

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G238	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/15/2016
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1803 RILEY RD NEW CASTLE, IN 47362
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W 0000 Bldg. 00	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Survey Dates: April 6, 7, 8 and 15, 2016.</p> <p>Facility Number: 000761 Provider Number: 15G238 AIM Number: 100234630</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 4/22/16.</p>	W 0000		
W 0149 Bldg. 00	<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 4 of 4 sampled clients (#1, #2, #3 and #4) and 2 additional clients (#6 and #7), the facility failed to implement its policy and procedures to ensure all allegations of neglect and abuse were reported to APS (Adult Protective Services) per IC 12-10-3 according to state law and were investigated and/or thoroughly investigated.</p>	W 0149	<p>W149 Staff Treatment of Clients The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. 1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Program Director will be retrained on reporting protocol, including reporting to APS, in a timely manner. · Program Director will be retrained on 	05/15/2016

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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

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	<p>Findings include:</p> <p>The facility's policies and procedures were reviewed on 4/6/16 at 1 PM. The facility's April 2011 policy entitled Quality and Risk Management indicated:</p> <p>__ "A. 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, evaluating and reducing risk to which individuals are exposed.</p> <p>__ B. Indiana Mentor follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident in this category shall also be reported to Adult Protective Services or Child Protective Services as applicable. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS:</p> <p>1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to Adult Protective Services or Child Protective Services as applicable....</p> <p>a. Physical abuse, including but not limited to (not all inclusive):</p> <p>i. intentionally touching another person in a rude, insolent or angry</p>		<p>investigation process, to ensure timeliness and thoroughness. · All incidents of client to client abuse or injuries of unknown origin will be reported to BDDS and APS, per state law. 2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · All residents have the potential to be affected by the same deficient practice. · Program Director will be retrained on reporting protocol, including reporting to APS, in a timely manner. · Program Director will be retrained on investigation process, to ensure timeliness and thoroughness. · All incidents of client to client abuse or injuries of unknown origin will be reported to BDDS and APS, per state law. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? · Program Director will be retrained on reporting protocol, including reporting to APS, in a timely manner. · Program Director will be retrained on investigation process, to ensure timeliness and thoroughness. · All incidents of client to client abuse or injuries of unknown origin will be reported to BDDS and APS, per state law. 4. How will the corrective action be monitored to ensure the deficient practice will not recur? · Program</p>	

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W 0153 Bldg. 00	<p>manner....</p> <p>4. h. Injury to an individual when the origin or cause of the injury is unknown and the injury required medical evaluation or treatment....</p> <p>___Activities initiated by Mentor that require mandated investigative components....</p> <p>b. ...alleged abuse, neglect...."</p> <p>1. The facility failed to ensure all allegations of abuse/neglect were reported to APS (Adult Protective Services) per IC 12-10-3 according to state law for clients #1, #2, #3, #4, #6 and #7. Please see W153.</p> <p>2. The facility failed to ensure all allegations of abuse, neglect and mistreatment were investigated and/or thoroughly investigated for clients #1, #2, #3, #4, #6 and #7. Please see W154.</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p>		<p>Director will be retrained on reporting protocol, including reporting to APS, in a timely manner. Program Director will be retrained on investigation process, to ensure timeliness and thoroughness. 5. What is the date by which the systemic changes will be completed?</p> <p>5/15/16</p>		

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	<p>Based on interview and record review for 6 of 12 allegations of abuse, neglect and mistreatment reviewed, the facility failed to ensure all allegations of abuse/neglect were reported to APS (Adult Protective Services) per IC 12-10-3 according to state law for clients #1, #2, #3, #4, #6 and #7.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 4/6/16 at 1 PM.</p> <p>The 2/10/16 BDDS report indicated on 2/10/16 when client #6 arrived at the day program the staff noted scratch marks on client #6's neck. When the client was asked what happened to cause the marks, the client indicated he did not know and then suggested the marks were caused by a staff at the group home. The 2/10/16 investigative report indicated client #6 had two scratches approximately two to three inches long on the right side of his neck under his chin and one smaller scratch on the left side of his neck. The BDDS report indicated APS was not notified.</p> <p>The 12/22/15 BDDS report indicated on 12/21/15 at 4:30 PM client #1 became upset and hit client #2 on the arm while client #2 was eating his PM snack. The</p>	W 0153	<p>W153 Staff Treatment of Clients The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> • <input type="checkbox"/> All staff will be retrained on protocol for reporting client abuse, neglect or injuries of unknown origin. • <input type="checkbox"/> Staff will notify Program Coordinator of any incidents. • <input type="checkbox"/> Program Coordinator will notify Program Director of any incidents. • <input type="checkbox"/> Program Director will be retrained on reporting protocol, including reporting to APS, in a timely manner. • <input type="checkbox"/> Program Director will be retrained on investigation process, to ensure timeliness and thoroughness. • <input type="checkbox"/> All incidents of client to client abuse or injuries of unknown origin will be reported to BDDS and APS, per state law. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what</p>	05/15/2016

