

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G445	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/08/2012
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NAME OF PROVIDER OR SUPPLIER ST VINCENT NEW HOPE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 12342 LANTERN RD FISHERS, IN 46038
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W0000	<p>This visit was for the annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 5/25/12, 5/29/12, 5/30/12, 5/31/12, 6/1/12 and 6/8/12.</p> <p>Facility Number: 000959 Provider Number: 15G445 AIMS Number: 100235240</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review was completed on 6/14/12 by Tim Shebel, Medical Surveyor III.</p>	W0000		

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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W0153	<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>Based on record review and interview for 10 of 27 allegations of abuse, neglect, mistreatment and/or injuries of unknown origin reviewed, the facility failed to immediately notify the administrator and the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law regarding five separate instances of client #1 receiving PRN (As Needed) medication for behavior modification. The facility failed to immediately notify the administrator and BDDS in accordance with state law regarding client #8's admittance to the hospital. The facility failed to immediately notify the administrator and BDDS in accordance with state law regarding an incident of client #8 biting a peer. The facility failed to immediately notify the administrator and BDDS in accordance with state law regarding 2 separate falls resulting in injury for client #5. The facility failed to immediately notify the administrator and BDDS in accordance with state law regarding client #4's fall resulting in injury.</p>	W0153	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</i></p> <p>Policy and procedure were reviewed and remain current. St. Vincent New Hope leadership were trained on 6/11/12 on Investigation procedures by Megan Brown, Forensic Nurse, St. Vincent Center of Hope. Team Leaders and Managers will review policy implementation for falls, unknown injuries and other reportable incidents on 6/29/12. Skills Trainers at site will review reportable incident information , including who and when to contact. Reportable incident guidelines were posted in the home.</p> <p><i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>All residents have the potential to be affected by this practice. All other notes were reviewed for this individual and the other individuals in the home. There were no further missed reportable incidents.</p> <p><i>What measure will be put into place or what systemic changes will be</i></p>	07/08/2012			

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	<p>Findings include:</p> <p>The facilities BDDS reports and internal investigations were reviewed on 5/24/12 at 10:53 AM. The review indicated the following:</p> <p>-BDDS report dated 10/7/11 indicated client #1 had received a PRN medication for behaviors on 4/15/11.</p> <p>-BDDS report dated 11/1/11 indicated client #1 had received a PRN medication for behaviors on 10/25/11.</p> <p>-BDDS report dated 11/11/11 indicated client #8 pulled a fire alarm in the home and bit her peer on 11/5/11.</p> <p>-BDDS report dated 11/17/11 indicated client #1 had received a PRN medication for behaviors on 11/15/11.</p> <p>-BDDS report dated 12/9/11 indicated client #1 had received a PRN medication for behaviors on 12/6/11.</p> <p>-BDDS report dated 4/23/12 indicated client #4 flipped her wheelchair forward and fell out on 11/17/11. Client #4 sustained a swollen left eye and carpet burns to her nose and face.</p> <p>-BDDS report dated 4/23/12 indicated on</p>		<p><i>made to ensure that the deficient practices does not recur</i></p> <p>Team Leader will review documentation weekly, initialing on the daily progress notes to improve oversight to appropriate and timely response to reportable situations. Manager will communicate daily with Team Leader and/or site staff to monitor daily operations and increase oversight to potential reportable situations or investigations.</p> <p>Further failure to call to report by staff will be addressed with disciplinary action as appropriate. Further failure by Team Leader to report incidents timely or conduct investigations as indicated will be addressed with progressive disciplinary action.</p> <p>Reportable incident guidelines posted at the home for continued reference and review.</p> <p><i>How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i></p> <p>Director will continue to review all reportable incidents. Any untimely incidents will be addressed with QDDP immediately. Director will establish a system to more closely monitor that investigations are completed as required. Each reportable incident that meets criteria for investigation will be printed and monitored by Director</p>		

