

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G633	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/22/2016
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 153 WHITE OAK WAY NORTH VERNON, IN 47265
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W 0000  Bldg. 00	<p>This visit was for the post certification revisit (PCR) to the extended recertification and state licensure survey completed February 17, 2016.</p> <p>This visit was done in conjunction with the investigation of complaint #IN00197963.</p> <p>Dates of Survey: April 21 and 22, 2016.</p> <p>Facility Number: 001206 Provider Number: 15G633 AIMS Number: 100240180</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 5/4/16.</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 record review and interview for</p>	W 0125	<b>W125:</b> The facility must	05/22/2016

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>1 of 4 sampled clients (B), the facility failed to ensure the client had a surrogate to assist him in making informed decisions.</p> <p>Findings include:</p> <p>Review of client B's record on 4/22/16 at 9:30 AM indicated an informed consent assessment dated 5/28/15 which indicated client B required a guardian to assist him in decision making. Program Manager staff #1 was interviewed on 4/22/16 at 1:45 PM and indicated all avenues had been explored but client B still did not have a guardian or surrogate to help him make decisions.</p> <p>This federal tag was cited on 2/17/16. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-2(a)</p>		<p>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><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Team is in the process of locating Guardianship/Advocate Services for Client B. QIDP-D will send emails to surrounding Guardianship Companies, Case Managers, Behavior Clinicians, BDDS Coordinators and the Ombudsman on a weekly basis to try to get assistance in locating a Guardian for client B. In-service provided. <b>(Attachment A)</b></li> <li>Adult Protective Services to be contacted in regards to the need for guardianship services for Client B by 5-18-16.</li> </ul> <p><b>How we will identify</b></p>	

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			<p><b>others:</b></p> <ul style="list-style-type: none"> <li>The QIDP-D will continueto assist the team in finding a Guardian/Advocate for Client B until one isfound and in place.</li> <li>The QIDP-D willensure completeness of informed consent assessments to determine any needs forguardianship services.</li> </ul> <p><b>Measures to be put inplace:</b></p> <ul style="list-style-type: none"> <li>All Team Membersto continue to reach out and look for Guardianship/Advocate Services for ClientB.</li> </ul> <p><b>Monitoring of CorrectiveAction:</b></p> <ul style="list-style-type: none"> <li>The assessmentpacket including informed consent paperwork to be completed upon admission tothe facility to determine additional services needed for each individual.</li> <li>Informed consentswill be updated and reviewed at each annual IDT or as needed to determine theneed of guardianship</li> </ul>	