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	<p>BDDS report indicated APS was not notified.</p> <p>The 12/29/15 BDDS report indicated on 12/28/15 at 3:45 PM while on the facility van, client #1 got upset and hit client #4. Client #1 then hit clients #2 and #7. Client #1 then kicked client #6. The staff then moved client #6 to another seat on the van. Client #7 kicked back at client #1 and client #1 hit client #2 again. The staff then sat beside client #1 and client #1 then kicked and hit at the staff for the remainder of the trip. The BDDS report indicated APS was not notified.</p> <p>The 11/13/15 BDDS report indicated on 11/12/15 at 7 PM while waiting to get onto the facility's van after attending church, client #2 hit client #3 in the chest. The BDDS report indicated APS was not notified.</p> <p>The 11/4/15 BDDS report indicated on 11/3/15 client #1 became upset and hit client #2 on the arm. The BDDS report indicated APS was not notified.</p> <p>The 8/11/15 BDDS report indicated on 8/11/15 clients #3 and #8 reported a staff member was "verbally mean to them." The BDDS report indicated APS was not notified.</p>		<p>correctiveaction will be taken?</p> <ul style="list-style-type: none"> •<input type="checkbox"/>All residents have the potential to be affectedby the same deficient practice. •<input type="checkbox"/>All staff will be retrained on protocol forreporting client abuse, neglect or injuries of unknown origin. •<input type="checkbox"/>Staff will notify Program Coordinator of anyincidents. •<input type="checkbox"/>Program Coordinator will notify Program Directorof any incidents. •<input type="checkbox"/>Program Director will be retrained on reportingprotocol, including reporting to APS, in a timely manner. •<input type="checkbox"/>Program Director will be retrained oninvestigation process, to ensure timeliness and thoroughness. •<input type="checkbox"/>All incidents of client to client abuse orinjuries of unknown origin will be reported to BDDS and APS, per state law. <p>3. What measures will be put into place orwhat systemic changes will be made to ensure that the deficient practice doesnot recur:</p> <ul style="list-style-type: none"> •<input type="checkbox"/>All staff will be retrained on protocol forreporting client abuse, neglect or injuries of unknown origin. •<input type="checkbox"/>Program Director will be retrained on reportingprotocol, including reporting to APS, in a timely manner. 	

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	<p>During interview with the Area Director (AD) on 4/6/16 at 1 PM, the AD: ___ Indicated all allegations of abuse were to be reported to BDDS and APS within 24 hours of knowledge of the abuse/neglect. ___ Indicated the BDDS report should indicate APS was notified.</p> <p>9-3-2(a)</p>		<ul style="list-style-type: none"> • <input type="checkbox"/> Program Director will be retrained on investigation process, to ensure timeliness and thoroughness. • <input type="checkbox"/> All incidents of client to client abuse or injuries of unknown origin will be reported to BDDS and APS, per state law. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> • <input type="checkbox"/> All staff will be retrained on protocol for reporting client abuse, neglect or injuries of unknown origin. • <input type="checkbox"/> Staff will notify Program Coordinator of any incidents. • <input type="checkbox"/> Program Director will notify Program Director of any incidents. • <input type="checkbox"/> Program Director will be retrained on reporting protocol, including reporting to APS, in a timely manner. • <input type="checkbox"/> Program Director will be retrained on investigation process, to ensure timeliness and thoroughness. • <input type="checkbox"/> All incidents of client to client abuse or injuries of unknown origin will be reported to BDDS and APS, per state law. <p>5. What is the date by which the systemic changes will be completed?</p>	

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W 0154 Bldg. 00	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on interview and record review for 6 of 12 allegations of abuse, neglect and mistreatment reviewed, the facility failed to ensure all allegations of abuse, neglect and mistreatment were thoroughly investigated for clients #1, #2, #3, #4, #6 and #7.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 4/6/16 at 1 PM.</p> <p>The 3/2/16 Bureau of Developmental Disabilities Services (BDDS) report indicated on 3/1/16 client #3 ran out of his work area and hit client #1 on the back of his neck with a closed fist several times before a staff could get to them.</p> <p>The facility records indicated no investigation was conducted.</p> <p>The 2/10/16 BDDS report indicated on 2/10/16 client #6 arrived at the day program with scratch marks on his neck.</p> <p>The 2/10/16 investigative report indicated client #6 had two scratches</p>	W 0154	<p>5/15/16</p> <p>W154 Staff Treatment of Clients The facility must ensure that all alleged violations are thoroughly investigated.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Program Director will be retrained on investigation process, to ensure timeliness and thoroughness. • <input type="checkbox"/> All incidents of client to client abuse or injuries of unknown origin will be investigated within 5 days of knowledge, per state law. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> • <input type="checkbox"/> All residents have the potential to be affected by the same deficient practice. • <input type="checkbox"/> Program Director will be retrained on investigation process, to ensure timeliness and thoroughness. • <input type="checkbox"/> All incidents of client to client abuse or injuries of unknown 	05/15/2016			

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	<p>approximately two to three inches long on the right side of his neck under his chin and one smaller scratch on the left side of his neck. When the client was asked what had happened to him he indicated he did not know and then suggested the marks were caused by a staff at the group home.</p> <p>__The investigative record indicated interviews with client #6, two staff from the day program and two staff from the group home.</p> <p>__The investigative record indicated no interviews with client #6's house mates and/or all staff that worked in the home.</p> <p>__The facility records did not indicate a thorough investigation was conducted.</p> <p>The 12/29/15 BDDS report indicated on 12/28/15 while on the facility van, client #1 got upset and hit client #4. Client #1 then hit clients #2 and #7. Client #1 then kicked client #6. A staff then moved client #6 to another seat on the van. Client #7 kicked back at client #1 and client #1 hit client #2 again. A staff then sat beside client #1 for the remainder of the trip.</p> <p>__The investigative record indicated two staff on the facility van at the time of the incident.</p> <p>__The investigative record did not indicate which clients and/or how many clients were on the van.</p>		<p>origin will be investigated within 5 days of knowledge, perstate law.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Program Director will be retrained on investigation process, to ensure timeliness and thoroughness. • <input type="checkbox"/> All incidents of client to client abuse or injuries of unknown origin will be investigated within 5 days of knowledge, perstate law. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Program Director will be retrained on investigation process, to ensure timeliness and thoroughness. • <input type="checkbox"/> All incidents of client to client abuse or injuries of unknown origin will be investigated within 5 days of knowledge, perstate law. <p>5. What is the date by which the systemic changes will be completed? 5/15/16</p>	

