

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G422	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  07/21/2015
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 5843 N SHERMAN AVE INDIANAPOLIS, IN 46220
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W 0000  Bldg. 00	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: July 14, 15, 16, 17, 20 and 21, 2015.</p> <p>Facility number: 000936 Provider number: 15G422 AIM number: 100244610</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0149  Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based upon record review and interview, the facility failed for 1 additional client (client #6) to implement policy and procedures which prohibited abuse, neglect, mistreatment and exploitation. The facility failed to report and investigate an allegation of abuse.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services, internal incident reports and investigations were reviewed</p>	W 0149	<p><b>CORRECTION:</b></p> <p><i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically, when, during the course of an investigation, additional allegations arise, the governing body will assure that a separate investigation is initiated and completed thoroughly, within</i></p>	08/20/2015

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>on 7/14/15 at 2:10 PM. An Investigation Summary dated 11/14/14-11/21/14 completed by the Clinical Supervisor indicated client #6 told staff #6 "that on the previous evening, [staff #7] (DSP (Direct Support Professional)/alleged perpetrator) had yelled at him. Additionally [client #6] alleged that [staff #7] had burned the supper and insisted that he eat it." A statement (undated) indicated he had overheard staff #7 ask client #6 in a "common (conversational) tone, tell [client #6], 'come and take your bath and bring clean clothes with you. You have been putting dirty clothes on after your bath.' To which [client #6] yelled at her to 'get off my back. Stop pushing me you half man, half woman.' To which she [staff #7] replied, 'I have been insulted by better men than you,' while walking away." The conclusions of the investigation indicated "The evidence does not substantiate that [staff #7] yelled at [client #6]...on 11/13/14. <i>Specifically, [staff #7] denied yelling and four individuals receiving supports and the other staff on duty said that [staff #7] did not yell. [Client #6] was the only witness interviewed who testified that [staff #7] yelled...</i>The evidence does not substantiate that the actions of [staff #6]...resulted in [client #6]...experiencing mental anguish on 11/13/14. <i>Specifically, the above allegations were not substantiated.</i>" There was no evidence staff #7's statement 'I have been insulted by better men than you,' while walking away had been reported to the BDDS as potential abuse addressed in the investigation or investigated as a separate allegation.</p> <p>A BDDS report dated 11/14/14 was reviewed on 7/21/15 at 12:20 PM. The BDDS report indicated client #6 "told morning shift staff that on the previous evening, [staff #7] yelled at him and said he was mean." The report indicated staff #7 had been suspended pending investigation of the</p>		<p>required time lines, and that the allegations are reported to the Bureau of Developmental Disabilities Services as required by state law.</p> <p><b>PREVENTION:</b></p> <p>The investigation team, comprised of the Program Manager, Clinical Supervisors and QIDPs will communicate daily through the course of all investigations –reviewing gathered evidence to determine if the scope of the current investigation needs to be expanded and whether new allegations must be reported and investigated.</p> <p>Additionally at the conclusion of investigation, members of the Operations Team including the Executive Director, Human Resources Specialist, Program Manager, Clinical Supervisors and Nurse Manager, will conduct a peer review meeting to review the investigation summary and gathered evidence to assure all allegations have been duly reported and investigated. When deficiencies are noted, additional investigations will be initiated as needed.</p>	

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	<p>allegations. There was no further evidence of the specific details of client #6's allegations.</p> <p>An undated ResCare-Indianapolis ICF (Intermediate Care Facility) Investigation Peer Review was reviewed on 7/20/15 at 3:30 PM and indicated staff #6 would be returned to work and would be retrained regarding "Building Positive Relationships."</p> <p>The Clinical Supervisor was interviewed on 7/16/15 at 2:01 PM and indicated staff #7's statement had been considered as part of the investigation, and she was to have been retrained on building and fostering relationships, but had not returned to work to complete the training and had not worked at the group home since the incident.</p> <p>No further evidence was provided to indicate staff #7's statement to client #6 had been reported to BDDS, addressed in the investigation or investigated as a separate allegation of abuse.</p> <p>The facility's Abuse, Neglect, Exploitation Operating Standard revised 9/14/07 was reviewed on 7/16/15 at 1:00 PM and indicated "Adept employees actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect and exploitation shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of Adept, Rescare, and local, state and federal guidelines. Verbal abuse was defined as "the act of insulting or profane language or gestures directed toward an individual that subjects him/her to humiliation or degradation. Coarse, load tone or language that is perceived by an individual as offending or threatening." Intimidation/emotional abuse was defined as "the</p>		<p>A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team. The Clinical Supervisor (Administrative level management) will meet with his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. Residential Managers will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Clinical Supervisor will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The</p>	

