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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G206 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | X3) DATE SURVEY COMPLETED 08/21/2014 |
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| NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN | STREET ADDRESS, CITY, STATE, ZIP CODE 4318 BADENSTRASSE JASPER, IN 47546 |
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| W000000 | <p>This visit was for the recertification and state licensure survey.</p> <p>This survey was done in conjunction with the PCR/PCR (post certification revisit/PCR) to the PCR completed on 2/17/14 to the investigation of complaint #IN00140398 completed on 1/3/14.</p> <p>Dates of survey: August 18, 19, 20 and 21, 2014.</p> <p>Surveyor: Dotty Walton, QIDP.</p> <p>Facility Number: 000734 Provider Number: 15G206 AIMS Number: 100234100</p> <p>These deficiencies reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/28/14 by Ruth Shackelford, QIDP.</p> | W000000 | | |
| W000104 | <p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</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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| | <p>Based on record review and interview for 1 of 4 sampled clients (A), the facility's governing body failed to exercise general policy and operating direction over the facility in a manner to maintain a system which ensured client A did not pay an "excessive" (\$164.13) Library fine out of the client's personal funds.</p> <p>Findings include:</p> <p>On August 20, 2014, at 1:10 PM, client A's Resident Fund Management Service/RFMS account statement was reviewed. The review indicated client A had paid \$164.13 for "Library Fees" on 4/21/14. The staff in charge of accessing the RFMS account information, staff #15, was contacted via electronic mail and indicated on 8/20/14 at 1:47 PM, client A paid for missing library books.</p> <p>Interview (via electronic mail) with Program Director #1 on 8/21/14 at 10:28 AM indicated client A should not have been charged for the Library fees and he would be reimbursed.</p> <p>9-3-1(a)</p> | W000104 | <p>W104: The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Corrective Action: (specific): Client A will be reimbursed in the amount of 164.13 for the library fees. The residential manager will be in-serviced on reviewing monthly RFMS statements and alert the Business Office Manager if there are questionable items on the account.</p> <p>How others will be identified: (Systemic): The residential manager will review the monthly RFMS statements for each client in the home.</p> <p>Measures to be put in place: Client A will be reimbursed in the amount of 164.13 for the library fees. The residential manager will be in-serviced on reviewing monthly RFMS statements and alert the Business Office Manager if there are questionable items on the account.</p> <p>Monitoring of Corrective Action:</p> | 09/20/2014 | | | |

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| W000124 | <p>483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.</p> <p>Based on record review and interview for 4 of 4 sampled clients (A, B, C and D), the facility failed to ensure the clients' surrogates who assisted them with decision making, had been informed and consented to their restrictive programs, BSPs/Behavior Support Plans/ISPs/Individual Support Plans.</p> <p>Findings include:</p> <p>Review of client A's record on 8/19/14 at 12:48 PM, indicated he had an 10/24/13 ISP which contained restrictive measures</p> | W000124 | <p>The residential manager will review the monthly RFMS statements for each client in the home.</p> <p>Completion date: 9/20/14</p> <p>W124: The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.</p> <p>Corrective Action: (specific): The QIDP and Residential Manager will be in-serviced on informing the client and legal guardian of any team</p> | 09/20/2014 |

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| | <p>limiting access to money, medications and freedom of movement outside the facility. The record review indicated a BSP dated 8/5/13 which contained the use of the antipsychotic drug Abilify 5 mg./milligrams daily for aggression. The record review indicated client A had a guardian who helped him with decision making to protect his rights. The review on 8/19/14 at 12:48 PM indicated the guardian had not reviewed and approved of the ISP or BSP.</p> <p>Review of client B's record on 8/19/14 at 2:07 PM, indicated he had an 10/19/13 ISP which contained restrictive measures limiting access to money, medications and freedom of movement outside the facility. The record review indicated a BSP dated 8/6/13 which contained the use of the antipsychotic drug Seroquel 400 mg. daily for aggression. The record review indicated client B's parents served as his co-guardians and they helped him with decision making to protect his rights. The review on 8/19/14 at 2:07 PM indicated the guardians had not reviewed and approved of the ISP or BSP.</p> <p>Review of client C's record on 8/19/14 at 1:28 PM, indicated he had a 03/12/14 ISP which contained restrictive measures limiting access to money, medications</p> | | <p>meetings and/or programming updates and required signatures.</p> <p>How others will be identified: (Systemic): The QIDP will follow up with the Residential Manager within one week to ensure all required signatures have been obtained after team meetings and/or programming updates.</p> <p>Measures to be put in place: The QIDP and Residential Manager will be in-serviced on informing the client and legal guardian of any team meetings and/or programming updates and required signatures.</p> <p>Monitoring of Corrective Action: The QIDP will follow up with the Residential Manager within one week to ensure all required signatures have been obtained after team meetings and/or programming updates.</p> <p>Completion date: 9/20/14</p> | | | | |

