

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G748	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  03/30/2016
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NAME OF PROVIDER OR SUPPLIER  DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 821 SUNSET DR FLORA, IN 46929
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W 0000  Bldg. 00	<p>This visit was for a full recertification and state licensure survey. This visit included the investigation of complaint #IN00196128.</p> <p>Complaint #IN00196128: Substantiated, Federal and state deficiencies related to the allegation(s) are cited at W249 and W488.</p> <p>Survey dates: 3/16, 3/17, 3/18, 3/28, 3/29 and 3/30/2016.</p> <p>Facility Number: 011602 Provider Number: 15G748 AIM Number: 200903760</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review of this report completed on 4/7/16 by #09182.</p>	W 0000		
W 0125  Bldg. 00	<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 1 of 2 sampled clients (A) the facility failed to ensure client A's rights were not violated by the use of</p>	W 0125	<p><b>W 125 483.420 (a)(3) Protection of Client Rights</b></p> <p>House Manager, QDDP, and</p>	04/29/2016

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

TITLE

(X6) DATE

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

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	<p>door alarms with no plan in place to decrease dependency on the alarms.</p> <p>Findings include:</p> <p>During the 3/16/16 observation periods between 10:05am and 11:30am and 4:00 pm and 5:45pm and the 3/17/16 observation period between 7:00am and 9:20am door alarms sounded anytime client A would exited a door leading to the outside.</p> <p>Client A's record was reviewed on 3/18/16 at 10:08am. Client A's 2/19/16 BSP (Behavior Support Plan) indicated client A had targeted behaviors of physical aggression, verbal aggression, unskilled/inappropriate social behaviors, property destruction, refusals or non-compliance with program, psychopathology (Mental or Behavioral Disorder), and elopement. Client A's BSP indicated that his right being modified was "freedom from exiting the home via window or door without notification via a home security system. Services that will be provided to restore the right: will not have specific training in this area."</p> <p>An interview with the HM (House Manager) and the Behaviorist was conducted on 3/18/16 at 12:06pm. When</p>		<p>Behaviorist will review this Standard. Behaviorist and QDDP, in conjunction with client A and B and their IDTs, will develop a plan for client A to reduce the need for the window and door alarms. This agreed upon plan will be included in their BSPs. Behaviorist and QDDP will review the BSPs of all other clients in the home to determine if they have a plan to reduce the need for the door and window alarms. If a plan is not in place, Behaviorist and QDDP, in conjunction with the client's IDT, will develop a plan for the client to reduce the need for the window and door alarms. This agreed upon plan will be included in their BSPs and all staff will be trained on its implementation.</p> <p>Ongoing, the QDDP will complete an audit of each individual's file at least quarterly, to ensure there is a plan in place to reduce and/or eliminate any rights restrictions in place for the individuals.</p> <p><b>Will be completed by: 4/29/16</b> <b>Persons Responsible: QDDP and Behaviorist</b></p>		

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W 0154 Bldg. 00	<p>asked if client A had a plan for removal of the door alarms, the Behaviorist stated "No."</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview of 3 of 3 incidents of client to client aggression the facility failed to investigate client to client abuse for clients A, B and D.</p> <p>Findings include:</p> <p>The facility's reportable incident reports were reviewed on 3/17/16 at 12:34pm. The reportable incident reports indicated the following (not all inclusive):</p> <p>-1/10/16: "[Client D's] housemate was in the kitchen socializing with staff. [Client D] entered the kitchen and kicked housemate in the right leg, above the knee on the side of housemates (sic) thigh. Housemate was not injured." The reportable incident did not indicate the client to client abuse was investigated.</p> <p>-1/11/16: "[Client B's] roommate just</p>	W 0154	<p><b>W 154 483.420(d)(3) STAFF TREATMENT OF CLIENTS</b></p> <p>TheHouse Manager and QDDP will review this Standard. The Area Director will train the HouseManager and QDDP in Agency Policy and on the investigative procedures of anyallegations or incidents regarding client to client aggression/abuse/SIB, includingthe expectations that all violations/allegations are thoroughly investigated. Forincidents that require BDDS reporting, all investigative findings will besubmitted to BDDS as follow-up reports and copies will be maintained in theoffice for review. For incidents that donot require BDDS reporting, copies of the investigative findings will bemaintained in the office for review.</p> <p>Ongoing,all allegations of client-to-client abuse will be reported to an Area Directorand the AD will ensure an investigation into each incident is conducted.</p>	04/29/2016