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W 0153 Bldg. 00	<p>act or failure to act that results or could result in emotional injury to an individual. The act of insulting or coarse language or gestures directed toward an individual that subject him/her to humiliation or degradation...Attitude or acts that interfere with the psychological and social well being of an individual...."</p> <p>9-3-2(a)</p> <p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based upon record review and interview, the facility failed for 1 additional client (client #6) to report 1 of 5 allegations of abuse to the administrator and to the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law.</p> <p>Findings include:  The facility's reportable incidents to the Bureau of</p>	W 0153	<p>Clinical Supervisors will provide weekly updates to the Program Manager on the status of investigations. Failure to complete thorough investigations within the allowable five business day timeframe will result in progressive corrective action to all applicable team members.</p> <p><b>RESPONSIBLE PARTIES:</b>  QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b>  <i>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</i></p>	08/20/2015

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	<p>Developmental Disabilities Services, internal incident reports and investigations were reviewed on 7/14/15 at 2:10 PM. An Investigation Summary dated 11/14/14-11/21/14 completed by the Clinical Supervisor indicated client #6 told staff #6 "that on the previous evening, [staff #7] (DSP (Direct Support Professional)/alleged perpetrator) had yelled at him. Additionally [client #6] alleged that [staff #7] had burned the supper and insisted that he eat it." A statement (undated) indicated he had overheard staff #7 ask client #6 in a "common (conversational) tone, tell [client #6], 'come and take your bath and bring clean clothes with you. You have been putting dirty clothes on after your bath.' To which [client #6] yelled at her to 'get off my back. Stop pushing me you half man, half woman.' To which she [staff #7] replied, 'I have been insulted by better men than you,' while walking away." The conclusions of the investigation indicated "The evidence does not substantiate that [staff #7] yelled at [client #6]...on 11/13/14. <i>Specifically, [staff #7] denied yelling and four individuals receiving supports and the other staff on duty said that [staff #7] did not yell. [Client #6] was the only witness interviewed who testified that [staff #7] yelled...</i>The evidence does not substantiate that the actions of [staff #6]...resulted in [client #6]...experiencing mental anguish on 11/13/14. <i>Specifically, the above allegations were not substantiated.</i>" There was no evidence staff #7's statement 'I have been insulted by better men than you,' while walking away had been reported to the administrator at the time of it's occurrence, or when identified by the administrator during an investigation, reported to the BDDS as potential abuse.</p> <p>A BDDS report dated 11/14/14 was reviewed on 7/21/15 at 12:20 PM. The BDDS report indicated client #6 "told morning shift staff that on the</p>		<p>Specifically, when, during the course of an investigation, additional allegations arise, the governing body will assure that a separate investigation is initiated and that the allegations are reported to the Bureau of Developmental Disabilities Services as required by state law.</p> <p><b>PREVENTION:</b></p> <p>The investigation team, comprised of the Program Manager, Clinical Supervisors and QIDPs will communicate daily through the course of all investigations –reviewing gathered evidence to determine if the scope of the current investigation needs to be expanded and whether new allegations must be reported and investigated.</p> <p>Additionally at the conclusion of investigation, members of the Operations Team including the Executive Director, Human Resources Specialist, Program Manager, Clinical Supervisors and Nurse Manager, will conduct a peer review meeting to review the investigation summary and gathered evidence to assure all allegations have been duly</p>	

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W 0154 Bldg. 00	<p>previous evening, [staff #7] yelled at him and said he was mean." The report indicated staff #7 had been suspended pending investigation of the allegations. There was no further evidence of the specific details of client #6's allegations.</p> <p>The Clinical Supervisor was interviewed on 7/16/15 at 2:01 PM and indicated staff #7's statement had been considered as part of the investigation, but it had not been reviewed or reported as a separate allegation.</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 upon record review and interview, the facility failed for 1 additional client (client #6) to investigate an allegation of abuse.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services, internal incident reports and investigations were reviewed on 7/14/15 at 2:10 PM. An Investigation Summary dated 11/14/14-11/21/14 completed by the Clinical Supervisor indicated client #6 told staff #6 "that on the previous evening, [staff #7] (DSP (Direct Support Professional)/alleged</p>	W 0154	<p>reported and investigated. When deficiencies are noted, additional investigations will be initiated as needed.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b></p> <p><i>The facility must have evidence that all alleged violations are thoroughly investigated.</i> Specifically, the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will directly oversee all investigations. When, during the course of an investigation, additional allegations arise, the governing body will assure that a separate investigation is initiated</p>	08/20/2015