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W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to implement policies and procedures which prohibited neglect of clients. The facility failed to ensure incidents with injury were immediately reported to the administrator and other officials in regards to client A.</p> <p>Findings include:</p> <p>Review of facility incidents, investigations and BDDS/Bureau of Developmental Disabilities Services reports on 4/21/16 at 2:30 PM indicated the following:</p> <p>A BDDS report dated 4/12/16 indicated</p>	W 0149	<p>services.</p> <ul style="list-style-type: none"> <li>Program Manager, AssistantExecutive Director, Executive Director, Business Manager, HR Manager, NursingManager will perform Best In Class reviews at all locations within the year.The results will be shared with all team members.</li> </ul> <p><b>W149: Thefacility must develop and implement written policies and procedures thatprohibit mistreatment, neglect or abuse of the client.</b></p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>ResidentialManager to receive corrective action for failure to ensure incident on 4-4-16was reported to supervisor timely.</li> </ul> <p><b>(AttachmentB)</b></p> <ul style="list-style-type: none"> <li>ResidentialManager to receive training on abuse/neglect policy by 5-20-16.</li> <li>LPN terminatedfrom employment with ResCare</li> </ul>	05/22/2016
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	<p>the facility's day program manager (staff #11) reported on 4/12/16 at 8:30 AM, client A had a "large bruise on [client A's] right shoulder. The bruise starts at the top of her shoulder and goes down to her breast area. Staff reported the bruise to the facility nurse and was advised to take [client A] to urgent care to be seen. Urgent care ordered X-rays to be completed. The results of the X-rays showed a fracture at the distal end of her right clavicle, displaced. [Client A] was referred to ortho (orthopaedic/bone specialist) and was advised to wear a sling on her upper extremity until her ortho evaluation...Tylenol PRN (as needed) for pain."</p> <p>A BDDS report dated 4/12/16 by Quality Assurance Manager/QA #12 indicated an incident on 4/4/16 at 6:50 AM wherein client A had a seizure while sitting at breakfast without her helmet and she fell off of her chair. "Staff reported [client A] tried to catch herself on the way down landing on her elbow and wrist. Staff checked for injuries and noted red marks with slight bruising on her right elbow and wrist approximately 1 1/2-2 inches long." The BDDS report indicated the date of knowledge of this 4/4/16 incident was 4/12/16.</p> <p>A BDDS follow up report (date</p>		<p>for failure to assess individual after fall on 4-4-16 within the nursing guidelines. <b>(AttachmentC)</b></p> <p><b>How will we identify others:</b></p> <ul style="list-style-type: none"> <li>The Residential Manager will notify Program Manager and Quality Assurance Manager according to the incident reporting guidelines and procedures for all reportable incidents.</li> <li>Nurse over the home will ensure all individuals with incidents of injury are assessed within 24 hours.</li> </ul> <p><b>Measures to be put into place:</b></p> <ul style="list-style-type: none"> <li>The Residential Manager will notify Program Manager and Quality Assurance Manager according to the incident reporting guidelines and procedures for all reportable incidents.</li> <li>Nurse over the home will ensure all individuals with incidents of injury are assessed within 24 hours.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p>				

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	<p>unknown) to the 4/12/16 report indicated the client had seen the orthopedist and had a CT (imaging procedure) of her shoulder on 4/18/16. She returned to the orthopedist on 4/19/16 and the diagnosis was a right distal clavicle fracture. Client A was to wear the sling and return to the orthopedist in 4 weeks. "The facility investigation concluded the injury was caused by a fall on 4-4-16."</p> <p>An investigation dated 4/12-17/16 by QAM #12 into the fractured clavicle sustained by client A indicated the injury had been sustained during a seizure with fall on 4/4/16 at 6:50 AM.</p> <p>Review of nursing notes dated 4/6/16 included in the investigation indicated LPN #2 had not assessed client A until 4/6/16 and noted..."on 4/4/16 60 sec (second) seizure fall &amp; (and) sl (slight) bruising--noted on shoulder...wears helmet @ (at) all X's (times) except when sleeping...." There was no indication the client's range of motion had been assessed or if the LPN had done a complete visual body check for other injuries.</p> <p>The investigation indicated House Manager/HM #3 had been notified of client A's seizure and fall on the morning of 4/4/16 with red marks on her wrist and the start of bruising on her arm. HM #3 did not report the bruise to her supervisor</p>		<ul style="list-style-type: none"> <li>· Nursing assessments to be completed within 24 hours whenever there is 1)injury, 2) signs/symptoms of illness, 3) changes in skin condition.</li> <li>· Quality Assurance Manager to ensure contact with nurse has been madeafter all incidents to ensure assessment has been completed if necessary.</li> <li>· Program Manager,Assistant Executive Director, Executive Director, Business Manager, HR Manager,Nursing Manager will perform Best In Class reviews at all locations within theyear. The results will be shared with all team members.</li> </ul>	

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	<p>because it was consistent with the fall.</p> <p>Review of nursing notes in the investigation indicated client A fell and hit her head at day program on 3/22/16. Client A sustained a laceration to the top center of her forehead at the hairline. She was sent to the ER (Emergency Room) and the laceration was glued.</p> <p>The "On-Call Tracking" notes included in the investigation for 4/4/16 at 6:51 AM by LPN #3, indicated she received a call regarding client A indicating she had a "60 sec seizure-fell didn't hit head--slight bruising on shoulder." No nurse saw client A until 4/6/16 and client A was not referred for medical treatment until 4/12/16.</p> <p>Interview with QAM #12 on 4/22/16 at 10:56 AM indicated client A's 4/4/16 incident had not been reported according to policy/procedure by HM #3. That was why the 4/4/16 incident with injury was reported late (4/12/16). The interview indicated the facility's on call LPN #3 had been notified by facility staff on 4/4/16 at 6:51 AM. But no nurse saw client A until 4/6/16 (LPN #2) and she did not receive medical attention until 4/12/16. The interview indicated LPN #2 was currently under suspension until the agency could determine (possible</p>			

