

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G433	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/22/2013
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC			STREET ADDRESS, CITY, STATE, ZIP CODE 3938 PRANGE AVE LAFAYETTE, IN 47905		
(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	
W000000	<p>This visit was for an extended recertification and state licensure survey.</p> <p>Dates of survey: July 15, 16, 17, 18, 19 and 22, 2013.</p> <p>Facility Number: 000947 Provider Number: 15G433 AIMS Number: 100244580</p> <p>Surveyor: Claudia Ramirez, RN</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/29/13 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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W000122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 2 additional clients (clients #6 and #7). The facility failed to implement its written policies and procedures to prevent neglect by failing to provide adequate supervision to ensure safety and prevent falls resulting in fractures. The facility failed to put in place corrective actions/measures for clients #1, #2, #3, #4, #6 and #7 to prevent further falls.</p> <p>Findings include:</p> <p>1. Please refer to W149. The facility neglected for 39 of 96 BDDS (Bureau of Developmental Disabilities Services) reports, to implement the facility's policy and procedure by neglecting to provide adequate supervision to ensure safety and prevent falls, for 4 of 4 sampled clients (clients #1, #2, #3 and #4) plus two additional clients (clients #6 and #7).</p> <p>2. Please refer to W157. The facility neglected for 39 of 96 BDDS (Bureau of Developmental Disabilities Services) reports regarding allegations of abuse,</p>	W000122	The facility ensures that specific client protections are met. The Home Manager will retrain all staff on appropriate supervision levels for clients in the home, as indicated in the clients' Individual support plan, Risk management plan and Individual Specific Training. In addition, the Home Manager will retrain all staff to follow policy by notifying the on call supervisor at any time there is a client fall, so that appropriate follow up can be immediately addressed. Staff will be retrained on, and required to complete a fall assessment form, any time that an individual falls, as well as documenting this in the clients' daily support record. The Program Director will ensure that there is sufficient staff, at all times, to ensure appropriate supervision and support of all clients, in accordance with the Individual Support Plan and the Risk Management Plan. The Program Director will request and facilitate an Interdisciplinary Plan Meeting at any time that a client is having recurring, or increases in the number of falls, that are not being corrected or addressed by current interventions in place. Documentation of this meeting, in the form of a meeting signature sheet, as well as meeting notes, will be filed in the training book in	08/21/2013	

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	neglect and/or injuries of unknown source reviewed, to initiate and document effective corrective action to ensure client safety and prevent recurring falls for clients #1, #2, #3, #4, #6 and #7. 9-3-2(a)		the home, to be available for review and consultation, as well as training purposes. Facility supervisors will conduct active treatment observations, to ensure that supervision levels and fall protocols are being followed by facility staff. Supervisors will complete observations on all awake shifts, at least three times per week, for at least one month to ensure that staff are intervening appropriately and utilizing resources and written plans to prevent falls. Ongoing, after one month, facility supervisors will complete at least one active treatment per week to observe and document any support or active treatment needs necessary. Completion Date: 8/21/13 Responsible Parties: Program Director, Home Manager		

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for 39 of 96 BDDS (Bureau of Developmental Disabilities Services) reports, the facility neglected to implement the facility's policy and procedure by neglecting to provide adequate supervision to ensure safety and prevent falls, for 4 of 4 sampled clients (clients #1, #2, #3 and #4) plus two additional clients (clients #6 and #7).</p> <p>Findings include:</p> <p>On 07/15/13 at 11:57 AM the facility's BDDS Reports, investigations and internal incident/accident reports were reviewed from 07/01/12 through 07/14/13 and indicated the following client falls:</p> <p>-07/28/12 client #4 - bruised shoulder (unknown how), unable to move arm without pain and x-ray indicated a fractured collar bone -08/12/12 client #4 - getting off van tripped and fell -08/31/12 client #4 - scooting chair back caught foot and fell -09/04/12 client #4 - walking, stumbled and fell</p>	W000149	<p>The facility develops and implements written policies and procedures that prohibit mistreatment, neglect or abuse of the client. The Home Manager will retrain all staff on appropriate supervision levels for clients in the home, as indicated in the clients' Individual support plan, Risk management plan and Individual Specific Training. In addition, the Home Manager will retrain all staff to follow policy by notifying the on call supervisor at any time there is a client fall, so that appropriate follow up can be immediately addressed. Staff will be retrained on, and required to complete a fall assessment form, any time that an individual falls, as well as documenting this in the clients' daily support record. The Program Director will ensure that there is sufficient staff, at all times, to ensure appropriate supervision and support of all clients, in accordance with the Individual Support Plan and the Risk Management Plan. The Program Director will request and facilitate an Interdisciplinary Plan Meeting at any time that a client is having recurring, or increases in the number of falls, that are not being corrected or addressed by current interventions in place. Documentation of this meeting, in</p>	08/21/2013	

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	<p>-09/17/12 client #7 - tripped over peer's walker and fell</p> <p>-09/26/12 client #4 - stood up lost balance and fell</p> <p>-09/26/12 client #2 - red mark on right hip; complained of pain from fall several days prior; taken for x-ray which indicated fractured ribs.</p> <p>-10/03/12 client #7 - lost balance and fell when peer bumped into her</p> <p>-10/04/12 client #2 - went to sit down, missed chair and fell</p> <p>-10/08/12 client #4 - missed seat when sitting down and fell</p> <p>-10/23/12 client #2 - threw jacket, lost balance and fell</p> <p>-10/23/12 client #4 - stood up from couch, fell down on knees</p> <p>-10/29/12 client #2 - fell doing exercises</p> <p>-11/09/12 client #4 - sat on another peer's lap, rolled off and landed on floor</p> <p>-11/26/12 client #6 - tried to get out of bed and fell</p> <p>-12/18/12 client #2 - caught the corner of walker on the bathroom door and fell</p> <p>-01/05/13 client #6 - fell in bedroom</p> <p>-01/12/13 client #3 - got up quickly from wheelchair, wheelchair moved when he sat down and he fell</p> <p>-01/28/13 client #1 - rolled out of bed and fell onto the floor</p> <p>-02/03/13 client #6 - leaned forward in wheelchair, slid out and fell</p> <p>-02/08/13 client #2 - got out of bed,</p>		<p>the form of a meeting signature sheet, as well as meeting notes, will be filed in the training book in the home, to be available for review and consultation, as well as training purposes. Facility supervisors will conduct active treatment observations, to ensure that supervision levels and fall protocols are being followed by facility staff. Supervisors will complete observations on all awake shifts, at least three times per week, for at least one month to ensure that staff are intervening appropriately and utilizing resources and written plans to prevent falls. Ongoing, after one month, facility supervisors will complete at least one active treatment per week to observe and document any support or active treatment needs necessary. The Program Director will be retrained, regarding appointment guidelines and assessment needs. The Facility Nurse will submit, quarterly, an appointment calendar for each client. This calendar will include all necessary upcoming appointments, assessments and evaluation. The Home Manager will ensure that all appointments are scheduled and completed within the necessary time frame. The Program Director will review the appointment calendar monthly, to ensure completion and follow up. The Program Director will document appointments completed, and follow up needed</p>				