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	<p>perpetrator) had yelled at him. Additionally [client #6] alleged that [staff #7] had burned the supper and insisted that he eat it." A statement (undated) indicated he had overheard staff #7 ask client #6 in a "common (conversational) tone, tell [client #6], 'come and take your bath and bring clean clothes with you. You have been putting dirty clothes on after your bath.' To which [client #6] yelled at her to 'get off my back. Stop pushing me you half man, half woman.' To which she [staff #7] replied, 'I have been insulted by better men than you,' while walking away." The conclusions of the investigation indicated "The evidence does not substantiate that [staff #7] yelled at [client #6]...on 11/13/14. <i>Specifically, [staff #7] denied yelling and four individuals receiving supports and the other staff on duty said that [staff #7] did not yell. [Client #6] was the only witness interviewed who testified that [staff #7] yelled...</i>The evidence does not substantiate that the actions of [staff #6]...resulted in [client #6]...experiencing mental anguish on 11/13/14. <i>Specifically, the above allegations were not substantiated.</i>" There was no evidence staff #7's statement 'I have been insulted by better men than you,' while walking away had been addressed in the investigation or investigated as a separate allegation.</p> <p>A BDDS report dated 11/14/14 was reviewed on 7/21/15 at 12:20 PM. The BDDS report indicated client #6 "told morning shift staff that on the previous evening, [staff #7] yelled at him and said he was mean." The report indicated staff #7 had been suspended pending investigation of the allegations. There was no further evidence of the specific details of client #6's allegations.</p> <p>An undated ResCare-Indianapolis ICF (Intermediate Care Facility) Investigation Peer Review was reviewed on 7/20/15 at 3:30 PM and</p>		<p>and completed thoroughly, within required time lines.</p> <p><b>PREVENTION:</b></p> <p>The investigation team, comprised of the Program Manager, Clinical Supervisors and QIDPs will communicate daily through the course of all investigations –reviewing gathered evidence to determine if the scope of the current investigation needs to be expanded and whether new allegations must be reported and investigated.</p> <p>Additionally at the conclusion of investigation, members of the Operations Team including the Executive Director, Human Resources Specialist, Program Manager, Clinical Supervisors and Nurse Manager, will conduct a peer review meeting to review the investigation summary and gathered evidence to assure all allegations have been duly reported and investigated. When deficiencies are noted, additional investigations will be initiated as needed.</p>	

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	<p>indicated staff #6 would be returned to work and would be retrained regarding "Building Positive Relationships."</p> <p>The Clinical Supervisor was interviewed on 7/16/15 at 2:01 PM and indicated staff #7's statement had been considered as part of the investigation, and she was to have been retrained on building and fostering relationships, but had not returned to work to complete the training and had not worked at the group home since the incident.</p> <p>No further evidence was provided to indicate staff #7's statement to client #6 had been addressed in the investigation or investigated as a separate allegation of abuse.</p> <p>9-3-2(a)</p>		<p>A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team. The Clinical Supervisor (Administrative level management) will meet with his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. Residential Managers will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Clinical Supervisor will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Clinical Supervisors will provide weekly updates to the Program Manager on the status of</p>	

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W 0159 Bldg. 00	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based upon observation, interview and record review, the QIDP (qualified intellectual disabilities professional) failed for 3 of 3 sampled clients (clients #1, #2 and #3) and 2 additional clients (client #6), to link, coordinate and monitor clients' plans across all settings. The QIDP failed for clients #1, #2 and #3 to complete reviews of their progress in ISP (Individual Support Plan) goals.</p> <p>Findings include:</p> <p>1. During observations at day services on 7/15/15 from 10:00 AM until 10:30 AM, client #2 worked on assembly tasks.</p>	W 0159	<p>investigations. Failure to complete thorough investigations within the allowable five business day timeframe will result in progressive corrective action to all applicable team members.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b></p> <p><i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically,</i></p> <p>The QIDP will be retrained regarding the need to complete reproducible monthly reviews of ISP Goals and behavioral data.</p> <p>The QIDP will be retrained on the</p>	08/20/2015

