

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G383	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/11/2012
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NAME OF PROVIDER OR SUPPLIER  REHABILITATION CENTER DEVELOPMENTAL SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2626 HELMUTH AVE EVANSVILLE, IN 47714
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 9/4, 9/5, 9/6 and 9/11/12</p> <p>Facility Number: 000897 Provider Number: 15G383 AIMS Number: 100235420</p> <p>Surveyor: Paula Chika, Medical Surveyor III-Team Leader</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed September 19, 2012 by Dotty Walton, 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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W0104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on interview and record review for 1 of 4 sampled clients (#4), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the client and/or her family did not pay for haircuts.</p> <p>Findings include:</p> <p>Client #4's financial records were reviewed on 9/4/12 at 12:45 PM. Client #4's computer print out of the client's finances from 9/11 to 9/12 indicated on 2/3/12, the facility reimbursed client #4's mother \$15.00 for a haircut the mother paid for. Client #4's financial record indicated the facility reimbursed the client's mother from client #4's funds held by the facility.</p> <p>Interview with administrative staff #1 on 9/6/12 at 12 noon indicated client #4 should not pay for basic haircuts. Administrative staff #1 indicated the facility paid for clients' haircuts. Administrative staff #1 indicated client #4's mother took client #4 to get her haircut and then asked the facility to reimburse her (client #4's mother). Administrative staff #1 stated, "It had to</p>	W0104	<p>RCDS practice ensures that clients do not pay for their haircuts. Unfortunately, there was an oversight on this matter with client #4 on 9/4/12.</p> <p>Client #4 will be reimbursed that cost immediately.</p> <p>All management staff including Helmuth's management will be retrained on their role to ensure that client haircuts are never disbursed to the client's account.</p> <p>Preventatively, the QA disbursement committee reviews all group home disbursements on a regular basis to monitor for these types of issues. A new focus for them will be to review client expenses disbursed.</p>	10/01/2012			

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	be an accounting error."  9-3-1(a)			

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on interview and record review for 5 of 5 client to client abuse/aggression incidents reviewed, the facility failed to implement its policy and procedures to conduct investigations in regard to client to client abuse/aggression for clients #1, #2, #3, #4, #6 and #7.</p> <p>Findings include:</p> <p>The facility's Behavior Incident Reports (BIRs), reportable incident reports and/or investigations were reviewed on 9/4/12 at 12:07 PM. The facility's BIRs, reportable incident reports and/or investigations indicated the following:</p> <p>-8/17/12 "Client (client #1) was very upset. Screaming and crying. Came out of her room sat on couch and pulled [client #2's] hair..."</p> <p>-4/14/12 Client #1 "Tried to scratch &amp; (and) hit at [client #6] 3 times (first time around the neck), tried to go towards [client #3] and [client #7] in their rooms. She screamed, fell to floor, cried, threw objects, grabbed and hit staff, hit walls."</p> <p>-1/27/12 Client #1 was having a behavior.</p>	W0149	<p>RCDS Abuse/Neglect Policy requires investigation of client-to-client aggression. Although we do investigate according to steps # 1-5 (see below attached 3.c. of the policy), we have not formally organized investigations with written documentation.</p> <p>Unfortunately, steps #2 and #3 of the investigation of client-to-client abuse section of the policy are not formally written into an investigation summary after investigation. Generally an IDT is held and an IDT note would discuss programming changes, safety measures, etc. Therefore, administration developed a new protocol (See Client-to-Client Aggression Protocol) which outlines for the on-call person, as well as the group home coordinator, what information needs to be obtained and documented to ensure all occurrences of client-to-client aggression are investigated and reported per regulation.</p> <p>Systemically, all professional staff will be retrained on their roles related to client-to-client investigations. All professional staff will also be in-serviced on the new "Client-to-Client</p>	10/01/2012			