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	<p>__The investigative record indicated one interview with one staff member.</p> <p>__The investigative record indicated no client interviews.</p> <p>__The facility records did not indicate a thorough investigation was conducted.</p> <p>The 12/22/15 BDDS report indicated on 12/21/15 at 4:30 PM client #1 became upset and hit client #2 on the arm while client #2 was eating his PM snack.</p> <p>__The investigative record failed to indicate which staff and which clients were home at the time of the incident and the location of each person in the home.</p> <p>__The investigative record indicated one interview with one staff member and no client interviews.</p> <p>__The facility records did not indicate a thorough investigation was conducted.</p> <p>The 11/13/15 BDDS report indicated on 11/12/15 at 7 PM while waiting to get onto the facility's van after attending church, client #2 hit client #3 in the chest.</p> <p>__The investigation indicated one staff and six clients were present at the time of the incident.</p> <p>__The investigation indicated no client interviews.</p> <p>__The facility records did not indicate a thorough investigation was conducted.</p>			

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W 0225 Bldg. 00	<p>The 11/4/15 BDDS report indicated on 11/3/15 at 8 PM client #1 became upset and hit client #2 on the arm.</p> <p>__The investigative record failed to indicate which clients were home at the time of the incident and the location of each person in the home.</p> <p>__The investigative record indicated one interview with one staff member and no client interviews.</p> <p>__The facility records did not indicate a thorough investigation was conducted.</p> <p>During interview with the Area Director (AD) on 4/6/16 at 1 PM, the AD indicated:</p> <p>__All allegations of abuse were to be thoroughly investigated.</p> <p>__The investigative record should indicate all clients and staff in the home at the time of the incident/allegation.</p> <p>__The investigative record should include interviews with all clients and all staff in the home or in the area of where the allegation took place.</p> <p>9-3-2(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills.</p>			
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	<p>Based on observation, record review and interview for 4 of 4 sample clients (#1, #2, #3 and #4), the facility failed to assess and/or to include in their assessment the client's vocational abilities related to their individual work history, work skills, vocational goals and/or present and future employment options outside of the group home.</p> <p>Findings include:</p> <p>Observations were conducted at two day programs on 4/7/16 between 10:30 AM and 12:30 PM.</p> <p>__ During this observation period clients #1 and #3 were observed placing champagne glasses into a cardboard box. Interview with client #3 at 11 AM indicated the facility provided piece work for the clients that wanted to work. When asked if he would like to work in the community, he stated, "Yes" and indicated he was uncertain as to what type of job he would be interested in.</p> <p>__ During this observation period clients #2 and #4 attended a day services that did not provide an opportunity for pay. Clients #2 and #4 spent their day walking around the day room, watching television and participating in selected activities.</p> <p>Client #1's record was reviewed on 4/7/16 at 3 PM. Client #1's</p>	W 0225	<p>W 225 INDIVIDUAL PROGRAM PLAN</p> <p>A comprehensive functional assessment must include, as applicable, vocational skills.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Area Director developed and implemented avocational assessment that includes client vocational skills and goals. • <input type="checkbox"/> Program Director will be retrained on executing assessment at intake and annually thereafter. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> • <input type="checkbox"/> All residents have the potential to be affected by the same deficient practice • <input type="checkbox"/> Area Director developed and implemented a vocational assessment that includes client vocational skills and goals. • <input type="checkbox"/> Program Director will be retrained on executing assessment at intake and annually thereafter <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient</p>	05/15/2016			

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	<p>Comprehensive Functional Assessments (CFAs) dated 3/4/16 indicated a vocational assessment. Client #1's vocational assessment did not include client #1's work interests, vocational goals and/or present and future employment options.</p> <p>Client #2's record was reviewed on 4/8/16 at 10 AM. Client #2's record indicated no vocational assessment.</p> <p>Client #3's record was reviewed on 4/8/16 at 11 AM. Client #3's CFAs dated 9/3/15 indicated a vocational assessment. Client #3's vocational assessment did not include client #3's work interests, vocational goals and/or present and future employment options.</p> <p>Client #4's record was reviewed on 4/8/16 at 12 PM. Client #4's record indicated no vocational assessment.</p> <p>During telephone interview with the Area Director (AD) on 4/11/16 at 11:55 AM, the AD: ___ Indicated clients #1 and #3 attended a Day Program that provided paid work. ___ Indicated clients #2 and #4 attended a Day Program that did not provide paid work. ___ Indicated no vocational assessments for clients #2 and #4.</p>		<p>practice doesnot recur:</p> <ul style="list-style-type: none"> •□□□□□□□ Area Director developed and implemented avocational assessment that includes client vocational skills and goals. •□□□□□□□ Program Director will be retrained on executngassessment at intake and annually thereafter <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> •□□□□□□□ Area Director developed and implemented avocational assessment that includes client vocational skills and goals. •□□□□□□□ Program Director will be retrained on executngassessment at intake and annually thereafter <p>5. What is the date by which the systemic changes will be completed? 5/15/16</p>	

