

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G715	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/29/2012
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NAME OF PROVIDER OR SUPPLIER LIFE DESIGNS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 523 PARK LN NASHVILLE, IN 47448
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W0000	<p>This visit was for a full annual recertification and state licensure survey.</p> <p>This visit was in conjunction with the post certification revisit (PCR) to the PCR to the investigation of complaint #IN00092814 completed on 9/2/11.</p> <p>Survey dates: February 21, 22, 23, 24, 28, and 29, 2012.</p> <p>Facility number: 004000 Provider number: 15G715 AIM number: 200481990</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 3/8/12 by Ruth Shackelford, 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 The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 1 of 3 clients in the sample (B), the facility's governing body failed to exercise operating direction over the facility by not ensuring: 1) client B did not pay for a basic haircut and 2) there was a policy/procedure in place addressing haircuts.</p> <p>Findings include:</p> <p>A review of client B's finances was conducted on 2/22/12 at 7:37 AM. On 11/23/11, client B paid \$5.50 for a haircut (withdrew \$20.00, \$4.50 change returned and the facility deposited \$10.00 into petty cash for the haircut). There was no documentation the \$5.50 client B paid for his haircut was reimbursed.</p> <p>An interview with the Program Director (PD) was conducted on 2/22/12 at 7:44 AM. The PD indicated the facility paid \$10.00 for a basic haircut. The PD indicated he was not sure how often the facility would pay \$10.00 for the basic haircut. The PD indicated client B paid for part of his basic haircut.</p> <p>An interview with Administrative staff</p>	W0104	<p>W 104 LifeDesigns is committed to supporting a governing body that exercises general policy, budget and operating direction over the facility to operate in substantial compliance with State and Federal regulatory requirements. In order to ensure there is a procedure in place to address Basic Haircuts, the Assistant Director of Residential Services (ADORS) will revise the Management of Client Funds Procedure to include basic haircuts by March 30, 2012. Revision will state that LifeDesigns is responsible for basic haircuts but additional services such as, but not limited to highlights, perms, hair dye, and etc... will be paid out of the individual's personal funds and not by LifeDesigns. The ADORS will train the Program Directors, QDDP's and CLM's on the revision by March 30, 2012. The PD or CLM will train Parklane group home staff on the revision by March 30, 2012. A copy of the revised procedure and copies of the training signature sheets will be available at the LifeDesigns office.</p>	03/30/2012			

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	<p>(AS) #3 was conducted on 2/24/12 at 1:00 PM. AS #3 indicated the facility would pay \$10.00 toward a basic haircut. AS #3 indicated she was not aware how often the facility would pay \$10.00 toward a basic haircut. AS #3 indicated she was not aware of a policy addressing haircuts.</p> <p>An interview with AS #1 was conducted on 2/24/12 at 11:24 AM via email. AS #1 indicated the following, "We do not have a policy on haircuts, but will do training with Qs (Qualified Mental Retardation Professionals), CLMs (home managers), and PDs that Lifedesigns will pay for haircuts."</p> <p>9-3-1(a)</p>				

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W0120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client.</p> <p>Based on observation, interview and record review for 6 of 6 clients (A, B, C, D, E and F), the facility failed to ensure outside services (high school) met the needs of the clients.</p> <p>Findings include:</p> <p>An observation was conducted at the high school on 2/22/12 from 9:10 AM to 10:28 AM. During the observation, clients A, B, C, D, E and F were present. At 9:58 AM, client F was verbally and physically prompted to leave a recliner to join the group at a table. Client F dropped to the floor and crawled back to the recliner. At 10:01 AM, client C was lying on a couch in the classroom. A teacher's aide signed "no" to her several times, took her hands and pulled her up off the couch. At 10:07 AM, client F was seated at the table trying to get up. A teacher's aide held her chair so client F was unable to push away from the table. This continued until the end of the observation at 10:28 AM. At 10:15 AM, client C was seated at the table with her head down not participating in the craft activity.</p> <p>A review of client F's record was</p>	W0120	<p>W 120 LifeDesigns is committed to ensuring that outside services meet the needs of each client by providing oversight to the Day programs. The Quality Improvement Director (QID) will re-train the Program Directors and the QDDP's on completing routine observations at the day programs by March 30, 2012. A copy of the signed training sheets will be available at the LifeDesigns office. Copies of the completed observations of Day programs will be kept on file at the group home and copies will be sent to the Director of Residential Services.</p>	03/30/2012			

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	<p>conducted on 2/23/12 at 12:38 PM. Her Individual Support Plan (ISP), dated 3/14/11 and Replacement Skills Plan (RSP), dated 2/14/11, did not indicate staff were to physically stop her from exiting her chair to ensure she stayed at a table. There was no plan for this technique.</p> <p>A review of client C's record was conducted on 2/23/12 at 10:05 AM. Her ISP, dated 6/7/11 and her RSP, dated 6/7/11 did not indicate staff were to physically assist her in order to join an activity. The RSP indicated in the general programming notes section, "[Client C] responds best to visual cuing of choices, while allowing 3-5 minutes of processing time. It is best to approach her in a calm and peaceful manner. Always remember to be in her eye-sight when attempting to communicate. If [client C] will not look to receive the cues, give her 3-5 minutes before attempting again. If [client C] continues to refuse, cue her with a picture card or object that does not require eye contact. When working with [client C], always remember to give her choices, allow her break times during and between activities, praising her for a task well done, both in her development and communication."</p> <p>An interview with the teacher of clients</p>						

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	<p>A, B, C, D, E and F was conducted on 2/22/12 at 9:17 AM. The teacher indicated the Qualified Mental Retardation Professional (QMRP) had conducted two observations at the school since August 2011 when school started. The teacher indicated client B was sent home from school approximately 2 times per week due to behavior issues. The teacher indicated in past school years the school and the group home met monthly to discuss issues and concerns. The teacher indicated the monthly meetings were recently reinstated. The teacher indicated there had been several incidents of client to client aggression at the school since the school year began.</p> <p>A note from the QMRP, dated 12/9/11, was reviewed on 2/24/12 at 11:31 AM. The note indicated the following, "I spoke with [Special Ed. Director] for [high school name] concerning observations at the high school by the [QMRP]. He gave his consent for the [QMRP] to schedule an hour long observation, once a month in the Special Services classroom at [name of high school]. He asked for the [QMRP] and [teacher] to maintain a schedule for the observations to take place. Contacted [teacher] and will be doing the December observation next week on a yet to be determined date." The facility provided one documented</p>						

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	<p>observation, dated 12/15/11, conducted at the school since August 2011 when the school began.</p> <p>A review of the facility's incident/investigative reports was conducted on 2/21/12 at 12:00 PM.</p> <p>-On 8/30/11 at 12:00 PM, client B hit client E while at school due to being upset about computer time ending. The facility substantiated abuse.</p> <p>-On 10/4/11 at 12:30 PM, staff #5 reported concerns about the school (using floor restraint). Staff #5 indicated client B's teacher held client B down to the ground where he could not move. She held down his arm with both of her hands and had her knee on his thigh. The school reported concerns about staff #5. The teacher indicated staff #5 "dragged" client B by his arm toward the door after failed attempts at assisting him to stand. Aide #1 indicated staff #5, in her written statement, dragged client B. Aide #1 did not mention in her interview staff #5 dragging client B. Aide #2 indicated staff #5 "dragged" client B out the door. Aide #3 indicated staff #5 "dragged" client B by his arm. Aide #4 indicated staff #5 tried to move client B along by "scototing on his butt while by his feet pushing." The QMRP indicated when she arrived to the school client B was on the floor and the teacher was crouched down next to</p>						

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	<p>him. The facility found the floor restraint at school was unsubstantiated.</p> <p>-On 10/12/11 at 8:15 AM, client B arrived to school and started asking for computer time. He became upset and hit client A. The facility substantiated abuse.</p> <p>-On 11/15/11 at 9:00 AM, client B hit client D on top of the head with a box of tissues while at school. The facility substantiated abuse.</p> <p>-On 11/17/11 at 1:00 PM, client C was in the "quiet room" lying down on a bench. Another student, not from the group home, went into the quiet room to sit on a bean bag chair. When school staff checked on them, the other student was straddling in a crawling position over top client C. The aide indicated no physical contact was made and both students were fully clothed. The facility unsubstantiated abuse.</p> <p>-On 1/13/12 at 8:00 AM, client B hit client A while at school. The facility substantiated abuse.</p> <p>-On 2/6/12 at 2:30 PM, client B hit client A while at school. The facility substantiated abuse.</p> <p>-On 2/8/12 at 3:00 PM, client C grabbed client B's right hand and bent his fingers back. The facility did not indicate in the investigation whether or not abuse was substantiated. The report indicated the incident occurred as reported.</p>						

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	<p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/28/12 at 2:46 PM. The QMRP indicated she had conducted one observation since the beginning of the school year. She indicated she was not aware she needed to conduct observations and once she found out, she contacted the school to set up times for observation.</p> <p>An interview with Administrative staff (AS) #1 was conducted on 2/21/12 at 1:35 PM. AS #1 indicated she was aware of the number of incidents occurring at the school.</p> <p>An interview with the Program Director (PD) was conducted on 2/23/12 at 1:08 PM. The PD indicated the QMRP should conduct monthly observations at the school.</p> <p>9-3-1(a)</p>				

