

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G622	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/19/2014
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W000000	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: 5/12/14, 5/13/14, 5/16/14 and 5/19/14.</p> <p>Facility Number: 001159 Provider Number: 15G622 AIMS Number: 100245690</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/23/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000156	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 1 of 5 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility</p>	W000156	<p><b>CORRECTION:</b> <i>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law</i></p>	06/18/2014

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>failed to report the results of the investigation of an allegation of staff abuse and neglect for client #1 within 5 business days.</p> <p>Findings include:</p> <p>The facility's BDDSR (Bureau of Developmental Disabilities Services Reports) and investigations were reviewed on 5/12/14 at 12:29 PM. The review indicated the following:</p> <p>-BDDSR dated 2/7/14 indicated client #1's guardian reported an allegation of staff neglect regarding client #1's medication and quality of care.</p> <p>-Investigative Summary dated 3/17/14 indicated the facility had conducted an investigation regarding client #1's guardian's allegations of staff neglect and quality of care concerns. The investigation was completed on 3/17/14. The investigation results were not reported to the administrator within 5 business days of the allegation.</p> <p>CS (Clinical Supervisor) #1 was interviewed on 5/12/14 at 12:55 PM. CS #1 indicated the results of investigations of abuse and neglect should be reported to the administrator within 5 business days of the allegation.</p>		<p><i>within five working days of the incident.</i> Specifically, the agency's Operations Team attended an investigation training session presented by the Indiana State Department of Health on 5/28/14 and has a clear understanding of current investigating and reporting obligations.</p> <p><b>PREVENTION:</b> The Clinical Supervisor will track open investigations and provide daily follow-up to senior management and front line supervisors as appropriate to assure that investigations are conducted with required time lines, with the results being reported to the administrator and other designated officials.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Operations Team</p>				

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W000159	<p>9-3-2(a)</p> <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. Based on observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3) plus two additional clients (#4 and #5), the QIDP (Qualified Intellectual Disabilities Professional)/PD (Program Director) failed to monitor, coordinate and integrate each client's active treatment program by failing to ensure facility staff provided clients #1, #2, #3, #4, #5 with active treatment during formal and informal opportunities to support the clients' achievement of identified ISP (Individual Support Plan) objectives, to provide facility staff with a current active treatment schedule regarding clients #1 and #2 and to ensure the facility's HRC (Human Rights Committee) obtained the written informed consent of clients #1, #2 and #3's guardians/HCR (Health Care Representative) before the use of psychotropic medications and restrictive program for the management of clients #1, #2 and #3's behavior.</p>	W000159	<p><b>CORRECTION:</b> <i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically, the QIDP will receive additional training to improve integration, coordination, and monitoring of Client #1 - #5's active treatment programs. The training will focus on:</i></p> <p>The need to assure that staff implement learning objectives and to provide additional; informal training during active treatment.</p> <p>The need to provide Active Treatment Schedules for all clients that reflect current support needs including but not limited to wake-up times consistent with work/day program schedules and appropriate training and leisure activities on days that the client(s) are not at work or participating in formal day programming</p> <p>The need to confirm that members of the Human Rights committee have assured guardian approval is in place prior to approving rights restrictions.</p>	06/18/2014

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	<p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The QIDP/PD failed to monitor, coordinate and integrate each client's active treatment program by failing to ensure facility staff provided clients #1, #2, #3, #4, #5 with active treatment during formal and informal opportunities to support the clients' achievement of identified ISP objectives. Please see W249.</li> <li>2. The QIDP/PD failed to monitor, coordinate and integrate each client's active treatment program by failing to provide facility staff with a current active treatment schedule regarding clients #1, #2 and #3. Please see W250.</li> <li>3. The QIDP/PD failed to monitor, coordinate and integrate each client's active treatment program by failing to ensure the facility's HRC (Human Rights Committee) obtained the written informed consent of clients #1, #2 and #3's guardians/HCRs before the use of psychotropic medications and restrictive program for the management of clients #1, #2 and #3's behavior. Please see W263.</li> </ol> <p>9-3-3(a)</p>		<p><b>PREVENTION:</b></p> <p>The QIDP will be expected to observe no less than one morning and one evening active treatment session per week and the Residential Manager will be required to observe and participate in active treatment sessions on varied shifts no less than five times per week. During Active Treatment observations, supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff implement medication education objectives and provide frequent choices of activities. Additionally, members of the Operations Team will conduct active treatment observations on a weekly basis for the next 60 days and after two months, no less than bi-monthly for an additional 30 days to assure staff implement learning objectives and implement behavior supports and risk plans as written. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly.</p> <p>Members of the Operations Teams will review support documents during routine visits to the facility which will occur no less than monthly as part of the</p>		