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	<p>The BIR indicated client #1 grabbed client 2's face while client #2 was in her bed.</p> <p>Client #4's record was reviewed on 9/5/12 at 2:30 PM. Client #4's 3/19/12 Communication Report indicated "[Client #4] was scratched during a behavior of another client on 3/18/12 around 4:35 PM. [Client #4's] hair was also pulled during this behavior. [Client #4's] wound is small-1" (inch) scratch on right side of her face above/beside her eyebrow. The scratch did not bleed but it was cleaned w/ (with) soap &amp; (and) water...."</p> <p>Client #4's 4/25/12 to 6/12 Quarterly Nursing Summary indicated on 5/16/12 client #4 received 3 scratches to the back of her neck from another client (client #1). The nurse's note indicated Bacitracin (antibiotic ointment) was applied to the client's scratches.</p> <p>The facility's reportable incident reports and/or investigations from 9/11 to 9/12 indicated the facility failed to investigate the above mentioned client to client incidents of abuse/aggression.</p> <p>Interview with administrative staff #3 on 9/4/12 at 1:50 PM indicated the facility had a policy and procedure for client to client abuse/aggression. Administrative</p>		<p>Aggression Protocol."</p> <p>In general, RCDS diligently works toward client-centered programming and implementation. As an agency moving forward, we feel that the implementation of the "Client-to-Client Aggression Protocol," will ensure client-to-client incidents are handled and investigated efficiently and documented well.</p> <p><b><u>ABUSE, NEGLECT, AND/OR UNKNOWN INJURY INVESTIGATION POLICY</u></b></p> <p>1. All suspected crimes against a resident are required by all staff to be reported to SDOH and local law enforcement per the Elder Justice Act (see attached policy).</p> <p>2. All allegations of abuse, neglect, and/or injuries of unknown origin, within the agency or outside the agency will immediately be reported to the administrator (director or assistant director).</p> <p>3. A thorough internal investigation is required regarding any abuse/neglect and/or unknown injury allegations occurring within or outside the agency. Investigations will occur regardless of any outside agency's involvement (police, adult protective services, etc.).</p> <p>a) Investigations of allegations of abuse and neglect regarding</p>				

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	<p>staff #3 indicated facility staff had been trained on the policy.</p> <p>Interview with administrative staff #1 on 9/6/12 at 12 noon indicated the facility did not conduct an investigation in regard to the above mentioned client to client incidents/abuse. Administrative staff #1 indicated the clients' interdisciplinary teams should have met to review the incidents.</p> <p>The facility's policy and procedures were reviewed on 9/4/12 at 12:05 PM and at 2:00 PM. The facility's 11/8/11 policy entitled Abuse, Neglect, And/Or Unknown Injury Investigation Policy indicated "...A thorough internal investigation is required regarding any abuse/neglect and/or unknown injury allegations occurring within or outside the agency...c) Investigations of client to client abuse: 1.) Staff will immediately contact emergency on-call. 2.) Emergency on-call will speak with staff confirming factual information on Behavior Incident Report. 3.) Emergency on-call will page the Group Home Coordinator who will begin investigation. (# (number) of staff, deployment of staff, antecedent &amp; client protection). 4.) The administrator will be paged by the Group Home Coordinator prior to investigation. 5.) IDT (interdisciplinary team) will be</p>		<p>internal persons will adhere to the following:</p> <p>1.) Suspend alleged person immediately</p> <p>2.) Conduct investigation to determine validity</p> <p>a) talk with every person having contact with the client within the last 24 hours (it could be longer based on nurse's review of injury and estimated time of occurrence of injury).</p> <p>b) talk to the client regarding the situation</p> <p>c) document conversations with each person involved in the investigation.</p> <p>d) based on information obtained, render a decision regarding the allegation.3.) Determine involved employee job status based on RCDS disciplinary policy4.) Put training into place to prevent further occurrences, if necessary.</p> <p>b) Investigations of allegations of abuse and neglect occurring outside the agency:</p> <p>1.) Ensure immediate client protection</p> <p>2.) Investigate to resolve the situation (i.e. begin guardianship process, etc.)</p> <p>3.) Continue frequent follow up with involved outside agencies to ensure they are well informed and are following through.</p> <p><b>c) Investigations of client to client abuse:</b></p> <p><b>1.) Staff will immediately contact emergency on-call.</b></p>				