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	<p>negligence) the next course of action regarding LPN #2.</p> <p>Review of the revised 5/28/12 facility policy entitled "Abuse, Neglect, &amp; (and)Exploitation" on 4/21/16 at 2:00 PM indicated, in part:</p> <p>"[Agency] does not tolerate abuse, neglect, or exploitation of any persons served. All employees are required to report allegations or suspected incidents of abuse, neglect, and exploitation. All alleged or suspected abuse, neglect, and/or exploitation will be immediately investigated. Appropriate corrective action will be taken to ensure prevention of any further occurrence." ..."Neglect' means the failure of an individual to provide the treatment , care, goods or services that are necessary to maintain the health or safety of a person we support." ..."All employees will immediately report any allegation or suspicion of abuse, neglect, or exploitation to his/her immediate supervisor."</p> <p>The facility failed to implement written policy and procedures to ensure the facility reported a fall with injury of client A. Please see W153.</p> <p>9-3-2(a)</p>			

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W 0153  Bldg. 00	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>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.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure incidents with injury were immediately reported to the administrator and other officials in regards to client A.</p> <p>Findings include:</p> <p>Review of facility incidents, investigations and BDDS/Bureau of Developmental Disabilities Services reports on 4/21/16 at 2:30 PM indicated the following:</p> <p>A BDDS report dated 4/12/16 indicated the facility's day program manager (staff #11) reported on 4/12/16 at 8:30 AM, client A had a "large bruise on [client A's] right shoulder. The bruise starts at the top of her shoulder and goes down to her breast area. Staff reported the bruise to the facility nurse and was advised to take [client A] to urgent care to be seen. Urgent care ordered X-rays to be</p>	W 0153	<p><b>W153: 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.</b></p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Residential Manager to receive corrective action for failure to ensure incident on 4-4-16 was reported to supervisor timely <b>(Attachment B)</b>.</li> <li>· Residential Manager and Support Associates to receive training on abuse/neglect policy and procedures by 5-20-16.</li> <li>· LPN terminated from employment with ResCare</li> </ul>	05/22/2016

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	<p>completed. The results of the X-rays showed a fracture at the distal end of her right clavicle, displaced. [Client A] was referred to ortho (orthopaedic/bone specialist) and was advised to wear a sling on her upper extremity until her ortho evaluation...Tylenol PRN (as needed) for pain."</p> <p>A BDDS report dated 4/12/16 by Quality Assurance Manager/QA #12 indicated an incident on 4/4/16 at 6:50 AM wherein client A had a seizure while sitting at breakfast without her helmet and she fell off of her chair. "Staff reported [client A] tried to catch herself on the way down landing on her elbow and wrist. Staff checked for injuries and noted red marks with slight bruising on her right elbow and wrist approximately 1 1/2-2 inches long." The BDDS report indicated the date of knowledge of this 4/4/16 incident was 4/12/16.</p> <p>A BDDS follow up report (date unknown) to the 4/12/16 report indicated the client had seen the orthopedist and had a CT (imaging procedure) of her shoulder on 4/18/16. She returned to the orthopedist on 4/19/16 and the diagnosis was a right distal clavicle fracture. Client A was to wear the sling and return to the orthopedist in 4 weeks. "The facility investigation concluded the injury was</p>		<p>for failure to assess individual after fall on 4-4-16 within the nursing guidelines (<b>AttachmentC</b>)</p> <p><b>How will we identify others:</b></p> <ul style="list-style-type: none"> <li>The Residential Manager will notify Program Manager and Quality Assurance Manager according to the incident reporting guidelines and procedures for all reportable incidents.</li> <li>Nurse over the home will ensure all individuals with incidents of injury are assessed within 24 hours.</li> </ul> <p><b>Measures to be put into place:</b></p> <ul style="list-style-type: none"> <li>The Residential Manager will notify Program Manager and Quality Assurance Manager according to the incident reporting guidelines and procedures for all reportable incidents.</li> <li>Nurse over the home will ensure all individuals with incidents of injury are assessed within 24 hours.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Nursing assessments</li> </ul>				