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| | <p>and freedom of movement outside the facility. The record review indicated a BSP dated 3/19/14 which contained the use of the antipsychotic drugs Lithium Carbonate and Risperdal for behavior management. Client C also received Paxil (antidepressant) for behavior and lorazepam (antianxiety) for behavior management.</p> <p>The record review indicated client C's parents served as his co-guardians and they helped him with decision making to protect his rights. The review on 8/19/14 at 1:28 PM indicated the guardians had not reviewed and approved of the ISP or BSP.</p> <p>Review of client D's record on 8/19/14 at 12:25 PM, indicated he had a 6/19/14 ISP which contained restrictive measures limiting access to money, behavior medications and freedom of movement outside the facility. The record review indicated a BSP dated 6/19/14 which contained the use of the antipsychotic drugs Nuedexta and Seroquel.</p> <p>Lamotrigine (anticonvulsant used for behavior) and clonazepam (anticonvulsant) daily for aggression.</p> <p>The record review indicated client D had a guardian who helped him with decision making to protect his rights. The review on 8/19/14 at 12:25 PM indicated the guardian had not reviewed and approved</p> | | | |

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| W000149 | <p>of the ISP or BSP.</p> <p>Interview with Qualified Intellectual Disabilities Professional/QIDP #1 on 8/19/14 at 3:30 PM indicated evidence the clients' guardians had been informed of and had consented to the clients' restrictive programs could not be found. The former QIDP/House Manager had not ensured the necessary consents were part of the clients' records.</p> <p>9-3-2(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 2 of 28 reportable incidents reviewed (clients A, C and F) the facility failed to ensure their policy which prohibited client neglect was implemented.</p> <p>Findings include:</p> | W000149 | <p>W149: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> | 09/20/2014 |

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| | <p>The facility's BDDS reports (Bureau of Developmental Disabilities Services) were reviewed on 8/18/14 at 2:00 PM and on 8/20/14 2:40 PM.</p> <p>The review indicated a BDDS report dated 5/2/14 with an incident date of 5/1/14 at 6:00 AM concerning clients C and F. The report indicated client C was bothering client F so client F "smacked" client C in the face and this "resulted in injury." The extent of the injury was not indicated.</p> <p>The review indicated a second BDDS report dated 5/2/14 with an incident date of 5/1/14 at 6:00 AM concerning clients C and A. The report indicated client A bit client C on the right arm above the wrist. Client C was taken to Urgent care and there were instructions to cleanse the wound three times daily.</p> <p>An investigation was conducted on 5/2/14 to 5/9/14 into the two client to client incidents. Staff #13 was supervising the clients at the time. The investigation indicated staff #13 was on her cell phone instead of supervising the clients. Staff #13 was neglectful in her duties in that she was not available to prevent client to client abuse/aggression which resulted in injury.</p> | | <p>Corrective Action: (specific): The direct care staff and residential manager will be in-serviced on the abuse, neglect and exploitation policy.</p> <p>How others will be identified: (Systemic): The residential manager will be in the home five times weekly to ensure that direct care staff are following the abuse, neglect and exploitation policy. The clinical supervisor will visit the home once weekly to ensure the same.</p> <p>Measures to be put in place: The direct care staff and residential manager will be in-serviced on the abuse, neglect and exploitation policy.</p> <p>Monitoring of Corrective Action: The residential manager will be in the home five times weekly to ensure that direct care staff are following the abuse, neglect and exploitation policy. The clinical supervisor will visit the home once weekly to ensure the same.</p> | | | | |