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	held to determine additional action...."  9-3-2(a)		<p><b>2.) Emergency on-call will speak with staff confirming factual information on Behavior Incident Report</b></p> <p><b>3.) Emergency on-call will page the Group Home Coordinator who will begin investigation. (# of staff, deployment of staff, antecedent &amp; client protection)</b></p> <p><b>4.) The Administrator will be paged by the Group Home Coordinator prior to investigation.</b></p> <p><b>5.) IDT will be held to determine additional action.</b></p> <p>d) An unknown injury, not suspected to be abusive, will also be investigated:</p> <p>4. Conduct investigation to determine cause of unknown injury</p> <p>a) talk with every person having contact with the client within the last 24 hours (it could be longer based on nurse's review of injury and estimated time of occurrence of injury).</p> <p>b) talk to the client regarding the situation</p> <p>c) document conversations with each person involved in the investigation.</p> <p>d) summarize what happened after investigation is completed</p> <p>5. Put training into place to</p>		







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			<p>immediately with information to ensure safety of clients. B) Set IDT immediately on next working day to determine additional actions needed. C) Continue investigation as needed. D) Summarize the investigation E) Contact Guardians with injury and reported</p> <p><b>CONCLUSION/SUMMARY OF INVESTIGATION:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</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 interview and record review for 5 of 5 client to client incidents/abuse reviewed, the facility failed to conduct investigations in regard to the allegations of client to client abuse involving clients #1, #2, #4, #3, #6 and #7.</p> <p>Findings include:</p> <p>The facility's Behavior Incident Reports (BIRs), reportable incident reports and/or investigations were reviewed on 9/4/12 at 12:07 PM. The facility's BIRs, reportable incident reports and/or investigations indicated the following:</p> <p>-8/17/12 "Client (client #1) was very upset. Screaming and crying. Came out of her room sat on couch and pulled [client #2's] hair...."</p> <p>-4/14/12 Client #1 "Tried to scratch &amp; (and) hit at [client #6] 3 times (first time around the neck), tried to go towards [client #3] and [client #7] in their rooms. She screamed, fell to floor, cried, threw objects, grabbed and hit staff, hit walls."</p> <p>-1/27/12 Client #1 was having a behavior. The BIR indicated client #1 grabbed</p>	W0154	<p>RCDS Abuse/Neglect Policy requires investigation of client-to-client aggression. Although we do investigate according to steps # 1-5 (see below attached 3.c. of the policy), we have not formally organized investigations with written documentation.</p> <p>Unfortunately, steps #2 and #3 of the investigation of client-to-client abuse section of the policy are not formally written into an investigation summary after investigation. Generally an IDT is held and an IDT note would discuss programming changes, safety measures, etc. Therefore, administration developed a new protocol (See Client-to-Client Aggression Protocol) which outlines for the on-call person, as well as the group home coordinator, what information needs to be obtained and documented to ensure all occurrences of client-to-client aggression are investigated and reported per regulation.</p> <p>Systemically, all professional staff will be retrained on their roles related to client-to-client investigations. All professional staff will also be in-serviced on the new "Client-to-Client</p>	10/01/2012			