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	<p>returned home from a home visit, unlocked his bedroom to return his belongings from this visit with staff assistance. [Client B] ran into housemates (sic) room. Housemate told [client B] to get out. [Client B] tried to take housemates (sic) pillow. Housemate yelled at [client B] and hit [client B] three times on the right shoulder. Staff intervened and [client B] exited housemate's room taking the pillow with him." The reportable incident did not indicate the client to client abuse was investigated.</p> <p>-1/11/16: "[Client A] was in the common area. He tried to open the patio door to talk with staff. [Client A's] housemate blocked the door so [client A] couldn't open it and shoved [client A] out of the way. Housemate continued to block the door." The reportable incident did not indicate the client to client abuse was investigated.</p> <p>An interview with the HM (House Manager) and the Behaviorist was conducted on 3/18/16 at 12:06pm. When asked if the client to client abuse on 1/10/16 and the two on 1/11/16 were investigated, the HM stated "No."</p> <p>9-3-2(a)</p>		<p><b>Will be completedby: 4/29/15 Persons Responsible: Area Director, House Manager, and QDDP</b></p>	

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W 0249  Bldg. 00	<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, record review, and interview for 1 of 2 sampled clients (B) the facility failed to implement the clients' Individual Support Plans when formal and/or informal training opportunities existed.</p> <p>Findings include:</p> <p>During the 3/16/16 observation period between 10:05am 11:30am at the group home, client B colored pages he had ripped out of his coloring book. At 10:05am client B was in the shower. Once finished with his shower client B dressed and came to the kitchen table. At 10:30am client B was sitting at the kitchen table ripping out pages to his coloring book and organizing them on the table. At 10:35am client B was sitting at the table with staff #2, #3 and #5. There was no communication, client B was ripping pages out and the staff were all coloring. Once client B finished removing all of the pages from the book,</p>	W 0249	<p><b>W 249 483.440(d)(1) PROGRAM IMPLEMENTATION</b></p> <p>The House Manager, QIDP, Nurse, Behaviorist, and Area Director (AD) will review this Standard.</p> <p>1. The QIDP will retrain all staff on all individuals' ISPs and BSPs. 2. The QIDP will retrain all staff on the Agency's Policy/Procedure concerning continuous active treatment.</p> <p>To ensure all individuals' ISP and BSP are implemented at each opportunity, and to ensure staff are adhering to each Individuals' ATS, the QIDP, House Manager, Nurse, other designated trained-trainer, and/or Behaviorist will complete active treatment observations at the home at daily, for two weeks and until compliance is demonstrated, to ensure compliance. Once compliance is demonstrated by all staff, a member of the above Team will complete these observations at least weekly and at random.</p>	04/29/2016			

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	<p>he shredded the cover of the coloring book then threw it in the trash. At 10:50am client B continued to color at the table with staff #3 and #5 sitting at the table coloring with him. There has been no communication between staff and client B since sitting down at the table. At 11:10am client B continued to color at the table. Staff #3 got up from the table and went into the office to get more coloring pages for herself. Once staff #3 returned to the table staff #5 got up to use the restroom. Neither staff #3 or staff #5 had communicated or interacted with client B. At 11:30am client B was still coloring at the kitchen table. He still had not been communicated or interacted with by staff. During the observation client B did not do his money goal or laundry goal, he did not participate in meal preparation, and no other leisure activity besides coloring was offered to him.</p> <p>During the 3/16/16 observation period between 4:00pm and 5:45pm at the group home, client B remained in his bedroom only to come out to eat and use the restroom. At 4:00pm client B came to the table to have applesauce. When he finished his applesauce, he returned to his room. At 4:30pm client B was still in his bedroom. At 4:38pm client B came out of his bedroom to use the restroom.</p>		<p><b>Will be completed by: 4/29/16</b> <b>Persons Responsible: QIDP, House Manager, Nurse, Behaviorist, other designated trained-trainer</b></p>	