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| W000192 | <p>The "Abuse/Neglect/Exploitation Policy and Procedure" component of the agency's 10/25/10 Operational Policy and Procedure Manual (revised 01/09/2012) was reviewed on August 20, 2014 at 10:00 AM. The review indicated the agency prohibited neglect of clients. The definitions of neglect was as follows: "F. Neglect--Program Implementation/Intervention Definition: 1. Failure to provide goods and/or services necessary for the individual to avoid physical harm. 2. Intentional failure to implement a support plan, inappropriate intervention, etc. which may result in jeopardy without qualified person notification/review."</p> <p>Interview with Qualified Intellectual Disabilities Professional/QIDP #1 on 8/20/14 at 3:30 PM indicated staff #13 had been terminated due to poor performance in exercising her duties as facility staff (supervising clients).</p> <p>9-3-2(a)</p> <p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health</p> | | Completion date: 9/20/14 | | | | |

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| | <p>needs.</p> <p>Based on observation, record review and interview, for 2 of 4 sampled clients, (B and D), the facility failed to ensure staff were sufficiently trained to document controlled medications on a descending count sheet with accuracy.</p> <p>Findings include:</p> <p>Observations of the morning medication administration were conducted on 8/19/14 from 6:21 AM until 7:40 AM. Staff #12 administered controlled medications to clients as follows:</p> <p>Client B, lorazepam (Ativan) 0.5 milligram/mg pills (used for seizures or panic disorder) at 6:21 AM and, Client D, clonazepam (anticonvulsant) 0.5 mg at 6:37 AM.</p> <p>Review of client B's record on 8/19/14 at 3:19 PM of his MARS/Medication Administration records for 8/14 indicated he received Ambien 5 milligrams/mg daily for sleep (controlled medication). The descending controlled medication count sheets were reviewed and indicated the following unsigned entries: 8/17/14 hour of sleep was blank and 8/18/14 hour of sleep was blank.</p> <p>Review of client D's record on 8/19/14 at</p> | W000192 | <p>W192: For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>Corrective Action: (specific): The direct care staff and residential manager will be in-serviced on properly documenting controlled substances on a descending count sheet with accuracy.</p> <p>How others will be identified: (Systemic): The residential manager will be in the home five times weekly to check the controlled substances count sheets to ensure accuracy. The clinical supervisor will visit the home once weekly to ensure the same.</p> <p>Measures to be put in place: The direct care staff and residential manager will be in-serviced on properly documenting controlled substances on a descending count sheet with accuracy.</p> <p>Monitoring of Corrective Action:</p> | 09/20/2014 | | | |

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| | <p>3:00 PM of his 8/14 MARS indicated he received clonazepam 0.5 mg twice daily for behavior (controlled medication). The descending controlled medication count sheets were reviewed and indicated the following unsigned/blank entries for 8/2014: 8/5 7:00 AM, 8/11 7:00 AM, 8/12 7:00 AM, 8/17 8:00 PM, 8/18 7:00 AM and 8:00 PM. The client was on leave of absence on 8/17-18/14 but the drug sheet should have been filled out to reflect his absence and was not.</p> <p>Review of staff personnel files on 8/18/14 at 1:46 PM indicated the following training dates for CORE A/B medication training for the facility staff who had the responsibility to record controlled medications accurately:</p> <p>Staff #6 5/22/14 Staff #7 10/18/13 Staff #8 2/22/11 Staff #9 4/19/14 Staff #10 5/22/14 Staff #12 4/19/14.</p> <p>Interview with LPN #4 on 8/19/14 at 3:30 PM indicated staff were trained to fill out the controlled drug sheets correctly when dispensing controlled medications during the facility's mandatory CORE A/B classes.</p> | | <p>The residential manager will be in the home five times weekly to check the controlled substances count sheets to ensure accuracy. The clinical supervisor will visit the home once weekly to ensure the same.</p> <p>Completion date: 9/20/14</p> | | | | |

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| W000249 | <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 3 of 4 sampled clients (A, C and D), the facility failed to ensure clients' program objectives were implemented during formal and informal training opportunities.</p> <p>Findings include:</p> <p>Client A received medications from staff #12 on 8/19/14 at 7:21 AM. Staff #12 retrieved client A's book and medication caddy. No training was offered to client A.</p> <p>Review of client A's record on 8/19/14 at 12:48 PM, indicated he had an 10/24/13 ISP/Individual Support Plan which contained a medication objective to retrieve his "white book" and medication box containing his medications.</p> | W000249 | <p>W249: As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objective identified in the individual program plan.</p> <p>Corrective Action: (specific): The direct care staff and residential manager will be in-serviced on each client's ISP (Individualized Support Plan) which includes client objectives.</p> | 09/20/2014 |