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W000249	<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 3 of 3 sampled clients (#1, #2 and #3) plus two additional clients (#4 and #5), the facility failed to provide clients #1, #2, #3, #4, #5 with active treatment during formal and informal opportunities to support the clients' achievement of identified ISP (Individual Support Plan) objectives.</p> <p>Findings include:</p>	W000249	<p>agency's formal internal audit process to assure active treatment schedules are in place and reflect the training and support needs of all clients.</p> <p>Members of the Operations Team will conduct periodic reviews to assure that all programs are incorporated into clients' plans and that due process occurs. These reviews will occur no less than quarterly.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Operations Team</p> <p><b>CORRECTION:</b> <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 regarding the need to provide consistent and</p>	06/18/2014

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	<p>Observations were conducted at the group home on 5/13/14 from 6:15 AM through 8:00 AM. At 6:15 AM, clients #1, #2, #3, #4 and #5 were dressed and seated in the group home's living room area. DSP (Direct Support Professional) #1 stated, "They have already eaten. They ate around 5:45 AM and were up at 5:00 AM." Clients #1, #2, #3, #4 and #5 were seated in the living room with no activity. Client #1 sat on the group home's couch rocking her body to the front and back. At 6:20 AM, client #1 began making low volume sounds/indistinguishable vocalizations and began slapping herself in her face. DSP #2 verbally redirected client #1 to stop hitting herself in the face. Client #1 was not offered an activity. At 6:45 AM, DSP #2 began the group home's morning medication administration. Client #1 was directed to the medication administration area where DSP #2 prepared and administered client #1's morning medications which included but was not limited to Risperidone 1 milligram tablet (anti psychotic). Client #1 was not encouraged to state the name of her Risperidone medication or other medications. At 7:00 AM, client #3 was directed to the medication administration area where DSP #2 prepared and administered client #3's morning medications. DSP #2 did not encourage or coach client #3 to identify her</p>		<p>continuous active treatment for Clients #1 - #5, including but not limited to offering options for appropriate activities at frequent intervals, providing formal and informal medication training and supporting client choice at all times.</p> <p><b>PREVENTION:</b> The QIDP will be expected to observe no less than one morning and one evening active treatment session per week and the Residential Manager will be required to observe and participate in active treatment sessions on varied shifts no less than five times per week. During Active Treatment observations, supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff implement medication education objectives and provide frequent choices of activities. Additionally, members of the Operations Team will conduct active treatment observations on a weekly basis for the next 60 days and after two months, no less than bi-monthly for an additional 30 days to assure staff implement learning objectives and implement behavior supports and risk plans as written. After three months the Operations Team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative</p>	

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	<p>medications name, dosage or purpose of taking the medications. At 7:15 AM, DSP #2 prepared and administered client #5's morning medications which included but was not limited to Buspar 15 milligram tablet (anxiety). DSP #2 did not encourage or coach client #5 to identify her medication's name, dosage or purpose of taking the medications. At 7:20 AM, client #1 began making low volume sounds/indistinguishable vocalizations and began slapping herself in her face. DSP #3 verbally redirected client #1 to stop hitting herself in the face. Client #1 was not offered an activity. Client #1 returned to the group home's living room couch and resumed rocking in her seat without activity. At 7:30 AM, client #1 stood up from the couch and began walking toward the group home's garage entry door near the kitchen. Client #1 was redirected back to the couch. Client #1 stated, "Am I going to work today?" DSP #1 replied, "No." Client #1 stated, "Can I go lay down?" DSP #1 stated, "No." Client #1 then asked DSP #1 "Why not?" DSP #1 replied, "Because you can't." DSP #1 did not offer further explanation to client #1 and did not offer an activity. Client #1 remained seated on the couch with clients #2, #3, #4 and #5 in the living room area. At 7:45 AM, clients #3, #4 and #5 were directed to gather their lunch boxes and</p>		<p>presence in the home to no less than monthly.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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	<p>begin loading the van for transportation to day services. Client #1 stated, "Can I ride along?" DSPs #1 and #2 did not acknowledge or respond to client #1's request to ride along. Client #1 was not offered activity and remained seated on the couch.</p> <p>1. Client #1's record was reviewed on 5/13/14 at 11:05 AM. Client #1's ISP dated 10/21/13 indicated the following:</p> <p>- "Team members will implement the following objective during leisure and training opportunities: Given skills training and three verbal prompts, [client #1], will remain on task for 5 minutes or more for any given activity 50 percent of the time for three consecutive months."</p> <p>- "Team members will implement the following objective during scheduled domestic activities. Given skills training and three verbal prompts, [client #1], will complete a chore of her choice 50 percent of the time for three consecutive months."</p> <p>- "Team members will implement the following objective during morning activities. Given skills training and three verbal prompts, [client #1], will participate in a physical activity of choice 50 percent of the time for three</p>			