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W 0159  Bldg. 00	<p>caused by a fall on 4-4-16."</p> <p>An investigation dated 4/12-17/16 by QAM #12 into the fractured clavicle sustained by client A indicated the injury had been sustained during a seizure with fall on 4/4/16 at 6:50 AM. The investigation indicated House Manager/HM #3 had been notified of client A's seizure and fall on the morning of 4/4/16 with red marks on her wrist and the start of bruising on her arm. HM #3 did not report the bruise to her supervisor because it was consistent with the fall.</p> <p>Interview with QAM #12 on 4/22/16 at 10:56 AM indicated client A's 4/4/16 incident had not been reported according to policy/procedure by HM #3. That was why the 4/4/16 incident with injury was reported late (4/12/16).</p> <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 2 of 4 sampled clients (A</p>			W 0159	<p>to be completed within 24 hours whenever there is 1)injury, 2) signs/symptoms of illness, 3) changes in skin condition.</p> <ul style="list-style-type: none"> <li>· Quality Assurance Manager to ensure contact with nurse has been made after all incidents to ensure assessment has been completed if necessary.</li> <li>· Program Manager, Assistant Executive Director, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within theyear. The results will be shared with all team members.</li> </ul> <p><b>W159: Each client's active treatment program</b></p>		05/22/2016

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	<p>and B), the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate and monitor clients programs in regards to informed consent assessments and finding surrogates to assist with decision making.</p> <p>Findings include:</p> <p>Please refer to W125 for 1 of 4 sampled clients (B), the QIDP failed to ensure the client had a surrogate to assist him in making informed decisions.</p> <p>Please refer to W210 for 1 of 4 sampled clients (A), the QIDP failed to assess client A in regards to the level of informed consent assistance she required.</p> <p>This federal tag was cited on 2/17/16. The facility failed to implement a systemic plan of correction to prevent reoccurrence.</p> <p>9-3-3(a)</p>		<p><b>mustbe integrated, coordinated and monitored by a qualified intellectual disabilityprofessional. Co rrective Action:</b></p> <ul style="list-style-type: none"> <li>· Informed consentcompleted for Client A. <b>(Attachment D)</b></li> <li>· QIDP to bein-serviced on completed informed consent packets upon admission into thefacility and annually. <b>(Attachment A)</b></li> <li>· Team is in theprocess of locating Guardianship/Advocate Services for Client A &amp; B. Emails will continue to be sent on a weeklybasis to surrounding Guardianship Companies, Case Managers, BehaviorClinicians, BDDS Coordinators and the Ombudsman to try to get assistance inlocating a Guardian for client B. <b>(AttachmentA)</b></li> </ul> <p><b>Howwe will identify others:</b></p> <ul style="list-style-type: none"> <li>· The QIDP will continueto assist the team</li> </ul>		

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			<p>in finding a Guardian/Advocate for Client B until one is found and in place.</p> <ul style="list-style-type: none"> <li>The QIDP will complete and review informed consent assessments to determine any needs for guardianship services.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>All Team Members to continue to reach out and look for Guardianship/Advocate Services for Client B.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>Informed consent will be updated and reviewed at each annual IDT or as needed to determine the need of guardianship/advocate services.</li> <li>Program Manager, Assistant Executive Director, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team</li> </ul>	