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	<p>After he used the restroom, he returned to his bedroom and shut the door. At 4:45pm client B remained in his bedroom with the door shut. Staff #9 knocked on client B's door and looked into his room. At 5:15pm staff #9 cut the pizza into slices for dinner and staff #4 put ranch salad dressing on client B's salad. Staff #9 made client B's plate for him and placed it on the table. At 5:20 pm client B came out of his room and sat down at the table to eat dinner. Client B did not wash his hands before eating. After eating client B took his plate to the sink, rinsed it off and put it in the dishwasher. Client B then returned to the table to push in his chair. Client B returned to his bedroom. Client B remained in his bedroom for the remainder of the observation until 5:45pm.</p> <p>During the 3/17/16 observation period between 7:00am and 9:20am at the group home, client B colored pages he had ripped out of his coloring book. At 7:18am client B was in his bedroom. At 7:38am client B walked through the living room with his shower stuff and took his shower. Once he finished his shower, client B returned to his bedroom. At 7:58am client B was still in his bedroom. At 8:17am staff #1 knocked on client B's door. When he opened the door staff #1 held out a coloring book.</p>			

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	<p>Client B grabbed the book and took it to the kitchen table. He started to rip the pages out. At 8:28am client B was still ripping the pages out of his coloring book and laying the pages out across the table. At 8:40am client B finished ripping all the pages out of his coloring book. Client B started coloring the pages. At 9:00am client B was sitting at the table coloring. Client B had not had staff communicate or interact with him in any way since sitting down at the table. At 9:20am, staff #2 handed client B his communication book to pick a drink. He chose his drink by handing staff #2 a card and went back to coloring. Staff #2 went and got client B his drink and brought it back to him at the table.</p> <p>During the 3/29/16 observation period between 10:30am and 12:20pm at the group home, client B colored pages he had ripped out of his coloring book. At 10:30am client B was sitting at the kitchen table coloring. When client B finished coloring the front and back of a page he would place it on a stand behind him. Client B moved more pictures in front of him while staff #2 counted them. At 10:45am client B was still at the kitchen table coloring pictures. Staff #2 was sitting at the table with client B watching him but not communicating with him. At 10:50am staff #2 used</p>			

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	<p>client B's communication book to have client B pick his snack. He picked chips. Staff #2 left the table and got client B a bag of chips and a drink and brought it back to him. At 11:00am client B finished his snack. He got up from the table and threw his snack away and put his cup in the sink. Client B returned to the table and continued coloring. At 11:21am client B finished coloring all of the coloring pages on the table. He put his marker up and went to the restroom. At 11:28am client B came out of the bathroom. As he walked passed a door he ripped the trim off the door. Client B took the trim and threw it away in the garage. When he returned back into the house staff #3 used his communication book and had client B pick another snack. He picked chips again. Staff #3 gave client B chips and he sat down at the table to eat them. Staff #2 was cooking lunch while client B sat at the table eating his snack. At 11:40am client B finished his snack. He threw the bag away and went into his bedroom and shut the door. At 12:02pm staff #2 took client B's medication to his room. He opened the door and staff #2 handed him his pills. Client B took his pills then shut the door to his room again. Staff #2 did not communicate with client B during the med pass. At 12:17pm client B's plate was fixed for him and placed on the</p>			