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	<p>Client #2's supervisor was interviewed on 7/15/15 at 10:20 AM and when asked about visits by the QIDP, indicated no staff from the group home came to complete observations. When asked about communication between the group home and the day services, she indicated there was little communication from the group home staff and day services staff. She stated client #2 "Came in upset" that morning and she attempted to redirect him. She was unaware client #2 had been involved and witness to a behavioral incident that morning. She indicated it would be helpful to have a list of coping skills to engage client #2 in when he is upset. She indicated client #2's behavior management plan was available digitally in her computer.</p> <p>The QIDP-D was interviewed on 7/15/15 at 7:14 AM. When asked about how often she visited the group home in the morning, she stated, "Just occasionally." She stated the QIDP/Clinical Supervisor (CS) also visited the home "Occasionally." She indicated they attended staff meetings at the home on a periodic basis.</p> <p>The CS was interviewed on 7/21/15 at 10:45 AM and indicated there were not QIDP visits to meet the intent of the</p>		<p>need to monitor clients' active treatment across environments and maintain ongoing communication with support staff and supervisors in all settings in which clients participate.</p> <p><b>PREVENTION:</b></p> <p>The QIDP will turn in copies of monthly ISP summaries for the Clinical Supervisor to review and make recommendations for program revision as appropriate. The QIDP and the Clinical Supervisor will each conduct on-sight active treatment observations during the morning and evening at the facility no less monthly and will each also conduct day service/workshop observations no less than monthly. The QIDP and Clinical Supervisor will maintain reproducible documentation of these observations which will be turned in to the Executive Director for review.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Operations Team</p>	

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	<p>regulation and there was not a reproducible system to indicate day services and group home visits had taken place to monitor clients' plans.</p> <p>2. Client #1's record was reviewed on 7/16/15 at 12:05 PM. An ISP dated 8/28/14 indicated objectives of repeating a 4 word sentence, bathe upper and lower body, repeat the name of Risperdal (anti-psychotic medication), take soiled clothing to laundry, hand money to cashier, participate in physical activity, stay on task with activities. Reviews of progress of the objectives were completed by the QIDP-D (Qualified Intellectual Disabilities Professional-Designee). There was no evidence the identified QIDP for the group home had completed reviews of client #1's progress in his identified ISP objectives.</p> <p>Client #2's record was reviewed on 7/16/15 at 10:50 AM. An ISP dated 3/22/15 indicated objectives to participate in activities of choice, identify Levothyroxine (thyroid medication), place clothing in hamper, budget money, meal preparation and to wear his glasses. Reviews of progress of the objectives were completed by the QIDP-D (Qualified Intellectual Disabilities Professional-Designee). There was no</p>			

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	<p>evidence the identified QIDP for the group home had completed reviews of client #2's progress in his identified ISP objectives.</p> <p>Client #3's record was reviewed on 7/16/15 at 11:20 AM. Client #3's ISP dated 3/11/15 indicated objectives to close the door for privacy, identify basic coins, repeat reason for vitamins, put clothing in the laundry basket after a shower, wash entire body, brush teeth, participate in physical activities, and participate in meal preparation. Reviews of progress of the objectives were completed by the QIDP-D (Qualified Intellectual Disabilities Professional-Designee). There was no evidence the identified QIDP for the group home had completed reviews of client #3's progress in his identified ISP objectives.</p> <p>The Clinical Supervisor (CS) was interviewed on 7/21/15 at 10:45 AM and indicated there was not a system in place to ensure a certified QIDP reviewed the clients' objectives.</p> <p>9-3-3(a)</p>			

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W 0209 Bldg. 00	<p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Based upon record review and interview, the facility failed for 3 of 4 sampled clients (clients #1, #2 and #3) to ensure participation by guardians/health care representatives in their annual Individual Support Plan (ISP) meetings.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 7/16/15 at 12:05 PM. An ISP dated 8/28/14 indicated objectives of repeating a 4 word sentence, bathe upper and lower body, repeat the name of Risperdal (anti-psychotic medication), take soiled clothing to laundry, hand money to cashier, participate in physical activity, stay on task with activities. The record indicated client #1 had a legal guardian. There was no evidence client #1's guardian had participated in or approved client #1's plan.</p>	W 0209	<p><b>CORRECTION:</b></p> <p><i>Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Specifically for Clients #1, #2 and #3, the QIDP and Residential Manager will be retrained regarding the need to bring all elements of the interdisciplinary team including guardian and family members, to assist with the development of individual support plans. A review of facility support documents indicated this deficient practice also affected Client #5.</i></p> <p><b>PREVENTION:</b></p> <p>The QIDP will turn in documentation of family/guardian</p>	08/20/2015