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W 0227 Bldg. 00	<p>___ Indicated the vocational assessments for clients #1 and #3 did not include the clients' vocational goals, dreams, work interests and/or present and future employment options.</p> <p>9-3-4(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4), the clients' program plans failed to address the clients' identified training needs in regard to: ___ Speech and communication needs for clients #1 and #2. ___ Maintenance and storage of clothing for client #2. ___ Bathing, hygiene and/or wearing clean, weather appropriate clothing for clients #1, #2, #3 and #4.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 4/6/16 between 3:45 PM and 6:30 PM and on 4/8/16 between 6</p>	W 0227	<p>W 227 INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Client specific objectives will be included in all program plans, specifically, a communication goal for client #1, 2; clothing storage for client # 2; and bathing, hygiene, wearing clean clothes for client #1,2,3,4. • <input type="checkbox"/> Program Director will be retrained on writing client 	05/15/2016

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	<p>AM and 8:10 AM.</p> <p>__ During both observation periods, clients #1 and #2 were difficult to understand. Client #1 used gestures and his own sign language to make his needs and wants known to the staff. Client #1 was asked to repeat himself several times.</p> <p>Client #1's record was reviewed on 4/7/16 at 3 PM.</p> <p>__ Client #1's 12/17/15 updated Individual Plan of Protective Oversight (IPOP) indicated "[Client #1] has articulation problems and is very difficult to understand. He knows some sign (sign language) and is able to communicate with signs, verbalizations and gestures. He is patient in communicating his wants/needs to others in a manner they can understand. He continues with formal training to expand his communication skills."</p> <p>__ Client #1's 7/13/15 Speech-Language Evaluation indicated "Communication needs can be met through programming within the facility and consultations with SLP (Speech and Language Pathologist) to develop and monitor appropriate communication goal(s)."</p> <p>__ Client #1's 9/10/15 Individualized Support Plan (ISP) indicated no training objectives to assist client #1 with his communication needs.</p>		<p>specific objectives into plan.</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Staff will be retrained on new programs and documentation expectations. • <input type="checkbox"/> Program Coordinator will review and monitor, weekly, to ensure that programs are being documented by staff. • <input type="checkbox"/> Program Director will monitor goal completion and progress through monthly reports and data comparison. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> • <input type="checkbox"/> All residents have the potential to be affected by the same deficient practice • <input type="checkbox"/> Client specific objectives will be included in all program plans, specifically, a communication goal for client #1, 2; clothing storage for client # 2; and bathing, hygiene, wearing clean clothes for client #1, 2, 3, 4. • <input type="checkbox"/> Program Director will be retrained on writing client specific objectives into plan. • <input type="checkbox"/> Staff will be retrained on new programs and documentation expectations. • <input type="checkbox"/> Program Coordinator will review and monitor, weekly, to ensure programs are completed and documented. • <input type="checkbox"/> Program Director will monitor goal completion and progress through monthly reports 	

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	<p>Client #2's record was reviewed on 4/8/16 at 10 AM.</p> <p>__ Client #2's 3/23/16 updated IPOP indicated "[Client #2] is echolalic. He will repeat comments that he hears. He has a large vocabulary however he does not talk in sentences spontaneously. Staff will usually have to ask [client #2] a question and wait for him to answer. If [client #2] is not interested in something he may say yes to several questions asked to him."</p> <p>__ Client #2's 7/13/15 Speech-Language Evaluation indicated "Communication needs can be met through programming within the facility and consultations with SLP to develop and monitor appropriate communication goal(s)."</p> <p>__ Client #2's 9/10/15 ISP indicated no training objectives to assist client #2 with his communication needs.</p> <p>During interview with staff #1 on 4/8/16 at 7 AM, staff #1 indicated client #1 was difficult to understand at times and that client #1 had made up a type of sign language for himself.</p> <p>During interview with the Residential Manager (RM) on 4/8/16 at 8 AM, the RM indicated client #1's and #2's ISPs did not include formal goals and/or objectives to assist the clients with their</p>		<p>and data comparison.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Client specific objectives will be included in all program plans, specifically, a communication goal for client #1, 2; clothing storage for client # 2; and bathing, hygiene, wearing clean clothes for client #1,2,3,4. • <input type="checkbox"/> Program Director will be retrained on writing client specific objectives into plan. • <input type="checkbox"/> Staff will be retrained on new programs and documentation expectations. • <input type="checkbox"/> Program Coordinator will review and monitor, weekly, to ensure programs are completed and documented. • <input type="checkbox"/> Program Director will monitor goal completion and progress through monthly reports and data comparison. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Client specific objectives will be included in all program plans, specifically, a communication goal for client #1, 2; clothing storage for client # 2; and bathing, hygiene, wearing clean clothes for client #1,2,3,4. 	

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	<p>communication needs.</p> <p>2. Observations were conducted at the group home on 4/6/16 between 3:45 PM and 6:30 PM and on 4/8/16 between 6 AM and 8:10 AM. During both observation periods the following was observed:</p> <p>__ Client #2 had no clothes hanging in his closet.</p> <p>__ Client #2 had underwear, socks and a couple pair of pajama pants in his dresser drawers. The rest of client #2's clothing (shirts and pants) was hanging in client #6's closet along with client #6's clothing.</p> <p>__ Client #6's closet was overfilled with clothing on hangers and it was difficult to remove one item at a time due to the amount of clothes that was hanging in client #6's closet.</p> <p>Client #2's record was reviewed on 4/8/16 at 10 AM. Client #2's updated 3/17/16 ISP indicated no training objectives to assist client #2 with the care and maintenance of his personal clothing.</p> <p>During interview with the Residential Manager (RM) on 4/6/16 at 5 PM, the RM:</p> <p>__ Indicated client #2 did not like to keep his clothing in his own bedroom and would often move all of his clothing into client #6's bedroom closet.</p>		<ul style="list-style-type: none"> •□□□□□□□ Program Director will be retrained on writing client specific objectives into plan. •□□□□□□□ Staff will be retrained on new programs and documentation expectations. •□□□□□□□ Program Coordinator will review and monitor, weekly, to ensure programs are completed and documented. •□□□□□□□ Program Director will monitor goal completion and progress through monthly reports and data comparison. <p>5. What is the date by which the systemic changes will be completed? 5/15/16</p>	