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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview for 6 of 6 clients living in the group home (A, B, C, D, E and F), the facility failed to ensure the clients had the right to due process in regard to sharp knives being locked.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 2/21/12 from 2:39 PM to 5:34 PM. At 4:25 PM, staff #4 used a key to access the locked office area of the group home. Staff #4 exited the locked office area carrying a sharp knife he then used to slice tomatoes.</p> <p>A review of client A's record was conducted on 2/23/12 at 10:01 AM. There was no documentation in the record to indicate the sharp knives needed to be locked.</p> <p>A review of client B's record was conducted on 2/23/12 at 10:22 AM. There was no documentation in the record to indicate the sharp knives needed to be</p>	W0125	<p>W125 LifeDesigns is committed to ensuring the rights of all the clients including the right to due process. The Program Director or QDDP will train the Parklane group home staff on client rights specific to knives being unlocked and accessible by March 30, 2012. A copy of the signed training sheet will be available at the LifeDesigns office.</p>	03/30/2012	

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	<p>locked.</p> <p>A review of client C's record was conducted on 2/23/12 at 10:05 AM. There was no documentation in the record to indicate the sharp knives needed to be locked.</p> <p>A review of client D's record was conducted on 2/23/12 at 9:59 AM. There was no documentation in the record to indicate the sharp knives needed to be locked.</p> <p>A review of client E's record was conducted on 2/23/12 at 11:27 AM. There was no documentation in the record to indicate the sharp knives needed to be locked.</p> <p>A review of client F's record was conducted on 2/23/12 at 12:38 PM. There was no documentation in the record to indicate the sharp knives needed to be locked.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/28/12 at 2:46 PM. The QMRP indicated there was no reason for the knives to be locked. She indicated it was an oversight on her part to ensure the knives were not locked.</p>						

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	<p>An interview with the Program Director (PD) was conducted on 2/23/12 at 1:08 PM. The PD indicated the sharp knives were being locked up in the office area. The PD indicated there was no reason for the knives to be locked.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 2/23/12 at 1:08 PM. AS #1 indicated she checked the clients' plans and there was no plan for any of the clients to have sharp knives locked.</p> <p>9-3-2(a)</p>			

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W0126	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on record review and interview for 3 of 6 clients living in the group home (A, D, and E), the facility failed to ensure the clients accessed their petty cash funds routinely.</p> <p>Findings include:</p> <p>A review of the clients' finances was conducted on 2/22/12 at 7:37 AM. -Client A: Accessed her money on 8/22/11 and 11/18/11. -Client D: Accessed her money on 11/18/11. -Client E: Accessed his money on 6/8/11 and 11/18/11.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/28/12 at 2:46 PM. The QMRP indicated the clients should be accessing their petty cash at least weekly. The QMRP indicated there were issues with not having drivers who met the facility's insurance policy (over 21 to drive). The facility merged with another company and there were more qualified drivers.</p>	W0126	<p>W 126 LifeDesigns is committed to ensuring the rights of all clients including allowing the client's to access their petty cash funds. The Assistant Director of Residential Services (ADORS) will train the Program Directors on accessing client petty cash funds by March 30, 2012. The PD's will train the CLM's on their responsibility to ensure reasonable opportunities for clients to purchase items or desired services with their personal money. This training will be completed by March 30, 2012 and a copy of the signed training sheet will be available at the LifeDesigns office. Documentation of these outings and purchases will be maintained on the client petty cash ledger and their daily progress notes. Program Directors will revise the monthly audit to include clients accessing personal funds by March 30, 2012. A copy of the revised monthly audit will be available at the LifeDesigns office.</p>	03/30/2012			

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	An interview with the Program Director (PD) was conducted on 2/22/12 at 7:44 AM. The PD indicated the goal was for the clients to access their money at least monthly. The PD indicated the reason the clients had not accessed their money was due to few of the employees being van trained. He indicated there used to be an age restriction which limited the clients' opportunity to go on outings. 9-3-2(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.</p> <p>Based on record review and interview for 11 of 40 incident/investigative reports reviewed affecting clients A, B, C, D, E and F, the facility failed to implement its policies and procedures to prevent abuse and neglect of the clients.</p> <p>Findings include:</p> <p>1) A review of the facility's incident/investigative reports was conducted on 2/21/12 at 12:00 PM. -On 8/30/11 at 12:00 PM, client B hit client E while at school due to being upset about computer time ending. The facility substantiated abuse. -On 10/4/11 at 12:30 PM, staff #5 reported concerns about the school (using floor restraint). Staff #5 indicated client B's teacher held client B down to the ground where he could not move. She held down his arm with both of her hands and had her knee on his thigh. The school reported concerns about staff #5. The teacher indicated staff #5 "dragged" client B by his arm toward the door after failed attempt at assisting him to stand. Aide #1 indicated staff #5, in her written statement, dragged client B. Aide #1 did not mention in her interview staff #5</p>	W0149	<p>W149 LifeDesigns is dedicated in maintaining a policy and environment that prohibits the mistreatment, neglect, or abuse of the individual's served. In addition to the routine trainings of Abuse and Neglect with all LifeDesigns staff Assistant Director of Residential Services (ADORS) will train all QDDP's by March 30, 2012 on completing day program observations and actively communicating with day program to ensure consistent implementation of individual plans regarding behaviors of aggression. A copy of the training signature sheet will be on file at the LifeDesigns office. In regard to Client "B" the case conference committee including staff from school, staff from LifeDesigns, and the parent/guardian determined on March 7, 2012 that Client "B" will receive instruction from a Certified Instructor in a separate section of the school in order to maintain his educational services while ensuring the safety of others. This revised education plan was implemented on March 12, 2012. The revised IEP will be available at LifeDesigns office.</p>	03/30/2012			

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	<p>dragging client B. Aide #2 indicated staff #5 "dragged" client B out the door. Aide #3 indicated staff #5 "dragged" client B by his arm. Aide #4 indicated staff #5 tried to move client B along by "scooting on his butt while by his feet pushing." The QMRP indicated when she arrived to the school client B was on the floor and the teacher was crouched down next to him. The facility found the floor restraint at school was unsubstantiated.</p> <p>-On 10/12/11 at 8:15 AM, client B arrived to school and started asking for computer time. He became upset and hit client A. The facility substantiated abuse.</p> <p>-On 11/15/11 at 9:00 AM, client B hit client D on top of the head with a box of tissues while at school. The facility substantiated abuse.</p> <p>-On 11/17/11 at 1:00 PM, client C was in the "quiet room" at school lying down on a bench. Another student, not from the group home, went into the quiet room to sit on a bean bag chair. When school staff checked on them, the other student was straddling in a crawling position over top client C. The aide indicated no physical contact was made and both students were fully clothed. The facility unsubstantiated abuse.</p> <p>-On 12/19/11 at 11:30 AM, client A pinched client B's forearm. The facility substantiated abuse.</p> <p>-On 1/8/12 at 4:30 PM, client B hit client</p>						

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	<p>F on the head. The facility substantiated abuse.</p> <p>-On 1/13/12 at 8:00 AM, client B hit client A while at school. The facility substantiated abuse.</p> <p>-On 1/16/12 at 11:45 AM, client B hit client A. The facility substantiated abuse.</p> <p>-On 2/6/12 at 2:30 PM, client B hit client A while at school. The facility substantiated abuse.</p> <p>-On 2/8/12 at 3:00 PM, client C grabbed client B's right hand and bent his fingers back while at school. The facility did not indicate in the investigation whether or not abuse was substantiated. The report indicated the incident occurred as reported.</p> <p>A review of the facility's Investigative Incident Report Process, dated 2/6/12, was reviewed on 2/21/12 at 11:57 AM. The policy indicated, "People receiving services must not be subjected to abuse by anyone, including, but not limited to, facility staff, peers, consultants or volunteers, family members, friends or other individuals." The policy indicated, "Any person who suspects abuse/neglect or other reportable incident involving staff-to-person receiving services, any person to person receiving services, or person receiving services to person receiving services will: 1. Immediately contact Christole Administrator giving a</p>						

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	<p>verbal report of the incident." The policy defined neglect as the failure to provide goods or services necessary to avoid physical or psychological harm. Abuse was defined as the ill treatment, violation, revilement, exploitation and/or otherwise disregard of an individual with willful intent to cause harm.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/28/12 at 2:46 PM. The QMRP indicated incidents of client to client abuse were known. The QMRP indicated the staff received training to stay between the clients when one was upset. The QMRP indicated the facility should prevent client to client abuse. The QMRP indicated abuse was unacceptable and should not happen.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 2/21/12 at 1:35 PM. AS #1 indicated the facility prohibited abuse and neglect of the clients. AS #1 indicated the staff should prevent client to client abuse.</p> <p>2) An observation was conducted the client D's school on 2/22/12 from 9:10 AM to 10:28 AM. At 10:15 AM, the school nurse used a small comb to comb through client D's hair. This continued until the end of the observation.</p>						

