

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G725	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/30/2015
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NAME OF PROVIDER OR SUPPLIER BETHESDA LUTHERAN COMMUNITIES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 370 FRANCISCAN DR VALPARAISO, IN 46385
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W000000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: January 26, 27, 28 and 30, 2015</p> <p>Facility number: 004859 Provider number: 15G725 AIM number: 200809680</p> <p>Surveyor: Christine Colon, QIDP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 2/11/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000126	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. Based on record interview and interview for 3 of 3 sampled clients and 2 additional clients (clients #1, #2, #3, #4 and #5), the facility failed to address the clients' identified needs in money management.</p>	W000126	<p>Client #1, 2, 5 and 6 have current financial goals that had been in effect since their 2014 annual case conferences. See current ISPs. Client #3 and #4 have had in the past money goals without any progress being noted due to their cognitive skill level and lack of adequate fine motor skills.</p>	03/01/2015

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>Findings include:</p> <p>A review of client #1's record was conducted on 1/28/15 at 11:00 A.M.. Review of client #1's Individual Support Plan (ISP) dated 4/3/14 and/or record indicated she required assistance with money management. Further review of the record failed to indicate client #1 had a money management objective.</p> <p>A review of client #2's record was conducted on 1/28/15 at 11:30 A.M.. Review of client #2's ISP dated 4/29/14 and/or record indicated he required assistance with money management. Further review of the record failed to indicate client #2 had a money management objective.</p> <p>A review of client #3's record was conducted on 1/28/15 at 12:00 P.M.. Review of client #3's ISP dated 3/6/14 and/or record indicated she required assistance with money management. Further review of the record failed to indicate client #3 had a money management objective.</p> <p>A review of client #4's record was conducted on 1/28/15 at 12:30 P.M.. Review of client #4's ISP dated 3/6/14 and/or record indicated he required assistance with money management.</p>		<p>Based on CFA and previous training, the IDT determined that further training in this area would not be beneficial. The current ISP does not reflect the reason for not having a financial goal nor does it document previous training. ISPs will now have a historical section that will thoroughly document why a person does not have a required goal if the team determines that further training would not be beneficial. Goals have been written for Clients #3 and #4. DSPs will be trained on the new goals. The Annual Case Conference Check List will be modified to list the areas of training that should be addressed per W 242 and other required areas such as finances and medication and other skill needs per the CFA. This will be completed by the QIDP and the IDT before completing the ISP to ensure that the needed areas of training are covered or if applicable the explanation as to why an area is not being addressed is written in the historical section of the ISP. This form will be reviewed by the Program Director.</p>		

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W000140	<p>Further review of the record failed to indicate client #4 had a money management objective.</p> <p>A review of client #5's record was conducted on 1/28/15 at 1:00 P.M.. Review of client #5's ISP dated 4/29/14 and/or record indicated she required assistance with money management. Further review of the record failed to indicate client #5 had a money management objective.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 1/30/15 at 12:35 P.M.. The QIDP indicated clients #1, #2, #3, #4 and #5 had money management training objectives in their plans in the past and further indicated she did not know why the former QIDP had removed them from the clients' current programs. The QIDP further indicated the clients should have training objectives in place to assist them in their identified needs.</p> <p>9-3-2(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a</p>			

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	<p>system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based upon record review and interview, the facility failed to maintain an accurate accounting system for 2 of 3 sampled clients and 2 additional clients (clients #2, #3, #4 and #5), for whom the facility managed their personal funds accounts.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports, Internal Reports (IR) and investigations was conducted on 1/27/15 at 9:45 A.M.. Review of the BDDS reports indicated:</p> <p>-BDDS report dated 9/4/14 involving client #2 indicated: "When reviewing [client #2]'s ledger for August, it was discovered that his petty cash was short \$20.00. Staff was informally interviewed; all said they did not know why he was short. An investigation has been started. [Facility name] will reimburse the funds if they are not found or receipts are not found." Follow-Up Report dated 9/8/14 indicated: "The investigation has been completed and it was inconclusive. All staff were interviewed and we have been unable to determine which person took the money. [Facility name] will reimburse the loss of</p>	W000140	<p>Staff will be retrained on the money management system including the ledger form which documents all expenditures, the importance of being 100% accurate when dealing with the individuals' money and the prevention of financial exploitation.</p> <p>The Program Manager will be responsible for checking the money at least once weekly to ensure that the ledger and money balance. This will be documented on the ledger form. At the end of the month, the manager will do a final check and sign off on the ledger before turning the ledgers, receipts and money over to the Department Secretary who acts as the final verifier. The Department Secretary will complete the Individual Accounts Financial Audit form and email a copy to the Program Director and the Regional Financial Director. Any discrepancies will be addressed immediately by the Program Director.</p>	03/01/2015