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| | <p>At 6:21 AM on 8/19/14, staff #12 administered 300 milligrams of lithium carbonate to client C. Staff #12 did not prompt client C to identify his medication.</p> <p>Review of client C's record on 8/19/14 at 1:28 PM, indicated he had a 03/12/14 ISP which contained a medication objective to identify his lithium carbonate (antipsychotic) with 4 or fewer verbal prompts.</p> <p>On 8/19/14 at 6:37 AM, staff #12 administered clonazepam (anticonvulsant used for behavior management 0.5 mg to client D. Staff #12 did not prompt client D to state the side effects of clonazepam. Review of client D's record on 8/19/14 at 12:25 PM, indicated he had a 6/19/14 ISP which contained a training objective to identify the side effects of the drug clonazepam.</p> <p>Interview with staff #10 on 8/21/14 at 2:07 PM indicated staff were trained to implement client medication objectives during the medication administration.</p> <p>Interview with Qualified Intellectual Disabilities Professional/QIDP #1 on 8/21/14 at 2:38 PM indicated it was an expectation of the agency that staff should implement clients' training</p> | | <p>How others will be identified: (Systemic): The residential manager will be in the home five times weekly to ensure that direct care staff are following the ISP for each client. The clinical supervisor will visit the home one time weekly to ensure the same.</p> <p>Measures to be put in place: The direct care staff and residential manager will be in-serviced on each client's ISP (Individualized Support Plan) which includes client objectives.</p> <p>Monitoring of Corrective Action: The residential manager will be in the home five times weekly to ensure that direct care staff are following the ISP for each client. The clinical supervisor will visit the home one time weekly to ensure the same.</p> <p>Completion date: 9/20/14</p> | | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G206 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 08/21/2014 | |
| NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES SW IN | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 4318 BADENSTRASSE JASPER, IN 47546 | | | |
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| W000262 | <p>objectives during formal and informal opportunities.</p> <p>9-3-4(a)</p> <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. Based on record review and interview for 4 of 4 sampled clients (A, B, C and D), the facility's specially constituted committee (HRC/Human Rights Committee) failed to ensure the clients' restrictive programs; BSPs/Behavior Support Plans/ISPs/Individual Support Plans were reviewed, approved and monitored.</p> <p>Findings include:</p> <p>Review of client A's record on 8/19/14 at 12:48 PM, indicated he had an 10/24/13 ISP which contained restrictive measures limiting access to money, medications and freedom of movement outside the facility. The record review indicated a BSP dated 8/5/13 which contained the</p> | W000262 | <p>W262: 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>Corrective Action: (specific): The residential manager and QIDP (Qualified Intellectual Disabilities Professional) will be in-serviced on obtaining three HRC (Human Rights Committee) members signatures upon reviewing, approving and monitoring each client's restrictive program included in the ISP (Individual Support Plan) and BSP (Behavior</p> | 09/20/2014 | | | |

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| | <p>use of the antipsychotic drug Abilify 5 mg./milligrams daily for aggression. The record review of 8/19/14 at 12:48 PM indicated the facility's HRC had not reviewed and approved of the ISP or BSP for client A.</p> <p>Review of client B's record on 8/19/14 at 2:07 PM, indicated he had an 10/19/13 ISP which contained restrictive measures limiting access to money, medications and freedom of movement outside the facility. The record review indicated a BSP dated 8/6/13 which contained the use of the antipsychotic drug Seroquel 400 mg. daily for aggression. The record review indicated the HRC had not reviewed or approved of the restrictive program plans.</p> <p>Review of client C's record on 8/19/14 at 1:28 PM, indicated he had a 03/12/14 ISP which contained restrictive measures limiting access to money, medications and freedom of movement outside the facility. The record review indicated a BSP dated 3/19/14 which contained the use of the antipsychotic drugs Lithium Carbonate and Risperdal for behavior management. Client C also received Paxil (antidepressant) for behavior and lorazepam (antianxiety) for behavior management.</p> <p>The record review indicated the HRC had</p> | | <p>Support Plan).</p> <p>How others will be identified: (Systemic): The QIDP will communicate with the residential manager to ensure HRC approval has been obtained for any restrictive program before the program is put into place.</p> <p>Measures to be put in place: The residential manager and QIDP (Qualified Intellectual Disabilities Professional) will be in-serviced on obtaining three HRC (Human Rights Committee) members signatures upon reviewing, approving and monitoring each client's restrictive program included in the ISP (Individual Support Plan) and BSP (Behavior Support Plan).</p> <p>Monitoring of Corrective Action: The QIDP will communicate with the residential manager to ensure HRC approval has been obtained for any restrictive program before the program is put into place.</p> | | | | |