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	<p>11/7/11, "[Client #5] utilized a walker for mobility. On 11/7/11, [client #5] got up from the couch and began to walk down the hallway without his walker. [Client #5] fell while walking, [client #5] had a cut over his nose, scrap on his hand and knee. Red mark on forehead- received first aid."</p> <p>-BDDS report dated 4/25/12 indicated on 2/16/12, "On 2/16/12 reported that [client #5] fell. Staff did a body check bruising on tailbone said that's where he fell and that's where it hurts (sic)." OOPS (Occurrence Outside Practices Sheet) dated 2/16/12 was attached to the BDDS report. The OOPS form indicated, "[Client #5] fell complaining of pain on his tailbone and a bruise is there. He also said his neck is hurting. Bruise at tailbone about 2 inches."</p> <p>-BDDS report dated 5/7/12 indicated on 5/4/12, "[Client #8] was complaining that her chest and stomach was hurting. [Client #8] was taken to the hospital to be seen and was admitted...."</p> <p>-BDDS report dated 5/17/12 indicated on 5/15/12, "[Client #1] returned home from Bible study, it was the end of the season and she was very excited (sic) they had a party and received books. Staff called to get approval for first PRN and then [client</p>		that investigation is being completed thoroughly and accurately.				

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	<p>#1] received second PRN at 10:00 PM."</p> <p>The review of the above incidents failed to indicate the incidents were reported immediately to the administrator or to BDDS within 24 hours.</p> <p>Interview QMRP (Qualified Mental Retardation Professional) #1 and TL (Team Leader) #1 on 6/1/12 at 11:01 AM indicated the incidents regarding client #1's PRN usage, client #8's admittance to the hospital, the incident of client #8 biting a peer, 2 separate falls resulting in injury for client #5 and client #4's fall resulting in injury should have been reported to the administrator and BDDS within 24 hours of the incident. QMRP #1 and TL #1 indicated the reports were submitted late.</p> <p>9-3-2(a)</p>				

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W0154	<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 record review and interview for 7 of 27 allegations of abuse, neglect, mistreatment and/or injuries of unknown origin reviewed, the facility failed to complete a thorough investigation regarding an incident of client #8 biting a peer. The facility failed to complete a thorough investigation regarding 2 separate falls resulting in injury for client #5. The facility failed to complete a thorough investigation regarding 2 separate falls resulting in injury for client #4. The facility failed to complete a thorough investigation regarding a fall in which client #1 was injured. The facility failed to complete a thorough investigation regarding a fall in which client #3 was injured.</p> <p>Findings include:</p> <p>The facilities BDDS reports and internal investigations were reviewed on 5/24/12 at 10:53 AM. The review indicated the following:</p> <p>-BDDS report dated 4/25/12 indicated on 2/16/12, "On 2/16/12 reported that [client #5] fell. Staff did a body check bruising on tailbone said that's where he fell and</p>	W0154	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</i></p> <p>Policy and procedure were reviewed and remain current. St. Vincent New Hope leadership were trained on 6/11/12 on Investigation procedures by Megan Brown, Forensic Nurse, St. Vincent Center of Hope. Team Leaders and Managers will review policy implementation for falls, unknown injuries and other reportable incidents on 6/29/12. Skills Trainers at site will review reportable incident information, including who and when to contact. Reportable incident guidelines were posted in the home.</p> <p><i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>All residents have the potential to be affected by this practice. All other notes were reviewed for this individual and the other individuals in the home. There were no further missed reportable incidents.</p> <p><i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur</i></p> <p>Team Leader will review documentation weekly, initialing on</p>	07/08/2012	

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	<p>that's where it hurts (sic)." OPPTS (Occurrence Outside Preferred Practices Sheet) dated 2/16/12 was attached to the BDDS report. The OPPTS form indicated, "[Client #5] fell complaining of pain on his tailbone and a bruise is there. He also said his neck is hurting. Bruise at tailbone about 2 inches."</p> <p>-BDDS report dated 11/21/11 indicated on 11/21/11 a peer at day services fell into client #1 and caused her to fall. Client #1 was sent to the ER (Emergency Room) and received 10 staples on her scalp.</p> <p>-BDDS report dated 4/23/12 indicated client #4 flipped her wheelchair forward and fell out. Client #4 sustained a swollen left eye and carpet burns to her nose and face.</p> <p>-BDDS report dated 4/23/12 indicated on 11/7/11, "[Client #5] utilized a walker for mobility. On 11/7/11, [client #5] got up from the couch and began to walk down the hallway without his walker. [Client #5] fell while walking, [client #5] had a cut over his nose, scrap on his hand and knee. Red mark on forehead- received first aid."</p> <p>-BDDS report dated 11/11/11 indicated client #8 pulled a fire alarm and bit a peer (unspecified) that was seated next to the</p>		<p>the daily progress notes to improve oversight to appropriate and timely response to reportable situations. Manager will communicate daily with Team Leader and/or site staff to monitor daily operations and increase oversight to potential reportable situations or investigations.</p> <p>Further failure to call to report by staff will be addressed with disciplinary action as appropriate. Further failure by Team Leader to report incidents timely or conduct investigations as indicated will be addressed with progressive disciplinary action.</p> <p>Reportable incident guidelines posted at the home for continued reference and review.</p> <p><i>How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i></p> <p>Director will continue to review all reportable incidents. Any untimely incidents will be addressed with QDDP immediately. Director will establish a system to more closely monitor that investigations are completed as required. Each reportable incident that meets criteria for investigation will be printed and monitored by Director that investigation is being completed thoroughly and accurately.</p>				