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	<p>petty cash." Further review of the facility's records indicated client #2 was reimbursed his missing funds.</p> <p>-BDDS report dated 9/4/14 involving client #3 indicated: "When reviewing [client #3]'s ledger for August, it was discovered that her petty cash was short \$60.00. Staff was informally interviewed; all said they did not know why she was short. An investigation has been started. [Facility name] will reimburse the funds if they are not found or receipts are not found." Follow-Up Report dated 9/8/14 indicated: "The investigation has been completed and it was inconclusive. All staff were interviewed and we have been unable to determine which person took the money. [Facility name] will reimburse the loss of petty cash." Further review of the facility's records indicated client #3 was reimbursed her missing funds.</p> <p>-BDDS report dated 9/4/14 involving client #4 indicated: "When reviewing [client #4]'s ledger for August, it was discovered that his petty cash was short \$30.00. Staff was informally interviewed; all said they did not know why he was short. An investigation has been started. [Facility name] will reimburse the funds if they are not found or receipts are not found." Follow-Up</p>			

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	<p>Report dated 9/8/14 indicated: "The investigation has been completed and it was inconclusive. All staff were interviewed and we have been unable to determine which person took the money. [Facility name] will reimburse the loss of petty cash." Further review of the facility's records indicated client #4 was reimbursed his missing funds.</p> <p>-BDDS report dated 9/4/14 involving client #5 indicated: "When reviewing [client #5]'s ledger for August, it was discovered that her petty cash was short \$19.75. Staff was informally interviewed; all said they did not know why she was short. An investigation has been started. [Facility name] will reimburse the funds if they are not found or receipts are not found." Follow-Up Report dated 9/8/14 indicated: "The investigation has been completed and it was inconclusive. All staff were interviewed and we have been unable to determine which person took the money. [Facility name] will reimburse the loss of petty cash." Further review of the facility's records indicated client #5 was reimbursed her missing funds.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 1/30/15 at 12:35 P.M.. The QIDP indicated the</p>			

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W000159	<p>facility managed clients #2, #3, #4 and #5's finances and further indicated the facility was to keep an accurate account of their finances at all times. The QIDP further indicated each client should have a financial ledger which should reflect the clients' expenditures and balances to ensure they kept an accurate accounting of their petty cash funds by staff at the group home. The QIDP indicated the money was missing and the clients were reimbursed their missing funds.</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 3 of 3 sampled clients and 2 additional clients (clients #1, #2, #3, #4 and #5), the facility's Qualified Intellectual Disabilities Professional (QIDP) failed to include training objectives in their Individual Support Plans (ISP) in regard to communication, meal preparation and money management. The QIDP failed to ensure the clients' communication needs had</p>	W000159	The QIDP will ensure that each client's ISP includes money management, communication and meal preparation goals in addition to other priority goals based on the CFA. New goals have been written for each person lacking goals in any of these three areas. See goals. Clients #1, 2, 3, and 4 have been re-evaluated by a speech therapist. Client #5 will be re-assessed on 2-27-15. The QIDP will ensure that speech	03/01/2015

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	<p>been assessed/reassessed.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 1/26/15 from 6:30 P.M. until 8:00 P.M.. During the entire observation clients #1 and #5 were non-verbal in communication in that the clients were limited to some one word answers that could not be understood. Clients #2, #3 and #4 were non-verbal in communication in that the clients did not speak or communicate. There was no communication teaching or training for clients #1, #2, #3, #4 and #5 during this observation.</p> <p>A morning observation was conducted at the group home on 1/27/15 from 6:25 A.M. until 8:00 A.M.. During the entire observation clients #1 and #5 were non-verbal in communication in that the clients were limited to some one word answers that could not be understood. Clients #2, #3 and #4 were non-verbal in communication in that the clients did not speak or communicate. There was no communication teaching or training for clients #1, #2, #3, #4 and #5 during this observation.</p> <p>A review of client #1's record was conducted on 1/28/15 at 11:00 A.M..</p>		<p>evaluations are updated every 3 to 5 years or more frequently if needed. DSPs will be trained on the new goals. The QIDP will use the Annual Conference Check List to ensure that goals are written to cover all required areas (i.e. W126, financial, medication and any other priority needs per CFA). The Annual Conference Check List will be reviewed by the Program Director.</p>				

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	<p>Review of client #1's Individual Support Plan (ISP) dated 4/3/14 and/or record indicated she required assistance with communication, meal preparation, and money management. The record indicated a most current "Speech Evaluation" dated 1/18/11. There was no written documentation to indicate client #1's speech/communication had been reevaluated since 1/18/11. Further review of the record failed to indicate client #1 had a meal preparation objective and money management objective.</p> <p>A review of client #2's record was conducted on 1/28/15 at 11:30 A.M.. Review of client #2's ISP dated 4/29/14 and/or record indicated he required assistance with communication, meal preparation and money management. The record failed to indicate client #2's speech/communication had been evaluated. Further review of the record failed to indicate client #2 had a communication objective, meal preparation objective and money management objective.</p> <p>A review of client #3's record was conducted on 1/28/15 at 12:00 P.M.. Review of client #3's ISP dated 3/6/14 and/or record indicated she required assistance with communication, meal preparation and money management.</p>			