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	<p>An interview with client D's teacher was conducted on 2/22/12 at 10:25 AM. The teacher indicated the nurse was combing nits (lice eggs) out of client D's hair. The teacher indicated client D's lice was an on-going issue since the beginning of the school year which started in August 2011.</p> <p>An interview with school administrator (SA) #1 was conducted on 2/22/12 at 9:17 AM. SA #1 indicated client D missed 40 days of school at the beginning of the school year due to on-going issues with lice. SA #1 indicated client D had recurring issues with lice since August 2011.</p> <p>A review of client D's record was conducted on 2/23/12 at 9:59 AM. On 8/10/11, the nurse conducted a physical assessment. The nurse indicated in her Monthly Healthcare Coordination Notes (MHCN), "positive for pediculosis (lice) this date. Order for Permethrin cream obtained and [client D] was treated." The nurse's recommendations included ensuring nits were removed from her hair and cleaning (sweeping, wash bedding, place non-washable items in plastic bags for 2 weeks). On 8/18/11, Client D was seen by her physician for head lice. The physician recommended combing her hair for nits. The MHCN, dated 9/10/10</p>			

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	<p>(incorrectly dated) and 10/9/11, indicated, "No further evidence of pediculosis noted." On 10/18/11, client D was again seen by her physician for "on-going head lice." The physician ordered Nix lice treatment, Vaseline/olive oil after treatment, and trim her hair short. On 12/8/11 and 1/6/12, the MHCN indicated, "No recurrence of pediculosis noted." A review of client D's current Nursing Care Plan, dated 12/22/11, did not address pediculosis.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/28/12 at 2:46 PM. The QMRP indicated she thought the nurse trained the staff during the first treatment of lice. The QMRP indicated she did not train the staff. The QMRP indicated there was no plan in place until 2/24/12.</p> <p>An interview with the nurse was conducted on 2/23/12 at 9:44 AM. The nurse indicated client D had been treated multiple times for lice. The nurse stated it was hard to keep client D "still" to pick and pick for the nits. The nurse indicated the direct care staff were conducting the treatments. The nurse indicated she was present for the first treatment. The nurse stated she was, "at a loss" on the treatment of the lice and "thinks" the staff were doing the treatments correctly. The</p>						

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	<p>nurse indicated there was no plan for the treatment of lice and she did not have documentation the staff received training on conducting the lice treatments.</p> <p>A review of the facility's Investigative Incident Report Process, dated 2/6/12, was reviewed on 2/21/12 at 11:57 AM. The policy indicated, "People receiving services must not be subjected to abuse by anyone, including, but not limited to, facility staff, peers, consultants or volunteers, family members, friends or other individuals." The policy indicated, "Any person who suspects abuse/neglect or other reportable incident involving staff-to-person receiving services, any person to person receiving services, or person receiving services to person receiving services will: 1. Immediately contact Christole Administrator giving a verbal report of the incident." The policy defined neglect as the failure to provide goods or services necessary to avoid physical or psychological harm. Abuse was defined as the ill treatment, violation, revilement, exploitation and/or otherwise disregard of an individual with willful intent to cause harm.</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 observation, interview and record review for 6 of 6 clients living in the group home (A, B, C, D, E and F), the Qualified Mental Retardation Professional (QMRP) failed to ensure: 1) oversight at the high school was being conducted to ensure the school was meeting the needs of the clients, 2) sharp knives were accessible to the clients, 3) the clients were free from abuse, 4) client A had a plan addressing wearing her winter coat in the home, client E had a plan to eat meals with his peers, client F had plans addressing wearing her coat in the home and eating, client D had a plan to address on-going issues with lice, and clients A, B, C, D, E and F had plans addressing non-compliance with evacuation drills, 5) client B's program plan did not contain inconsistent restrictive measures regarding the locking of food cabinets and the refrigerator, 6) clients B, C, E and F's medication administration training objectives were implemented, client D's training objective for meals was implemented, and client B's training objective for meals was implemented, and 7) clients B, E and F had medication-specific reduction plans</p>	W0159	<p>W 159 LifeDesigns is dedicated in providing integrated and coordinated active treatment that is monitored by the QDDP. The Director of Residential Services (DORS) will issue appropriate corrective action to the QDDP responsible at Parklane for failure to integrate, coordinate, and monitor active treatment for all individuals at the Parklane Group Home. A copy of the corrective action will be on file at the LifeDesigns office. The Director of Residential Services (DORS) will train the QDDP's on importance of integrated individual program plans and monitoring active treatment by March 30, 2012. A copy of the training signature sheet will be available at the LifeDesigns office.</p>	03/30/2012	

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	<p>for each of their psychotropic medications.</p> <p>Findings include:</p> <p>1) Please refer to W120. For 6 of 6 clients living at the group home (A, B, C, D, E and F), the QMRP failed to ensure outside services (high school) met the needs of the clients.</p> <p>2) Please refer to W125. For 6 of 6 clients living in the group home (A, B, C, D, E and F), the QMRP failed to ensure the clients had the right to due process in regard to sharp knives being locked.</p> <p>3) Please refer to W149. For 6 of 6 clients (A, B, C, D, E and F), the QMRP failed to ensure staff implemented the facility's policies and procedures to prevent abuse and neglect of the clients.</p> <p>4) Please refer to W227. For 6 of 6 clients living in the group home (A, B, C, D, E and F), the QMRP failed to ensure: 1) client A had a plan addressing wearing her winter coat in the home, 2) client E had a plan to eat meals with his peers, 3) client F had plans addressing wearing her coat in the home and eating, 4) client D had a plan to address on-going issues with lice, and 5) clients A, B, C, D, E and F had plans addressing non-compliance</p>						

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	<p>with evacuation drills.</p> <p>5) Please refer to W240. For 1 of 3 clients in the sample (B), the QMRP failed to ensure his program plan did not contain inconsistent restrictive measures regarding the locking of food cabinets and the refrigerator.</p> <p>6) Please refer to W249. For 5 of 6 clients living in the group home (B, C, D, E and F), the facility failed to ensure: 1) clients B, C, E and F's medication administration training objectives were implemented, 2) client D's training objective for meals was implemented, and 3) client B's training objective for meals was implemented.</p> <p>7) Please refer to W312. For 3 of 3 clients in the sample (B, E and F), the QMRP failed to ensure there was a medication-specific reduction plan for each psychotropic medication.</p> <p>9-3-3(a)</p>				

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W0227	<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.</p> <p>Based on observation, interview and record review for 6 of 6 clients living in the group home (A, B, C, D, E and F), the facility failed to ensure: 1) client A had a plan addressing wearing her winter coat in the home, 2) client E had a plan to eat meals with his peers, 3) client F had plans addressing wearing her coat in the home and eating, 4) client D had a plan to address on-going issues with lice, and 5) clients A, B, C, D, E and F had plans addressing non-compliance with evacuation drills.</p> <p>Findings include:</p> <p>1) An observation was conducted at the group home on 2/21/12 from 2:39 PM to 5:34 PM. During the entire observation, client A wore her winter coat. Staff were not observed to prompt client A to remove her coat during the observation.</p> <p>A review of client A's record was conducted on 2/23/12 at 10:01 AM. Her ISP and RSP, dated 5/7/11, did not contain a plan addressing client A wearing her winter coat (or any coat).</p>	W0227	<p>W 227 LifeDesigns is dedicated to meeting specific objectives necessary to meet the individual's needs identified by comprehensive assessments. LifeDesigns is also dedicated in providing integrated and coordinated active treatment that is monitored by the QDDP. The QDDP will create plans to address Client "A" wearing a winter coat in the house, Client "E" eating meals with his peers, and Client "F" wearing a winter coat in the house and another for sitting up while at the table during meals. These proposed goals will be created by March 26, 2012 and will be on file at Parklane group home while waiting on parental/guardian and HRC approval. The Director of Residential Services (DORS) will retrain all QDDP's on importance of developing program plans annually and as needed by March 30, 2012. A copy of the training signature sheet will be available at the Life Designs office. The QDDP will create evacuation drill plans/goals for each individual in the Parklane group home by March 30, 2012. The QDDP will train Parklane group home staff</p>	03/30/2012	