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	<p>consecutive months."</p> <p>-"Team members will implement the following objective during morning activities. Given skills training and three verbal prompts and one demonstration, [client #1], will state the name Risperidone medication 40 percent of the time for three consecutive months."</p> <p>Client #1's BSP (Behavior Support Plan) dated 3/24/14 indicated the following:</p> <p>-"Based on information gathered from [client #1] using the Reinforcers Assessment for Individuals with Severe Disabilities some of the things [client #1] enjoys are: spending time with her family, community outings, working puzzles, shopping, listening to music, meeting new people, eating ice cream, spending time with animals."</p> <p>-"[Client #1] is involved in self talking from the time she awakes until the time she is asleep, there are no precursors identified at this time, What is identified (sic) that while [client #1] is involved in self talking, it can start off as quiet and soft, but then escalates into loud and boisterous, which then can escalate into her hitting herself (open handed, hitting bottom as spanking self, hitting head while talking-not hard) and cursing. Soft</p>			

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	<p>and low self talk has been identified as the first target behavior in a chain of behavior that has the potential to lead to hitting self or cursing. When [client #1] engages in self talk staff will: (1.) Call [client #1] by her name to try to gain her attention; (2.) After attempting to gain [client #1's] attention, staff should redirect to functional activity or activity at hand. Offer activities of her choice, which could include games, listening to her music, go to room, working her puzzle, chores, etc."</p> <p>-"If [client #1] continues to hit herself, staff should ask in a calm, neutral voice for her to put her hands down and provide redirection to a functional meaningful activity."</p> <p>2. Client #2's record was reviewed on 5/13/14 at 8:45 AM. Client #2's ISP dated 5/31/13 indicated the following:</p> <p>-"[Client #2] is currently working on making eye contact with team members during all skills training, across environments. More specifically the team would like to add to this the following; [Client #2] should never go for more than 15 minutes without staff interaction. Interaction tools will be obtained for [client #2], different items for tactile stimulation, different things to smell, etc,</p>			

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	<p>as well as, just basic interaction through conversation and touching."</p> <p>Client #2's BSP dated 3/24/14 indicated the following:</p> <p>-"If [client #2] has plenty of structured activity while he is awake, he will be less likely to begin foraging for things to eat. In general, when people become bored, unwanted behavior frequently occurs. [Client #2's] developmental challenges do not make him an exception, and as he begins to allow more meaningful activity into his life, he will be less likely to display his targeted behaviors. Because he is quiet and keeps to himself, it is easy to allow [client #2] to 'slip through the cracks' during the hours he is awake. It is important to offer him frequent opportunities to participate in training and structured leisure activities."</p> <p>3. Client #3's record was reviewed on 5/13/14 at 10:17 AM. Client #3's ISP dated 7/17/13 indicated the following:</p> <p>-"Team members will implement the following objective during all skills training across all environments. Given skills training and three verbal prompts, [client #3] will participate in the functional activity of her choice 50 percent of the time for three consecutive</p>			