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	<p>The record failed to indicate client #3's speech/communication had been evaluated. Further review of the record failed to indicate client #3 had a communication objective, meal preparation objective and money management objective.</p> <p>A review of client #4's record was conducted on 1/28/15 at 12:30 P.M.. Review of client #4's ISP dated 3/6/14 and/or record indicated he required assistance with speech/communication, meal preparation and money management. The record failed to indicate client #4's speech/communication had been evaluated. Further review of the record failed to indicate client #4 had a communication objective, meal preparation training objective and money management objective.</p> <p>A review of client #5's record was conducted on 1/28/15 at 1:00 P.M.. Review of client #5's ISP dated 4/29/14 and/or record indicated she required assistance with communication, meal preparation and money management. The record did not indicate client #5's speech/communication needs had been evaluated. Further review of the record failed to indicate client #5 had a communication objective, meal</p>			

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	<p>preparation objective and money management objective.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 1/30/15 at 12:35 P.M.. The QIDP indicated clients #1, #2, #3, #4 and #5 had communication training objectives, meal preparation objectives and money management training objectives in their plans in the past and further indicated she did not know why the former QIDP had removed them from the clients' current programs. The QIDP further indicated the clients should have training objectives in place to assist them in their identified needs. The QIDP indicated there was no documentation to indicate clients #1, #2, #3, #4 and #5's speech and/or language skills had been assessed/reassessed.</p> <p>9-3-3(a)</p>			

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W000220	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include speech and language development.</p> <p>Based on observation, record review and interview, the facility failed for 3 of 3 sampled clients and 2 additional clients (clients #1, #2, #3, #4 and #5) to ensure a speech assessment/reassessment was completed for clients who required assistance with communication skills.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 1/26/15 from 6:30 P.M. until 8:00 P.M.. During the entire observation clients #1 and #5 were non-verbal in communication in that the clients were limited to some one word answers that could not be understood. Clients #2, #3 and #4 were non-verbal in communication in that the clients did not speak or communicate. There was no communication teaching or training for clients #1, #2, #3, #4 and #5 during this observation.</p> <p>A morning observation was conducted at the group home on 1/27/15 from 6:25 A.M. until 8:00 A.M.. During the entire observation clients #1 and #5 were non-verbal in communication in that the clients were limited to some one word</p>	W000220	<p>Clients #1, 2, 3, and 4 have been re-evaluated by a speech therapist. Client #5 will be re-assessed on 2-27-15. The QIDP has written communication goals based on the CFA and these will be modified as needed once the recommendations are in form the speech therapist. The DSPs will be trained on the outcomes and the importance of implementing communication goals throughout the day and in all settings. The Program Manager/QDIP or Designee will do observations do ensure that communication goals are being addressed. Observations will occur three times a week for the first month. If there are no issues, observations will occur two times a week for the next month and drop to once weekly for the third month. Observations will continue at least once weekly thereafter. The Program Manager will document any concerns on the Active Treatment Observation Form. The Program Director will review and sign off on the Active Treatment Observation form.</p>	03/01/2015			

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	<p>answers that could not be understood. Clients #2, #3 and #4 were non-verbal in communication in that the clients did not speak or communicate. There was no communication teaching or training for clients #1, #2, #3, #4 and #5 during this observation.</p> <p>A review of client #1's record was conducted on 1/28/15 at 11:00 A.M.. Review of client #1's Individual Support Plan (ISP) dated 4/3/14 and/or record indicated she required assistance with communication. The record indicated a most current "Speech Evaluation" dated 1/18/11. There was no written documentation to indicate client #1's speech/communication had been reevaluated.</p> <p>A review of client #2's record was conducted on 1/28/15 at 11:30 A.M.. Review of client #2's ISP dated 4/29/14 and/or record indicated he required assistance with communication. The record failed to indicate client #2's speech/communication had been evaluated. There was no written documentation to indicate client #2's speech/communication had been evaluated.</p> <p>A review of client #3's record was conducted on 1/28/15 at 12:00 P.M..</p>			

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	<p>Review of client #3's ISP dated 3/6/14 and/or record indicated she required assistance with communication. The record failed to indicate client #3's speech/communication had been evaluated. There was no written documentation to indicate client #3's speech/communication had been evaluated.</p> <p>A review of client #4's record was conducted on 1/28/15 at 12:30 P.M.. Review of client #4's ISP dated 3/6/14 and/or record indicated he required assistance with communication. The record failed to indicate client #4's speech/communication had been evaluated. There was no written documentation to indicate client #4's speech/communication had been evaluated.</p> <p>A review of client #5's record was conducted on 1/28/15 at 1:00 P.M.. Review of client #5's ISP dated 4/29/14 and/or record indicated she required assistance with communication. The record did not indicate client #5's speech/communication needs had been evaluated. There was no written documentation to indicate client #5's speech/communication had been evaluated.</p>			