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	<p>__ Indicated client #2 used to reside in the bedroom client #6 was now in and stated, "I think he (client #2) just got into the habit of keeping his clothes in that bedroom and since we have moved him into the room he's in now, I don't think he has ever adjusted from the change." __ Client #2's ISP did not include any goals and/or objectives to assist client #2 with the care and storage of his clothing.</p> <p>3. Observations were conducted at the group home on 4/6/16 between 3:45 PM and 6:30 PM. During this observation period a staff was observed in the bathroom assisting clients #1, #2 and #4 while the clients were showering.</p> <p>3. a. Client #1's record was reviewed on 4/7/16 at 3 PM. Client #1's updated IPOP of 12/17/15 indicated: __ Client #1 required verbal prompts to initiate and complete all personal hygiene tasks. __ Client #1 required assistance with regulating the water temperature. __ Client #1 could select his own clothing but would wear the same clothing several days in a row and/or would wear clothing that was ripped, torn or soiled.</p> <p>Client #1's 3/26/16 ISP indicated no objectives and/or goals to assist client #1 with bathing, personal hygiene, wearing</p>			

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	<p>clean/appropriate clothing and/or the regulation of the weather temperature.</p> <p>During interview with staff #1 on 4/6/16 at 4:30 PM, staff #1 indicated: ___ Client #3 could shower independently without a staff being in the bathroom with him but had to be prompted to take a shower and to complete his hygiene tasks. ___ The staff had to monitor client #1 to ensure he showered thoroughly.</p> <p>During interview with the Residential Manager (RM) on 4/8/16 at 8 AM, the RM indicated client #1's ISP did not include formal goals and/or objectives to assist client #1 with his identified training needs in regard to bathing, personal hygiene, wearing clean/appropriate clothing and/or the regulation of the weather temperature.</p> <p>3. b. Client #2's record was reviewed on 4/8/16 at 10 AM. Client #2's updated IPOP of 12/17/15 indicated: ___ Client #2 required verbal prompts to initiate and complete all personal hygiene tasks. "Without staff assistance, [client #2] will only get in the bath for a short time and not wash, or fill the tub and not turn the water off.... [Client #2] needs verbal prompting to do a thorough job of bathing. He will also pour out entire</p>			

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	<p>bottles of soap/shampoo, etc. If not monitored he will flood the bathroom because he does not turn the water off and he will splash water out on the floor." __ Client #2 requires assistance in selecting weather appropriate and/or occasion appropriate clothing. __ Client #2 will wear "dirty and soiled" clothing. __ Client #2 will wear his favorite clothing repeatedly without washing them.</p> <p>Client #2's 3/17/16 updated ISP indicated no objectives and/or goals to assist client #2 with bathing, personal hygiene and/or wearing clean/appropriate clothing.</p> <p>During interview with the RM on 4/8/16 at 8 AM, the RM indicated client #2's ISP did not include any formal goals and/or objectives to assist client #2 with his identified training needs in regard to bathing, personal hygiene and/or wearing clean/appropriate clothing.</p> <p>3. c. Client #3's record was reviewed on 4/8/16 at 11 AM. Client #3's updated 9/29/15 IPOP indicated client #3 required verbal prompting to complete all hygiene tasks thoroughly.</p> <p>Client #3's 3/17/16 updated ISP indicated no objectives and/or goals to assist client</p>			

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	<p>#3 with bathing, personal hygiene and/or wearing clean/appropriate clothing.</p> <p>During interview with the RM on 4/8/16 at 8 AM, the RM indicated client #3's ISP did not include any formal goals and/or objectives to assist client #3 with his identified training needs in regard to bathing, personal hygiene and/or wearing clean/appropriate clothing.</p> <p>3. d. Client #4's record was reviewed on 4/8/16 at 12 PM. Client #4's updated 10/7/15 IPOP indicated: __ Client #4 required verbal prompting and "coaxing" to get client #4 into the shower/bath. __ Client #4 would wear stained and/or the same clothing for several days in a row.</p> <p>Client #4's 1/6/16 updated ISP indicated no objectives and/or goals to assist client #4 with bathing, personal hygiene and/or wearing clean/appropriate clothing.</p> <p>During interview with the RM on 4/8/16 at 8 AM, the RM indicated client #4's ISP did not include any formal goals and/or objectives to assist client #4 with his identified training needs in regard to bathing, personal hygiene and/or wearing clean/appropriate clothing.</p>			