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	<p>tripped over own feet and fell back into the bookcase and broke it</p> <p>-02/19/13 client #6 - leaned forward in wheelchair and fell out and hit head</p> <p>-02/19/13 client #2 - fell, crying and complained of hip pain</p> <p>-03/03/13 client #6 - reached for something and fell out of wheelchair</p> <p>-03/23/13 client #2 - tripped over her walker trying to get to phone and fell</p> <p>-04/19/13 client #7 - walked into class room, tripped and fell</p> <p>-04/29/13 client #2 - got up from table, lost balance and fell</p> <p>-04/30/13 client #3 - "impatient," rolled wheelchair over a curb and fell</p> <p>-05/13/13 client #6 - fell</p> <p>-05/16/13 client #2 - standing at sink and leaned to right side and fell</p> <p>-05/17/13 client #2 - fell in restroom</p> <p>-05/18/13 client #2 - hurried to ringing phone and fell</p> <p>-05/23/13 client #2 - got up from table, did not grab walker and fell</p> <p>-06/03/13 client #2 - bent down and fell backwards</p> <p>-06/08/13 client #2 - walking down hall and fell</p> <p>-06/14/13 client #2 - walking with walker and fell backwards</p> <p>-06/18/13 client #2 - walking to bathroom and fell</p> <p>-06/18/13 client #4 - got up from chair and tripped over peer's walker</p>		<p>on the monthly review. The Facility Nurse, in addition, will document appointments completed and follow up needed on the monthly nurses notes. Completion Date: 8/21/13 Responsible Parties: Program Director, Home Manager</p>		

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	<p>-06/22/13 client #2 - fell backwards using walker.</p> <p>1. Client #1's records were reviewed on 07/17/13 at 1:00 PM. There was one BDDS report for client #1 regarding a fall. Client #1's ISP (Individual Support Plan) was dated 02/20/13. The ISP indicated client #1 was admitted to the group home on 01/26/13. The ISP indicated client #1's diagnoses included but were not limited to: Profound Mental Retardation, Autism, Cerebral Palsy, Speech Defect (non-verbal) and Bipolar Disorder. The ISP indicated he was non-ambulatory and required a wheelchair for his mode of all transportation. The ISP indicated he was at risk for falls due to the Cerebral Palsy. The ISP indicated client #1 was not able to care for his own needs and required staff assistance for his activities of daily living (bathing, toileting, grooming and dressing). Client #1's record indicated he had not had a PT (Physical Therapy) evaluation since his admission to the home on 01/26/13.</p> <p>2. Client #2's records were reviewed on 07/18/13 at 9:50 AM. There were 18 BDDS reports for client #2 regarding falls which included rib fractures. Client #2's ISP was dated 11/07/12. The ISP indicated client #2's diagnoses included but were not limited to: Severe Mental</p>				

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	<p>Retardation, Gait Disturbance, Tardive Dyskinesia, Hypothyroidism, History of Breast Cancer and OCD (Obsessive Compulsive Disorder) and Behaviors. The ISP indicated she used a walker for her ambulation due to frequent falls. The ISP indicated she was at risk for falls and included a fall protocol dated 10/22/12. The protocol indicated client #2 required prompts to use her walker and the walker had an alarm to remind her to stay by the walker. The ISP indicated client #2 was not able to care for her own needs and required staff assistance for her activities of daily living (bathing, toileting, grooming and dressing). Client #2's record indicated the most recent PT evaluation was completed on 02/18/11.</p> <p>3. Client #3's records were reviewed on 07/18/13 at 10:56 AM. There were 2 BDDS reports for client #3 regarding falls. Client #3's ISP was dated 09/19/12. The ISP indicated client #3's diagnoses included but were not limited to: Profound Mental Retardation, Seizure Disorder, Disruptive Behaviors, Organic Mental Syndrome, Hypothyroidism and High Blood Pressure. The ISP indicated he used a wheelchair for his ambulation due to frequent falls. The ISP indicated he was at risk for falls and included a fall protocol dated 11/14/12. The protocol indicated client #3 had multiple falls after</p>						

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	<p>refusing to use the walker, it was discontinued and client #3 used a wheelchair for his mode of transportation. The ISP indicated client #3 was not able to care for his own needs and required staff assistance for his activities of daily living (bathing, toileting, grooming and dressing). Client #3's record indicated he was to have a PT evaluation scheduled after a 02/14/12 doctor visit. The record did not contain a PT evaluation after that date.</p> <p>4. Client #4's records were reviewed on 07/18/13 at 11:56 AM. There were 10 BDDS reports for client #4 regarding falls which included a fractured collar bone. Client #4's ISP was dated 08/22/12. The ISP indicated client #4's diagnoses included but were not limited to: Profound Mental Retardation, Fetal Alcohol Syndrome, Seizure Disorder, Osteoporosis and OCD (Obsessive Compulsive Disorder). The ISP indicated she did not use any assistive devices for ambulation, shuffled her feet when walking and was at risk for falls. The ISP included a fall protocol dated 10/24/12. The protocol indicated client #4 had fallen after a fracture. The protocol indicated she must have 1:1 (one-to-one) supervision when up and walking for safety. The ISP indicated client #4 was not able to care for her own needs and</p>			

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	<p>required staff assistance for her activities of daily living (bathing, toileting, grooming and dressing). Client #4's record indicated the most recent PT evaluation was completed on 09/17/10.</p> <p>5. Client #6's records were reviewed on 07/18/13 at 2:06 PM. There were 7 BDDS reports for client #6 regarding falls. Client #6's ISP indicated client #6's diagnoses included but were not limited to: Moderate Mental Retardation, Seizure Disorder, Hypothyroidism, Major Depression, Anxiety and Osteoporosis. Client #6's record indicated her most recent PT evaluation was completed on 05/16/13. The ISP indicated client #6 was not able to care for her own needs and required staff assistance for her activities of daily living (bathing, toileting, grooming and dressing).</p> <p>6. Client #7's records were reviewed on 07/18/13 at 2:36 PM. There were 3 BDDS reports for client #7 regarding falls. Client #7's ISP indicated client #7's diagnoses included but were not limited to: Profound Mental Retardation. The ISP indicated client #7 was not able to care for her own needs and required staff assistance for her activities of daily living (bathing, toileting, grooming and dressing). Client #7's record did not indicate when the most recent PT</p>			

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	<p>evaluation was completed.</p> <p>On 07/15/13 at 10:53 AM, a review of the facility's 04/2011 Policy of Quality and Risk Management indicated, "Indiana MENTOR promotes a high quality of service and seeks to protect individuals receiving Indiana MENTOR services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluation and reducing risk to which individuals are exposed. Indiana MENTOR follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS: 1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual...e. Failure to provide appropriate supervision, care or training...Indiana MENTOR is committed to ensuring the individuals we serve are provided with a safe and quality living environment...."</p> <p>On 07/19/13 at 1:20 PM an interview was conducted with the Program Director (PD). The PD indicated staff failed to follow the policy/procedure as they failed to provide adequate supervision of the clients which resulted in many falls. The</p>				

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	<p>PD also indicated the agency had the duty to keep the clients safe. She indicated the investigation of client #4's fractured collar bone failed to determine how, or exactly when, client #4's fracture occurred. The PD also indicated staff failed to follow the policy/procedure as they failed to ensure client #2 and client #4's safety to prevent fractures.</p> <p>9-3-2(a)</p>			