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	<p>client 2's face while client #2 was in her bed.</p> <p>Client #4's record was reviewed on 9/5/12 at 2:30 PM. Client #4's 3/19/12 Communication Report indicated "[Client #4] was scratched during a behavior of another client on 3/18/12 around 4:35 PM. [Client #4's] hair was also pulled during this behavior. [Client #4's] wound is small-1" (inch) scratch on right side of her face above/beside her eyebrow. The scratch did not bleed but it was cleaned w/ (with) soap &amp; (and) water...."</p> <p>Client #4's 4/25/12 to 6/12 Quarterly Nursing Summary indicated on 5/16/12 client #4 received 3 scratches to the back of her neck from another client (client #1). The nurse's note indicated Bacitracin (antibiotic ointment) was applied to the client's scratches.</p> <p>The facility's reportable incident reports and/or investigations from 9/11 to 9/12 indicated the facility did not investigate the above mentioned client to client incidents of abuse/aggression.</p> <p>Interview with administrative staff #1 on 9/6/12 at 12 noon indicated the facility did not conduct investigations in regard to the above mentioned client to client incidents/abuse. Administrative staff #1</p>		<p>Aggression Protocol."</p> <p>In general, RCDS diligently works toward client-centered programming and implementation. As an agency moving forward, we feel that the implementation of the "Client-to-Client Aggression Protocol," will ensure client-to-client incidents are handled and investigated efficiently and documented well.</p> <p><b><u>ABUSE, NEGLECT, AND/OR UNKNOWN INJURY INVESTIGATION POLICY</u></b></p> <ol style="list-style-type: none"> <li>All suspected crimes against a resident are required by all staff to be reported to SDOH and local law enforcement per the Elder Justice Act (see attached policy).</li> <li>All allegations of abuse, neglect, and/or injuries of unknown origin, within the agency or outside the agency will immediately be reported to the administrator (director or assistant director).</li> <li>A thorough internal investigation is required regarding any abuse/neglect and/or unknown injury allegations occurring within or outside the agency. Investigations will occur regardless of any outside agency's involvement (police, adult protective services, etc.).             <ol style="list-style-type: none"> <li>Investigations of allegations of abuse and neglect regarding internal persons will adhere to the following:</li> </ol> </li> </ol>				

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	indicated the clients' interdisciplinary teams should have met to review the incidents.  9-3-2(a)		<p>1.) Suspend alleged person immediately</p> <p>2.) Conduct investigation to determine validity</p> <p>a.) talk with every person having contact with the client within the last 24 hours (it could be longer based on nurse's review of injury and estimated time of occurrence of injury).</p> <p>b.) talk to the client regarding the situation</p> <p>c.) document conversations with each person involved in the investigation.</p> <p>d) based on information obtained, render a decision regarding the allegation.3.) Determine involved employee job status based on RCDS disciplinary policy4.) Put training into place to prevent further occurrences, if necessary.</p> <p>b) Investigations of allegations of abuse and neglect occurring outside the agency:</p> <p>1.) Ensure immediate client protection</p> <p>2.) Investigate to resolve the situation (i.e. begin guardianship process, etc.)</p> <p>3.) Continue frequent follow up with involved outside agencies to ensure they are well informed and are following through.</p> <p><b>c) Investigations of client to client abuse:</b></p> <p><b>1.) Staff will immediately contact emergency on-call.</b></p> <p><b>2.) Emergency on-call will</b></p>		

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			<p><b>Speak with staff confirming factual information on Behavior Incident Report 3.) Emergency on-call will page the Group Home Coordinator who will begin investigation. (# of staff, deployment of staff, antecedent &amp; client protection)</b></p> <p><b>4.) The Administrator will be paged by the Group Home Coordinator prior to investigation.</b></p> <p><b>5.) IDT will be held to determine additional action.</b></p> <p>d) An unknown injury, not suspected to be abusive, will also be investigated:</p> <p>4. Conduct investigation to determine cause of unknown injury</p> <p>a) talk with every person having contact with the client within the last 24 hours (it could be longer based on nurse's review of injury and estimated time of occurrence of injury).</p> <p>b) talk to the client regarding the situation</p> <p>c) document conversations with each person involved in the investigation.</p> <p>d) summarize what happened after investigation is completed</p> <p>5. Put training into place to prevent further occurrences, if necessary</p>		







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			<p>C) Continue investigation as needed. D) Summarize the investigation E) Contact Guardians with injury and reported</p> <p><b>CONCLUSION/SUMMARY OF INVESTIGATION:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	