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| | <p>not reviewed or approved of the restrictive program plans.</p> <p>Review of client D's record on 8/19/14 at 12:25 PM, indicated he had a 6/19/14 ISP which contained restrictive measures limiting access to money, behavior medications and freedom of movement outside the facility. The record review indicated a BSP dated 6/19/14 which contained the use of the antipsychotic drugs Nuedexta and Seroquel. Lamotrigine (anticonvulsant used for behavior) and clonazepam (anticonvulsant) daily for aggression. The record review indicated the HRC had not reviewed or approved of the restrictive program plans.</p> <p>Interview with Qualified Intellectual Disabilities Professional/QIDP #1 on 8/19/14 at 3:30 PM indicated no evidence the facility's HRC had reviewed and approved the clients' restrictive programs. The former QIDP/House Manager had not ensured the necessary approvals were part of the clients' records.</p> <p>9-3-4(a)</p> | | <p>Completion date: 9/20/14</p> | | | | |

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| W000263 | <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 for 4 of 4 sampled clients (A, B, C and D), the facility's specially constituted committee (HRC/Human Rights Committee) failed to ensure the clients' restrictive programs; BSPs/Behavior Support Plans/ISPs/Individual Support Plans were implemented with the written informed consent of their guardians.</p> <p>Findings include:</p> <p>Review of client A's record on 8/19/14 at 12:48 PM, indicated he had an 10/24/13 ISP which contained restrictive measures limiting access to money, medications and freedom of movement outside the facility. The record review indicated a BSP dated 8/5/13 which contained the use of the antipsychotic drug Abilify 5 mg./milligrams daily for aggression. The record review indicated client A had a guardian who helped him with decision</p> | W000263 | <p>W263: The committee should ensure 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>Corrective Action: (specific): The residential manager and QIDP will be in-serviced on obtaining guardian written permission before the restrictive program is presented to HRC.</p> <p>How others will be identified: (Systemic): The QIDP will communicate with the residential manager to ensure written guardian approval has been obtained for any restrictive program before the program is presented to HRC.</p> | 09/20/2014 |

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| | <p>making to protect his rights. The review on 8/19/14 at 12:48 PM indicated the guardian had not reviewed and given written informed consent to the ISP or BSP.</p> <p>Review of client B's record on 8/19/14 at 2:07 PM, indicated he had an 10/19/13 ISP which contained restrictive measures limiting access to money, medications and freedom of movement outside the facility. The record review indicated a BSP dated 8/6/13 which contained the use of the antipsychotic drug Seroquel 400 mg. daily for aggression. The record review indicated client B's parents served as his co-guardians and they helped him with decision making to protect his rights. The review on 8/19/14 at 2:07 PM indicated the guardians had not reviewed and given written informed consent to the ISP or BSP.</p> <p>Review of client C's record on 8/19/14 at 1:28 PM, indicated he had a 03/12/14 ISP which contained restrictive measures limiting access to money, medications and freedom of movement outside the facility. The record review indicated a BSP dated 3/19/14 which contained the use of the antipsychotic drugs Lithium Carbonate and Risperdal for behavior management. Client C also received Paxil (antidepressant) for behavior and</p> | | <p>Measures to be put in place: The residential manager and QIDP will be in-serviced on obtaining guardian written permission before the restrictive program is presented to HRC.</p> <p>Monitoring of Corrective Action: The QIDP will communicate with the residential manager to ensure written guardian approval has been obtained for any restrictive program before the program is presented to HRC.</p> <p>Completion date: 9/20/14</p> | | |