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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 for 39 of 96 BDDS (Bureau of Developmental Disabilities Services) reports regarding allegations of abuse, neglect and/or injuries of unknown source reviewed, the facility neglected to initiate and document effective corrective action to ensure client safety and prevent recurring falls for clients (clients #1, #2, #3, #4, #6 and #7).</p> <p>Findings include:</p> <p>On 07/15/13 at 11:57 AM the facility's BDDS Reports, investigations and internal incident/accident reports were reviewed from 07/01/12 through 07/14/13 and indicated the following client falls:</p> <p>-07/28/12 client #4 - bruised shoulder (unknown how), unable to move arm without pain and x-ray indicated a fractured collar bone. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #4 from further injuries.</p> <p>-08/12/12 client #4 - getting off van, tripped and fell. No record of</p>	W000157	The facility will take appropriate corrective action regarding any injury, known or unknown. The Home Manager will retrain all staff on appropriate supervision levels for clients in the home, as indicated in the clients' Individual support plan, Risk management plan and Individual Specific Training. In addition, the Home Manager will retrain all staff to follow policy by notifying the on call supervisor at any time there is a client fall, so that appropriate follow up can be immediately addressed. Staff will be retrained on, and required to complete a fall assessment form, any time that an individual falls, as well as documenting this in the clients' daily support record. The Program Director will ensure that there is sufficient staff, at all times, to ensure appropriate supervision and support of all clients, in accordance with the Individual Support Plan and the Risk Management Plan. The Program Director will be retrained to submit a written corrective action plan, following any client fall. This corrective action plan will include interventions and support necessary to prevent future falls. The Program Director will document review of corrective action plans, and further review needed, in the	08/21/2013
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	<p>documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #4 from further falls.</p> <p>-08/31/12 client #4 - scooting chair back caught foot and fell. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #4 from further falls.</p> <p>-09/04/12 client #4 - walking, stumbled and fell. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #4 from further falls.</p> <p>-09/17/12 client #7 - tripped over peer's walker and fell. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #7 from further falls.</p> <p>-09/26/12 client #4 - stood up, lost balance and fell. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #4 from further falls.</p> <p>-09/26/12 client #2 - red mark on right</p>		<p>monthly review. The Program Director will request and facilitate an Interdisciplinary Plan Meeting at any time that a client is having recurring, or increases in the number of falls, that are not being corrected or addressed by current interventions in place. Documentation of this meeting, in the form of a meeting signature sheet, as well as meeting notes, will be filed in the training book in the home, to be available for review and consultation, as well as training purposes. Facility supervisors will conduct active treatment observations, to ensure that supervision levels and fall protocols are being followed by facility staff. Supervisors will complete observations on all awake shifts, at least three times per week, for at least one month to ensure that staff are intervening appropriately and utilizing resources and written plans to prevent falls. Ongoing, after one month, facility supervisors will complete at least one active treatment per week to observe and document any support or active treatment needs necessary. Completion Date: 8/21/13 Responsible Parties: Home Manager, Program Director</p>				

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	<p>hip; complained of pain from fall several days prior; taken for x-ray which indicated fractured ribs. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #2 from further falls.</p> <p>-10/03/12 client #7 - lost balance and fell when peer bumped into her. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #7 from further falls.</p> <p>-10/04/12 client #2 - went to sit down, missed chair and fell. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #2 from further falls.</p> <p>-10/08/12 client #4 - missed seat when sitting down and fell. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #4 from further falls.</p> <p>-10/23/12 client #2 - threw jacket, lost balance and fell. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent</p>						

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	<p>client #2 from further falls.</p> <p>-10/23/12 client #4 - stood up from couch, fell down on knees. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #4 from further falls.</p> <p>-10/29/12 client #2 - fell doing exercises. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #2 from further falls.</p> <p>-11/09/12 client #4 - sat on another peer's lap, rolled off and landed on floor. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #4 from further falls.</p> <p>-11/26/12 client #6 - tried to get out of bed and fell. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #6 from further falls.</p> <p>-12/18/12 client #2 - caught the corner of walker on the bathroom door and fell. No record of documented effective corrective action was available for review in regard</p>			

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	<p>to staff monitoring or supervision to prevent client #2 from further falls.</p> <p>-01/05/13 client #6 - fell in bedroom. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #6 from further falls.</p> <p>-01/12/13 client #3 - got up quickly from wheelchair, wheelchair moved when he sat down and he fell. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #3 from further falls.</p> <p>-01/28/13 client #1 - rolled out of bed and fell onto the floor. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #1 from further falls.</p> <p>-02/03/13 client #6 - leaned forward in wheelchair, slid out and fell. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #6 from further falls.</p> <p>-02/08/13 client #2 - got out of bed, tripped over own feet and fell back into the bookcase and broke it. No record of</p>			

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	<p>documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #2 from further falls.</p> <p>-02/19/13 client #6 - leaned forward in wheelchair and fell out and hit her head. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #6 from further falls.</p> <p>-02/19/13 client #2 - fell, crying and complained of hip pain. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #2 from further falls.</p> <p>-03/03/13 client #6 - reached for something and fell out of wheelchair. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #6 from further falls.</p> <p>-03/23/13 client #2 - tripped over her walker trying to get to phone and fell. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #2 from further falls.</p>			

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	<p>-04/19/13 client #7 - walked into class room, tripped and fell. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #7 from further falls.</p> <p>-04/29/13 client #2 - got up from table, lost balance and fell. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #2 from further falls.</p> <p>-04/30/13 client #3 - "impatient," rolled wheelchair over a curb and fell. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #3 from further falls.</p> <p>-05/13/13 client #6 - fell in bedroom. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #6 from further falls.</p> <p>-05/16/13 client #2 - standing at sink and leaned to right side and fell. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #2 from further falls.</p>				

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	<p>-05/17/13 client #2 - fell in restroom. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #2 from further falls.</p> <p>-05/18/13 client #2 - hurried to ringing phone and fell. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #2 from further falls.</p> <p>-05/23/13 client #2 - got up from table, did not grab walker and fell. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #2 from further falls.</p> <p>-06/03/13 client #2 - bent down and fell backwards. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #2 from further falls.</p> <p>-06/08/13 client #2 - walking down hall and fell. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #2 from further falls.</p>				

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	<p>-06/14/13 client #2 - walking with walker and fell backwards. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #2 from further falls.</p> <p>-06/18/13 client #2 - walking to bathroom and fell. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #2 from further falls.</p> <p>-06/18/13 client #4 - got up from chair and tripped over peer's walker. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #4 from further falls.</p> <p>-06/22/13 client #2 - fell backwards using walker. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #2 from further falls.</p> <p>On 07/19/13 at 1:20 PM an interview was conducted with the Program Director (PD). The PD indicated there had been many staff changes at the home and the facility neglected to have the Inter-disciplinary</p>						

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	<p>Team meet to discuss the falls. The PD indicated the facility failed to implement or document effective corrective action for the falls and failed to obtain updated Physical Therapy evaluations.</p> <p>9-3-2(a)</p>			