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	<p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/28/12 at 2:46 PM. The QMRP indicated this was an on-going issue for client A (for the past few months) and there needed to be a plan to address it.</p> <p>An interview with the Program Director (PD) was conducted on 2/23/12 at 1:08 PM. The PD indicated client A did not have a plan to address her wearing her coat while at the group home. The PD indicated this was an on-going issue and there needed to be a plan to address it.</p> <p>2) An observation was conducted at the group home on 2/21/12 from 2:39 PM to 5:34 PM. At 4:37 PM, staff #3 went into client E's bedroom to prompt him to join his peers for dinner at the table. At 4:44 PM, staff #3 informed staff #4 she had attempted to get client E out of his room to join his peers at the table. Staff #3 indicated client E would not leave his room. At 5:08 PM, staff #3 prompted client E to join his peers at the table for dinner. At 5:09 PM, dinner started. At 5:15 PM, staff #3 prompted client E to eat dinner with his peers. Client E stated, "room." Client E then refused to prepare his own plate for dinner. At 5:17 PM, staff #4 indicated to staff #3 the facility</p>		<p>on the plans and social stories by March 30, 2012. A copy of the training signature sheet will be available at the Life Designs office. The Life Designs Nurse will retrain Parklane group home staff on prevention and treatment of head lice by March 30, 2012. The Nurse will incorporate a check off list for the prevention and treatment training and will complete a one-on-one check off with each staff at the group home. This training will be completed on a quarterly basis for one year to ensure prevention and treatment of head lice. The Nurse will obtain a physician's order for a preventative lice treatment product and will update Nursing Care Plans to include procedure if head lice is found or suspected. A copy of the plans, training check off list, and training signature sheets will be available at the Life Designs office.</p>		

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	<p>needed to reimplement client E's plan to get him to the dining room table. Staff #4 indicated the plan was not being implemented. At 5:19 PM, staff #3 prepared a plate of food for client E and took it to his bedroom. At 5:21 PM, client E was sitting at a small folding table in the hallway outside of his bedroom eating his dinner. At 5:23 PM, client E was eating his dinner in the hallway and watching a movie on his television.</p> <p>A review of client E's record was conducted on 2/23/12 at 11:27 AM. His ISP and RSP, dated 6/1/11, did not contain a plan addressing eating at the dining room table. His RSP indicated a fear/frustrator for client E was being asked to eat at the table. His RSP indicated his targeted behaviors included aggression, self-injurious behavior, elopement and inappropriate touch. The RSP did not include isolation in his bedroom.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/28/12 at 2:46 PM. The QMRP indicated this was an on-going issue for client E and there needed to be a plan to address the issue. The QMRP indicated a plan was recommended by the behaviorist.</p>						

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	<p>An interview with the Program Director (PD) was conducted on 2/23/12 at 1:08 PM. The PD indicated the biggest barrier to client E becoming more independent was his lack of socialization/interaction with his peers.</p> <p>An interview with Administrative Staff (AS) #1 was conducted by email on 2/24/12 at 11:24 AM. AS #1 indicated the following, "[Client E] does not have a written plan to encourage him to come out of his room to eat. This was recommended by the behavior specialist and the group home staff have been trying to get him to eat a (sic) little table outside of his bedroom and work his way closer to the dining room."</p> <p>3) An observation was conducted at the group home on 2/21/12 from 2:39 PM to 5:34 PM. During the entire observation, client F wore her winter coat with the hood of the coat covering her head. Staff were not observed to prompt client F to remove her coat during the observation. At 5:09 PM, dinner started. Client F, for each bite, lowered her head to her plate and scraped the food from her plate and into her mouth. This continued with each bite she took. Staff #3, #4 and #6 did not prompt client F to sit up and bring the food to her mouth.</p>			

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	<p>An interview with the Program Director (PD) was conducted on 2/23/12 at 1:08 PM. The PD indicated client F did not have a plan to address her wearing her coat while at the group home. The PD indicated this was an on-going issue and there needed to be a plan to address it. The PD indicated client F lowering her head to her plate did not occur at all times. The PD indicated client F knew how to use a utensil; lowering her head depended on the consistency of the food. The PD indicated there was no plan for client F lowering her head to her plate.</p> <p>4) An observation was conducted the client D's school on 2/22/12 from 9:10 AM to 10:28 AM. At 10:15 AM, the school nurse used a small comb to comb through client D's hair. This continued until the end of the observation.</p> <p>An interview with client D's teacher was conducted on 2/22/12 at 10:25 AM. The teacher indicated the nurse was combing nits (lice eggs) out of client D's hair. The teacher indicated client D's lice was an on-going issue since the beginning of the school year which started in August 2011.</p> <p>An interview with school administrator (SA) #1 was conducted on 2/22/12 at 9:17 AM. SA #1 indicated client D missed 40</p>			

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	<p>days of school at the beginning of the school year due to on-going issues with lice. SA #1 indicated client D had recurring issues with lice since August 2011.</p> <p>A review of client D's record was conducted on 2/23/12 at 9:59 AM. On 8/10/11, the nurse conducted a physical assessment. The nurse indicated in her Monthly Healthcare Coordination Notes (MHCN), "positive for pediculosis (lice) this date. Order for Permethrin cream obtained and [client D] was treated." The nurse's recommendations included ensuring nits were removed from her hair and cleaning (sweeping, wash bedding, place non-washable items in plastic bags for 2 weeks). On 8/18/11, Client D was seen by her physician for head lice. The physician recommended combing her hair for nits. The MHCN, dated 9/10/10 (incorrectly dated) and 10/9/11, indicated, "No further evidence of pediculosis noted." On 10/18/11, client D was again seen by her physician for "on-going head lice." The physician ordered Nix lice treatment, Vaseline/olive oil after treatment, and trim her hair short. On 12/8/11 and 1/6/12, the MHCN indicated, "No recurrence of pediculosis noted." A review of client D's current Nursing Care Plan, dated 12/22/11, did not address pediculosis. There was no plan for the</p>						

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	<p>treatment of lice in client D's record.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/28/12 at 2:46 PM. The QMRP indicated there was no plan in place for staff to implement until 2/24/12. The QMRP indicated there needed to be a plan.</p> <p>An interview with the nurse was conducted on 2/23/12 at 9:44 AM. The nurse indicated client D had been treated multiple times for lice. The nurse stated it was hard to keep client D "still" to pick and pick for the nits. The nurse indicated the direct care staff were conducting the treatments. The nurse indicated she was present for the first treatment. The nurse stated she was, "at a loss" on the treatment of the lice and "thinks" the staff were doing the treatments correctly. The nurse indicated there was no plan for the treatment of lice and she did not have documentation the staff received training on conducting the lice treatments.</p> <p>5) A review of the facility's evacuation drills was conducted on 2/21/12 at 2:48 PM. The following drills had elapsed times greater than 3 minutes with no investigation into the issues: -On 5/11/11 at 1:00 AM, a fire drill was conducted. The drill took 1 hour to</p>			

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	<p>complete for clients B and C. Clients A, D and F took 20 minutes. Client E took 5 minutes.</p> <p>-On 5/16/11 at 6:50 PM, a fire drill was conducted. The drill took 20 minutes to complete. Client C refused to participate. Client A would not go outside. Client F took 10 minutes. Client B took 5 minutes.</p> <p>-On 6/8/11 at 1:00 AM, a fire drill was conducted. Client E took 10 minutes. Clients A and D took 20 minutes. Client B took 6 minutes. Client C refused to participate. Client F took 15 minutes.</p> <p>-On 6/13/11 at 7:00 PM, a fire drill was conducted. Clients A and C took 5 minutes.</p> <p>-On 9/16/11 at 5:00 PM, a fire drill was conducted. Client C took 4 minutes.</p> <p>-On 9/20/11 at 2:00 AM, a fire drill was conducted. Client E took 4 minutes. Client D took 7 minutes. Client C took 15 minutes. Client A took 8 minutes. Client F took 10 minutes.</p> <p>-On 9/29/11 at 2:15 AM, a fire drill was conducted. Client D took 5 minutes.</p> <p>-On 10/6/11 at 3:00 AM, a fire drill was conducted. Client E took 4 minutes. Client D took 15 minutes. Client A took 5 minutes. Client F took 10 minutes.</p> <p>-On 10/28/11 at 6:30 AM, a fire drill was conducted. Client A took 5 minutes and client F took 4 minutes.</p> <p>-On 12/2/11 at 7:00 AM, a fire drill was</p>			

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	<p>conducted. Client D took 4 minutes.</p> <p>-On 1/28/12 at 1:00 AM, a fire drill was conducted. Client A took 5 minutes, client B took 7 minutes and client D took 5 minutes.</p> <p>-On 2/4/12 at 12:50 AM, a fire drill was conducted. Clients B and E took 4 minutes.</p> <p>A review of client A's record was conducted on 2/23/12 at 10:01 AM. Her ISP and RSP, dated 5/7/11, did not contain a plan addressing client A's issues with participating in evacuation drills.</p> <p>A review of client B's record was conducted on 2/23/12 at 10:22 AM. His ISP and RSP, dated 5/17/11, did not contain a plan addressing client B's issues with participating in evacuation drills.</p> <p>A review of client C's record was conducted on 2/23/12 at 10:05 AM. Her ISP and RSP, dated 6/7/11, did not contain a plan addressing client C's issues with participating in evacuation drills.</p> <p>A review of client D's record was conducted on 2/23/12 at 9:59 AM. Her ISP and RSP, dated 3/22/11, did not contain a plan addressing client D's issues with participating in evacuation drills.</p> <p>A review of client E's record was</p>						