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	<p>fire alarm. The BDDS report indicated, "staff got [client #8] off of housemate and pushed her (wheelchair) to her room." The report did not indicate who the peer was and the severity of the injury sustained from the bite.</p> <p>-BDDS report dated 10/17/11 indicated on 10/17/11, "[Client #3] fell while at day services through the door. [Client #3] was exiting the building to go home. As [client #3] walked through the doorway, he tripped on the door jam and fell. [Client #3] scraped the top of his right hand, under his left eye and bit his top lip. There was bleeding just a little bit in all areas."</p> <p>-BDDS report dated 7/16/11 indicated on 7/16/11, "[Client #4] fell out of her wheelchair while reaching for a trash can... Reddened areas on her left side above ribs...."</p> <p>The review did not indicate investigations regarding the incidents listed above.</p> <p>Interview QMRP (Qualified Mental Retardation Professional) #1 and TL (Team Leader) #1 on 6/1/12 at 11:01 AM indicated the 2/16/12 incident regarding client #5 was initially not thought to be significant and was not investigated. When asked if the 2/16/12 incident</p>						

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	<p>regarding client #5's fall was a fall resulting injury, QMRP #1 and TL #1 indicated they were unaware of any injury at the time of the incident. When asked if the 2/16/12 OOPS form indicated an injury had been present at the time of the incident, QMRP #1 and TL #1 indicated the OOPS form did indicate, "[Client #5] fell complaining of pain on his tailbone and a bruise is there. He also said his neck is hurting. Bruise at tailbone about 2 inches." QMRP #1 and TL #1 indicated the 11/21/11 incident regarding client #1's fall resulting in 10 staples on her scalp occurred at day services. When asked if the 11/21/11 incident regarding client #1's fall while at day services should have been investigated, QMRP #1 and TL #1 indicated the fall with injury should have been investigated. QMRP #1 and TL #1 indicated the incidents regarding falls with injuries should have been investigated.</p> <p>9-3-2(a)</p>				

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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview for 10 of 27 allegations of abuse, neglect, mistreatment and/or injuries of unknown origin reviewed, the QMRP (Qualified Mental Retardation Professional) failed to ensure staff immediately notified the administrator and the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law regarding five separate instances of client #1 receiving PRN (As Needed) medication for behavior modification. The QMRP failed to ensure staff immediately notified the administrator and BDDS in accordance with state law regarding client #8's admittance to the hospital. The QMRP failed to ensure staff immediately notified the administrator and BDDS in accordance with state law regarding an incident of client #8 biting a peer. The QMRP failed to ensure staff immediately notified the administrator and BDDS in accordance with state law regarding 2 separate falls resulting in injury for client #5. The QMRP failed to ensure staff immediately notified the administrator and BDDS in accordance with state law regarding client #4's fall resulting in injury. The QMRP failed to</p>	W0159	Please reference W153, W154, W234, W235, W331	07/08/2012			

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	<p>ensure staff completed a thorough investigation regarding an incident of client #8 biting a peer. The QMRP failed to ensure staff completed a thorough investigation regarding 2 separate falls resulting in injury for client #5. The QMRP failed to ensure staff completed a thorough investigation regarding 2 separate falls resulting in injury for client #4. The QMRP failed to ensure staff completed a thorough investigation regarding a fall in which client #1 was injured. The QMRP failed to ensure staff completed a thorough investigation regarding a fall in which client #3 was injured. The QMRP failed to ensure ISP (Individual Support Plan) objectives identified the level of support/training needed to accomplish the objective for client #1, #2, #3 and/or #4. The QMRP failed to ensure ISP objectives identified the frequency staff would implement and track objectives for client #1, #2, #3 and/or #4.</p> <p>Findings include:</p> <p>1. The QMRP (Qualified Mental Retardation Professional) failed to ensure staff immediately notified the administrator and the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law regarding five separate instances of client</p>			

