10/05/12. Psychiatrist changed order of Depakote to 750 mg daily. An error in nurse transcription showed the Depakote as discontinued. Consequently, [client B] was without Depakote for two days - 10/06/12 and 10/07/12...". Client B was not given Depakote for two days.</p> <p>On 10/25/12 at 3:30 PM an interview with the Transitional Team Coordinator (TTC) was conducted. The TTC indicated medications that are not given as prescribed are considered medication errors as staff are not following the physician's orders.</p> <p>This federal tag relates to complaint #IN00117054.</p>						

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