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	<p>Client #2's record was reviewed on 7/16/15 at 10:50 AM. An ISP dated 3/22/15 indicated objectives to participate in activities of choice, identify Levothyroxine (thyroid medication), place clothing in hamper, budget money, meal preparation and to wear his glasses. The record indicated client #2 had family members involved in his life. There was no evidence client #2's guardian had participated in or approved client #2's plan.</p> <p>An informed consent assessment for client #2 dated 3/12/15 was reviewed on 7/21/15 at 11:57 AM. The assessment indicated client #2 required the assistance of his family and group home staff to make decisions.</p> <p>Client #2's guardian was interviewed on 7/21/15 at 10:31 AM. He indicated he had not been asked to sign documents, but the facility informed him of client #2's plans.</p> <p>Client #3's record was reviewed on 7/16/15 at 11:20 AM. Client #3's ISP dated 3/11/15 indicated objectives to close the door for privacy, identify basic cons, repeat reason for vitamins, put clothing in the laundry basket after a shower, wash entire body, brush teeth,</p>		<p>communication to the Program Manager monthly. The Program Manager will in turn follow-up to assure that family members and guardians are invited and encouraged to participate in the ISP development process.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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W 0249 Bldg. 00	<p>participate in physical activities, and participate in meal preparation. There was no evidence client #3's advocate had participated in the development of her plan.</p> <p>The Clinical Supervisor/QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 7/21/15 at 9:16 AM and indicated there was no evidence of consents of clients' plans by their guardian, advocate or family members.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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. Based on observation, record review and interview, the facility failed for 1 of 3 sampled clients (client #1) to ensure staff</p>	W 0249	<b>CORRECTION:</b>	08/20/2015

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	<p>implemented his behavior management plan to address verbal aggression and property destruction.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 7/15/15 from 6:30 AM until 8:00 AM. At 7:00 AM, client #1 yelled out loudly. Unidentified group home staff indicated client #1 was ready to eat, and stated, "Calm down, it's almost ready," when client #1 yelled out again. Client #2 seated next to client #1 left the dining room after client #1 yelled twice, after client #4 did not come to the table. Client #2 then threw a plate and broke it. Client #3 stated "Make them stop (clients #1 and #2)." Client #1 yelled again and pounded the table. Clients #1 and #2 yelled again. Staff #1 stated to client #1, "I've got your chew when you're done." Client #1 yelled out periodically during the meal. Client #1 received tobacco after the breakfast meal and engaged in conversation in a normal tone after chewing the tobacco.</p> <p>The QIDP-D (Qualified Intellectual Disability Professional-Designee) was interviewed on 7/15/15 at 7:10 AM and indicated client #1 received tobacco after breakfast and client #1 would become agitated when having to wait to receive</p>		<p><i>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.</i> Specifically, all direct support staff will be retrained and receive ongoing face to face coaching from supervisors regarding proper implementation of Client #1's Behavior Support Plan. Through observation of active treatment, administrative staff determined that this deficient practice did not affect additional clients.</p> <p><b>PREVENTION:</b></p> <p>The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited assuring staff administer medication as prescribed and that all prescribed medications are available. The Team Lead (non-exempt Residential</p>	

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	<p>the tobacco. She indicated staff were waiting on client #4 to come to the table. When asked why the clients had to wait for client #4, she indicated she and the house manager had just decided to not wait for client #4 to come to the table.</p> <p>Client #1's records were reviewed on 7/16/15 at 12:05 PM. A Behavior Support Plan dated 7/23/14 indicated targeted behaviors of verbal aggression (yelling profanities toward other people, or sometimes yelling when it is not directed towards any person or thing), physical aggression (hitting self or others), property destruction (pulling down lamps, breaking mirrors, turning over furniture), self injurious behavior (hitting himself with his fist and pulling hair) and excessive use of tobacco (picking up cigarette butts, using a pack of chew at one time." The plan indicated "At this time, the team agrees that the most important function of a behavioral support plan is to meet [client #1's] individual needs and ensuring his personal safety and the safety of others." Antecedents to client #1's behaviors indicated "When [client #1] does not have any chewing tobacco available this will normally elicit behaviors. Additional typical clues that [client #1] is agitated is listed below. Therefore if you notice these, you should immediately begin</p>		<p>Manager) will be present, supervising active treatment during no less than five active treatment sessions per week, on varied shifts to assist with and monitor skills training including but not limited to correct implementation of Behavior Support Plans.</p> <p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than weekly for the next 21 days, no less than two times per month for an additional 30 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic</p>	