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	<p>table. After placing client B's plate on the table staff #3 got client B from his bedroom to eat.</p> <p>Client #B's record was reviewed on 3/17/16 at 1:13pm. Client B's 8/31/15 IPP (Individual Program Plan) indicated client B had the following objectives: 1. "[Client B] will initiate his shower with verbal prompts." 2. "[Client B] will wear clean clothes daily." 3. "[Client B] will, with verbal prompts, state the town he lives in." 4. "[Client B] will identify a penny from other coins." 5. "[Client B] will engage in some form of exercise each day." 6. "[Client B] will indicate his wants and needs using a PEC (communication book) with verbal and visual cues." 7. "[Client B] will clean/clear the table after dinner each day." 8. "[Client B] will engage in a leisure activity of his choice for at least 20 minutes per day." 8. "[Client B] will choose items for his breakfast by using gestures or adaptive equipment." 9. "[Client B] will put his dirty clothes in the washing machine. When the cycle ends, [client B] will place his laundry in the dryer." 10. "[Client B] will use a toaster to prepare an item for his breakfast."</p> <p>The record review also indicated client B's undated active treatment schedule</p>			

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	<p>indicated the following schedule for Monday through Sunday.</p> <p>7:00am- AM med pass 8:00am- Breakfast and morning hygiene 9:00am- Activity of choice from iPad in front common area 10:00am- Work on IDing (Identifying) pennies and writing the town his (sic) lives in dining area. 11:00am- Exercise/walk, move to music, in back common or outdoors. 12:00pm- Meal prep education, Lunch 1:00pm- Leisure 2:00pm- Color or puzzle in dining room 3:00pm- Activity of choice from iPad in front common area 4:00pm- Meal prep education 5:00pm-Super 6:00pm- Leisure 7:00pm-Leisure 8:00pm-Med Education</p> <p>An interview with the HM (House Manager) and the Behaviorist was conducted on 3/18/16 at 12:06pm. When asked if client B had goals and objectives he could be working on during the day, the Behaviorist stated "Yes."</p> <p>This federal tag relates to complaint #IN00196128.</p> <p>9-3-4(a)</p>						

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W 0312  Bldg. 00	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on interview and record review for 1 of 2 sampled clients (B) with restrictive programs, the facility failed to ensure an active treatment program was put in place for the use of a PRN (as needed) medication prior to all medical appointments.</p> <p>Findings include:</p> <p>The facility's reportable incident reports were reviewed on 3/17/16 at 12:34pm. The 10/30/15 reportable incident report indicated "In preparation of a 3:00 pm medical appointment with his psychiatrist, [client B] was given his PRN to relieve anxiety related to medical appointments 1 hour prior to the appointment." The reportable incident report indicated client B did not have a desensitization plan for the behavior/anxiety related to the use of the PRN medication.</p>	W 0312	<p><b>W 312 483.450 (e)(2) DRUG USAGE</b></p> <p>House Manager, QIDP, and Behaviorist will review this Standard. Behaviorist and QIDP, in conjunction with client B and their IDT, will develop a plan/program for client B to reduce the need for a PRN to be administered before a medical appointment. This agreed upon plan will be included in their BSP or ISP as appropriate. Behaviorist and QIDP will review the ISP and BSPs of all other clients in the home to determine if they have a plan to reduce the need for a PRN before medical appointments or behavioral event. If a plan is not in place, Behaviorist and QIDP, in conjunction with the client's IDT, will develop a plan for the client to reduce the need for a PRN before medical appointments or behavioral event. This agreed upon plan will be included in their BSPs or ISPs and all staff will be trained on its implementation.</p>	04/29/2016