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	<p>conducted on 2/23/12 at 11:27 AM. His ISP and RSP, dated 6/1/11, did not contain a plan addressing client E's issues with participating in evacuation drills.</p> <p>A review of client F's record was conducted on 2/23/12 at 12:38 PM. Her ISP and RSP, dated 3/14/11, did not contain a plan addressing client F's issues with participating in evacuation drills.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/28/12 at 2:46 PM. The QMRP indicated none of the clients had a plan to address issues noted during drills. The QMRP indicated the targeted time for drills was 3 minutes. The QMRP indicated the clients needed plans to address the issues noted during drills.</p> <p>An interview with the PD and AS #1 was conducted on 2/23/12 at 1:08 PM. The PD and AS #1 were not sure if the clients had plans to address evacuation drills.</p> <p>9-3-4(a)</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, record review and interview for 1 of 3 clients in the sample (B), the facility failed to ensure his program plan did not contain inconsistent restrictive measures regarding the locking of food cabinets and the refrigerator.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 2/21/12 from 2:39 PM to 5:34 PM. At 3:42 PM due to client B's maladaptive behavior (took a can out of cabinet and hit it on the counter, climbing on table and counters, standing on rocking chair), staff #4 requested staff #3 to lock all the cabinets contained food that was unsafe for client B (due to food allergies). At 4:47 PM, the cabinets were unlocked after client B's behavior was calm.</p> <p>A review of client B's record was conducted on 2/23/12 at 10:22 AM. Client B's Replacement Skills Plan (RSP), dated 6/30/11, indicated a Locked Cabinets Protocol, dated 8/7/11, was added to the plan (as a separate document and not provided by the facility when the RSP was initially requested). The protocol indicated, "All kitchen cabinets</p>	W0240	<p>W 240 Life Designs is dedicated to supporting individuals working toward their independence through individual program plans. In order to ensure that relevant interventions for the individuals are in place, the QDDP will revise the Individual Program Plan (IPP) for Client "B" to provide clarification of restrictive measures by March 30, 2012. The QDDP will train Parklane group home staff on Client "B's" IPP implementation by March 30, 2012. A copy of the revised IPP and a copy of the training signature sheet will be on file at Life Designs office.</p>	03/30/2012			

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	<p>and refrigerator doors will remain unlocked for free access to individuals in the home. In the event [client B] is having behavior issues and begins seeking food that are unsafe for him to digest or get on his skin, all cabinets and refrigerator doors containing foods that he could be allergic to will immediately be locked... When [client B] has calmed down and is no longer seeking unsafe foods, the cabinets and doors will immediately be unlocked and again free for all individuals to access." The RSP indicated for aggression in the proactive measures section, "All cabinets and the [client B] Unsafe refrigerator will remain locked to limit access to unsafe items." The RSP indicated for seeking unsafe foods proactive measures section, "Cabinets and [client B] Unsafe Refrigerator will remain locked at all times." The reactive measures for seeking unsafe foods indicated, "Staff will ensure all cabinets and the [client B] Unsafe Refrigerator are locked." Client B's RSP contained contradictory information (locking of cabinets and refrigerator) for the staff who implemented the plan.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 2/23/12 at 10:22 AM. AS #1 indicated client B's plan contained contradictory information regarding the locking of cabinets and the</p>			

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	<p>refrigerator door. AS #1 indicated the plan needed to be revised to ensure staff had the correct information regarding locking the food to keep client B safe. AS #1 indicated the cabinets should remain unlocked unless client B was seeking unsafe food.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/28/12 at 2:46 PM. The QMRP indicated she thought she changed the plan when the Locked Cabinets Protocol was added. The QMRP indicated the plan needed to be revised to ensure there was no confusion about when to lock and unlock the cabinets.</p> <p>9-3-4(a)</p>				

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</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 5 of 6 clients living in the group home (B, C, D, E and F), the facility failed to ensure: 1) clients B, C, E and F's medication administration training objectives were implemented, 2) client D's training objective for meals was implemented, and 3) client B's training objective for meals was implemented.</p> <p>Findings include:</p> <p>1) An observation was conducted at the group home on 2/22/12 from 6:14 AM to 7:40 AM. At 6:36 AM, staff #9 started the morning med pass.</p> <p>Client B: At 7:28 AM, staff #9 prepared client B's medications (client B was not in the med room and was not observed to be prompted to go to the med area). The medications included Simethicone, Child Chew plus iron, Invega, Fluvoxamine, and Digoxin. Staff #9 took the medications to the living room where client B was located and informed him of</p>	W0249	<p>W 249</p> <p>Life Designs is committed to ensuring appropriate implementation of programs. To ensure staff follow client's individual program plans and clients receive continuous active treatment that support achievement of objectives indentified, the QDDP will retrain Parklane group home staff on the updated plans and the importance of following IPP's as written by March 30, 2012. A copy of the training signature sheet will be available at the Life Designs office. The Quality Improvement Director (QID) will train the Program Directors and QDDP's on active continual training. This training will include identifying what steps need to be taken by the PD's and QDDP's to improve active treatment while monitoring Direct Support Professionals. This training will be completed by March 30, 2012. Documentation of monitoring active treatment will be submitted to the appropriate supervisor within 24 hours of completion. A copy of the training signature sheet will be on file at</p>	03/30/2012			

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	<p>the name and purpose of each of his medications. Client B was not asked to name his medications or pop the pills from the packaging.</p> <p>A review of client B's record was conducted on 2/23/12 at 10:22 AM. His Individual Support Plan (ISP), dated 5/17/11, indicated his medication administration training objective was to state the name of each medication he was taking while popping it out of the pack.</p> <p>Client C: At 7:11 AM, staff #9 prepared client C's medications (Invega and Derphenazine). Staff #9 informed client C the names of her medications and purpose. Staff #9 did not prompt client C to pop out medications from the med package.</p> <p>A review of client C's record was conducted on 2/23/12 at 10:05 AM. Client C's ISP, dated 6/7/11, indicated she had a medication administration training objective to pop out a pill into a medication cup during the 8:00 PM medication pass. Client C was not prompted to pop out a pill during the morning med pass.</p> <p>Client E: At 6:36 AM, staff #9 prepared client E's medications (Boost - nutritional supplement, Polyethylene Glycol - constipation, Trileptal - seizures, Valporic Acid - seizures, Clonazepam - anxiety, Clonidine - hyperactivity/impulsivity, Cyproheptadine - purpose not given on Physician's Orders dated 12/27/11 or Nursing Care Plan dated 12/2/11, Doxycycline Hyclate - purpose not given on Physician's Orders dated 12/27/11 or Nursing Care Plan dated 12/2/11, Loratadine - purpose not given on Physician's Orders dated 12/27/11 or Nursing Care Plan dated 12/2/11 and Paroxetine - purpose not given on Physician's Orders dated 12/27/11 or Nursing Care Plan dated 12/2/11).</p>		Life Designs office.				

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	<p>Staff #9 crushed the pills (Clonazepam, Clonidine, Cyproheptadine, Doxycycline Hyclate, Loratadine and Paroxetine) and mixed into the Boost with the liquid/powder medications (Polyethylene Glycol, Trileptal and Valporic Acid). Staff #9 then gave client E a cup with a lid on it with all the medications. Client E left the medication area with his cup and went to his room without drinking any of the medications. Client E placed the cup on a table in his room. At 6:51 AM, 6:55 AM, 7:09 AM and 7:14 AM, the cup was still sitting on his table without client E drinking the medication mixture. None of the staff were in client E's room and none of the staff were observed to prompt client E to drink his medications. At 7:17 AM, client E was in the kitchen area. His cup with the medications was still in his room. At 7:27 AM, the Program Director (PD) got client E's coat for him so client E could go outside to walk around while waiting for the bus. The PD and no other staff prompted client E to drink his medications prior to going outside. At 7:32 AM, this writer informed staff #9 client E did not drink his medications. Staff #9 informed the Qualified Mental Retardation Professional (QMRP) who told staff #9 to contact the nurse. Client E's bus arrived and client E left for school. Staff #9, the PD and the QMRP did not prompt client E to take his medications prior to getting on the bus. At 7:34 AM, staff #9 spoke to the nurse on the phone. Staff #9 indicated the nurse told her to mark client E's medications as refused.</p> <p>A review of client E's record was conducted on 2/23/12 at 11:27 AM. Client E's ISP, dated 6/1/11, indicated he had a training goal to take his medications the first time prompted. The ISP indicated his current level was, "[Client E] currently takes his medications, but not at the scheduled times. When offered his medications</p>				