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W0240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (#1), the client's Individual Program Plan (IPP) failed to indicate what facility staff were to do when client #1 was found in other clients' bedrooms.</p> <p>Findings include:</p> <p>During the 9/4/12 observation period between 4:00 PM and 6:20 PM, at the group home at 5:00 PM, client #1 went into client #8's bedroom without knocking. Client #1 walked into the bedroom and sat on client #8's bed while client #8 sat in his wheelchair. Client #1 then stood and walked out of client #8's bedroom and walked into client #3's room without knocking. Client #1 came out of client #3's bedroom and then went to the bathroom. The bathroom door was closed and the client started to open the door when staff #2 told client #1 not to open the bathroom door. Client #1 walked back to client #8's bedroom and went into the client's room and sat down on the bed. Client #8, who was sitting in the wheelchair, started making verbal noises and pointing at the door. Staff #2 entered client #8's bedroom and saw client #1</p>	W0240	<p>IDT will meet to discuss Client #1's behavior regarding going into other's rooms and staying when not welcome. A current program goal is in place to address client #1 appropriately knocking to get in a bedroom. However, the program does not address how to request that she exit the bedroom if asked. IDT will develop programming to teach client #1 to exit when asked.</p> <p>Preventatively, all staff will be trained on the new program objective.</p> <p>Additionally, all professional staff including Helmuth QMRP, will be retrained in regard to their roles in ensuring that programmatic needs are addressed through formal plans. Additionally, all QMRP's will be retrained in regard to their role in ensuring that the Annual Functional Assessment is completed thoroughly and that all relevant goal areas are addressed with a formal IPP goal.</p> <p>The current system of evaluating programmatic needs, through the use of the Comprehensive Annual Functional Assessment, is adequate in addressing programmatic needs. Retraining</p>	10/01/2012

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	<p>sitting on client #8's bed. Staff #2 asked client #1 if she was watching TV with client #8. Client #8 was pointing at the door, but staff #2 did not acknowledge and/or ask client #8 if he wanted client #1 in his bedroom. Staff #2 turned around and walked out of client #8's bedroom. At 5:05 PM, client #1 walked back into client #3's bedroom where client #3 was waiting to be showered by staff. Client #1 did not knock and/or ask client #3 if she could enter the client's bedroom. Client #1 then walked back to the bathroom and started to open the door, when staff #2 redirected client #1 to knock before entering.</p> <p>Interview with client #3 on 9/6/12 at 10:45 AM indicated client #3 did not want client #1 to come in her bedroom. Client #3 wrote down on a piece of paper "alone." When asked what client #3 meant she indicated she wanted client #1 to leave her alone. Client #3 indicated client #1 would get into her personal items in her bedroom. When asked if client #1 had demonstrated physical aggression toward client #3, client #3 nodded her head yes.</p> <p>Client #1's record was reviewed on 9/5/12 at 11:26 AM. Client #1's 5/10/12 Individual Program Plan (IPP) indicated client #1 had an objective to knock before</p>		with all professional staff will correct this problem.				

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	<p>entering the other residents' rooms. The methodology/strategy indicated "[Client #1] likes to go into other residents' rooms to visit, however, at times she does not knock on their door to let them know that she is coming. When staff notice that [client #1] is going into another room, they should wait to see if see knocks before she enters their room. If she does not, explain to her that it is important for her to knock and wait to hear their response before she enters in order to maintain their privacy...." The 5/10/12 IPP objective did not indicate what facility staff were to do if they had found client #1 in other clients' bedrooms to ensure the privacy of others.</p> <p>Interview with staff #3 on 9/5/12 at 8:30 AM indicated client #1 would go into other clients' bedrooms. Staff #3 stated, "We try to keep her out." Staff #3 indicated client #1 had a goal to knock on clients' doors.</p> <p>Interview with staff #1 and the Program Coordinator (PC) on 9/6/12 at 12:15 PM indicated client #1 demonstrated physical aggression toward other clients. Staff #1 and the PC indicated client #1 would also go into other clients' bedrooms without being invited. Staff #1 and the PC indicated facility staff were to have client #1 knock on clients' bedroom doors</p>						

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	<p>before entering. When asked what facility staff were to do if they found client #1 in other clients' bedrooms, the PC indicated facility staff should redirect client #1 to leave the clients' bedrooms. The PC and staff #1 indicated client #1's IPP did not specifically indicate what facility staff were to do when client #1 was found in other clients' bedrooms to ensure the clients' privacy.</p> <p>9-3-4(a)</p>			