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W 0252 Bldg. 00	<p>9-3-4(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Based on record review and interview for 3 of 4 sampled clients (#1, #2 and #3), the facility failed to ensure the staff documented the clients' program data as indicated in each clients' Individualized Support Program (ISP).</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 4/7/16 at 3 PM. Client #1's updated 3/18/16 ISP and client #1's March 2016 Programmatic Report (PR) indicated the following: __ Client #1 had an objective to brush his teeth, floss and rinse his mouth twice a day. Client #1's ISP indicated the staff were to document client #1's trials for this objective daily. The PR indicated the staff documented 9 trials for the month of March. __ Client #1 had an objective to independently select a form of exercise to participate in for 15-30 minutes daily.</p>	W 0252	<p>W 252 Program Documentation</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Staff will be retrained on documenting program data accurately and consistently. • <input type="checkbox"/> Program Coordinator will monitor program data entry weekly. • <input type="checkbox"/> Program Director will monitor program data collection monthly. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p>	05/15/2016
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	<p>Client #1's ISP indicated the staff were to document client #1's trials for this objective three times a week. The PR indicated the staff documented 5 trials for the month of March.</p> <p>__ Client #1 had an objective to clean his bedroom without reminders. Client #1's ISP indicated the staff were to document client #1's trials for this objective daily. The PR indicated the staff documented 5 trials for the month of March.</p> <p>__ Client #1 had an objective to state the reason he took Depakote (for behaviors). Client #1's ISP indicated the staff were to document client #1's trials for this objective three times a week. The PR indicated the staff documented 5 trials for the month of March.</p> <p>__ Client #1 had an objective to identify how to apply basic first aid when needed. Client #1's ISP indicated the staff were to document client #1's trials for this objective three times a week. The PR indicated the staff documented 5 trials for the month of March and failed to document 10 trials.</p> <p>__ Client #1 had an objective to independently pay for an item. Client #1's ISP indicated the frequency the staff were to document the client's attempts for this objective were three times a week. The PR indicated the staff documented 5 trials for the month of March.</p>		<ul style="list-style-type: none"> •<input type="checkbox"/> All residents have the potential to be affected by the same deficient practice •<input type="checkbox"/> Staff will be retrained on documenting program data accurately and consistently. •<input type="checkbox"/> Program Coordinator will monitor program data entry weekly. •<input type="checkbox"/> Program Director will monitor program data collection monthly. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> •<input type="checkbox"/> Staff will be retrained on documenting program data accurately and consistently. •<input type="checkbox"/> Program Coordinator will monitor program data entry weekly. •<input type="checkbox"/> Program Director will monitor program data collection monthly. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> •<input type="checkbox"/> Program Coordinator will monitor program data entry weekly. •<input type="checkbox"/> Program Director will monitor program data collection monthly. 	

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	<p>2. Client #2's record was reviewed on 4/8/16 at 10 AM. Client #2's updated 3/17/16 ISP and client #2's March 2016 PR indicated the following:</p> <p>__ Client #2 had an objective to follow his diet. Client #2's ISP indicated the staff were to document client #2's trials for this objective three times a week. The report indicated the staff documented 13 trials for the month of March.</p> <p>__ Client #2 had an objective to select a form of exercise to participate in for 10 minutes. Client #2's ISP indicated the staff were to document client #2's trials for this objective three times a week. The report indicated the staff documented 4 trials for the month of March.</p> <p>__ Client #2 had an objective to prepare for a medication pass. Client #2's ISP indicated the staff were to document client #2's trials for this objective three times a week. The report indicated the staff documented 8 trials for the month of March.</p> <p>__ Client #2 had an objective to state/point to the value of each coin. Client #2's ISP indicated the staff were to document client #2's trials for this objective three times a week. The report indicated the staff documented 3 trials for the month of March.</p> <p>__ Client #2 had an objective to prepare coffee. Client #2's ISP indicated the staff were to document client #2's trials for</p>		<p>5. What is the date by which the systemic changes will be completed? 5/15/16</p>	

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	<p>this objective three times a week. The report indicated the staff documented 8 trials for the month of March.</p> <p>__ Client #2 had an objective to do a body assessment, checking for injuries and/or medical issues, prior to going to bed. Client #2's ISP indicated the staff were to document client #2's trials for this objective three times a week. The report indicated the staff documented 4 trials for the month of March.</p> <p>3. Client #3's record was reviewed on 4/8/16 at 11 AM. Client #3's updated 1/6/16 ISP and client #3's March 2016 PR indicated the following:</p> <p>__ Client #3 had an objective to learn to borrow items from the library and return them timely without being damaged. Client #3's ISP indicated the staff were to document client #3's trials for this objective three times a week. The report indicated the staff documented 5 trials for the month of March.</p> <p>__ Client #3 had an objective to return items to [name of store] that have not been used for inappropriate actions. Client #3's ISP indicated the staff were to document client #3's trials for this objective three times a week. The report indicated the staff documented 5 trials for the month of March.</p> <p>__ Client #3 had an objective to explain the consequences of theft/ destruction of</p>			

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W 0263	<p>other's property. Client #3's ISP indicated the staff were to document client #3's trials for this objective daily. The report indicated the staff documented 5 trials for the month of March.</p> <p>__ Client #3 had an objective to save money toward purchasing a game system and not use the money for other purposes. Client #3's ISP indicated the staff were to document client #3's trials for this objective three times a week. The report indicated the staff documented 5 trials for the month of March.</p> <p>During telephone interview with the Area Director (AD) on 4/11/16 at 11:55 AM, the AD: __ Indicated she had completed the PR for March. __ Indicated the staff were to offer program training as indicated in each client's ISP and document the results of the training objective in Therap (the facility's computerized record system). __ Indicated the staff had failed to document the clients' training objective as specified in each clients' ISP.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE</p>				