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W 0327 Bldg. 00	<p>Client #B's record was reviewed on 3/17/16 at 1:13pm. Client B's 1/4/16 physician orders indicated client B took "Hydroxyzine (antihistamine) PAM 25mg Cap. Take 1 cap by mouth as needed 1 hour before medical appointments." Client B's record did not indicate client B had an active treatment program for the use of the PRN prior to all medical appointments.</p> <p>An interview with the HM (House Manager) and the Behaviorist was conducted on 3/18/16 at 12:06pm. When asked if client B had an active treatment program for the use of PRN medication prior to medical appointments, the Behaviorist stated "No."</p> <p>9-3-6(a)</p> <p>483.460(a)(3)(iv) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both. Based on interview and record review, for 1 of 2 sampled clients (B), the facility failed to complete client B's Mantoux (tuberculin skin test) and/or screening.</p>	W 0327	<p>Ongoing, the QIDP will complete an audit of each individuals' file atleast quarterly, to ensure there is a plan in place to reduce and/or eliminate any rights restrictions in place for the individuals.</p> <p><b>Will be completed by: 4/29/16 Persons Responsible: QIDP and Behaviorist</b></p> <p>W 327 483.460 (a)(3)(iv) PHYSICIAN SERVICES  House Manager, QIDP, and Nurse</p>	04/29/2016	

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W 0362 Bldg. 00	<p>Findings include:</p> <p>Client #B's record was reviewed on 3/17/16 at 1:13pm. Client #B's record did not indicate client B had a completed Mantoux skin test.</p> <p>An interview with the HM (House Manager) and the Behaviorist was conducted on 3/18/16 at 12:06pm. When asked if client B had a completed Mantoux skin test the HM stated "We will get it and email it to you." The facility was unable to provide a completed Mantoux skin test for client B.</p> <p>9-3-6(a)</p> <p>483.460(j)(1) DRUG REGIMEN REVIEW A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. Based on interview and record review for 2 of 2 sampled clients (A and B), the facility failed to obtain quarterly pharmacy reviews of clients' medications.</p> <p>Findings include:</p> <p>Client #A's record was reviewed on 3/18/16 and 10:08am. Client A's 12/29/15 physician order indicated client</p>	W 0362	<p>will review this Standard. Nurse and QIDP will ensure client B receives a Mantoux (TB skin test). Nurse and QIDP will review the records of all individuals in the home to ensure all have up-to-date Annual Physicals with TB test results on file. If it is determined that any of the other individuals do not have an up-to-date Annual Physical and/or TB screening, the Nurse and QIDP will arrange for one to be completed.</p> <p>Ongoing, the QIDP and Nurse will complete an audit of each individuals' file at least quarterly, to ensure all individuals in the home have up-to-date Annual Physicals with TB test results on file.</p> <p><b>Will be completed by: 4/29/16 Persons Responsible: QIDP and Nurse</b></p> <p><b>W 362 483.460(j)(1) DRUG REGIMEN REVIEW</b></p> <p>House Manager, QIDP, and Nurse will review this Standard. QIDP and Nurse will be retrained on ensuring pharmacy reviews are conducted at least quarterly for all individuals in the home, that the reports are filed per Policy and Procedure, and that all recommendations from the reviews</p>	04/29/2016	

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W 0488  Bldg. 00	<p>A took routine medication for his health and behavior.</p> <p>Client #A's record indicated the facility only obtained 1 pharmacy review on 5/10/15, within the last year.</p> <p>Client #B's record was reviewed on 3/17/16 at 1:13pm. Client B's 1/4/16 physician orders indicated client B took routine medication for his health and behavior.</p> <p>Client #B's record indicated the facility only obtained 1 pharmacy review on 5/10/15, within the last year.</p> <p>An interview with the HM (House Manager) and the Behaviorist was conducted on 3/18/16 at 12:06pm. When asked if clients A and B had pharmacy reviews for the last year, the HM stated "We will find them for you." The facility was unable to provide pharmacy reviews for review.</p> <p>9-3-6(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her</p>		<p>are shared with the Individuals' physicians. QIDP and Nurse will review each individuals' file and determine if any individual is in need of a pharmacy review. If one is found, the Nurse and QIDP will notify the AD to ensure a quarterly pharmacy review is conducted, and the results filed</p> <p>Ongoing, the QIDP and Nurse will complete an audit of each individuals' file at least quarterly, to ensure all individuals in the home have up-to-date quarterly physician's reviews.</p> <p><b>Will be completed by: 4/29/16 Persons Responsible: Area Director, QIDP, and Nurse</b></p>		