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W000159	<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.</p> <p>Based on record review and interview, the QIDP (Qualified Intellectual Disabilities Professional) failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 4 additional clients (clients #5, #6, #7 and #8) to ensure: the individual programs were reviewed and revised for clients (clients #1, #2, #3 and #4) and the IDT met to discuss numerous falls and formulate a plan; enough staff were present in the home to provide care to meet client needs for clients #1, #2, #3, #4, #5, #6, #7 and #8; assessments were completed within 30 days after admission for client #1; clients #1 and #2's Behavior Support Plan (BSP) included the medication or a titration plan for the medications in the plan; evacuation drills were conducted at least every 90 days on the day, evening and night shifts for clients #1, #2, #3, #4, #5, #6, #7 and #8; client #2's modified diet orders were followed and client #1's active treatment needs were met pertaining to day services programming.</p> <p>Findings include:</p>	W000159	<p>Each client's active treatment program is integrated, coordinated and monitored by a qualified intellectual disability professional. The Program Director will receive retraining on policy and procedure related to review and revision of client support plans, including individual support plans, Risk Management and assessment plans and review and input regarding behavior management plans. The Program Director will ensure that goals and Individual Support Plans are revised, as needed, when the needs of the individuals change. The Program Director will review all documentation in the home, at least monthly to ensure that all documentation, plans and tracking sheets are current and available in the home for staff usage and review. This includes ensuring that there are always goal tracking sheets in the home. The Program Director will submit a monthly Program Director checklist, to the Area Director, monthly for verification and review. This checklist will indicate that all necessary documentation and tracking sheets are present in the home, for each client file. The Program</p>	08/21/2013	

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	<p>1. Client #1's records were reviewed on 07/17/13 at 1:00 PM. Client #1's ISP (Individual Support Plan) dated 02/20/13 indicated client #1's goals included the following: 1. decrease SIB (self-injurious behavior) and physical aggression; 2. point to specified medication from a choice of two; 3. wipe table area after meals; 4. identify a quarter from two coins; 5. choose an activity and participate; 6. brush teeth twice daily and 7. push the food processor button. Client #1's July 2013 goal book did not contain any goal tracking sheets.</p> <p>2. Client #2's records were reviewed on 07/18/13 at 9:50 AM. Client #2's ISP dated 11/07/12 indicated she was to point to her Namenda medication (memory loss/mental changes) and state what it is for. The July 2013 goal tracking sheet for the medication goal indicated, "No longer taking this med." The March 2013 MAR (Medication Administration Record) indicated the Namenda had been discontinued 03/15/13. The ISP had not been revised to discontinue the goal and formulate a new medication goal. Client #2's record indicated she had fallen 18 times between 09/26/12 and 06/08/13. The record failed to indicate the IDT (Inter-disciplinary Team) had met to discuss the falls and formulate a plan regarding the falls.</p>		<p>Director will review all behavior support plans to ensure that interventions are necessary and appropriate. This also includes the implementation of an effective titration plan for each individual. The titration plan will be implemented into the behavior support plan, by the behavioral consultant and will be reviewed by the Program Director. The Program Director will document, in the monthly review, accuracy, and efficacy of the behavior support plan, including titration plans. The Program Director will receive retraining on requirements and policy for evacuation drills. The Program Director will ensure completion of an evacuation drill, at least every 90 days. The Program Director will review the evacuation drills for completion and accuracy. The Program Director will document on the monthly Program Director review form the completion of the evacuation drill. The Program Director will submit monthly Program Director review forms, monthly, to the Area Director for review. The Program Director will retrain all staff on modified diet orders for all clients in the home. Facility supervisors will conduct active treatment observations, during meal times, at least weekly, to ensure adherence and understanding of modified diet orders. The Home Manager will retrain all staff on appropriate supervision levels for clients in</p>				

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	<p>3. Client #3's records were reviewed on 07/18/13 at 10:56 AM. There were 2 BDDS reports for client #3 regarding falls. Client #3's ISP was dated 09/19/12. The ISP indicated he used a wheelchair for his ambulation due to frequent falls. The record failed to indicate the IDT (Inter-disciplinary Team) had met to discuss the falls and formulate a plan regarding the falls.</p> <p>4. Client #4's records were reviewed on 07/18/13 at 11:56 AM. There were 10 BDDS reports for client #4 regarding falls which included a fractured collar bone. Client #4's ISP was dated 08/22/12 and indicated she was at risk for falls. The record failed to indicate the IDT (Inter-disciplinary Team) had met to discuss the falls and formulate a plan regarding the falls.</p> <p>Please refer to W186. The QIDP failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) and 4 additional clients (clients #5, #6, #7 and #8) by not ensuring enough staff were present in the home to provide care to meet client needs.</p> <p>Please refer to W210. The QIDP failed for 1 of 1 new client admitted to the home, (client #1), to ensure assessments were completed within 30 days after</p>		<p>the home, as indicated in the clients' Individual support plan, Risk management plan and Individual Specific Training. In addition, the Home Manager will retrain all staff to follow policy by notifying the on call supervisor at any time there is a client fall, so that appropriate follow up can be immediately addressed. Staff will be retrained on, and required to complete a fall assessment form, any time that an individual falls, as well as documenting this in the clients' daily support record. The Program Director will ensure that there is sufficient staff, at all times, to ensure appropriate supervision and support of all clients, in accordance with the Individual Support Plan and the Risk Management Plan. The Program Director will request and facilitate an Interdisciplinary Plan Meeting at any time that a client is having recurring, or increases in the number of falls, that are not being corrected or addressed by current interventions in place. Documentation of this meeting, in the form of a meeting signature sheet, as well as meeting notes, will be filed in the training book in the home, to be available for review and consultation, as well as training purposes. Facility supervisors will conduct active treatment observations, to ensure that supervision levels and fall protocols are being followed by facility staff. Supervisors will complete observations on all</p>				

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	<p>admission.</p> <p>Please refer to W312. The QIDP failed for 2 of 4 sampled clients (clients #1 and #2) who were on medications related to behaviors, by not ensuring the client's Behavior Support Plan (BSP) included the medication or a titration plan for the medications in the plan.</p> <p>Please refer to W440. The QIDP failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) who resided in the home, by not ensuring an evacuation drill was conducted at least every 90 days on the day, evening and night shifts.</p> <p>Please refer to W460. The QIDP failed for 1 of 4 sample clients (client #2) who was on a modified diet to ensure diet orders were followed.</p> <p>Please refer to W9999. The QIDP failed for 1 of 4 sampled clients (client #1) to meet the active treatment needs pertaining to day services programming.</p> <p>On 07/19/13 at 1:20 PM an interview with the QIDP was conducted. The QIDP indicated the IDT (Inter-disciplinary Team) failed to meet on a regular basis regarding the falls. She indicated there were not any documented IDT meetings. She indicated the staff had been advised</p>		<p>awake shifts, at least three times per week, for at least one month to ensure that staff are intervening appropriately and utilizing resources and written plans to prevent falls. Ongoing, after one month, facility supervisors will complete at least one active treatment per week to observe and document any support or active treatment needs necessary. The Program Director will be retrained, regarding appointment guidelines and assessment needs. The Facility Nurse will submit, quarterly, an appointment calendar for each client. This calendar will include all necessary upcoming appointments, assessments and evaluation. The Home Manager will ensure that all appointments are scheduled and completed within the necessary time frame. The Program Director will review the appointment calendar monthly, to ensure completion and follow up. The Program Director will document appointments completed, and follow up needed on the monthly review. The Facility Nurse, in addition, will document appointments completed and follow up needed on the monthly nurses notes. Completion Date: 8/21/13 Responsible Parties: Program Director, Home Manager</p>				