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W000227	<p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 1/30/15 at 12:35 P.M.. The QIDP indicated there was no documentation to indicate clients #1, #2, #3, #4 and #5's speech and/or language skills had been assessed/reassessed.</p> <p>9-3-4(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview for 3 of 3 sampled clients and 2 additional clients (clients #1, #2, #3, #4 and #5), the clients' Individual Support Plan (ISP) and/or programs failed to specifically address the clients' identified behavioral needs of non-compliance during medical appointments and failed to address their</p>	W000227	The QIDP will ensure that each client's ISP includes money management, communication and meal preparation goals in addition to other priority goals based on the CFA including desensitization goals. New goals have been written for each person lacking goals in these areas.	03/01/2015

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	<p>identified needs of teaching and training in meal time preparation and communication.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 1/26/15 from 6:30 P.M. until 8:00 P.M.. Clients #2, #3 and #4 were non-verbal in communication in that the clients did not speak or communicate. There was no communication teaching or training for clients #2, #3 and #4 during this observation. Direct Support Professional (DSP) #1 prepared the clients' lunches as client #1 sat in her bedroom with no meaningful activity and #2, #3 and #4 sat in the living room with no meaningful activity.</p> <p>A morning observation was conducted at the group home on 1/27/15 from 6:25 A.M. until 8:00 A.M.. During the entire observation clients #1 and #5 were non-verbal in communication in that the clients were limited to some one word answers that could not be understood. Clients #2, #3 and #4 were non-verbal in communication in that the clients did not speak or communicate. There was no communication teaching or training for clients #1, #2, #3, #4 and #5 during this observation. Clients #1, #2, #3 and #4</p>		<p>DSPs will be trained on the new goals and the importance of taking advantage of various times throughout the day to implement the goals.</p> <p>The QIDP will use the Annual Conference Check List to ensure that goals are written to cover all required areas (i.e. W126, financial, medication and any other priority needs per CFA including desensitization goals). The Annual Conference Check List and the ISP will be reviewed by the Program Director to ensure that all priority needs are covered.</p>		

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	<p>did not assist in their morning meal preparation during this observation.</p> <p>A review of client #1's record was conducted on 1/28/15 at 11:00 A.M.. Review of client #1's vision evaluation date 1/13/11 indicated it was unable to be completed due to noncompliance. There was no written documentation to indicate client #1 had a more recent vision evaluation since 1/13/11. Review of client #1's Individual Support Plan (ISP) dated 4/3/14 and/or record did not address client #1's non compliance with medical appointments. The ISP and/or record indicated client #1 required assistance with meal preparation. The ISP and/or record did not include a training objective to address her identified need in meal preparation.</p> <p>A review of client #2's record was conducted on 1/28/15 at 11:30 A.M.. Review of client #2's vision evaluation dated 7/31/14 indicated it was unable to be completed due to non compliance. Review of his dental evaluation dated 12/18/14 indicated "Patient was restrained with papoose (dental restraint)." Review of client #2's ISP dated 4/29/14 and/or record did not address client #2's non compliance with medical appointments and the use of a dental restraint. The ISP and/or record</p>			

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	<p>indicated he required assistance with communication and meal preparation. The ISP did not include a training objective to address his identified need in communication and meal preparation.</p> <p>A review of client #3's record was conducted on 1/28/15 at 12:00 P.M.. Review of client #3's ISP dated 3/6/14 and/or record indicated she required assistance with communication and meal preparation. Further review of the record failed to indicate client #3 had a communication objective and meal preparation objective.</p> <p>A review of client #4's record was conducted on 1/28/15 at 12:30 P.M.. Review of client #4's ISP dated 3/6/14 and/or record indicated he required assistance with speech/communication and meal preparation. Further review of the record failed to indicate client #4 had a communication objective and meal preparation training objective.</p> <p>A review of client #5's record was conducted on 1/28/15 at 1:00 P.M.. Review of client #5's ISP dated 4/29/14 and/or record indicated she required assistance with communication, meal preparation and money management. Further review of the record failed to indicate client #5 had a communication</p>			

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W000249	<p>objective and meal preparation objective.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) and the Registered Nurse (RN) was conducted on 1/30/15 at 12:35 P.M.. The RN indicated both clients #1 and #2 were non compliant during medical appointments and sometimes the appointments could not be completed. The QIDP indicated the identified behavioral needs were not addressed in clients #1 and #2's programs. The QIDP further indicated clients #1, #2, #3, #4 and #5 did not have objectives identified in their ISPs and/or record to address their identified training needs.</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</p>			