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	<p>#1 receiving PRN (As Needed) medication for behavior modification. The QMRP failed to ensure staff immediately notified the administrator and BDDS in accordance with state law regarding client #8's admittance to the hospital. The QMRP failed to ensure staff immediately notified the administrator and BDDS in accordance with state law regarding an incident of client #8 biting a peer. The QMRP failed to ensure staff immediately notified the administrator and BDDS in accordance with state law regarding 2 separate falls resulting in injury for client #5. The QMRP failed to ensure staff immediately notified the administrator and BDDS in accordance with state law regarding client #4's fall resulting in injury. Please see W153.</p> <p>2. The QMRP failed to ensure staff completed a thorough investigation regarding an incident of client #8 biting a peer. The QMRP failed to ensure staff completed a thorough investigation regarding 2 separate falls resulting in injury for client #5. The QMRP failed to ensure staff completed a thorough investigation regarding 2 separate falls resulting in injury for client #4. The QMRP failed to ensure staff completed a thorough investigation regarding a fall in which client #1 was injured. The QMRP failed to ensure staff completed a</p>				

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	<p>thorough investigation regarding a fall in which client #3 was injured.). Please see W157.</p> <p>3. The QMRP failed to ensure ISP (Individual Support Plan) objectives identified the level of support/training needed to accomplish the objective for client #1, #2, #3 and/or #4. Please see W234.</p> <p>4. The QMRP failed to ensure ISP objectives identified the frequency staff would implement and track objectives for client #1, #2, #3 and/or #4. Please see W235.</p> <p>9-3-3(a)</p>				

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W0234	<p>483.440(c)(5)(i) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the methods to be used.</p> <p>Based on record review and interview for 4 of 4 sampled clients (1, #2, #3 and #4), the facility failed to ensure ISP (Individual Support Plan) objectives identified the level of support and/or method of training needed to accomplish the objective.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 5/31/12 at 12:35 PM. Client #1's ISP dated 3/6/12 indicated the following objectives:</p> <ul style="list-style-type: none"> -will stir vegetables for dinner. -will use correct amount of cereal in AM. -will work continuously for 60 minutes on her assigned task. -will take towel to bathroom. -will put dirty clothes in hamper. -will apply deodorant. -will brush back of teeth. 	W0234	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</i></p> <p>Managers, QDDP and Team Leaders will review the model for programming on 6/29/12. All goals for these individuals were revised to include the appropriate cueing level and direction for staff to implement. All staff at site will be retrained on cueing levels and methodology for each person's goals by 7/1/12.</p> <p><i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>All individuals living in this facility will have goals revised to include appropriate cueing levels.</p> <p><i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur</i></p> <p>All goals will be written a standard format to include cueing levels. QDDP will continue to monitor in monthly case management reviews that format is followed, goals are appropriate and progress or revision is addressed timely.</p> <p><i>How the corrective action will be</i></p>	07/08/2012

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NAME OF PROVIDER OR SUPPLIER ST VINCENT NEW HOPE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 12342 LANTERN RD FISHERS, IN 46038		
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	<p>-will take a bag to the bathroom to put depends in.</p> <p>-will bring check stub home from work.</p> <p>-will pick out Tylenol (Pain)</p> <p>Client #1's training objectives did not indicate how staff were to implement the objective in regard to the level and type of supports needed or methodology to train client #1 to accomplish the objective. Client #1's Methodology Sheet indicated staff were to monitor client #1 and record with met, not met, refused, not offered, or leave of absence.</p> <p>2. Client #2's record was reviewed on 5/31/12 at 1:47 PM. Client #2's ISP dated 4/18/12 indicated the following objectives:</p> <p>-will 'sign' money when shown picture of money.</p> <p>-will pour water in cup for medication.</p> <p>-will lather shampoo on hair.</p> <p>-will zip her coat in the morning.</p> <p>-will plug the tub for her bath.</p>		<p><i>monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i></p> <p>QDDP will continue to oversee goal writing and implementation at routine site visits and monthly case management reviews. Director will continue to oversee with monthly random site and chart audits.</p>		