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	<p>developmental level.</p> <p>Based on observation, interview and record review for 1 of 4 sampled clients (B), the facility failed to ensure clients were involved in all aspects of meal preparation and training.</p> <p>Findings include:</p> <p>During the 3/16/16 observation period between 4:00pm and 5:45pm at the group home, client B did not assist with his evening meal prep. At 4:45 client B was in his bedroom with the door shut. Staff #9 knocked on client B's door and looked into his room. At 5:15pm staff #9 cut the pizza into slices for dinner and staff #4 put ranch salad dressing on client B's salad. Staff #9 made client B's plate for him and placed it on the table. At 5:20 pm client B came out of his room and sat down at the table to eat dinner.</p> <p>During the 3/29/16 observation period between 10:30am and 12:20pm at the group home, client B did not assist with his lunch meal prep. Client B was in his bedroom when lunch was being fixed. At 12:17pm client B's plate was fixed for him and placed on the table. After placing client B's plate on the table staff #3 got client B from his bedroom to eat.</p> <p>Client #B's record was reviewed on</p>	W 0488	<p><b>W 488 483.480(d)(4) DINING AREAS AND SERVICE</b></p> <p>The House Manager, QIDP, and Behaviorist will review this Standard. The QIDP and House Manager will retrain allstaff on all individuals' ISPs and on the Agency's Policy/Procedure concerningcontinuous active treatment, including ensuring that all individuals areinvolved in all aspects of meal preparation and training.</p> <p>To ensure all individuals' ISPs and active treatment is implemented at eachopportunity, and to ensure staff are adhering to each Individuals' ATS and ISP, the QIDP, House Manager, BehavioralClinician, Nurse, or other designated trained-trainer, will complete activetreatment observations at the home at daily, for two weeks and until complianceis demonstrated, to ensure compliance. Once compliance is demonstrated by all staff, a member of the above Teamwill complete these observations at least weekly and at random.</p> <p><b>Will be completed by: 4/29/16 Persons Responsible: QIDP, House Manager, Nurse, Behavioral Clinician, or other designatedtrained-trainer</b></p>	04/29/2016

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	<p>3/17/16 at 1:13pm. Client B's 8/31/15 IPP (Individual Program Plan) indicated client B had the following objectives: 1. "[Client B] will initiate his shower with verbal prompts." 2. "[Client B] will wear clean clothes daily." 3. "[Client B] will, with verbal prompts, state the town he lives in." 4. "[Client B] will identify a penny from other coins." 5. "[Client B] will engage in some form of exercise each day." 6. "[Client B] will indicate his wants and needs using a PEC (communication book) with verbal and visual cues." 7. "[Client B] will clean/clear the table after dinner each day." 8. "[Client B] will engage in a leisure activity of his choice for at least 20 minutes per day." 8. "[Client B] will choose items for his breakfast by using gestures or adaptive equipment." 9. "[Client B] will put his dirty clothes in the washing machine. When the cycle ends, [client B] will place his laundry in the dryer." 10. "[Client B] will use a toaster to prepare an item for his breakfast."</p> <p>Client B's 9/9/15 life skills profile indicated client B required verbal cues to manage his time appropriately.</p> <p>Client B's undated active treatment schedule indicated the following schedule for Monday through Sunday.</p>						

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	<p>7:00am- AM med pass</p> <p>8:00am- Breakfast and morning hygiene</p> <p>9:00am- Activity of choice from iPad in front common area</p> <p>10:00am- Work on IDing (Identifying) pennies and writing the town his (sic) lives in dining area.</p> <p>11:00am- Exercise/walk, move to music, in back common or outdoors.</p> <p>12:00pm- Meal prep education, Lunch</p> <p>1:00pm- Leisure</p> <p>2:00pm- Color or puzzle in dining room</p> <p>3:00pm- Activity of choice from iPad in front common area</p> <p>4:00pm- Meal prep education</p> <p>5:00pm-Super</p> <p>6:00pm- Leisure</p> <p>7:00pm-Leisure</p> <p>8:00pm-Med Education</p> <p>An interview with the HM (House Manager) and the Behaviorist was conducted on 3/18/16 at 12:06pm. When asked if client B's active treatment schedule should be followed, the Behaviorist stated "Yes". When asked if client B's should assist with meal preparation and fixing his own plate, the behaviorist stated "Yes."</p> <p>This federal tag relates to complaint #IN00196128.</p>			