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W 0210 Bldg. 00	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (A), the facility failed to assess client A in regards to the level of informed consent assistance she needed.</p> <p>Findings include:</p> <p>Observations were conducted at the facility on the evening of 4/21/16 from 3:45 PM until 5:30 PM. Client A was observed to require assistance from staff in all areas of adult daily living skills, mealtime, hygiene, bathing, and transfers from one chair to another. The client required assistance to walk by means of a gait belt with staff.</p> <p>Client A's record was reviewed on 4/22/16 at 10:00 AM and indicated her diagnoses included, but were not limited to, profound level of intellectual disability, catatonic type schizophrenia, seizures, dysphagia and ataxia (gait issues). The record indicated client A was her own guardian. The record</p>	W 0210	<p>members.</p> <p><b>W210: Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Informed consent completed on Client A (<b>Attachment D</b>).</li> <li>· QIDP to be in-serviced on completed informed consent packets upon admission into the facility and annually. (<b>Attachment A</b>)</li> </ul> <p><b>How will we identify others:</b></p> <ul style="list-style-type: none"> <li>· QIDP-D to ensure all assessments and consents are completed within 30 days upon admission</li> </ul>	05/22/2016

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W 0331  Bldg. 00	<p>contained no informed consent assessment.</p> <p>Program Manager #1 and QIDP-d (Qualified Intellectual Disabilities Professional designee) #10 indicated, on 4/22/16 at 1:45 PM, client A was her own guardian but she could use assistance with making medical decisions. The interview indicated no informed consent assessment could be found in the client's record. The interview indicated the level of assistance client A required should be assessed.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 3 sampled clients (A), the facility</p>	W 0331	<p>to facility and annually.</p> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>Residential Manager and QIDP-D to ensure all assessments and consents are completed within 30 days upon admission to facility and annually.</li> <li>QIDP to review all assessments upon admission and annually to ensure completeness.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>QIDP to review all assessments upon admission and annually to ensure completeness.</li> <li>Program Manager, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</li> </ul> <p><b>W331: The facility must provide clients</b></p>	05/22/2016	

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	<p>failed to ensure the client received nursing services in accordance with her needs.</p> <p>Findings include:</p> <p>Review of facility incidents, investigations and BDDS/Bureau of Developmental Disabilities Services reports on 4/21/16 at 2:30 PM indicated the following:</p> <p>A BDDS report dated 4/12/16 indicated the facility's day program manager (staff #11) reported on 4/12/16 at 8:30 AM, client A had a "large bruise on [client A's] right shoulder. The bruise starts at the top of her shoulder and goes down to her breast area. Staff reported the bruise to the facility nurse and was advised to take [client A] to urgent care to be seen. Urgent care ordered X-rays to be completed. The results of the X-rays showed a fracture at the distal end of her right clavicle, displaced. [Client A] was referred to ortho (orthopaedic/bone specialist) and was advised to wear a sling on her upper extremity until her ortho evaluation...Tylenol PRN (as needed) for pain."</p> <p>A BDDS report dated 4/12/16 by Quality Assurance Manager/QA #12 indicated an incident on 4/4/16 at 6:50 AM wherein</p>				<p><b>withnursing services in accordance with their needs. Corrective Action:</b></p> <ul style="list-style-type: none"> <li>LPN #2 was terminated from employment with thecompany (<b>Attachment C</b>).</li> </ul> <p><b>How will we identify others:</b></p> <ul style="list-style-type: none"> <li>The ResidentialManager will notify Program Manager and Quality Assurance Manager according tothe incident reporting guidelines and procedures for all reportable incidents.</li> <li>Nurse over thehome will ensure all individuals with incidents of injury are assessed within24 hours.</li> </ul> <p><b>Measures to be put intoplace:</b></p> <ul style="list-style-type: none"> <li>The ResidentialManager will notify Program Manager and Quality Assurance Manager according tothe incident reporting guidelines and procedures for all reportable incidents.</li> <li>Nurse over the home will ensure all individuals</li> </ul>		

