

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G226	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/08/2015
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1503 WASHINGTON ST NEW CASTLE, IN 47362
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W 000 Bldg. 00	<p>This visit was for a full annual recertification and state licensure survey. This visit resulted in an Immediate Jeopardy.</p> <p>Dates of Survey: April 27, 28, 29, 30, May 1, 4, 6, 7 and 8, 2015.</p> <p>Provider Number: 15G226 Facility Number: 000750 AIM Number: 100243210</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 000		
W 102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility failed to meet the Condition of Participation: Governing Body.</p> <p>The governing body failed to exercise</p>	W 102	<p>W102 Governing Body and Management The facility must ensure that the specific governing body and management requirements are met. 1. What corrective action will be accomplished? Specific plan of care will be</p>	06/07/2015

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>general policy and operating direction over the facility to ensure:</p> <p>__ Client #4's health care needs were not neglected in regard to client #4's elevated blood pressures.</p> <p>__ A facility protocol and/or procedure was developed and implemented in regard to clients with head injury for client #4.</p> <p>__ All allegations of client to client abuse were investigated for clients #4 and #7.</p> <p>__ The clients' rights were not restricted in regard to the locking of the cleaning supplies in the home for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>__ The clients were provided the opportunity to participate in various social and community activities on a regular and ongoing basis for clients #1, #2, #3 and #4.</p> <p>__ A full and complete accounting of the client #7's and #8's personal finances.</p> <p>__ Staff were trained and/or retrained in taking and reporting client #4's vital signs and trained in conducting client #2's monthly breast exams.</p> <p>__ Preventive medical testing was provided for clients #1, #2, #3 and #4.</p> <p>__ Client #4's physician's orders were updated to ensure no standing orders for pre-sedation for medical procedures.</p> <p>Findings include:</p>		<p>developed and implemented in regard to client #4's elevated blood pressure by facility nurse.</p> <ul style="list-style-type: none"> · Staff will be trained on plans of care by facility nurse · A formal procedure will be implemented to consistently address head injuries by facility nurse. · Staff will be trained on head injury procedure by facility nurse. · All physicians' orders will be updated by the Program Coordinator, including removing all pre-sedate orders. · Program Coordinator will immediately schedule all missing preventative medical appointments for all clients in the home. · Program Coordinator will be retrained on maintaining these preventative medicine appointments, yearly or as ordered by the physician. · Program Director (QIDP) will complete an IDT note to document all dietary orders and physicians' orders. · Program Director (QIDP) will monitor Program Coordinator's compliance with preventative medicine appointments, by reviewing appointment module in Therap, monthly to ensure completion. · Monthly, the facility nurse, Program Coordinator and Program Director (QIDP) will meet to review client needs, all client specific training and head injury protocol training completed for existing and 		

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	<p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure:</p> <p>__ Client #4's health care needs were not neglected in regard to client #4's elevated blood pressures.</p> <p>__ A facility protocol and/or procedure was developed and implemented in regard to clients with head injury for client #4.</p> <p>__ All allegations of client to client abuse were investigated for clients #4 and #7.</p> <p>__ Clients' rights were not restricted in regard to the locking of the cleaning supplies in the home for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>__ Clients were provided the opportunity to participate in various social and community activities on a regular and ongoing basis for clients #1, #2, #3 and #4.</p> <p>__ A full and complete accounting of client #7's and #8's personal finances. Please see W104.</p> <p>2. The governing body failed to ensure the facility met the Condition of Participation: Client Protections. The governing body failed to implement its policy and procedures to prevent the neglect of client #4's health care needs in regard to elevated blood pressures, to ensure a facility protocol/procedure was developed and implemented in regard to</p>		<p>new staff.</p> <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Specific plan of care will be developed and implemented in regard to client #4's elevated blood pressure by facility nurse. · Staff will be trained on plans of care by facility nurse · A formal procedure will be implemented to consistently address head injuries by facility nurse. · Staff will be trained on head injury procedure by facility nurse. · All physicians' orders will be updated by the Program Coordinator, including removing all pre-sedate orders. · Program Coordinator will immediately schedule all missing preventative medical appointments for all clients in the home. · Program Coordinator will be retrained on maintaining these preventative medicine appointments, yearly or as ordered by the physician. · Program Director will IDT all dietary orders and physicians' orders. · Program Director will monitor Program Coordinator's compliance 	