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	<p>to watch the clients more closely. She indicated she had forgotten the medication change on client #2 and staff failed to remind her when they were using the MAR daily. She further indicated there had been many significant staff changes over the past year and many things did not get done like they should have.</p> <p>9-3-3(a)</p>				

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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			
W000186	<p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review and interview, the facility failed to provide sufficient staff to provide care to meet client needs and to prevent numerous falls with and without injury for the 4 of 4 sample clients (clients #1, #2, #3 and #4) and 4 additional clients (clients #5, #6, #7 and #8).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 07/15/13 from 4:00 PM until 6:30 PM. Client #1 was observed to sit in his wheelchair in the living room during the observation time without activity except during the evening meal from 6:00 PM until 6:30 PM. There were 2 staff in the home (staff #1 and #2), the House Manager and a new staff (staff #3) who had been recently hired and was "shadowing" the other staff. All 8 clients were in the home and staff #1 indicated at 4:05 PM that client #4 needed 1:1</p>	W000186	<p>The facility provides sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. The Program Director will ensure that there is sufficient staff, at all times, to ensure appropriate supervision and support of all clients, in accordance with the Individual Support Plan and the Risk Management Plan. The QIDP will coordinate a meeting with the Area Director and Mentor Regional Director to facilitate a staffing schedule that includes a sufficient and appropriate number of on duty staff at all times. The Home Manager will retrain staff on supervision levels and needs of clients in the home, as indicated in the Individual Support Plan, Risk Management Plans and individual specific training. Facility Supervisors will conduct active treatment observations during awake shifts, at least three times per week, for one month, to ensure that appropriate number of staff, and acceptable interventions are in</p>	08/21/2013			

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	<p>(one-to-one) staff when she was up and walking in the home. Staff #1 indicated client #5 required 1:1 staff when he was up and walking as he had would pinch others in the home. Client #5 was able to walk up to the surveyor on 2 occasions at 5:16 PM and 5:51 PM and pinch the surveyor's arm without any staff intervention. Client #3 was in a wheelchair and self-propelled the chair. Client #2 used a walker and ambulated through the home without assistance. Client #6 used a wheelchair for mobility that required staff assistance and clients #7 and #8 were ambulatory. Client #7 walked through the home and sat in the living room for periods of time. Client #8 only came out of his room for medications and supper and then returned to his room to sit on his bed for the duration of the observation.</p> <p>Observations were conducted in the group home on 07/16/13 from 7:05 AM until 9:30 AM. During the observation there were 2 staff on duty (staff #4 and #5) and the House Manager. During the observation time client #8 remained in his room sitting on his bed with a cover over his head and only came out of his room for medications and breakfast. Client #4 was constantly up and down from sitting in the chair requiring a staff to be 1:1 with her. Client #5 walked through the house</p>		<p>place.Completion Date: 8/21/13Responsible Parties: Area Director, Regional Director, Home Manager, Program Director</p>		

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	<p>which required staff to monitor his movement also. Client #3 had an episode of head banging at 8:30 AM which required 1 staff to monitor him. At 8:03 AM client #2 opened the kitchen pantry door, reached up on the shelf and obtained two sandwich type hard cookies with cream icing filling and placed them in her pocket. No staff were present in the kitchen and when the surveyor asked client #2 what she had placed in her pocket she stated, "cookies." Client #2 walked to her bedroom with the cookies in her pocket and attempted to close the door. This surveyor asked client #2 if she was to have the cookies and she responded, "yes". When client #2 was asked if the cookies were pureed according to her diet plan, client #2 did not respond to the surveyor. Client #2 took a cookie from her pocket and started to raise her arm to her mouth as staff #5 was coming down the hall. Staff #5 was asked if client #2 should have hard cookies to eat and she replied, "no." Staff #5 was advised client #2 had two cookies that she had taken from the kitchen. Staff #5 went into client #2's bedroom and obtained the uneaten cookies from client #2 and verbally reminded her the cookies were not in a pureed form and client #2 should not be attempting to eat them because they were not prepared according to her dining plan and they could hurt her.</p>			

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	<p>Client #4's records were reviewed on 07/18/13 at 11:56 AM. There were 10 BDDS reports for client #4 regarding falls which included a fractured collar bone. Client #4's ISP was dated 08/22/12. The ISP indicated client #4's diagnoses included but were not limited to: Profound Mental Retardation, Fetal Alcohol Syndrome, Seizure Disorder, Osteoporosis and OCD (Obsessive Compulsive Disorder). The ISP indicated she did not use any assistive devices for ambulation, shuffled her feet when walking and was at risk for falls. The ISP included a fall protocol dated 10/24/12. The protocol indicated client #4 had fallen after a fracture. The protocol indicated she must have 1:1 (one-to-one) supervision when up and walking for safety. The ISP indicated client #4 was not able to care for her own needs and required staff assistance for her activities of daily living (bathing, toileting, grooming and dressing).</p> <p>On 07/19/13 at 1:20 PM an interview was conducted with the Program Director (PD)/QIDP (Qualified Intellectual Disabilities Professional). The PD indicated there were many falls reported in the home and all the clients in the home required 24 hour supervision and care. She indicated clients #4 and #5</p>			

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	<p>required 1:1 staff when they were up and walking around the home. She indicated the closest staff who saw them get up was the one who attended to them while they were up but that reduced the amount of staff to care for the other resident's needs. She indicated none of the clients was independent in any of their daily living needs (bathing, eating, hygiene etc.) and required assistance.</p> <p>9-3-3(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 observation, record review and interview, the facility failed for 1 of 1 new client admitted to the home, (client #1), to ensure assessments were completed within 30 days after admission and for 2 of 4 sample clients (clients #2 and #4) to obtain a reassessment by Physical Therapy (PT).</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 07/15/13 from 4:00 PM until 6:30 PM and on 07/16/13 from 7:05 AM until 9:30 AM. During both observation times client #1 was observed to be sitting in a wheelchair, client #2 used a roller walker to assist in ambulation and client #4 walked independently.</p> <p>1. Client #1's records were reviewed on 07/17/13 at 1:00 PM. The record indicated client #1 was admitted on 01/26/13, was non-verbal, non-ambulatory and used a wheelchair for his mode of transportation. Client #1's record indicated client #1 was admitted</p>	W000210	<p>The facility ensures accurate assessments or reassessments as needed to supplement the preliminary evaluation is conducted prior to admission. The Program Director will be retrained, regarding appointment guidelines and assessment needs. The Facility Nurse will submit, quarterly, an appointment calendar for each client. This calendar will include all necessary upcoming appointments, assessments and evaluation. The Home Manager will ensure that all appointments are scheduled and completed within the necessary time frame. The Program Director will review the appointment calendar monthly, to ensure completion and follow up. The Program Director will document appointments completed, and follow up needed on the monthly review. The Facility Nurse, in addition, will document appointments completed and follow up needed on the monthly nurses notes. The Program Director will ensure that any currently outstanding assessments are scheduled and completed. Completion Date: 8/21/13 Responsible Parties: Program Director Facility Nurse,</p>	08/21/2013			