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	<p>-will get cup for mouthwash.</p> <p>-will put the correct amount of thick it pumps in liquid.</p> <p>-will set the table for dinner.</p> <p>-will 'sign' more.</p> <p>Client 2's training objectives did not indicated how staff were to implement the objective in regard to the level and type of supports needed or methodology to train client #2 to accomplish the objective. Client #2's Methodology Sheet indicated staff were to monitor client #2 and record with met, not met, refused, not offered, or leave of absence.</p> <p>3. Client #3's record was reviewed on 5/31/12 at 11:50 AM. Client #3's ISP dated 5/13/11 indicated the following objectives:</p> <p>-will get coffee filter out for coffee.</p> <p>-will get items for his shower.</p> <p>-will pull socks up when dressing.</p> <p>-will plug in shaver after use to recharge.</p> <p>-will ask for mouthwash in PM.</p>						

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	<p>-will purchase a car magazine.</p> <p>-will pick out quarters for Noble.</p> <p>-will get medication out of box.</p> <p>Client #3's training objectives did not indicated how staff were to implement the objective in regard to the level and type of supports needed or methodology to train client #3 to accomplish the objective. Client #3's Methodology Sheet indicated staff were to monitor client #3 and record with met, not met, refused, not offered, or leave of absence.</p> <p>4. Client #4's record was reviewed on 5/30/12 at 2:22 PM. Client #4's ISP dated 4/18/12 indicated the following objectives:</p> <p>-choose juice box for lunch.</p> <p>-get gripper to put on table</p> <p>-wash hair</p> <p>-put slipper on after remove shoes</p> <p>-blow dry hair.</p> <p>-put supplies away after brushing.</p> <p>-wipe self after bowel movement.</p>						

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	<p>-play cards with staff.</p> <p>-pick out penny</p> <p>-get apple sauce cup</p> <p>Client #4's training objectives did not indicated how staff were to implement the objective in regard to the level and type of supports needed or methodology to train client #4 to accomplish the objective. Client #4's Methodology Sheet indicated staff were to monitor client #4 and record with met, not met, refused, not offered, or leave of absence.</p> <p>Interview QMRP (Qualified Mental Retardation Professional) #1 and TL (Team Leader) #1 on 6/1/12 at 11:01 AM indicated the training objective did not include the level of support or training methods staff needed to train clients #1, #2, #3 and/or #4 toward independence with each goal. QMRP #1 and TL #1 indicated each individual goal did not include if staff were to use prompts, gestures or other methods of training while implementing the objectives.</p> <p>9-3-4(a)</p>				

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W0235	<p>483.440(c)(5)(ii) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the schedule for use of the method.</p> <p>Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to ensure ISP (Individual Support Plan) objectives identified the frequency staff would implement and track the clients' training objectives.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 5/31/12 at 12:35 PM. Client #1's ISP dated 3/6/12 indicated the following objectives:</p> <ul style="list-style-type: none"> -will stir vegetables for dinner. -will use correct amount of cereal in AM. -will work continuously for 60 minutes on her assigned task. -will take towel to bathroom. -will put dirty clothes in hamper. -will apply deodorant. -will brush back of teeth. 	W0235	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</i></p> <p>Managers, QDDP and Team Leaders will review the model for programming on 6/29/12. All goals for these individuals were revised to include the frequency for implementation and direction for staff to implement. All staff at site will be retrained on frequency of goals for each person's goals by 7/1/12.</p> <p><i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>All individuals living in this facility will have goals revised to include frequency of implementation.</p> <p><i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur</i></p> <p>All goals will be written a standard format to include frequency. Form was revised to include a specific location for frequency. QDDP will continue to monitor in monthly case management reviews that format is followed, goals are appropriate and progress or revision is addressed</p>	07/08/2012			

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	<p>-will take a bag to the bathroom to put depends in.</p> <p>-will bring check stub home from work.</p> <p>-will pick out Tylenol (Pain)</p> <p>Client #1's ISP and/or Methodology Sheet did not indicate the frequency with which staff were to implement the objective/goals in regard to daily, weekly, bi weekly or a specific day of the week or month to implement and track the objectives.</p> <p>2. Client #2's record was reviewed on 5/31/12 at 1:47 PM. Client #2's ISP dated 4/18/12 indicated the following objectives:</p> <p>-will 'sign' money when shown picture of money.</p> <p>-will pour water in cup for medication.</p> <p>-will lather shampoo on hair.</p> <p>-will zip her coat in the morning.</p> <p>-will plug the tub for her bath.</p> <p>-will get cup for mouthwash.</p>		<p>timely.</p> <p><i>How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i></p> <p>QDDP will continue to oversee goal writing and implementation at routine site visits and monthly case management reviews. Director will continue to oversee with monthly random site and chart audits.</p>	