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Bldg. 00	<p>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 (#1, #2, #3 and #4) with restrictive programs, the facility failed to ensure written informed consent from the clients' legal representatives prior to the implementation of restrictive programs.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 4/7/16 at 3 PM.</p> <p>Client #1's 4/7/16 physician's orders indicated client #1 received Divalproex and Olanzapine daily for behavior modification.</p> <p>Client #1's 3/28/16 Behavior Support Plan (BSP) indicated client #1 had targeted behaviors of non-compliance, self-injury, property destruction, disrobing in public, physical aggression and tantrums and received Divalproex and Olanzapine to address the targeted behaviors related to his "diagnosis of intermittent explosive disorder."</p> <p>Client #1's record indicated client #1 could not make informed medical</p>	W 0263	<p>W263 Program Monitoring and Change</p> <p>The committee should insure thatthese programs are conducted only with the written, informed consent of theclient, parents and legal guardian.</p> <p>1. Whatcorrective action will be accomplished?</p> <ul style="list-style-type: none"> •□□□□□□□ Program Director (QIDP) will be retrained onobtaining client, parent and guardian approval of restrictions, importance ofreview and documentation. •□□□□□□□ Program Director (QIDP) will review restrictionsin BSP at least annually with parties listed above. •□□□□□□□ Area Director will monitor completion ofobtaining informed consent, annually. •□□□□□□□ Quality Assurance will verify completion of HRCapproval, annually, in performance audits and internal mock survey process. <p>2. How will we identify other residents havingthe potential to be affected by the same deficient practice and what correctiveaction will be taken?</p> <ul style="list-style-type: none"> •□□□□□□□ All residents have the potential to be affectedby the same deficient practice. 	05/15/2016

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	<p>decisions alone and was represented by a legal health care representative. Client #1's record indicated no written informed consent from client #1's legal representative for the restrictive BSP that included the use of Divalproex and Olanzapine.</p> <p>2. Client #2's record was reviewed on 4/8/16 at 10 AM.</p> <p>Client #2's 2/4/16 physician's orders indicated client #2 received the following behavior modification medications: Luvox, Risperidone and Lamotrigine.</p> <p>Client #2's 3/24/16 BSP indicated client #2 received Luvox, Risperidone and Lamotrigine to address client #2's targeted behaviors of property destruction, inappropriate social skills, physical aggression and rumination (the regurgitation of food eaten).</p> <p>Client #2's record indicated client #2 could not make informed medical decisions and was represented by a legal health care representative. Client #2's record indicated no written informed consent from client #2's legal representative for the restrictive BSP that included the use of Luvox, Risperidone and Lamotrigine.</p>		<ul style="list-style-type: none"> • <input type="checkbox"/> Program Director will be retrained on obtaining client, parent and guardian approval of restrictions, importance of review and documentation. • <input type="checkbox"/> Program Director will review restrictions in BSP at least annually with parties listed above. • <input type="checkbox"/> Area Director will monitor completion of obtaining informed consent, annually. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Program Director will be retrained on obtaining client, parent and guardian approval of restrictions, importance of review and documentation. • <input type="checkbox"/> Program Director will review restrictions in BSP at least annually with parties listed above. • <input type="checkbox"/> Area Director will monitor completion of obtaining informed consent, annually. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Program Director will be retrained on obtaining client, parent and guardian approval of restrictions, importance of review and documentation. • <input type="checkbox"/> Program Director will 				

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	<p>3. Client #3's record was reviewed on 4/8/16 at 11 AM.</p> <p>Client #3's 4/7/16 physician's orders indicated client #3 received the following behavior modification medications: Geodon, Paxil and Depakote.</p> <p>Client #3's 3/24/16 BSP indicated client #3 received Geodon, Paxil and Depakote to address client #3's targeted behaviors of physical aggression, self-injurious behaviors, verbal threats, anxiety, sleep disorder, stealing, property destruction and socially inappropriate behaviors.</p> <p>Client #3's record indicated client #3 could not make informed medical decisions and was represented by a legal health care representative. Client #3's record indicated no written informed consent from client #3's legal representative for the restrictive BSP that included the use of Geodon, Paxil and Depakote.</p> <p>4. Client #4's record was reviewed on 4/8/16 at 12 PM.</p> <p>Client #4's 2/4/16 physician's orders indicated client #4 received the following behavior modification medications: Paxil and Risperidone.</p>		<p>review restrictions in BSP at least annually with parties listed above.</p> <ul style="list-style-type: none"> Area Director will monitor completion of obtaining informed consent, annually. <p>5. What is the date by which the systemic changes will be completed? 5/15/16</p>	

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	<p>Client #4's 6/15/15 BSP indicated client #4 received Paxil and Risperidone to address client #4's targeted behaviors of agitation, stealing and verbal/physical aggression and aggression with the use of a weapon.</p> <p>Client #4's record indicated client #4 could not make informed medical decisions and was represented by a legal health care representative. Client #4's record indicated no written informed consent from client #4's legal representative for the restrictive BSP that included the use of Paxil and Risperidone.</p> <p>During telephone interview with the Area Director (AD) on 4/11/16 at 11:55 AM, the AD:</p> <p>__ Indicated the facility was to obtain written informed consent from each clients' (clients #1, #2, #3 and #4) legal health care representative for the use of restrictive plans including the use of behavior modification medications.</p> <p>__ Indicated the facility had provided all written informed consents available for review.</p> <p>__ Indicated the facility could not provide written informed consent for the clients' (clients #1, #2, #3 and #4) restrictive plans that included behavior modification medications.</p>			