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	<p>on the medications: Clonidine (inattention), Divalproex Sodium (behaviors), Ziprasidone (antipsychotic) and Clonazepam (anxiety). Client #1's record indicated his initial psychiatric evaluation was dated 03/15/13. Client #1's record indicated a vision evaluation was conducted on 04/30/13 and a hearing evaluation was conducted on 06/07/13. Client #1's record did not contain 30 day evaluations for dental, OT Occupational Therapy), PT (Physical Therapy) or ST (Speech Therapy) to address his communication needs.</p> <p>2. Client #2's records were reviewed on 07/18/13 at 9:50 AM. There were 18 BDDS reports for client #2 regarding falls which occurred on the following dates: 09/26/12 (resulting in fractured ribs), 10/04/12, 10/23/12, 10/29/12, 12/18/12, 02/08/13, 02/19/13, 03/23/13, 04/29/13, 05/16/13, 05/17/13, 05/18/13, 05/23/13, 06/03/13, 06/08/13, 06/14/13, 06/18/13 and 06/22/13. Client #2's fall risk protocol was dated 10/22/12 and her record indicated she had 17 falls since that date and there was not an updated fall risk plan. Client #2's record indicated the most recent PT evaluation was completed on 02/18/11 and indicated, "reassess annually if falls resume." The record did not contain any documentation of a reassessment for PT.</p>		Home Manager.	

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	<p>3. Client #4's records were reviewed on 07/18/13 at 11:56 AM. There were 10 BDDS reports for client #4 regarding falls on 07/28/12 (resulting in a fractured collar bone), 08/03/12, 08/31/12, 09/04/12, 09/17/12, 10/08/12, 10/23/12, 11/09/12 and 06/18/13. Fall risk protocol documents indicated client #4 had also fallen on 01/11/13, 01/23/13, 02/18/13, 02/23/13, 03/26/13, 04/04/13, 04/10/13, 06/10/13, 06/19/13 and 07/02/13. A fall protocol dated 10/24/12 indicated client #4 shuffled her feet when walking and was at risk for falls. The protocol indicated client #4 had fallen after a fracture. The protocol indicated she must have 1:1 (one-to-one) supervision when up and walking for safety. Client #4's record indicated the most recent PT evaluation was completed on 09/17/10. The record did not contain any documentation of a reassessment for PT.</p> <p>On 07/19/13 at 1:20 PM an interview with the Program Director (PD) was conducted. The PD indicated none of the assessments had been completed within 30 days after client #1's admission and should have been completed. She further indicated clients #2 and #4 needed to be reassessed by PT.</p> <p>9-3-4(a)</p>						

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W000218	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (client #3) with sensorimotor deficits to have a sensorimotor assessment.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 07/15/13 from 4:00 PM until 6:30 PM and on 07/16/13 from 7:05 AM until 9:30 AM. During both observation times client #3 was observed to be sitting in a wheelchair. Client #3 used his feet to propel the wheelchair.</p> <p>Client #3's records were reviewed on 07/18/13 at 10:56 AM. There were 2 BDDS reports for client #3 regarding falls on 01/12/13 and 04/30/13. A fall observation flowsheet indicated client #3 had fallen twice on 07/03/13. A fall risk protocol dated 11/14/12 indicated he was at risk for falls. The protocol indicated client #3 had multiple falls after refusing to use the walker, it was discontinued and client #3 used a wheelchair for his mode of transportation. A doctor visit on 02/14/12 indicated client #3 was to obtain a PT evaluation. The record did not</p>	W000218	<p>The facility ensures that the comprehensive functional assessment includes sensorimotor development. The Program Director will be retrained to include all domains required, in the comprehensive functional assessment. The Program Director will be retrained, regarding appointment guidelines and assessment needs. The Facility Nurse will submit, quarterly, an appointment calendar for each client. This calendar will include all necessary upcoming appointments, assessments and evaluation. The Home Manager will ensure that all appointments are scheduled and completed within the necessary time frame. The Program Director will review the appointment calendar monthly, to ensure completion and follow up. The Program Director will document appointments completed, and follow up needed on the monthly review. The Facility Nurse, in addition, will document appointments completed and follow up needed on the monthly nurses notes. The Program Director will ensure that any currently outstanding assessments are scheduled and completed. Completion Date: 8/21/13 Responsible Parties: Program Director, Area Director,</p>	08/21/2013			

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	<p>contain a PT evaluation after that date.</p> <p>On 07/19/13 at 1:20 PM an interview was conducted with the Program Director (PD) and the Registered Nurse (RN). The PD indicated the home had gone through many significant staff changes in the past year. The RN indicated client #3 was at risk for falls and a PT evaluation should be obtained.</p> <p>9-3-4(a)</p>		Home Manager, Facility Nurse.		

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W000259	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed.</p> <p>Based on interview and record review for 2 of 4 sampled clients (clients #3 and #4), the facility failed to ensure the comprehensive functional assessments (CFAs) were reviewed and updated annually.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 07/18/13 at 10:56 AM. Client #3's CFA was dated 09/21/11.</p> <p>Client #4's record was reviewed on 07/18/13 at 11:56 AM. Client #4's CFA was dated 08/31/11.</p> <p>On 07/19/13 at 1:20 PM an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated the the house manager was new and the CFAs were not updated annually.</p> <p>9-3-4(a)</p>	W000259	<p>The facility ensures that, at least annually, the comprehensive functional assessment of each client is reviewed by the interdisciplinary team for relevancy and updates as needed. The Program Director will receive retraining on policy and procedure regarding program monitoring and change including creating and updating the comprehensive functional assessment, for each client, at least annually. The Program Director will submit, to the Area Director, annually, or as revisions are needed the Individual Support Plan for each client, which will include a current and relevant comprehensive funtional assessment. Completion Date: 8/21/13 Responsible Parties: Program Director, Area Director</p>	08/21/2013	

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W000312	<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 4 sampled clients (clients #1 and #2) who were on medications related to behaviors, by not ensuring the clients' Behavior Support Plans (BSP) included the medication or a titration plan for the medications in the plans.</p> <p>Findings include:</p> <p>1. Client #1's records were reviewed on 07/17/13 at 1:00 PM. The record indicated client #1 was admitted on 01/26/13. Client #1's record indicated client #1 was admitted on the medications: Clonidine (inattention), Divalproex Sodium (behaviors), Ziprasidone (antipsychotic) and Clonazepam (anxiety). Client #1's record indicated his initial psychiatric evaluation was dated 03/15/13.</p> <p>Client #1's BSP dated 1/29/13 indicated client #1's behaviors included physical aggression and SIB (self-injurious</p>	W000312	<p>The facility ensures that drugs used for control of inappropriate behavior must be used only as an intergral part of the client's individual program plan that is directed speficially towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.The Program Director will review all behavior support plans to ensure that interventions are necessary and appropriate. This also includes the implementation of an effective titration plan for each individual. The titrationi plan will be implemented into the behavior support plan, by the behavioral consultant and will be reviewed by the Program Director. The Program Director will document, in the monthly review, accuracy, and efficacy of the behavior support plan, including titration plans.Completion date: 8/21/13Responsible Parties: Program Director</p>	08/21/2013			