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	<p>treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 3 of 3 sampled clients and 1 additional client (clients #1, #2, #3 and #4), the facility failed to implement the clients' Individual Support Plan (ISPs) objectives when formal and/or informal opportunities for training existed.</p> <p>Findings include:</p> <p>An evening observation was conducted on 1/26/15 from 6:30 P.M. until 8:00 P.M.. During the entire observation period, client #1 stayed in her bedroom with no staff interaction or teaching and training. Clients #2, #3 and #4 sat in recliners in the living room with the television on but were not watching the television and were not involved in any meaningful activity. Direct Support Professional (DSP) #1 prepared the clients' lunches, DSP #2 administered medications and DSP #3 assisted client #5 with her showering. DSPs #1, #2 and #3 would occasionally check on the clients, but did not offer any meaningful activity.</p> <p>A morning observation was conducted at</p>	W000249	<p>DSPs will be retrained on active treatment and their role in providing training on both formal goals and using teachable moments to train informally in areas not necessarily designated as priority skills. DSPs will be trained on meaningful day and the importance of finding meaningful activities for the individuals to engage in. The Program Manager or designee will be responsible for regular observations to ensure that active treatment is ongoing and that teachable moments are being taken advantage of by the DSPs. Observations will occur three times a week for the first month. If there are no major concerns, the observations will drop to two times a week for the second month. If there are no major concerns, the observations will drop to once weekly and continue at that rate. Concerns will be addressed on the Active Treatment Observation form. The form will be reviewed by the Program Director.</p>	03/01/2015

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	<p>the group home on 1/27/15 from 6:25 A.M. until 8:00 A.M.. During the entire observation period, clients #1 and #6 sat at the dining table with no meaningful activity and clients #2, #3 and #4 sat in the living room with no meaningful activity. DSPs #2, #4 and #5 did not offer any meaningful activity.</p> <p>A review of client #1's record was conducted on 1/28/15 at 11:00 A.M.. Review of client #1's Individual Support Plan (ISP) dated 4/3/14 indicated the following training objectives which could have been implemented during both observation periods: "Will verbalize what she wants...Will participate in at least 4 activities."</p> <p>A review of client #2's record was conducted on 1/28/15 at 11:30 A.M.. Review of client #2's ISP dated 4/29/14 indicated the following training objective which could have been implemented during both observation periods: "Will participate in activities."</p> <p>A review of client #3's record was conducted on 1/28/15 at 12:00 P.M.. Review of client #3's ISP dated 3/6/14 indicated the following training objective which could have been implemented during both observation periods: "Will participate in activities."</p>						

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W000262	<p>A review of client #4's record was conducted on 1/28/15 at 12:30 P.M.. Review of client #4's ISP dated 3/6/14 indicated the following training objective which could have been implemented during both observation periods: "Will participate in activities."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 1/30/15 at 12:35 P.M.. The QIDP indicated the facility staff should implement clients' training objectives at all times of opportunity.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the</p>			

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	<p>committee, involve risks to client protection and rights.</p> <p>Based upon record review and interview, the facility failed for 1 of 3 sampled clients (client #2), to ensure the facility's Human Rights Committee (HRC) approved the use of a papoose (dental restraint) during dental appointments.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 1/28/15 at 11:30 A.M.. Review of client #2's record indicated: "Dental appointment, 12/18/14...Patient was restrained with papoose." Further review of client #2's record did not address the use of a papoose during dental appointments.</p> <p>A review of the facility's HRC's meeting minutes from 12/13 to current was conducted on 1/30/15 at 10:30 A.M. Review of the facility's HRC minutes failed to indicate the approval for the use of a papoose during client #2's dental appointments.</p> <p>The Qualified Intellectual Disabilities Professional(QIDP) was interviewed on 1/30/15 at 12:35 P.M.. The QIDP indicated the facility's HRC had not approved the use of a papoose during client #2's dental appointments.</p>	W000262	<p>Client #2 began using a new dentist who uses a papoose type restraint in order to decrease and/or eliminate the need for hospital dentistry. The use of the papoose was not brought to the attention of the QIDP who did not follow through with getting Human Rights Committee approval. The use of the papoose has been submitted to and approved by the HRC for the current year. The form is in the process of being signed by the HRC Chairperson. The Program Director will review restrictions with the Program Manager and the Nurse, stressing the importance of every restriction going through due process (i.e. Human Rights Committee). The DSPs will be trained on the importance of due process for restrictions and will be responsible for notifying the QIDP of any appointments that would require restrictions so that approval can be obtained prior to the appointment. The QIDP will be responsible for reviewing the health provider's progress note to ensure that nothing has been missed.</p>	03/01/2015