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W0249	<p><b>483.440(d)(1) PROGRAM IMPLEMENTATION</b></p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 3 of 4 sampled clients (#1, #2 and #3), the facility failed to ensure clients' Individual Program Plans (IPPs) were implemented when formal and/or informal training opportunities existed.</p> <p>Findings include:</p> <p>1. During the 9/4/12 observation period between 4:00 PM and 6:20 PM, at the group home, client #1's spaghetti type casserole, salad and Brussels sprouts were between a pureed and ground texture.</p> <p>During the 9/5/12 observation period between 6:06 AM and 8:30 AM, at the group home, client #1 ate a bagel with cream cheese and cereal with milk which was of a regular diet texture. Client #1's bagel was cut into bite sized pieces. At 7:50 AM, client #1 came out of the shower dressed. Facility staff handed the client her eyeglasses. Client #1's eyeglasses were smudged with</p>	W0249	<p>Client #1's objective to clean her glasses and diet; client #3 objective to scoop first bite of food with an adaptive spoon and elevated try table; and client #2's objective to sign "Good morning" and utilize a communication device will be re-inserviced to all group home staff. Likewise, the need for continuous active treatment and utilizing formal and informal opportunities to teach will be discussed.</p> <p>Staff #4 will be addressed regarding not following client #1's diet.</p> <p>All QMRP's will be re-trained on their role to monitor and ensure the consistent implementation of IPP objectives and dietary plans.</p> <p>Preventatively, the Group Home Coordinator, QMRP, and Group Home Manager will observe each separate goal and ensure these objectives are being run effectively four times per month for four weeks and as needed thereafter on all client issues listed above. In general, they will</p>	10/01/2012			

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	<p>fingerprints. At 8:29 AM, staff #4 took client #1's eyeglasses to clean. Staff #4 did not have client #1 assist and/or clean her own eyeglasses.</p> <p>Client #1's record was reviewed on 9/5/12 at 11:26 AM. Client #1's 5/10/12 IPP indicated the client was to receive a regular mechanical soft diet and no bread. Client #1's 9/1/12 physician's order indicated client #1 was to have a mechanical soft diet of ground meats and no bread. Client #1's 5/10/12 IPP also indicated client #1 had an objective to clean her eyeglasses before she puts them on each morning which facility staff did not implement when formal and/or informal opportunities for training existed.</p> <p>Interview with staff #4 on 9/5/12 at 8:40 AM indicated client #1 was on a mechanical soft diet with no bread. When asked why client #1 was given a bagel, staff #4 indicated client #1 could have a bagel as long as it was in milk or soft. Staff #4 stated, "I put cream cheese on it."</p> <p>Interview with RN #1 on 9/6/12 at 11:30 AM indicated client #1's meat should be ground for her mechanical soft diet. RN #1 indicated client #1 should not have bread on her mechanical soft diet. RN #1 indicated a bagel was considered a bread.</p>		<p>observe active treatment upon all visits.</p> <p>Additionally, the Assistant Director does random checks on all QMRP's work and attends IDT's to ensure good development of active treatment and follow of dining plans and dietary programs. Also, the Director will begin to do random visits to group homes to observe active treatment, particularly objectives being run formally and informally with the client being involved as much as possible according to his or her abilities.</p>				

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	<p>Interview with staff #1 and the Program Coordinator (PC) on 9/6/12 at 12:15 PM indicated client #1 should eat a mechanical soft diet which consisted of ground meat. The PC indicated the client could eat a regular texture otherwise. The PC and staff #1 indicated client #1 should not eat bread on her mechanical soft diet. The PC indicated facility staff should have assisted and/or encouraged client #1 to clean her own eyeglasses when she got them in the morning.</p> <p>2. During the 9/4/12 observation period between 4:00 PM and 6:20 PM, at the group home, client #3 was fed by staff at the dinner meal. Staff #5 did not prompt and/or encourage client #3 to feed herself. Client #3 had an adaptive spoon and an elevated table/tray.</p> <p>Client #3's record was reviewed on 9/5/12 at 1:50 PM. Client #3's 8/16/12 IPP indicated client #3 had an objective to scoop the first bite of the meal.</p> <p>Interview with staff #1 and the PC on 9/6/12 at 12:15 PM indicated client #3 should feed herself the first bite of the meal before facility staff started to feed the client.</p> <p>3. During the 9/4/12 observation period</p>			