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	<p>behavior). The BSP did not include a titration plan.</p> <p>On 07/19/13 at 1:20 PM an interview was conducted with the Program Director (PD). The PD indicated client #1's BSP should contain a titration plan.</p> <p>2. Client #2's records were reviewed on 07/18/13 at 9:50 AM. Client #2's BSP dated 09/29/12 indicated client #2's behaviors included resistance, verbal aggression, physical aggression, stealing, SIB, property destruction and inappropriate nudity. The BSP indicated she was on the following medications for the behaviors: Diazepam, Abilify, Fluoxetine and Exelon Patch. The BSP did not include a titration plan.</p> <p>On 07/19/13 at 1:20 PM an interview was conducted with the Program Director (PD). The PD indicated client #2's BSP should contain a titration plan.</p> <p>9-3-5(a)</p>				

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W000318	<p>483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met.</p> <p>Based on record review and interview, the Condition of Participation of Health Care Services is not met as the facility failed to assure 4 of 4 sample clients (clients #1, #2, #3 and #4) received timely health care services for their medical needs and medical conditions.</p> <p>Findings include:</p> <p>Please refer to W331 as the facility nursing services failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4), by not ensuring the clients received evaluations and physician follow-ups as recommended for their medical needs and conditions.</p> <p>9-3-6(a)</p>	W000318	<p>The facility ensures that specific health care services requirements are met. The Program Director will be retrained, regarding appointment guidelines and assessment needs. The Facility Nurse will submit, quarterly, an appointment calendar for each client. This calendar will include all necessary upcoming appointments, assessments and evaluation. The Home Manager will ensure that all appointments are scheduled and completed within the necessary time frame. The Program Director will review the appointment calendar monthly, to ensure completion and follow up. The Program Director will document appointments completed, and follow up needed on the monthly review. The Facility Nurse, in addition, will document appointments completed and follow up needed on the monthly nurses notes. Completion Date: 8/21/13 Responsible Parties: Program Director, Facility Nurse, Home Manager</p>	08/21/2013	

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W000331	<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 4 of 4 sampled clients (clients #1, #2, #3 and #4), by not ensuring the clients received evaluations and physician follow-ups as recommended.</p> <p>Findings include:</p> <p>1. Client #1's records were reviewed on 07/17/13 at 1:00 PM. The record indicated client #1 was admitted on 01/26/13, was non-verbal, non-ambulatory and used a wheelchair for his mode of transportation. Client #1's record indicated client #1 was admitted on the medications: Clonidine (inattention), Divalproex Sodium (behaviors), Ziprasidone (antipsychotic) and Clonazepam (anxiety). Client #1's record indicated his initial psychiatric evaluation was dated 03/15/13. Client #1's record indicated a vision evaluation was conducted on 04/30/13 and a hearing evaluation was conducted on 06/07/13. Client #1's record did not contain 30 day evaluations for dental, OT Occupational Therapy), PT (Physical Therapy) or ST (Speech Therapy) to address his communication needs.</p>	W000331	<p>The facility provides clients with nursing services in accordance with their needs. The Program Director will be retrained, regarding appointment guidelines and assessment needs. The Facility Nurse will submit, quarterly, an appointment calendar for each client. This calendar will include all necessary upcoming appointments, assessments and evaluation. The Home Manager will ensure that all appointments are scheduled and completed within the necessary time frame. The Program Director will review the appointment calendar monthly, to ensure completion and follow up. The Program Director will document appointments completed, and follow up needed on the monthly review. The Facility Nurse, in addition, will document appointments completed and follow up needed on the monthly nurses notes. Completion Dates: 8/21/13 Responsible Parties: Program Director, Home Manager, Facility Nurse</p>	08/21/2013			

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	<p>2. Client #2's records were reviewed on 07/18/13 at 9:50 AM. There were 18 BDDS reports for client #2 regarding falls which occurred on the following dates: 09/26/12 (resulting in fractured ribs), 10/04/12, 10/23/12, 10/29/12, 12/18/12, 02/08/13, 02/19/13, 03/23/13, 04/29/13, 05/16/13, 05/17/13, 05/18/13, 05/23/13, 06/03/13, 06/08/13, 06/14/13, 06/18/13 and 06/22/13. Client #2's fall risk protocol was dated 10/22/12 and her record indicated she had 17 falls since that date and there was not an updated fall risk plan. Client #2's record indicated the most recent PT evaluation was completed on 02/18/11 and indicated, "reassess annually if falls resume." Client #2's record indicated she had a history of breast cancer. A Medical Appointment Form dated 02/01/13 indicated the reason for the visit was, "yearly mammogram complaint of R (right) breast pain." The Provider Recommendations/Results portion indicated, "Negative Rt (right) mammogram. Pt (patient) is due for bilateral mammogram (yearly) April 2013." The record did not contain any documentation that the April 2013 mammogram had been completed. A Medical Appointment Form dated 06/25/13 indicated the reason for the visit was a cellulitis re-check. The Provider Recommendations indicated, "continue</p>			

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	<p>present antibiotic. If continues to improve see back in 2 weeks. If plateaus or worsens call and might change antibiotic." The record did not contain any documentation the follow-up appointment was completed.</p> <p>3. Client #3's records were reviewed on 07/18/13 at 10:56 AM. There were 2 BDDS reports for client #3 regarding falls on 01/12/13 and 04/30/13. A fall observation flowsheet indicated client #3 had fallen twice on 07/03/13. A fall risk protocol dated 11/14/12 indicated he was at risk for falls. The protocol indicated client #3 had multiple falls after refusing to use the walker, it was discontinued and client #3 uses a wheelchair for his mode of transportation. A doctor visit on 02/14/12 indicated client #3 was to obtain a PT evaluation. The record did not contain a PT evaluation after that date.</p> <p>4. Client #4's records were reviewed on 07/18/13 at 11:56 AM. There were 10 BDDS reports for client #4 regarding falls on 07/28/12 (resulting in a fractured collar bone), 08/03/12, 08/31/12, 09/04/12, 09/17/12, 10/08/12, 10/23/12, 11/09/12 and 06/18/13. Fall risk protocol documents indicated client #4 had also fallen on 01/11/13, 01/23/13, 02/18/13, 02/23/13, 03/26/13, 04/04/13, 04/10/13, 06/10/13, 06/19/13 and 07/02/13.</p>						

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	<p>A fall protocol dated 10/24/12 indicated client #4 shuffles her feet when walking and was at risk for falls. The protocol indicated client #4 had fallen after a fracture. The protocol indicated she must have 1:1 (one-to-one) supervision when up and walking for safety. Client #4's record indicated the most recent PT evaluation was completed on 09/17/10.</p> <p>On 07/19/13 at 1:20 PM an interview was conducted with the Program Director (PD) and the Registered Nurse (RN). The PD indicated the home had gone through many significant staff changes in the past year. The RN indicated staff had failed on many occasions to do the follow-up that had been recommended. She indicated there had been many falls in the home most of which were without injury, or minor bumps or scratches, however client #2 and client #4 had falls which resulted in fractures. She indicated new PT evaluations needed to be completed for clients #1, #2, #3 and #4 and she was scheduling the other appointments which needed to be completed. She indicated client #2 had a history of breast cancer and it was important to complete her mammogram timely and hers had not been completed yet.</p> <p>9-3-6(a)</p>			