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	<p>[client E] often refuses several times before taking the medications. [Client E] will often refuse to take all of his medications."</p> <p>Client F: At 7:16 AM, staff #9 prepared client F's medication (Risperidone for behavior). Staff #9 crushed the pill and administered the pill to client F in pudding.</p> <p>A review of client F's record was conducted on 2/23/12 at 10:09 AM. Client F's ISP, dated 3/14/11, indicated her med training objective was to eat her applesauce with her crushed meds in it. The supplies needed indicated medications, applesauce and plastic spoon.</p> <p>An interview with staff #9 was conducted on 2/22/12 at 7:36 AM. Staff #9 indicated client B's med training goal was to pop out his medications and state the name of the medication. Staff #9 indicated C's medication training objective was to pop out her medications. Staff #9 indicated clients A, D, E and F did not have medication training objectives.</p> <p>An interview with the Program Director (PD) was conducted on 2/23/12 at 1:08 PM. The PD indicated the staff should implement the clients' med training objectives at each med pass.</p> <p>2) An observation was conducted at the group home on 2/21/12 from 2:39 PM to 5:34 PM. At 5:09 PM, dinner started. During the meal, staff #4 prompted client D two times (at 5:21 PM and 5:23 PM) to chew her food and eat slowly. The staff (#3, #4 and #6) did not prompt client D to chew her food for 30 seconds prior to swallowing it. The staff did not rehearse client D's Safe Eating Social Story prior to dinner or at any time during the observation.</p>			

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	<p>A review of client D's record was conducted on 2/23/12 at 9:59 AM. Her ISP, dated 3/22/11, indicated she had a training objective to chew her food for 30 seconds prior to swallowing. The procedures section indicated, "Each day, according to [client D's] individual schedule, staff will rehearse with [client D] her Safe Eating Social Story. This should be scheduled prior to eating dinner. Staff will then monitor [client D] during the meal and prompt her at the appropriate level to chew her food prior to swallowing. As this is a safety issue, and [client D] has had a choking incident within the last year, this goal will continue until [client D] routinely meets the goal with 100% accuracy."</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/28/12 at 2:46 PM. The QMRP indicated client D's plans should be implemented prior to each meal (social story) and during each meal (chewing).</p> <p>3) An observation was conducted at the group home on 2/21/12 from 2:39 PM to 5:34 PM and 2/22/12 from 6:14 AM to 7:40 AM. At 5:09 PM, dinner started. On 2/21/12 at 5:09 PM, client B ate his Jello with fruit with his fingers. On 2/22/12 at 6:29 AM, client B ate his oatmeal and Jello with fruit with his fingers; there were no staff present. At 6:30 AM, staff #9 prompted client B to use his utensils and then left the dining room. At 6:31 AM, client B continued to eat his oatmeal and Jello with his fingers with no staff present. At 6:32 AM, client B received prompts from the Program Director (PD) to use his utensils. Client B continued to use his fingers. The staff did not review with client B a social story with client B prior to dinner or breakfast. The staff did not review the "Utensils-Down" sign with client B prior to dinner and breakfast.</p>						

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	<p>A review of client B's record was conducted on 2/23/12 at 10:22 AM. Client B's ISP, dated 5/17/11, indicated the following training objective was to be implemented, "utilize his eating utensils and put them down between bites of food... Prior to all meals staff will review with client B the " Utensils - Down " sign posted on the table near his place setting as well as his using utensils social story. At all meals client B will be prompted by staff, at the appropriate cue level, to use his utensils and to set his eating utensils down between bites of food to allow for time to chew and swallow the food in his mouth."</p> <p>An interview with staff #9 on 2/22/12 at 6:34 AM indicated client B using his fingers to eat was an on-going issue.</p> <p>An interview with the PD was conducted on 2/23/12 at 1:08 PM. The PD indicated there was a plan in place for client B using his utensils. The PD indicated the staff should implement the plan at each meal.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 2/23/12 at 1:08 PM. AS #1 indicated client B had a plan to use his utensils and set them down between each bite. AS #1 indicated the staff should implement the plan at each meal.</p> <p>9-3-4(a)</p>				

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W0261	<p>483.440(f)(3) PROGRAM MONITORING & CHANGE The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility.</p> <p>Based on record review and interview for 6 of 6 clients living in the group home (A, B, C, D, E and F), the facility failed to ensure the specially constituted committee (Human Rights Committee - HRC) had a designated client representative on the committee, who was appropriate, and/or allowed clients to participate in the HRC meetings/discussions as an HRC member.</p> <p>Findings include:</p> <p>A review of the facility's HRC meeting minutes from February 2011 to February 2012 was conducted on 2/24/12 at 11:43 AM. The HRC membership did not include a designated client representative. This affected clients A, B, C, D, E and F.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 2/24/12 at 11:43 AM through email. AS #1 indicated the following, "[Name of former client representative] resigned in 8/2010.</p>	W0261	<p>W 261 Life Designs is committed to ensuring specially constituted committee or committees such as the Human Rights Committee (HRC) have appropriate representation of individuals as members. This would include clients, who are appropriate to be allowed to participate in the meetings or discussions as an HRC member. As of Wednesday March 7, 2012 Kris Quinn, LifeDesign's client has joined the HRC. The Quality Improvement Director (QID) has informed the QDDPs, PDs, and HRC members via email on March 7, 2012. Ms. Quinn has some stipulations; She does not want to review all of the program plans as it was overwhelming for her in the past. She agreed to participate in the meetings and respond to requests by phone. In the past, the QDDPs called Ms. Quinn, but this time the QID would like to be the sole contact person for Ms. Quinn. A copy of the e-mails of Ms Quinn accepting to serve on the HRC will be available at the</p>	03/30/2012			

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	<p>She is the only individual we support that I feel would be <u>appropriate</u> for the committee. She is able to articulate her feelings about certain things and can apply herself to scenarios we are discussing involving others (i.e. restrictive requests). Furthermore, I feel that it is important to have someone who is considered capable of making their own decisions (emancipated) to determine whether or not a decision should be made in the best interest of someone else. Since she has resigned, I have approached local advocacy based groups to see if anyone would be interested. I have gotten no responses with the exception of [name of organization] referring [name of community committee member].</p> <p>9-3-4(a)</p>		LifeDesigns office.		

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W0312	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>Based on record review and interview for 3 of 3 clients in the sample (B, E and F), the facility failed to ensure there was a medication-specific reduction plan for each psychotropic medication.</p> <p>Findings include:</p> <p>A review of client B's record was conducted on 2/23/12 at 10:22 AM. Client B's Replacement Skills Plan (RSP), dated 6/30/11, indicated he took three psychotropic medications (Intuniv, Zoloft and Clonidine). The RSP Medication Plan of Reduction indicated the following, "Because of the potential of harm to others, Intuniv 9mgs (milligrams), Zoloft 150mgs, and Clonidine .3 mgs as prescribed by [name of psychiatrist] will be considered for reduction when the Rates Per Day for aggression are decreased to 1 incident over 3 consecutive months. At that time, [Qualified Mental Retardation Professional] will schedule an IDT (Interdisciplinary team) to discuss a possible reduction in medication." The</p>	W0312	<p>W 312</p> <p>Life Designs is committed to the development of Client Individual Program Plans (IPPs). These plans may include prescribed medications for inappropriate behaviors. To ensure the Clients IPPs have a plan for reduction and eventual elimination for the medication being prescribed, the QDDP will revise the psychotropic medication plans of reduction for Clients "B", "E", and "F" to include clarifications on the medications being given by March 30, 2012. The QDDP will also train the Parklane group home staff on all IPP revisions by March 30, 2012. Copies of the revised IPP's will be on file at the Parklane group home. A copy of the training signature sheet will be available at the Life Designs office.</p>	03/30/2012

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	<p>record did not contain a specific plan of reduction for each medication.</p> <p>A review of client E's record was conducted on 2/23/12 at 11:27 AM. Client E's RSP, dated 6/1/11, indicated he took three psychotropic medications (Klonopin, Tofranil, and Paxil). The RSP Medication Plan of Reduction indicated the following, "When both Aggression and SIB decrease to less than 1 incident over 3 consecutive months a decrease in medication will be discussed by the IDT and psychiatrist. Medications are: Klonopin .5 mgs, Tofranil 25mgs, and Paxil 40 mgs." The record did not contain a specific plan of reduction for each medication.</p> <p>A review of client F's record was conducted on 2/23/12 at 12:38 PM. Client F's RSP, dated 2/14/11, indicated she took four psychotropic medications (Clonidine, Intuniv, Melatonin and Risperdal). The RSP Medication Plan of Reduction indicated the following, "A medication plan of reduction will be determined after a psychologist is obtained and consulted regarding the rationales for the medications [client F] currently takes. [Client F] currently takes the following medications: Clonidine 0.1 mgs, Intuniv 4 mgs, Melatonin 5 mgs, and Risperdal 3 mgs." The record did not</p>						

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	<p>contain a specific plan of reduction for each medication.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/28/12 at 2:46 PM. The QMRP indicated each psychotropic medication needed a plan of reduction.</p> <p>9-3-5(a)</p>			

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W0323	<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 2 of 3 clients in the sample (B and E), the facility failed to ensure the clients' hearing was assessed annually.</p> <p>Findings include:</p> <p>A review of client B's record was conducted on 2/23/12 at 10:22 AM. There was no documentation in his record indicating client B had an audiological exam conducted.</p> <p>A review of client E's record was conducted on 2/23/12 at 11:27 AM. There was no documentation in his record indicating client E had an audiological exam conducted.</p> <p>An interview with the nurse was conducted on 2/23/12 at 11:41 AM. The nurse indicated the clients should have a hearing test every 3 years.</p> <p>9-3-6(a)</p>	W0323	<p>W 323</p> <p>Life Designs is committed to ensuring that each client obtains an annual physical examination with a minimum of an evaluation of vision and hearing included. The Nurse will train the Parklane Medical Coordinator on ensuring that all aspects of the annual physical are documented on the form. This training will be completed by March 30, 2012. A copy of the training signature sheet will be available at the Life Designs office.</p>	03/30/2012	