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	<p>-will put the correct amount of thick it pumps in liquid.</p> <p>-will set the table for dinner.</p> <p>-will 'sign' more.</p> <p>Client #2's ISP and/or Methodology Sheet did not indicate the frequency with which staff were to implement the objective/goals in regard to daily, weekly, bi weekly or a specific day of the week or month to implement and track the objectives..</p> <p>3. Client #3's record was reviewed on 5/31/12 at 11:50 AM. Client #3's ISP dated 5/13/11 indicated the following objectives:</p> <p>-will get coffee filter out for coffee.</p> <p>-will get items for his shower.</p> <p>-will pull socks up when dressing.</p> <p>-will plug in shaver after use to recharge.</p> <p>-will ask for mouthwash in PM.</p> <p>-will purchase a car magazine.</p> <p>-will pick out quarters for Noble.</p>			

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	<p>-will get medication out of box.</p> <p>Client #3's ISP and/or Methodology Sheet did not indicate the frequency with which staff were to implement the objective/goals in regard to daily, weekly, bi weekly or a specific day of the week or month to implement and track the objectives.</p> <p>4. Client #4's record was reviewed on 5/30/12 at 2:22 PM. Client #4's ISP dated 4/18/12 indicated the following objectives:</p> <p>-choose juice box for lunch.</p> <p>-get gripper to put on table</p> <p>-wash hair</p> <p>-put slipper on after remove shoes</p> <p>-blow dry hair.</p> <p>-put supplies away after brushing.</p> <p>-wipe self after bowel movement.</p> <p>-play cards with staff.</p> <p>-pick out penny</p> <p>-get apple sauce cup</p>						

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	<p>Client #4's ISP and/or Methodology Sheet did not indicate the frequency with which staff were to implement the objective/goals in regard to daily, weekly, bi weekly or a specific day of the week or month to implement and track the objectives</p> <p>Interview QMRP (Qualified Mental Retardation Professional) #1 and TL (Team Leader) #1 on 6/1/12 at 11:01 AM indicated the training objective did not include when the goal would be implemented in regard to daily, weekly or other established timeframes.</p> <p>9-3-4(a)</p>						

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W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#2), the facility nurse failed to ensure staff implemented the client's dysphasia prevention protocol.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/1/12 from 6:30 AM through 8:15 AM. At 6:30 AM client #2 was prompted to the medication administration area of the group home. Client #2 was administered her morning medications with a 6 ounce cup of water. Client #2's 6 ounce cup of water was not thickened to nectar consistency.</p> <p>Client #2's record was reviewed on 5/31/12 at 1:47 PM. Client #2's ISP (Individual Support Plan) dated 4/18/12 indicated, "liquid consistency nectar thick liquids. thicken all liquids including milk in cereal." Client #2's ISP indicated client #2 had a high risk plan for aspiration and/or choking due to a diagnosis of dysphagia/Gerd. Client#2's Physicians Order Form dated 4/23/12 indicated nectar thick liquids to prevent choking and/or aspiration.</p>	W0331	<p><i>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice.</i></p> <p>All staff were retrained on food and liquid consistencies on 6/13/12 and 6/14/12. Training included dysphagia information as well as hands on demonstration of competency by each staff. All staff will be retrained on the specific needs of each individual at this site and review laminated job aide.</p> <p><i>How will other residents be identified as having the potential to be affected by the same deficient practice and what corrective action will be taken.</i></p> <p>Medication administration and support needs for all individuals will be reviewed and retrained.</p> <p><i>What measure will be put into place or what systemic changes will be made to ensure that the deficient practices does not recur</i></p> <p>Prepackaged liquids will be used for medication administration to reduce errors in providing the correct consistency.</p> <p>A laminated job aide will be created to identify key points for each individual's medication administration needs, including specific liquid consistency, other mediums for administration</p>	07/08/2012			

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	<p>Interview with DSS #1 (Direct Support Staff) on 6/1/12 at 6:40 AM indicated client #2's water was not thickened to nectar consistency for medication administration.</p> <p>Interview with TL #1 (Team Leader) on 6/1/12 at 6:45 AM indicated client #2 was to have all liquids thickened to nectar consistency. TL #1 indicated the water used for medication administration for client #2 should be thickened.</p> <p>9-3-6(a)</p>		<p>(applesauce) and crushed, etc. Job aide will be secured in the medication administration log for reference.</p> <p><i>How the corrective action will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place.</i></p> <p>Nurse consultant will conduct medication observations 2/month at site to ensure continued accuracy of medications and liquid consistency.</p>		