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W 0323 Bldg. 00	<p>9-3-4(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#3), the facility failed to ensure the client was provided an annual vision evaluation.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 4/8/16 at 11 AM. Client #3's record indicated client #3 had a vision evaluation on 1/23/14 with a recommendation for eye glasses as tolerated and a follow up appointment in two years. Client #3's record indicated no further vision evaluations since 1/23/2014.</p> <p>During email interview with the facility's nurse on 4/11/16 at 3:16 PM, the nurse indicated client #3's follow up visit had not been rescheduled due to an oversight on the part of the facility. The nurse indicated client #3 was now scheduled</p>	W 0323	<p>W 323 PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> • <input type="checkbox"/> All clients will receive annual physical exams that include vision and hearing evaluation. • <input type="checkbox"/> Program Coordinator will be retrained on scheduling and complying with annual exams. • <input type="checkbox"/> Program Director will monitor compliance with annual exams. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p>	05/15/2016

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	<p>for a follow up visit with the optometrist on 4/20/16.</p> <p>9-3-6(a)</p>		<ul style="list-style-type: none"> •<input type="checkbox"/> All residents have the potential to be affected by the same deficient practice. •<input type="checkbox"/> All clients will receive annual physical exams that include vision and hearing evaluation. •<input type="checkbox"/> Program Coordinator will be retrained on scheduling and complying with annual exams. •<input type="checkbox"/> Program Director will monitor compliance with annual exams. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> •<input type="checkbox"/> All clients will receive annual physical exams that include vision and hearing evaluation. •<input type="checkbox"/> Program Coordinator will be retrained on scheduling and complying with annual exams. •<input type="checkbox"/> Program Director will monitor compliance with annual exams. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> •<input type="checkbox"/> Program Director will monitor compliance with annual exams. 	

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W 0436 Bldg. 00	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, interview and record review for 2 of 4 sampled clients who wore eye glasses (clients #3 and #4), the facility failed to provide an instructional program to teach the clients to wear, to clean and to care for their eye glasses.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/6/16 between 3:45 PM and 6:30 PM and on 4/8/16 between 6 AM and 8:10 AM.</p> <p>__ During both observation periods client #4 did not wear eyeglasses.</p> <p>__ During the PM observation period staff #1 asked client #4 one time to get and wear his eyeglasses. Client #4 did not respond to staff #1's request.</p> <p>__ During the AM observation period staff #1 prompted client #3 to go get and</p>	W 0436	<p>5. What is the date by which the systemic changes will be completed? 5/15/16</p> <p>W 436 Space and Equipment The facility must not furnish, maintain in good repair and teach clients to use and make informed choices about the use of dentures, eye glasses, hearing and other communication devices identified by the IDT, as needed by the client..</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> • <input type="checkbox"/> All eyeglasses ordered in individual plans, will be available at the home, at all times. • <input type="checkbox"/> Staff will be retrained on implementing use of eyeglasses and programming. • <input type="checkbox"/> Program Coordinator will monitor the execution of these 	05/15/2016

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	<p>to put on his eyeglasses. Client #3 went to his bedroom and returned wearing his eyeglasses.</p> <p>Client #3's record was reviewed on 4/8/16 at 11 AM. ___ Client #3's updated 9/29/15 IPOP indicated client #3 "Is prescribed glasses, but typically refuses to wear them." ___ Client #3's updated 1/6/16 ISP indicated no instructional program to assist client #3 with wearing and caring for his eyeglasses.</p> <p>Client #4's record was reviewed on 4/8/16 at 12 PM. ___ Client #4's updated 10/7/15 IPOP indicated client #4 "has glasses but most times refuses to wear them." ___ Client #4's updated 1/6/16 ISP indicated no instructional program to assist client #4 with wearing and caring for his eyeglasses.</p> <p>During interview with staff #1 on 4/8/16 at 6:45 AM, staff #1: ___ Indicated client #3 required reminders to wear his glasses. ___ Stated client #4 was to wear eyeglasses "but won't or don't like to wear them and [client #3] forgets to wear his a lot and we have to remind him to get his glasses."</p>		<p>trainings and report any concerns to Program Director.</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Program Director will deliver and monitor trainings, as needed to ensure compliance. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> • <input type="checkbox"/> All residents have the potential to be affected by the same deficient practice. • <input type="checkbox"/> All eyeglasses ordered in individual plans, will be available at the home, at all times. • <input type="checkbox"/> Staff will be retrained on implementing use of eyeglasses and programming. • <input type="checkbox"/> Program Coordinator will monitor the execution of these trainings and report any concerns to Program Director. • <input type="checkbox"/> Program Director will deliver and monitor trainings, as needed to ensure compliance. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> • <input type="checkbox"/> All eyeglasses ordered in individual plans, will be available at the home, at all times. • <input type="checkbox"/> Staff will be retrained on implementing use 	

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	<p>During interview with the Residential Manager (RM) on 4/8/16 at 8 AM, the RM indicated clients #3 and #4 did not have formal goals to assist them with wearing and/or taking care of their eyeglasses.</p> <p>9-3-7(a)</p>		<p>ofeyeglasses and programming.</p> <ul style="list-style-type: none"> • <input type="checkbox"/> Program Coordinator will monitor the execution of these trainings and report any concerns to Program Director. • <input type="checkbox"/> Program Director will deliver and monitor trainings, as needed to ensure compliance. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> • <input type="checkbox"/> All eyeglasses ordered in individual plans, will be available at the home, at all times. • <input type="checkbox"/> Staff will be retrained on implementing use of eyeglasses and programming. • <input type="checkbox"/> Program Coordinator will monitor the execution of these trainings and report any concerns to Program Director. • <input type="checkbox"/> Program Director will deliver and monitor trainings, as needed to ensure compliance. <p>5. What is the date by which the systemic changes will be completed?</p> <p>5/15/16</p>				