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W000323	<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, the facility failed for 2 of 3 sampled clients (clients #1 and #2) to provide annual vision evaluations.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 1/28/15 at 11:00 A.M. Client #1's record did not contain evidence of an annual vision evaluation. Client #1's record further indicated a most current vision evaluation dated 1/13/11 which indicated the following: "Return in 1 year."</p> <p>A review of client #2's record was conducted on 1/28/15 at 11:30 A.M.. Client #2's record did not contain evidence of an annual vision evaluation. Client #2's record further indicated a most current vision evaluation dated 7/31/14 which indicated "Unable to complete."</p>	W000323	<p>Client #1's last vision exam was 10-29-14 at which time the doctor was unable to view the right eye but was able to view the left eye. He indicated that she should return in two years (2016). The doctor has been contacted. He will discuss the cases with a pediatric doctor for recommendations on how to work with these two clients. This is scheduled for 2-23-15. The doctor has made appointments to see client #1 and #2 which falls after 3-1-15. They are on the list to be contacted for an earlier appointment if there is an opening. Client #1 has issues with most appointments and has a goal to have her blood pressure taken by staff on a regular basis so that she is used to different people assessing her. Progress has been made in this area. A desensitization goal has been written for Client #2. The nurse will review all health care professional notes and will discuss any concerns with the physician if the doctor was unable to perform the assessment. The</p>	03/01/2015

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W000331	<p>The Registered Nurse (RN) was interviewed on 1/30/15 at 12:35 P.M.. The RN indicated the vision evaluation/assessment dated 1/13/11 was the most current for client #1. The RN indicated client #1 did not return in 1 year for a vision evaluation/assessment as recommended by the optometrist. The RN further indicated there was no written documentation to indicate client #2 had a current completed vision evaluation.</p> <p>9-3-6(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 3 of 3 sampled clients and 3 additional clients (clients #1, #2, #3, #4, #5 and #6), the facility's nursing services failed to ensure the pharmacist's recommendations were reported to the physician and Interdisciplinary Team (IDT).</p> <p>Findings include:</p> <p>A review of the facility's pharmacy reviews was conducted on 1/30/15 at 11:50 A.M.. The consulting pharmacist indicated:</p>	W000331	<p>nurse will ensure that the Program Manager and the Program Director are aware of any concerns in this area.</p> <p>The nurse will meet with the pharmacist to review better communication between the two. The nurse is present during the pharmacy reviews but the pharmacist does not discuss his findings with her before putting them in his report. Better communication will eliminate recommendations that have already been discussed with the physician.</p> <p>The nurse and pharmacist will schedule the quarterly pharmacy reviews to fall before the quarterly medication reviews completed by</p>	03/01/2015			

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	<p>Consultation Report for Recommendation Created 8/10/14:</p> <p>"[Client #6] is on prophylactic sepra DS (double strength) for chronic UTI (Urinary tract infection). He is still having them. Suggest evaluation from urologist to evaluate a different medication or possible hygiene recommendations as the bacteria is ecoli." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>Consultation Report for Recommendation Created 11/20/14:</p> <p>"[Client #1] is taking hydroxyzine 10 mg (milligram) daily for her allergies. Suggest an evaluation for the need to take this on a regular basis." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>"[Client #2] is taking famotidine 20 mg at bedtime and omeprazole 20 mg in the morning. Suggest evaluating the need for both medications." Further review failed to indicate the facility's nursing staff reported the pharmacist's</p>		<p>the physician. The pharmacy recommendations can be reviewed and signed by the physician at the time of quarterly medication reviews.</p> <p>The nurse will inform the IDT of the recommendations and the physician's input.</p> <p>The Program Director will be responsible for reviewing the pharmacy reviews and signing off once the recommendations have been reviewed to ensure that the process is being followed.</p>	

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	<p>recommendations to the IDT and physician.</p> <p>"[Client #3] is taking Hydroxyzine 10 mg as needed for congestion. Please evaluate the need for this medication for congestion. This drug is an antihistamine which will not relieve either nasal or chest congestion." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>"[Client #4] is on docusate 100 mg 1-2 capsules daily as needed. Suggest taking in evening and giving better description as to when it is necessary." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>"[Client #5] is taking twice the recommended dose of polyethylene glycol. Please consider lowering the dose to 17 grams." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>"[Client #6] is on prophylactic sepra DS for chronic UTI (Urinary tract infection).</p>			

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W000382	<p>He is still having them. Suggest evaluation from urologist to evaluate a different medication or possible hygiene recommendations as the bacteria is ecoli." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>An interview with the Registered Nurse (RN) was conducted on 1/30/15 at 12:35 P.M.. The RN indicated the nursing staff were responsible for reviewing the pharmacist's recommendations and reporting the recommendations to the IDT. The RN indicated the pharmacist's recommendations were not reported to the prescribing physician or the IDT.</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.</p> <p>Based on observation and interview, for 6 of 6 clients (clients #1, #2, #3, #4, #5 and #6) who lived in the group home, the facility failed to maintain proper medication security.</p>	W000382	DSPs will be retrained on the importance of keeping the medication cart locked and that the key is either on the DSP who is giving medications during that shift or it is in put in the office. The Nurse and Program Manager will be responsible for doing	03/01/2015