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	<p>months."</p> <p>-"Team members will implement the following objective any time [client #3] can do exercises. Given skills training and three verbal prompts, [client #3] will participate in a physical activity 50 percent of the time for three consecutive months."</p> <p>-"Given skills training and three verbal prompts, [client #3] will identify her keppra 70 percent of the time for three consecutive months."</p> <p>4. Client #4's record was reviewed on 5/13/14 at 12:22 PM. Client #4's ISP dated 5/8/14 indicated the following:</p> <p>-"Implement this objective across all environments. Given four activities and three verbal prompts, [client #4], will choose the activity he would like to participate in 60 percent of the time for three consecutive months."</p> <p>-"Implement this objective across all environments. Given training and three verbal prompts, [client #4], will participate in a physical exercise 60 percent of the time for three consecutive months."</p> <p>-"Implement this objective during all</p>			

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	<p>skills training across all environments. Given four verbal prompts and staff assistance, [client #4], will read a paragraph from a book, newspaper or magazine 50 percent of the time for three consecutive months."</p> <p>5. Client #5's record was reviewed on 5/13/14 at 12:10 PM. Client #5's ISP dated 4/6/14 indicated the following:</p> <p>- "Team members will implement the following objective during all skills training across all environments. Given skills training, a choice of two activities and two verbal prompts, [client #5], will participate in the activity of her choice 80 percent of the time for three consecutive months."</p> <p>- "Team members will implement the following objective anytime [client #5] is receiving medical training during medication pass. Given skills training and four verbal prompts, [client #5], will identify her Buspar five percent of the time for three consecutive months."</p> <p>DSP #2 was interviewed on 5/13/14 at 7:15 AM. DSP #2 indicated clients #1, #3 and #5's medication training objectives should be implemented. DSP #2 stated, "I usually work the evening shift. I forgot to do them (medication goals)."</p>			

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W000250	<p>CS (Clinical Supervisor) #1 was interviewed on 5/13/14 at 12:30 PM. CS #1 indicated active treatment should occur at each formal and informal opportunity.</p> <p>9-3-4(a)</p> <p>483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Based on record review and interview for 2 of 3 sampled clients (#1 and #2), the facility failed to provide a current active treatment schedule for staff to follow.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 5/13/14 at 11:05 AM. Client #1's Active Treatment Schedule (ATS) dated 10/10/13 indicated client #1 attended day services from 1:00 PM to 3:00 PM on Tuesdays and Thursdays each week. Client #1's ATS did not indicate documentation of an outline of client #1's active treatment program for Tuesday and Thursday morning hours prior to workshop at 1:00 PM and for Monday, Wednesday and Friday of each week</p>	W000250	<p><b>CORRECTION:</b> <i>The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Specifically, the interdisciplinary team will develop Active Treatment Schedules for Client #1 and Client #2 that reflect their current support needs...</i></p> <p><b>PREVENTION:</b> Professional staff will be trained regarding the need to provide Active Treatment Schedules for all clients that reflect current support needs including but not limited to wake-up times consistent with work/day program schedules and appropriate training and leisure activities on days that the client(s) are not at work or participating in formal day programming. Members of the</p>	06/18/2014

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W000263	<p>when client #1 did not attend day services.</p> <p>2. Client #2's record was reviewed on 5/13/14 at 8:45 AM. Client #2's ATS dated 3/24/14 indicated client #2 attended day services from 1:30 PM to 3:00 PM on Tuesdays and Thursdays each week. Client #2's ATS did not indicate documentation of an outline of client #2's active treatment program for Tuesday and Thursday morning hours prior to workshop at 1:30 PM and for Monday, Wednesday and Friday of each week when client #2 did not attend day services.</p> <p>CS (Clinical Supervisor) #1 was interviewed on 5/13/14 at 12:30 PM. CS #1 indicated the facility staff should have a current ATS available to follow. CS #1 indicated staff should follow the ATS for each client.</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. Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3),</p>			W000263	<p>Operations Team will review support documents during routine visits to the facility which will occur no less than monthly as part of the agency's formal internal audit process to assure active treatment schedules are in place and reflect the training and support needs of all clients.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Direct Support Staff, Health Services Team, Behavior Therapist, Operations Team</p> <p><b>CORRECTION:</b> <i>The committee should insure that</i></p>		06/18/2014