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W000440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview, the facility failed for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) who resided in the home, by not ensuring an evacuation drill was conducted at least every quarter on the day, evening and night shifts.</p> <p>Findings include:</p> <p>On 07/16/13 at 12:55 PM, record reviews were completed of the facility's evacuation drills for the period of 03/09/12 through 07/15/13. The review of the evacuation drill records included evacuation drills which were conducted for personnel and clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>The first day shift drill for 2012 was conducted on 04/08/12 at 10:39 AM. The next day drill was conducted on 01/07/13 at 8:15 AM.</p> <p>The first evening shift drill for 2012 was conducted on 05/09/12 at 5:29 PM. The next evening drill was conducted on 02/09/13 at 4:30 PM and only included one client.</p>	W000440	The facility will hold evacuation drills at least quarterly for each shift of personnel. The Program Director will receive retraining on requirements and policy for evacuation drills. The Program Director will ensure completion of an evacuation drill, at least every 90 days. The Program Director will review the evacuation drills for completion and accuracy. The Program Director will document on the monthly Program Director review form the completion of the evacuation drill. The Program Director will submit monthly Program Director review forms, monthly, to the Area Director for review. Completion Date: 8/21/13 Responsible Party: Area Director, Program Director	08/21/2013			

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	<p>The first night shift drill for 2012 was conducted on 03/09/12 at 1:00 AM. The next night drill was conducted on 06/08/13 at 2:15 AM.</p> <p>On 07/19/13 at 1:20 PM an interview with the Program Director (PD) was conducted. The PD indicated the home has gone through several new staff and new house managers over the last year and there were no additional evacuation drills for review.</p> <p>9-3-7(a)</p>				

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W000460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 4 sample clients (client #2) who was on a modified diet to ensure diet orders were followed.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 07/16/13 from 7:05 AM until 9:30 AM. At 8:03 AM client #2 opened the kitchen pantry door, reached up on the shelf and obtained two sandwich type hard cookies with cream icing filling and placed them in her pocket. No staff were present in the kitchen and when the surveyor asked client #2 what she had placed in her pocket she stated, "cookies". Client #2 walked to her bedroom with the cookies in her pocket and attempted to close the door. This surveyor asked client #2 if she was to have the cookies and she responded, "yes". When client #2 was asked if the cookies were pureed according to her diet plan, client #2 did not respond to the surveyor. Client #2 took a cookie from her pocket and started to raise her arm to her mouth as staff #5 was coming down the hall. Staff #5 was</p>	W000460	<p>The facility ensures that each client receives a nourishing, well balanced diet including modified and specially prescribed diets. The Program Director will retrain all staff on modified diet orders for all clients in the home. Facility supervisors will conduct active treatment observations, during meal times, at least weekly, to ensure adherence and understanding of modified diet orders. Facility supervisors will conduct active treatment observations, to ensure that supervision levels and diet orders are being followed by facility staff. Supervisors will complete observations on all awake shifts, at least three times per week, for at least one month to ensure that staff are intervening appropriately and ensuring that appropriate diet orders are being followed. Ongoing, after one month, facility supervisors will complete at least one active treatment per week to observe and document any support or active treatment needs necessary. Completion Date: 8/21/13 Responsible Parties: Program Director, Home Manager</p>	08/21/2013	

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	<p>asked if client #2 should have hard cookies to eat and she replied, "no." Staff #5 was advised client #2 had two cookies that she had taken from the kitchen. Staff #5 went into client #2's bedroom and obtained the uneaten cookies from client #2 and verbally reminded her the cookies were not in a pureed form and client #2 should not be attempting to eat them because they were not prepared according to her dining plan and they could hurt her.</p> <p>Client #2's records were reviewed on 07/18/13 at 9:50 AM. Client #2's ISP (Individual Support Plan) dated 11/07/12 indicated client #2 was at risk for choking and was on a pureed diet.</p> <p>On 07/19/13 at 1:20 PM an interview was conducted with the Program Director (PD). The PD indicated client #2 was at risk for choking, was on a pureed diet and she should not have taken the cookies to eat.</p> <p>9-3-8(a)</p>						

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W009999	<p>State Findings:</p> <p>460 IAC 9-3-4 Active Treatment Services</p> <p>(b) The provider shall obtain day services for each resident which: (1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers; (2) meet the resident's active treatment needs set forth in the resident's individual program plan as determined by the interdisciplinary team conference with preferences for services in the least restrictive environment.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on observation, record review, and interview, the facility failed to meet the active treatment needs pertaining to day services programming for 1 of 4 sampled clients (client #1).</p> <p>Findings include:</p> <p>Observations were conducted in the group home on 07/16/13 from 4:00 PM until 6:30 PM and on 07/17/13 from 7:05 AM until 9:30 AM. During both observations</p>	W009999	<p>The facility will obtain day services for each client that meet the criteria and cerification requirements established by the division of aging and rehabilitation services and that meet the resident's needs.The Program Director will coordinate with Day Service supervisors to ensure that all adaptive equipment, staff training and day service program needs are established for all clients. The Program Director will request and conduct an Interdisciplinary Team meeting to ensure that that the individual support plan and risk management plan are updated to ensure that all day service staff receive appropriate training. All individuals will receive day service that is appropriate to their needs.Completion Date: 8/21/13Responsible Parties: Program Director</p>	08/21/2013	

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	<p>client #1 was at home either prior to the arrival of his housemates or remained in the home after his housemates left for day services. Client #1 was observed to be non-verbal and sat in a wheelchair not engaged in any day service program.</p> <p>Client #1's records were reviewed on 07/17/13 at 1:00 PM. Client #1's ISP (Individual Support Plan) was dated 02/20/13. The ISP indicated client #1 was admitted to the group home on 01/26/13. The ISP indicated client #1's diagnoses included but were not limited to: Profound Mental Retardation, Autism, Cerebral Palsy, Speech Defect (non-verbal) and Bipolar Disorder. The ISP indicated he was non-ambulatory and required a wheelchair for his mode of all transportation. The ISP indicated client #1 was not able to care for his own needs and required staff assistance for his activities of daily living (bathing, toileting, grooming and dressing). The ISP indicated client #1 was to attend the agency's day service program, "once they are able to obtain all the needed adaptive equipment."</p> <p>The House Manager (HM) was interviewed on 07/15/13 at 4:04 PM. She indicated client #1 was not attending any day service program at the current time but was to be attending the agency</p>				

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	<p>program. She indicated they were still in need of equipment at the day program before he could go. She indicated she thought they were waiting on a Hoyer Lift. She indicated he had been admitted to the home in January 2013 and 7 months later still was not attending a day program.</p> <p>On 07/19/13 at 1:20 PM an interview was conducted with the Program Director (PD). The PD indicated client #1 still was not attending the agency day service program, but that still was the plan and they were waiting on further equipment at the site to support his needs. She indicated a lack of current day service did not meet his individual needs.</p> <p>9-3-4(b)(2)</p>				