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	using the 'proactive strategies' identified to prevent the behaviors. Also, due to his diagnosis of Dementia, [client #1] may become forgetful at times...." A list of behaviors that indicated agitation for client #1 indicated "begins talking to things/people that you cannot see, may start crying for no apparent reason, start pacing around the house, getting into things that do not belong to him (other individual's possessions)." Proactive strategies indicated client #1 "wants to be in control of his own life. Whenever you are trying to support him-ASK him, don't tell him. Offer two options and let him choose how to be involved. Give [client #1] the opportunity to make his own choices instead of having to 'follow orders.'" Reactive strategies indicated for verbal aggression, "Offer [client #1] another activity to get involved with that is away from whatever is upsetting him...continue to redirect,...Do all you can to maintain a safe environment and prevent the behaviors from escalating. Sometimes [client #1] simply needs to be heard...." For Property Destruction, "Verbally redirect by offering another activity to get involved with that is away from whatever is upsetting him...Offer him options so that he can feel in control of the situation. DO NOT tell him what to do; no one wants to be TOLD what to do...."		skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.  Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.  In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered.  The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making	

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W 0263 Bldg. 00	<p>The Clinical Supervisor was interviewed on 7/16/15 at 2:01 PM and indicated proactive measures should have been implemented to address client #1's behavior.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING &amp; CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on observation, record review and interview, the facility failed to ensure written informed consent was obtained for 2 of 3 sampled clients (clients #1 and #2) for restrictive interventions in behavior support plans (psychotropic medications and restricted tobacco).</p> <p>Findings include:</p>	W 0263	<p>recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility.</p> <p>Administrative support at the home will include assuring staff implement behavior supports as written.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b></p> <p><i>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Specifically, written informed consent for restrictive programs will be obtained from Client #1 and #2's guardians and</i></p>	08/20/2015	

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	<p>Client #1's record was reviewed on 7/16/15 at 12:05 PM. A Behavior Support Plan (BSP) dated 7/23/14 indicated targeted behaviors of verbal aggression (yelling profanities toward other people, or sometimes yelling when it is not directed towards any person or thing), physical aggression (hitting self or others), property destruction (pulling down lamps, breaking mirrors, turning over furniture), self injurious behavior (hitting himself with his fist and pulling hair) and excessive use of tobacco (picking up cigarette butts, using a pack of "chew" at one time). The plan included the use of locking his tobacco and of Risperdal 0.50 mg (milligrams) to treat agitation, and of escitalopram 10 mg to treat intermittent explosive disorder. The record indicated client #1 had a guardian to assist him in making decisions.</p> <p>Client #2's record was reviewed on 7/16/15 at 10:50 AM. A BSP dated 3/22/15 indicated targeted objectives to address delusions, non-cooperation, verbal aggression, physical aggression and isolation. The plan included the use of Risperdal .5 mg to treat aggression and Zoloft 10 mg to treat depression. There was no evidence of consent for client #2's plan.</p> <p>An informed consent assessment for</p>		<p>healthcare representatives. A review of facility support documents and Human Rights Committee records indicated that this deficient practice also affected Client #5.</p> <p><b>PREVENTION:</b></p> <p>When guardians and healthcare representatives are unable to attend team meetings face to face, consent forms will be sent via postal mail for review and signature, along with a stamped envelope addressed to the facility. If consents are not returned to the facility in a timely manner via standard postal mail, the QIDP will send the forms to the appropriate legal representative via registered mail to assure the documents have been delivered and received. Members of the Operations Team will review restrictive programs on an ongoing basis to assure prior written informed consent has been obtained. Initially administrative monitoring will occur with increased frequency as follows: Members of the Operations Team and the QIDP will conduct active treatment observations and documentation reviews no less than five times weekly for the next 21 days, no less than 3 times weekly for an</p>	

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	<p>client #2 dated 3/12/15 was reviewed on 7/21/15 at 11:57 AM. The assessment indicated client #2 required the assistance of his family and group home staff to make decisions.</p> <p>Client #2's guardian was interviewed on 7/21/15 at 10:31 AM. He indicated he had not been asked to sign documents, but the facility informed him of client #2's plans.</p> <p>The Clinical Supervisor/QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 7/21/15 at 9:16 AM and indicated there was no evidence of consents of clients' plans by their guardian, advocate or family members.</p> <p>9-3-4(a)</p>		<p>additional 14 Days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	