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W0340	<p>483.460(c)(5)(i) NURSING SERVICES</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>Based on observation and interview for 1) 2 of 2 clients (A and E) with crushed medications, the facility failed to ensure staff washed pill crushers after each use and 2) client D was treated appropriately for lice.</p> <p>Findings include:</p> <p>1) An observation was conducted at the group home on 2/22/12 from 6:14 AM to 7:40 AM. At 6:36 AM, staff #9 administered medications to client E. Prior to administering medications, staff #9 removed a pill crusher from client E's medication tote. The staff removed the lid of the pill crusher and used the lid to hit the side of the pill crusher to remove debris from earlier med passes. Upon observation, the pill crusher contained pill residue from earlier med passes in the pill crusher. At the end of the med pass to client E, staff #9 put the lid on the pill crusher and returned the pill crusher to the storage tote without washer the pill crusher. At 6:52 AM, staff #9 started the med pass for client A. Staff #9 removed a</p>	W0340	<p>W 340</p> <p>Life Designs is committed on ensuring that Nursing services train clients and staff as needed on appropriate health and hygiene methods. In order for appropriate protective and preventative health measures to be implemented, the Nurse will retrain Parklane group home staff on prevention and treatment of head lice by March 30, 2012. The Nurse will incorporate a check off list for the prevention and treatment training and will complete a one-on-one check off with each staff at the group home. This training will be completed on a quarterly basis for one year to ensure prevention and treatment of head lice. The Nurse will obtain a physician's order for a preventative lice treatment product and will update Nursing Care Plans to include procedure if head lice is found or suspected. A copy of the plans, training check off list, and training signature sheets will be available at the Life Designs office. The Nurse will also train Parklane group home staff on appropriate cleaning of the pill crusher. The nurse will inform staff that the pill</p>	03/30/2012	

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	<p>pill crusher from client A's med tote. Staff #9 took the lid off the pill crusher and banged in into the side of the bottom portion of the pill crusher to remove medication residue. Upon examination prior to staff #9 adding in any new meds, the pill crusher contained residue on the bottom and sides of the container. After finishing the med pass to client A, staff #9 put the pill crusher back into the med tote and put the tote in a locked cabinet. Staff #9 did not wash the pill crusher.</p> <p>An interview with staff #9 was conducted on 2/22/12 at 6:49 AM. Staff #9 stated the pill crusher was washed, "every couple of days."</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 2/23/12 at 1:08 PM. AS #1 indicated the pill crusher should be washed after each use.</p> <p>An interview with the nurse was conducted on 2/23/12 at 9:44 AM. The nurse indicated the pill crusher should be washed after each use.</p> <p>2) An observation was conducted the client D's school on 2/22/12 from 9:10 AM to 10:28 AM. At 10:15 AM, the school nurse used a small comb to comb through client D's hair. This continued until the end of the observation.</p>		<p>crushers must be washed after every use. This training will be completed by March 30, 2012. A copy of the training signature sheet will be available at the Life Designs office.</p>				

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	<p>An interview with client D's teacher was conducted on 2/22/12 at 10:25 AM. The teacher indicated the nurse was combing nits (lice eggs) out of client D's hair. The teacher indicated client D's lice was an on-going issue since the beginning of the school year which started in August 2011.</p> <p>An interview with school administrator (SA) #1 was conducted on 2/22/12 at 9:17 AM. SA #1 indicated client D missed 40 days of school at the beginning of the school year due to on-going issues with lice. SA #1 indicated client D had recurring issues with lice since August 2011.</p> <p>A review of client D's record was conducted on 2/23/12 at 9:59 AM. On 8/10/11, the nurse conducted a physical assessment. The nurse indicated in her Monthly Healthcare Coordination Notes (MHCN), "positive for pediculosis (lice) this date. Order for Permethrin cream obtained and [client D] was treated." The nurse's recommendations included ensuring nits were removed from her hair and cleaning (sweeping, wash bedding, place non-washable items in plastic bags for 2 weeks). On 8/18/11, Client D was seen by her physician for head lice. The physician recommended combing her hair for nits. The MHCN, dated 9/10/10</p>						

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	<p>(incorrectly dated) and 10/9/11, indicated, "No further evidence of pediculosis noted." On 10/18/11, client D was again seen by her physician for "on-going head lice." The physician ordered Nix lice treatment, Vaseline/olive oil after treatment, and trim her hair short. On 12/8/11 and 1/6/12, the MHCN indicated, "No recurrence of pediculosis noted." A review of client D's current Nursing Care Plan, dated 12/22/11, did not address pediculosis.</p> <p>An interview with the nurse was conducted on 2/23/12 at 9:44 AM. The nurse indicated client D had been treated multiple times for lice. The nurse stated it was hard to keep client D "still" to pick and pick for the nits. The nurse indicated the direct care staff were conducting the treatments. The nurse indicated she was present for the first treatment. The nurse stated she was, "at a loss" on the treatment of the lice and "thinks" the staff were doing the treatments correctly. The nurse indicated there was no plan for the treatment of lice and she did not have documentation the staff received training on conducting the lice treatments.</p> <p>9-3-6(a)</p>						

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W0368	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based on observation, interview and record review for 1 of 5 clients observed to receive their medication (A), the facility failed to ensure staff administered her medication (Calcium) as ordered by the physician.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 2/22/12 from 6:14 AM to 7:40 AM. At 6:52 AM, client A received her medications from staff #9. The packaging for Calcium (bone loss) indicated to administer with meals. During the observation, client A did not eat breakfast at the home.</p> <p>A review of client A's record was conducted on 2/23/12 at 10:01 AM. Her Physician's Orders, dated 1/27/12, indicated Calcium should be given twice daily with meals for bone loss.</p> <p>An interview with staff #9 was conducted on 2/22/12 at 7:00 AM. Staff #9 indicated client A eats breakfast when she arrived at school.</p> <p>An interview with the nurse was</p>	W0368	<p>W 368</p> <p>Life Designs is dedicated to implementing a system for medication administration and ensuring that all medications are administered in compliance with the physician's orders. The Nurse will develop a plan to address Client "A" being offered a food item upon receiving their calcium by March 30, 2012. The Nurse will train the Parklane group home staff on the plan by March 30, 2012. A copy of the plan will be on file at Parklane group home and a copy of the training signature sheet will be available at Life Designs office.</p>	03/30/2012			

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	<p>conducted on 2/23/12 at 9:44 AM. The nurse indicated client A's Calcium should be administered in accordance with physician's orders.</p> <p>9-3-6(a)</p>				

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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation and interview for 1 of 5 clients (E) who was observed to receive their medications, the facility failed to ensure the client took his medications.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 2/22/12 from 6:14 AM to 7:40 AM. At 6:36 AM, staff #9 prepared client E's medications (Boost - nutritional supplement, Polyethylene Glycol - constipation, Trileptal - seizures, Valporic Acid - seizures, Clonazepam - anxiety, Clonidine - hyperactivity/impulsivity, Cyproheptadine - purpose not given on Physician's Orders dated 12/27/11 or Nursing Care Plan dated 12/2/11, Doxycycline Hyclate - purpose not given on Physician's Orders dated 12/27/11 or Nursing Care Plan dated 12/2/11, Loratadine - purpose not given on Physician's Orders dated 12/27/11 or Nursing Care Plan dated 12/2/11 and Paroxetine - purpose not given on Physician's Orders dated 12/27/11 or Nursing Care Plan dated 12/2/11). Staff #9 crushed the pills (Clonazepam,</p>	W0369	W 369 Life Designs is dedicated to ensuring that all medications are administered without error including those that are self-administered. The Nurse will create a written plan to address appropriate administration of Client "E's" medication and will train Parklane group home staff on this plan by March 30, 2012. A copy of the plan will be on file at Parklane group home and a copy of the training signature sheet will be available at Life Designs office.	03/30/2012			

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	<p>Clonidine, Cyproheptadine, Doxycycline Hyclate, Loratadine and Paroxetine) and mixed into the Boost with the liquid/powder medications (Polyethylene Glycol, Trileptal and Valproic Acid). Staff #9 then gave client E a cup with a lid on it with all the medications. Client E left the medication area with his cup and went to his room without drinking any of the medications. Client E placed the cup on a table in his room. At 6:51 AM, 6:55 AM, 7:09 AM and 7:14 AM, the cup was still sitting on his table without client E drinking the medication mixture. None of the staff were in client E's room and none of the staff were observed to prompt client E to drink his medications. At 7:17 AM, client E was in the kitchen area. His cup with the medications was still in his room. At 7:27 AM, the Program Director (PD) got client E's coat for him so client E could go outside to walk around while waiting for the bus. The PD and no other staff prompted client E to drink his medications prior to going outside. At 7:32 AM, this writer informed staff #9 client E did not drink his medications. Staff #9 informed the Qualified Mental Retardation Professional (QMRP) who told staff #9 to contact the nurse. Client E's bus arrived and client E left for school. Staff #9, the PD and the QMRP did not prompt client E to take his</p>						