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	<p>facility's HRC (Human Rights Committee) failed to obtain the written informed consent of clients #1, #2 and #3's guardians/HCR (Health Care Representatives) before the use of psychotropic medications and restrictive programs for the management of clients #1, #2 and #3's behavior.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 5/13/14 at 11:05 AM. Client #1's ISP (Individual Support Plan) dated 10/21/13 indicated client #1 had a guardian. Client #1's BSP (Behavior Support Plan) dated 10/21/13 revision date 3/24/14 indicated client #1 received Seroquel 75 milligrams for PA (Physical Aggression) and PD (Property Destruction), Xanax 300 milligram for PD and Imipramine 20 milligrams for PA and PD. Client #1's modification of rights form dated 10/21/13 indicated client #1 was restricted from free access to her personal funds, the freedom of movement within the community, freedom to exit the home without door alarms and freedom to exit the backyard without locked gates. Client #1's record did not indicate documentation of client #1's guardian's written informed consent for client #1's usage of psychotropic medications and restrictive program.</p>		<p><i>these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</i> Specifically, the interdisciplinary team has obtained guardian/healthcare representative approval for all of Clients #1 - #3's behavior controlling medications and other restrictive programs. A review of Client #4 and #5s restrictive programs indicated prior written informed consent had also not been obtained. Therefore the facility will obtain written informed consent for current restrictive programs for Client #4 and Client #5.</p> <p><b>PREVENTION:</b> The QIDP will be retrained regarding the need to confirm that members of the Human Rights committee have assured guardian approval is in place prior to approving rights restrictions. Members of the Operations Team will conduct periodic reviews to assure that all programs are incorporated into clients' plans and that due process occurs. These reviews will occur no less than quarterly.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Human Rights Committee, Operations Team</p>				

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	<p>2. Client #2's record was reviewed on 5/13/14 at 8:45 AM. Client #2's ISP dated 5/31/13 indicated client #2 had a guardian. Client #2's Physicians Orders Form (POF) dated 4/30/14 indicated client #2 received Fluvoxamine daily for obsessive compulsive disorder, Mirtazapine daily for depression and Melatonin daily for insomnia. Client #2's modification of rights form dated 9/2013 indicated client #2 was restricted from free access to personal funds, the freedom of movement within the community, freedom to exit the home without door alarms and freedom to exit the backyard without locked gates. Client #2's record did not indicate documentation of client #2's guardian's written informed consent for client #2's usage of psychotropic medications and restrictive program.</p> <p>3. Client #3's record was reviewed on 5/13/14 at 10:17 AM. Client #3's ISP dated 7/17/13 indicated client #3 had a HCR. Client #3's POF dated 4/30/14 indicated client #3 received Olanzapine daily for antipsychotic/anxiety and Paroxetine daily for verbal aggression. Client #3's modification of rights form dated 7/2013 indicated client #3 was restricted from free access to personal funds, the freedom of movement within the community, freedom to exit the home</p>			

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W000323	<p>without door alarms and freedom to exit the backyard without locked gates. Client #3's record did not indicate documentation of client #3's HCR's written informed consent for client #3's usage of psychotropic medications and restrictive program.</p> <p>CS (Clinical Supervisor) #1 was interviewed on 5/13/14 at 12:30 PM. CS #1 indicated written informed consent was needed for the use of psychotropic medications and restrictive programs.</p> <p>9-3-4(a)</p> <p>483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Based on record review and interview for 1 of 3 sampled clients (#3), the facility failed to ensure client #3's visual care recommendations were implemented.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 5/13/14 at 10:17 AM. Client #3's record of visit form dated 8/3/12 indicated client #3 had received a vision examination with recommendations for client #3 to</p>	W000323	<p><b>CORRECTION:</b> <i>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Specifically, client #3 received a visual examination on 6/2/14. A record review indicated that this deficient practice did not affect any additional clients.</i></p> <p><b>PREVENTION:</b> The Health Services Team will work with the Primary Care Physician to develop a plan to</p>	06/18/2014

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	<p>return in one year. Client #3's record did not indicate documentation of additional visual care services.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 5/13/14 at 1:30 PM. LPN #1 indicated client #3 had not received additional visual care services since 8/3/12.</p> <p>9-3-6(a)</p>		<p>assure the visual examination component of the Annual Physical is documented in a clear and understandable manner. In the case of individuals who are developmentally incapable of completing a standard vision screening, the facility will assure that an annual evaluation from an optometrist occurs. Members of the Operations and Health Services Teams will incorporate medical chart reviews into their formal audit process, which will occur no less than monthly to assure that examinations including but not limited to visual evaluations take place as required.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Direct Support Staff, Health Services Team, Quality Assurance Team, Operations Team</p>		