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	<p>Findings include:</p> <p>An evening observation was conducted at the group home on 1/26/15 from 6:30 P.M. until 8:00 P.M.. At 7:30 P.M., Direct Support Professional (DSP) #2 began administering client #5's prescribed medications. DSP #2 retrieved the medication cart keys from a coffee cup located on top of the medication cart, which was located in the open living, dining, kitchen area. DSP #2 then unlocked the med cart, retrieved client #5's medications, walked to the desk, leaving the medication cart keys in the lock hanging. At 7:32 A.M., DSP #2 walked away from the area, into the kitchen to retrieve a cup, while client #5 sat at the desk with the medication cart unlocked and the keys hanging from the lock. At 7:34 DSP #2 returned with cups and administered client #5's medications. From 7:35 A.M. until 7:38 A.M., the medication keys hung from the unlocked medication cart lock as he retrieved client #3 for her medication administration. After administering medications, DSP #2 placed the medication cart keys in a coffee cup located on top of the medication cart which was located in the unsecured open living room, dining room, kitchen area.</p> <p>A morning observation was conducted at</p>		<p>routine checks to ensure that the medicine cart is locked and that the key is either on the person of the DSP administering medications for that shift or that the key is put away in the office. All management staff (nurse, Program Director, Program Manager, and Department Secretary) will be responsible for checking that the medication cart is locked and the key is put way during regular home visits. Management staff will document the Secured Medication Cabinet form. This form will be kept in the office and will be signed off on at least three times a week for two months and then twice a week.</p>	

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	<p>the group home on 1/27/15 from 6:15 A.M. until 8:15 A.M.. At 6:40 A.M., DSP #5 began administering client #6's prescribed medications. DSP #5 retrieved the medication cart keys out from a coffee mug located on top of the medication cart located in the unsecured, open living, dining and kitchen area. After he administered client #6's medications, DSP #5 placed the keys into the coffee mug located on top of the unlocked medication cart, and wheeled client #6 to the kitchen area. The medication cart was left unlocked until 7:45 A.M..</p> <p>The medication cart, which contained all of clients #1, #2, #3, #4, #5 and #6's prescribed medications was left unlocked and unattended during the entire medication administration. The medication cart keys containing clients #1, #2, #3, #4, #5 and #6's medications were not kept in a secure area.</p> <p>An interview with the facility's nurse was conducted on 1/30/15 at 12:35 P.M.. The nurse indicated the medications should be locked at all times except when being administered and if staff needed to leave the area they needed to lock the medication cabinet.</p> <p>9-3-6(a)</p>						

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, the facility failed for 1 additional client (client #6) to provide and encourage the use of his motorized wheelchair.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 1/26/15 from 6:30 P.M. until 8:00 P.M.. At 7:20 P.M., client #6 stated "My wheelchair is broke. It needs to get fixed. I want my wheelchair fixed." When asked how long his wheelchair had been broken, client #6 stated "Over a month." At 7:50 P.M., Direct Support Professional (DSP) #2 assisted client #6 into a standard wheelchair and wheeled him to the medication area desk for medication administration. During the entire observation client #6 did not use his motorized wheelchair.</p> <p>A morning observation was conducted at</p>	W000436	<p>Client #6 has two wheelchairs (motorized and manual) which were both personalized for him and are both in good working condition. DSPs will be trained on the importance of allowing Client #6 the choice of using his motorized chair so that he can be more independent and the importance of reporting any concerns about the chairs.</p> <p>DSPs will document the use of his motorized chair on a data sheet. They will also document any problems with either chair. The Program Manager will be responsible for reviewing the data. During routine observations, the Program Manager will ensure that he is using his motorized chair if so desired. The Manager will check at least weekly to ensure that the chair is in good working condition.</p>	03/01/2015

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	<p>the group home on 1/27/15 from 6:25 A.M. until 8:00 A.M.. During the entire observation client #6 sat in a manual wheelchair. DSP #2 pushed client #6 around the house in the manual wheelchair. Client #6 sat slouched forward and to the left while sitting in the wheelchair. Client #6 did not use his motorized wheelchair.</p> <p>An interview with DSP #2 was conducted on 1/27/15 at 7:45 A.M.. When asked where client #6's motorized wheelchair was, DSP #2 stated "In his room." Client #6's motorized wheelchair was observed in a corner of his bedroom, under two bed comforters. The motorized wheelchair did not move when checked. DSP #2 indicated the wheelchair was not broken. When asked why client #6 was not utilizing his motorized wheelchair, DSP #2 indicated client #6 had two wheelchairs but he did not know why client #6 was not using his motorized wheelchair.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 1/30/15 at 12:35 P.M.. The QIDP indicated client #6 had two wheelchairs for his use. When asked if client #6's wheelchair needed repair, the QIDP indicated she did not know.</p>			