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	<p>medications prior to getting on the bus. At 7:34 AM, staff #9 spoke to the nurse on the phone. Staff #9 indicated the nurse told her to mark client E's medications as refused.</p> <p>A review of client E's record was conducted on 2/23/12 at 11:27 AM. His Physician's Orders, dated 12/27/11, indicated client E was to take the following medications at 7:00 AM: Clonazepam, Cyproheptadine, Doxycycline Hyclate, Loratadine, Paroxetine (6:00 AM), Trileptal (6:00 AM), Valproic Acid (6:00 AM).</p> <p>An interview with staff #9 was conducted on 2/22/12 at 6:47 AM when client #9 left the medication area with his cup. Staff #9 indicated staff would check client E's cup before he left for school. Staff #9 indicated staff did not routinely observe client E taking his medications. Staff #9 indicated staff did not know if client E poured his medications out or if another client drank his meds. Staff #9 indicated client E's cup was usually empty when staff checked it.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 2/23/12 at 9:44 AM. AS #1 indicated the med procedure included ensuring the clients ingested their medications.</p>				

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	<p>An interview with the nurse was conducted on 2/23/12 at 9:44 AM. The nurse indicated the staff should not leave medications unattended. The nurse indicated the staff needed retraining. The nurse indicated client E's med pass was a procedural error and not a refusal.</p> <p>9-3-6(a)</p>			

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W0382	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation, interview and record review for 1 of 3 clients in the sample (E), the facility failed to ensure his medications were secured.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 2/22/12 from 6:14 AM to 7:40 AM. At 6:36 AM, staff #9 prepared client E's medications (Boost - nutritional supplement, Polyethylene Glycol - constipation, Trileptal - seizures, Valporic Acid - seizures, Clonazepam - anxiety, Clonidine - hyperactivity/impulsivity, Cyproheptadine - purpose not given on Physician's Orders dated 12/27/11 or Nursing Care Plan dated 12/2/11, Doxycycline Hyclate - purpose not given on Physician's Orders dated 12/27/11 or Nursing Care Plan dated 12/2/11, Loratadine - purpose not given on Physician's Orders dated 12/27/11 or Nursing Care Plan dated 12/2/11 and Paroxetine - purpose not given on Physician's Orders dated 12/27/11 or Nursing Care Plan dated 12/2/11). Staff #9 crushed the pills (Clonazepam, Clonidine, Cyproheptadine, Doxycycline Hyclate, Loratadine and Paroxetine) and</p>	W0382	<p>W 382 Life Designs is committed to ensuring that all medications will be locked except when being prepared for administration. The Nurse will create a written plan to address appropriate administration of Client "E's" medication and will train Parklane group home staff on this plan by March 30, 2012. A copy of this plan will be on file at Parklane group home and a copy of the training signature sheet will be available at the Life Designs office.</p>	03/30/2012			

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	<p>mixed into the Boost with the liquid/powder medications (Polyethylene Glycol, Trileptal and Valporic Acid). Staff #9 then gave client E a cup with a lid on it with all the medications. Client E left the medication area with his cup and went to his room without drinking any of the medications. Client E placed the cup on a table in his room. At 6:51 AM, 6:55 AM, 7:09 AM and 7:14 AM, the cup was still sitting on his table without client E drinking the medication mixture. None of the staff were in client E's room and none of the staff were observed to prompt client E to drink his medications. At 7:17 AM, client E was in the kitchen area. His cup with the medications was still in his room. At 7:27 AM, the Program Director (PD) got client E's coat for him so client E could go outside to walk around while waiting for the bus. The PD and no other staff prompted client E to drink his medications prior to going outside. At 7:32 AM, this writer informed staff #9 client E did not drink his medications. Staff #9 informed the Qualified Mental Retardation Professional (QMRP) who told staff #9 to contact the nurse. Client E's bus arrived and client E left for school. Staff #9, the PD and the QMRP did not prompt client E to take his medications prior to getting on the bus. At 7:34 AM, staff #9 spoke to the nurse</p>			

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	<p>on the phone. Staff #9 indicated the nurse told her to mark client E's medications as refused.</p> <p>An interview with staff #9 was conducted on 2/22/12 at 6:47 AM when client #9 left the medication area with his cup. Staff #9 indicated staff would check client E's cup before he left for school. Staff #9 indicated staff did not routinely observe client E taking his medications. Staff #9 indicated staff did not know if client E poured his medications out or if another client drank his meds. Staff #9 indicated client E's cup was usually empty when staff checked it.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 2/23/12 at 9:44 AM. AS #1 indicated the med procedure included ensuring the clients ingested their medications.</p> <p>An interview with the nurse was conducted on 2/23/12 at 9:44 AM. The nurse indicated the staff should not leave medications unattended. The nurse indicated the staff needed retraining. The nurse indicated client E's med pass was a procedural error and not a refusal.</p> <p>9-3-6(a)</p>						

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W0448	<p>483.470(i)(2)(iv) EVACUATION DRILLS</p> <p>The facility must investigate all problems with evacuation drills, including accidents.</p> <p>Based on record review and interview for 6 of 6 clients living in the group home (A, B, C, D, E and F), the facility failed to ensure investigations were conducted to address issues noted during evacuation drills.</p> <p>Findings include:</p> <p>A review of the facility's evacuation drills was conducted on 2/21/12 at 2:48 PM. The following drills had elapsed times greater than 3 minutes with no investigation into the issues:</p> <p>-On 5/11/11 at 1:00 AM, a fire drill was conducted. The drill took 1 hour to complete for clients B and C. Clients A, D and F took 20 minutes. Client E took 5 minutes.</p> <p>-On 5/16/11 at 6:50 PM, a fire drill was conducted. The drill took 20 minutes to complete. Client C refused to participate. Client A would not go outside. Client F took 10 minutes. Client B took 5 minutes.</p> <p>-On 6/8/11 at 1:00 AM, a fire drill was conducted. Client E took 10 minutes. Client A and D took 20 minutes. Client B took 6 minutes. Client C refused to participate. Client F took 15 minutes.</p>	W0448	<p>W 448</p> <p>Life Designs is committed to ensuring that any problems noted with evacuation drills will be investigated including accidents. The QDDP will create evacuation drill plans/goals for each individual in the Parklane group home by March 30, 2012. The QDDP will train Parklane group home staff on the plans and social stories by March 30, 2012. A copy of the plans will be on file at Parklane group home. A copy of the training signature sheet will be available at the Life Designs office.</p>	03/30/2012			

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	<p>-On 6/13/11 at 7:00 PM, a fire drill was conducted. Clients A and C took 5 minutes.</p> <p>-On 9/16/11 at 5:00 PM, a fire drill was conducted. Client C took 4 minutes.</p> <p>-On 9/20/11 at 2:00 AM, a fire drill was conducted. Client E took 4 minutes. Client D took 7 minutes. Client C took 15 minutes. Client A took 8 minutes. Client F took 10 minutes.</p> <p>-On 9/29/11 at 2:15 AM, a fire drill was conducted. Client D took 5 minutes.</p> <p>-On 10/6/11 at 3:00 AM, a fire drill was conducted. Client E took 4 minutes. Client D took 15 minutes. Client A took 5 minutes. Client F took 10 minutes.</p> <p>-On 10/28/11 at 6:30 AM, a fire drill was conducted. Client A took 5 minutes and client F took 4 minutes.</p> <p>-On 12/2/11 at 7:00 AM, a fire drill was conducted. Client D took 4 minutes.</p> <p>-On 1/28/12 at 1:00 AM, a fire drill was conducted. Client A took 5 minutes, client B took 7 minutes and client D took 5 minutes.</p> <p>-On 2/4/12 at 12:50 AM, a fire drill was conducted. Clients B and E took 4 minutes.</p> <p>An interview with the Qualified Mental Retardation Professional (QMRP) was conducted on 2/28/12 at 2:46 PM. The QMRP indicated she did not know she needed to investigate issues noted during</p>				

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	<p>drills. The QMRP indicated she thought writing, "Needs work" was adequate to address issues. The QMRP indicated the issues noted during evacuation drills needed to be investigated.</p> <p>An interview with the Program Director (PD) was conducted on 2/21/12 at 2:50 PM. The PD indicated the targeted time for completing drills was under 3 minutes. The PD indicated the issues with the drills should have been investigated.</p> <p>An interview with Administrative Staff (AS) #1 was conducted on 2/23/12 at 1:08 PM. AS #1 indicated the issues noted during the evacuation drills should have been investigated. AS #1 indicated the staff needed to be re-trained on conducting drills and actions to take if the clients were not responding to the drills appropriately.</p> <p>9-3-7(a)</p>						