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| | <p>lorazepam (antianxiety) for behavior management.</p> <p>Client C's parents served as his co-guardians and they helped him with decision making to protect his rights. The review on 8/19/14 at 1:28 PM indicated the guardians had not reviewed and given written informed consent for the ISP or BSP.</p> <p>Review of client D's record on 8/19/14 at 12:25 PM, indicated he had a 6/19/14 ISP which contained restrictive measures limiting access to money, behavior medications and freedom of movement outside the facility. The record review indicated a BSP dated 6/19/14 which contained the use of the antipsychotic drugs Nuedexta and Seroquel.</p> <p>Lamotrigine (anticonvulsant used for behavior) and clonazepam (anticonvulsant) daily for aggression.</p> <p>The record review indicated client D had a guardian who helped him with decision making to protect his rights. The review on 8/19/14 at 12:25 PM indicated the guardian had not reviewed and given written informed consent for the ISP or BSP.</p> <p>Interview with Qualified Intellectual Disabilities Professional/QIDP #1 on 8/19/14 at 3:30 PM indicated no evidence the clients' guardians had been informed</p> | | | | |

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| W000312 | <p>of and had consented to the clients' restrictive programs. The former QIDP/House Manager had not ensured the necessary consents had been obtained or were part of the clients' records. The facility's Human Rights Committee had not ensured the necessary consents had been obtained.</p> <p>9-3-4(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 4 sampled clients who received behavior controlling drugs (B), the facility failed to ensure the drug Ambien (for sleep) was included in the client's BSP/Behavior Support Plan which</p> | W000312 | <p>W312: 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</p> | 09/20/2014 |

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| | <p>included withdrawal criteria.</p> <p>Findings include:</p> <p>Review of client B's record on 8/19/14 at 2:07 PM, indicated he had an 8/6/13 BSP which contained the use of the antipsychotic drug Seroquel 400 mg. daily for aggression. The record review indicated the client also received Ambien for sleep 5 milligrams at hour of sleep. The use of the Ambien and withdrawal criteria for it were not included in the BSP. A facility Behavior Review Committee form dated 6/18/14 indicated the behaviorist was directed to add the use of the Ambien to client B's BSP.</p> <p>Interview with Qualified Intellectual Disabilities Professional/QIDP #1 on 8/19/14 at 3:30 PM indicated client B's BSP had not been revised to include the use of Ambien.</p> <p>9-3-5(a)</p> | | <p>behaviors for which the drugs are employed.</p> <p>Corrective Action: (specific): The QIDP will be in-serviced on including all behavior controlling drugs and withdrawal criteria to the BSP.</p> <p>How others will be identified: (Systemic): The QIDP will ensure that each behavior controlling drug and withdrawal criteria are included on the BSP. The BRC (Behavior Review Committee) will review quarterly to ensure accuracy.</p> <p>Measures to be put in place: The QIDP will be in-serviced on including all behavior controlling drugs and withdrawal criteria to the BSP.</p> <p>Monitoring of Corrective Action: The QIDP will ensure that each behavior controlling drug and withdrawal criteria are included on the BSP. The BRC (Behavior Review Committee) will review quarterly to ensure accuracy.</p> | | |

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| W000440 | <p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 4 of 4 sampled clients (A, B, C and D), and 3 additional clients (E, F and G), the facility failed to ensure evacuation drills were conducted at least quarterly for all shifts of personnel.</p> <p>Findings include:</p> | W000440 | <p>Completion date: 9/20/14</p> <p>W440: The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Corrective Action: (specific): The direct care staff and residential manager will be in-serviced on</p> | 09/20/2014 |

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| | <p>Fire evacuation drills from 7/31/13 until the time of the survey with clients A, B, C, D, E (since admittance 8/1/14), F, and G as participants, were reviewed on 8/19/14 at 12:30 PM. The review indicated no sleeptime drills for the third quarter (July, August, September) and the fourth quarter, (October, November, December) of 2013, and the first quarter of 2014 (January, February, March).</p> <p>Interview with Qualified Intellectual Disabilities Professional/QIDP staff #1 on 8/19/14 at 1:23 PM indicated no additional drills were done.</p> <p>9-3-7(a)</p> | | <p>holding evacuation drills at least quarterly for each shift of personnel.</p> <p>How others will be identified: (Systemic): The clinical supervisor will review the home drills monthly to ensure that they are being held as needed according to policy.</p> <p>Measures to be put in place: The direct care staff and residential manager will be in-serviced on holding evacuation drills at least quarterly for each shift of personnel.</p> <p>Monitoring of Corrective Action: The clinical supervisor will review the home drills monthly to ensure that they are being held as needed according to policy.</p> <p>Completion date: 9/20/14</p> | |