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W000440	<p>9-3-7(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview, the facility failed to conduct quarterly evacuation drills which affected 6 of 6 clients living in the facility (clients #1, #2, #3, #4, #5 and #6).</p> <p>Findings include:</p> <p>The facility's records were reviewed on 1/27/15 at 9:40 A.M.. The review failed to indicate the facility held an evacuation drill for clients #1, #2, #3, #4, #5 and #6 during the morning staff shift (8:00 A.M. to 4:00 P.M.) for the first quarter (January 1st through March 31st) of 2014.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 1/30/15 12:35 P.M.. The QIDP indicated evacuation drills are to be conducted during each quarter for each shift of personnel. The QIDP further indicated there was no written documentation to</p>	W000440	<p>This citation was not addressed at the exit meeting and therefore, the QIDP did not state that there was no written documentation to indicate that the facility conducted evacuation drills during each quarter. This facility had a 7 am drill, 4 pm drill and 11 pm drill during the first quarter. This covered all three shifts. The morning shift runs from 6 am to 3 pm not 8 am to 4 pm as written in the citation. Please see attached fire drill. The facility will continue to run fire drills each month, covering a different shift so that each quarter there is a fire drill from each shift. We will continue to use a fire drill schedule so that times vary for a given shift throughout the year. We will continue to use our tracking form to ensure that each quarter there is a drill covering each shift.</p>	03/01/2015

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W000484	<p>indicate the facility conducted evacuation drills during each quarter for each staff shift.</p> <p>9-3-7(a)</p> <p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. Based on observation and interview, the facility failed for 6 of 6 clients (clients #1, #2, #3, #4, #5 and #6) living in the group home to provide condiments and table knives at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 1/27/15 from 6:25 A.M. until 8:00 A.M.. At 6:50 A.M., DSP #5 prepared and served oatmeal and cold cereal into each client's bowl and prepared toasted bread, placed the toast on individual plates, cut the toast into bite size pieces and set the prepared bowls and plates onto the dining table in front of each client's place setting. At 6:55 A.M., clients #1, #2, #3, #4, #5 and #6 ate their meal. There was no butter/margarine, sugar/sugar substitute, cinnamon, jelly, milk or table knives at</p>	W000484	<p>DSPs will be retrained on the requirement to provide a full set of utensils at each meal and the requirement to provide condiments which are appropriate for the given meal.</p> <p>The Program Manager or designee will do mealtime observations and complete the mealtime observation form. Observations will occur three times weekly initially. If DSPs are in compliance after one month, the observations will drop to twice weekly for one month and if the DSPs continue to be in compliance the observations will drop to once weekly and continue at once weekly thereafter.</p> <p>The Program Director will review the mealtime observations forms at least weekly. Any concerns will be addressed immediately.</p>	03/01/2015

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W000488	<p>the dining table for the clients' use.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 1/30/15 at 12:35 P.M.. The QIDP indicated condiments and butter knives should be put on the table for the clients to use.</p> <p>9-3-8(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review and interview, the facility failed to assure 3 of 3 sampled clients and 3 additional clients (clients #1, #2, #3, #4, #5 and #6) were involved in meal preparation and served themselves.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 1/26/15 from 6:30 P.M. until 8:00 P.M.. From 6:30 P.M. until 8:00 P.M., client #6 sat in a recliner in the medication cart area, clients #2, #4 and #3 sat in recliners in the living room with no interaction/activity and client #1 was in her room with no interaction.</p>	W000488	DSPs will be retrained on involving the individuals supported in mealtime preparation and assisting them to become more independent in serving themselves. Each individual in the home will have a formal mealtime preparation goal. See new goals. The Program Manager or designee will do mealtime observations and complete the mealtime observation form. Observations will occur three times weekly initially. If DSPs are in compliance after one month, the observations will drop to twice weekly for one month and if the DSPs continue to be in compliance the observations will drop to once weekly and continue	03/01/2015

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	<p>During this time Direct Support Professional (DSP) #1 prepared clients #1, #2, #3, #4, #5 and #6's lunches which consisted of cold cut sandwiches, peaches, cottage cheese and bottled water. Clients #1, #3, #4 and #6 did not assist in meal preparation.</p> <p>A morning observation was conducted at the group home on 1/27/15 from 6:25 A.M. until 8:00 A.M.. From 6:30 A.M. until 6:50 A.M., clients #1 and #6 sat at the dining table with no activity, client #4 stood in the middle of the kitchen/dining area with no interaction/activity, clients #2 and #3 sat in a recliner in the living area with no activity and client #5 walked around with no activity. At 6:50 A.M., DSP #5 prepared and served oatmeal and cold cereal into each client's bowl and prepared toasted bread, placed the toast on individual plates, cut the toast into bite size pieces and set the prepared bowls and plates onto the dining table in front of each client's place setting. At 6:55 A.M., clients #1, #2, #3, #4, #5 and #6 ate their meal. Clients #1, #2, #3, #4, #5 and #6 did not assist in meal preparation and did not serve themselves.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted at the facility's administrative office on 1/30/15 at 12:35</p>		at once weekly thereafter. The Program Director will review the mealtime observations weekly. Any concerns will be addressed immediately.				

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	P.M.. The QIDP indicated clients were capable of assisting in meal preparation and serving themselves and further indicated they should be assisting in meal preparation and serving themselves. 9-3-8(a)				