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	<p>between 4:00 PM and 6:20 PM and the 9/5/12 observation period between 6:06 AM and 8:20 AM, at the group home, facility staff did not encourage and/or prompt client #2 to utilize any type of communication device and/or encourage the client to sign good morning to others when the client came out of her bedroom.</p> <p>Client #2's record was reviewed on 9/5/12 at 1:03 PM. Client #2's 7/13/12 IPP indicated the client had an objective to sign good morning to a peer each morning and an objective to communicate her wants and needs through the use of her communication board. The facility staff failed to implement client #2's IPP objectives when formal and/or informal training opportunities existed.</p> <p>Interview with staff #1 and the PC on 9/6/12 at 12:15 PM indicated staff should implement client #2's communication objectives throughout the day.</p> <p>9-3-4(a)</p>			

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W0262	<p>483.440(f)(3)(i) PROGRAM MONITORING &amp; CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Based on interview and record review for 2 of 3 sampled clients with restrictive programs, the facility failed to have its Human Rights Committee (HRC) review and/or approve restrictive programs which included the use of psychotropic medications.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 9/5/12 at 11:26 AM. Client #1's 4/12 through 6/12 Quarterly Nursing Summary indicated client #1's Effexor (behavior) was titrated for 3 weeks and then client #1 was to start on Anafranil (behavior).</p> <p>Client #1's 9/1/12 physician's order indicated client #1 received Anafranil 50 milligrams 2 capsules at bedtime. The 9/1/12 physician's order indicated the Anafranil was started on 5/16/12.</p> <p>Client #1's 6/14/12 BS/Behavior Strategy indicated client #1 demonstrated obsessive compulsive behaviors, non-compliance and physical aggression.</p>	W0262	<p>Client #1's behavior strategy will immediately be updated. HRC will immediately review the usage of Anafranil.</p> <p>Client #2's behavior strategy revision will be immediately revised and approved by HRC.</p> <p>Preventatively, the Behavior Coordinator will weekly present upcoming behavior strategy revisions to HRC. V.P. of Residential Services will begin to randomly check medication and behavior strategies for immediate revision after medication changes.</p>	10/01/2012

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	<p>Client #1's 6/14/12 BS indicated client #1 received Effexor and Risperdal (behavior) for the client's physical aggression, obsessive compulsive disorder and non-compliance. Client #1's 6/14/12 BS indicated two staff could physically assist/escort client #1 to her bedroom if the client was not able to be redirected/continued to escalate. Client #1's 6/14/12 BS did not indicate the facility's HRC reviewed and/or approved the client's restrictive program and/or the Anafranil.</p> <p>Interview with staff #1 and the PC on 9/6/12 at 12:15 PM indicated they did not know if client #1's 6/14/12 BS had been reviewed and/or approved by the facility's HRC. The PC indicated she would have to check with the behavior specialist/clinician to see. The PC and/or staff #1 did not provide any additional documentation in regard to the client's restrictive program.</p> <p>2. Client #2's record was reviewed on 9/5/12 at 1:03 PM. Client #2's 7/15/11 Behavior Strategy (BS), current one in the record, indicated client #2 demonstrated "Suspected depression exhibited by moodiness and/or inappropriate attention seeking leading to tantrums or urinating and/or defecating on herself." The 7/15/11 BS indicated if client #2's</p>			

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	<p>tantrums escalated, two staff could assist the client front her wheelchair to a mat on the floor to keep client #2 from throwing herself to the floor from her wheelchair. The BS indicated facility staff were to use pillows to place between the client's body and the object/floor the client was trying to hit herself against. Client #2's 7/15/11 BS indicated client #2 received Zyprexa, Remeron and Wellbutrin XL to address the client's behavior. Client #2's 7/15/11 BS did not indicate the facility's HRC reviewed and/or approved the clients' restrictive program.</p> <p>Interview with staff #1 and the Program Coordinator (PC) on 9/6/12 at 12:15 PM indicated client #2's BS did not indicate the facility's HRC reviewed and/or approved client #2's restrictive program. The PC indicated a new BS still needed to be approved by the facility's HRC.</p> <p>9-3-4(a)</p>			