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	<p>client A had a seizure while sitting at breakfast without her helmet and she fell off of her chair. "Staff reported [client A] tried to catch herself on the way down landing on her elbow and wrist. Staff checked for injuries and noted red marks with slight bruising on her right elbow and wrist approximately 1 1/2-2 inches long." The BDDS report indicated the date of knowledge of this 4/4/16 incident was 4/12/16.</p> <p>A BDDS follow up report (date unknown) to the 4/12/16 report indicated the client had seen the orthopedist and had a CT (imaging procedure) of her shoulder on 4/18/16. She returned to the orthopedist on 4/19/16 and the diagnosis was a right distal clavicle fracture. Client A was to wear the sling and return to the orthopedist in 4 weeks. "The facility investigation concluded the injury was caused by a fall on 4-4-16."</p> <p>An investigation dated 4/12-17/16 by QAM #12 into the fractured clavicle sustained by client A indicated the injury had been sustained during a seizure with fall on 4/4/16 at 6:50 AM.</p> <p>Review of nursing notes for client A dated 4/6/16 included in the investigation, indicated LPN #2 had not assessed client A until 4/6/16 and noted..."on 4/4/16 60 sec (second) seizure</p>		<p>with incidents of injury are assessed within 24 hours.</p> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>· Nursing assessments to be completed within 24 hours whenever there is 1) injury, 2) signs/symptoms of illness, 3) changes in skin condition.</li> <li>· Quality Assurance Manager to ensure contact with nurse has been made after all incidents to ensure assessment has been completed if necessary.</li> <li>· Program Manager, Assistant Executive Director, Executive Director, Business Manager, HR Manager, Nursing Manager will perform Best In Class reviews at all locations within the year. The results will be shared with all team members.</li> </ul>	

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	<p>fall &amp; (and) sl (slight) bruising--noted on shoulder...wears helmet @ (at) all X's (times) except when sleeping...." There was no indication the client's range of motion had been assessed or if the LPN had done a complete visual body check for other injuries.</p> <p>The "On-Call Tracking" notes included in the investigation for 4/4/16 at 6:51 AM by LPN #3, indicated she received a call regarding client A indicating she had a "60 sec seizure-fell didn't hit head--slight bruising on shoulder." No nurse saw client A until 4/6/16 and client A was not referred for medical treatment until 4/12/16.</p> <p>Review of nursing notes in the investigation indicated client A fell and hit her head at day program on 3/22/16. Client A sustained a laceration to the top center of her forehead at the hairline. She was sent to the ER (Emergency Room) and the laceration was glued.</p> <p>Review of client A's record on 4/22/16 at 10:00 AM indicated her program had not been changed to using an armchair and/or keeping her helmet on during meals after the 3/22/16 fall with injury at the day program. The client was not wearing a helmet or using an armchair when she sustained the laceration to her forehead</p>			

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	<p>on 3/22/16.</p> <p>Interview with QIDP-d (Qualified Intellectual Disabilities Professional designee) #10 on 4/21/16 at 5:00 PM indicated client A now used an armchair for mealtime and kept her helmet on as well for safety. This did not occur until after the 4/12/16 report of the fracture.</p> <p>Interview with QAM #12 on 4/22/16 at 10:56 AM indicated the facility's on call LPN #3 had been notified by facility staff of client A's fall on 4/4/16 at 6:51 AM. But no nurse saw client A until 4/6/16 (LPN #2) and she did not receive medical attention until 4/12/16. The interview indicated LPN #2 was currently under suspension until the agency could determine (possible negligence) the next course of action regarding LPN #2.</p> <p>Review of the facility's Health Services Policy and Procedure: "Physical Observations Nursing Progress Notes" undated, on 4/22/16 at 11:10 AM indicated, in part: "B. The following issues require immediate documentation and follow up until resolution occurs:</p> <ol style="list-style-type: none"> <li>1. injuries</li> <li>2. signs/symptoms of illness</li> <li>3. changes in skin condition...."</li> </ol>			

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	<p>Interview with Nursing Manager #1 on 4/22/16 at 11:15 AM indicated "immediately" meant as soon as reasonably possible, not to exceed 24 hours. The interview stated LPN #2 should have physically assessed client A "thoroughly" which would have included assessing her bruising and the range of motion of the affected areas after the fall on 4/4/16.</p> <p>9-3-6(a)</p>						