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W 9999  Bldg. 00	<p>9-3-8(a)</p> <p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met:</p> <p>460 IAC 9-3-1 Governing body</p> <p>Sec. 1. (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>18. Use of any PRN medication related to an individual's behavior.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 2 of 2 sampled clients (A and B) the facility failed to report the use of PRN (as needed) medication to state officials within 24 hours.</p> <p>Findings Include:</p>	W 9999	<p><b>W 9999 460 IAC 9-3-1(b) Governing Body</b></p> <p>In conjunction with the Plan of Corrections for all other citations in this survey, Area Director (AD), QIDP, Nurse, and Behavioral Clinician will review this State rule.</p> <p>QIDP and House Manager will be re-trained on State and Agency reporting Policy and Procedures, and the mandate to ensure all PRNs administered for behavioral purposes be reported to the State within 24 hours. QIDP will be trained to review all internal incident reports (GERs) and TLogs regularly to ensure all reportable events have been verbally reported to the supervisor or QIDP and are promptly reported to the State per this rule. All reportable incidents/events will be reported per State and Agency Policy/Procedure and QIDP.</p> <p>If QIDP or House Manager is unable to report the use of a PRN to the State promptly, the QIDP will contact the AD, who will submit the report timely.</p>	04/29/2016

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	<p>The facility's reportable incident reports were reviewed on 3/17/16 at 12:34pm. The reportable incident reports indicated the following (not all inclusive):</p> <p>-12/11/15: "[Client A] was running, jumping, screaming, screeching and trying to scare his housemates with his vocalizations. [Client A] could not be redirected. [Client A] said he was feeling agitated." The reportable incident indicated client A received his PRN for agitation on 12/11/15 and it was reported to BDDS (Bureau of Developmental Disabilities Services) on 12/13/15.</p> <p>-11/13/15: "[Client B] was coloring in the dining room. Staff and BDDS ( Bureau of Developmental Disabilities Services) representative asked [client B] if he wanted to color on a poster board. [Client B] held in (sic) head in both hands and started barking. Staff attempted to redirect [client B] back to coloring his pages. [Client B] stood up and walked to staff and pulled on staff's arm. Housemate than began yelling at [client B] to stop, causing [client B] to pull harder. After 2 minutes of pulling on staff, [client B] returned to coloring for 1 minutes. [Client B] then walked to the common area to watch TV (Television). After 20 minutes [client B]</p>		<p><b>Will be completed by: 4/29/16 Persons Responsible: Area Director, QIDP, Nurse, and Behavioral Clinician</b></p>		

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	<p>went to the bathroom. Upon exiting the bathroom staff tried to offer [client B] coloring pages. [Client B] again pulled staff's arm for several minutes. Staff called the behaviorist to request PRN. Behaviorist approved PRN." The reportable incident report indicated client B received his PRN on 11/13/15 and it was reported to BDDS on 11/15/15.</p> <p>-10/30/15: "In preparation of a 3:00 pm medical appointment with his psychiatrist, [client B] was given his PRN to relieve anxiety related to medical appointments 1 hour prior to the appointment." The reportable incident indicated client B received his PRN on 10/30/15 and it was reported to BDDS on 11/2/15.</p> <p>An interview with the HM (House Manager) and the Behaviorist was conducted on 3/18/16 at 12:06pm. When asked when the use of PRNs should be reported to state officials, the HM stated "Within 24 hours."</p> <p>9-3-2(a)</p>			