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	<p>clients with head injury for client #4 and to ensure all allegations of client to client abuse were investigated for clients #4 and #7. Please see W122.</p> <p>3. The governing body failed to ensure the facility met the Condition of Participation: Heath Care Services. The governing body failed to exercise general policy and operating direction over the facility to ensure client #4's health care needs were met in regard to client #4's blood pressure, to ensure a protocol and/or procedure was developed and implemented for clients with head injury for client #4 and to ensure client #4 was assessed/monitored after a head injury, to ensure client #4's physician's orders were updated to ensure no standing orders for pre-sedation for medical procedures, to ensure client #4's physician was consulted in regard to a recommendation for a change in client #4's diet orders by the dietician, to ensure preventive medical testing was provided by not completing annual PAP and Mammogram pre-cancerous screening tests for clients #1, #2, #3 and #4 and to ensure the staff were trained and/or retrained in taking and reporting client #4's vital signs and in conducting client #2's monthly breast exams. Please see W318.</p>		<p>with preventative medicine appointments.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Specific plan of care will be developed and implemented in regard to client #4's elevated blood pressure by facility nurse. · Staff will be trained on plans of care by facility nurse · A formal procedure will be implemented to consistently address head injuries by facility nurse. · Staff will be trained on head injury procedure by facility nurse. · All physicians' orders will be updated by the Program Coordinator, including removing all pre-sedate orders. · Program Coordinator will immediately schedule all missing preventative medical appointments for all clients in the home. · Program Coordinator will be retrained on maintaining these preventative medicine appointments, yearly or as ordered by the physician. · Program Director will IDT all dietary orders and physicians' orders. · Program Director will monitor Program Coordinator's compliance with preventative medicine appointments and training of new employees, monthly. 				

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	9-3-1(a)		<p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Specific plan of care will be developed and implemented in regard to client #4's elevated blood pressure by facility nurse. · Staff will be trained on plans of care by facility nurse · A formal procedure will be implemented to consistently address head injuries by facility nurse. · Staff will be trained on head injury procedure by facility nurse. · All physicians' orders will be updated by the Program Coordinator, including removing all pre-sedate orders. · Program Coordinator will immediately schedule all missing preventative medical appointments for all clients in the home. · Program Coordinator will be retrained on maintaining these preventative medicine appointments, yearly or as ordered by the physician. · Program Director will IDT all dietary orders and physicians' orders. · Program Director will monitor Program Coordinator's compliance with preventative medicine appointments and training of new employees, monthly. <p>5. What is the date by which the systemic changes will be completed? 6/7/15</p>	

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W 104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the governing body failed to exercise general policy and operating direction over the facility to ensure:</p> <p>__ Clients' rights were not restricted in regard to the locking of the cleaning supplies in the home for clients #1, #2, #3, #4, #5, #6, #7 and #8.</p> <p>__ Clients were provided the opportunity to participate in various social and community activities on a regular and ongoing basis for clients #1, #2, #3 and #4.</p> <p>__ A full and complete accounting of client #7's and #8's personal finances.</p> <p>__ The facility implemented its policy and procedures to prevent the neglect of client #4's health care needs in regard to client #4's elevated blood pressures.</p> <p>__ To ensure a facility protocol and/or procedure was developed and implemented in regard to clients with head injury for client #4.</p> <p>__ To ensure all allegations of client to</p>	W 104	<p>W104 Governing Body and Management</p> <p>The governing body must exercise general policy, budget and operating direction over the facility.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · All cleaning supplies will be unlocked in the home. · Programming will be put in place to ensure all clients know how to appropriately access and use cleaning supplies. · Client will be provided opportunity to participate in community activities and sufficient staff provided to do so. · Program Coordinator will develop and implement an activity calendar for the home, monthly. · Program Director (QIDP) will monitor that the calendar is implemented, monthly. · Program Coordinator will maintain an accounting of clients' finances, per facility policy. · Program Director (QIDP) will monitor accounting of clients' finances, weekly for one month and then monthly thereafter. · All incidents of client to client 	06/07/2015	

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	<p>client abuse were investigated for clients #4 and #7.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure clients' rights were not restricted in regard to the locking of the cleaning supplies in the home for clients #1, #2, #3, #4, #5, #6, #7 and #8. Please see W125.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility to ensure clients #1, #2, #3 and #4 were provided the opportunity to participate in various social and community activities on a regular and ongoing basis. Please see W136.</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility to ensure a full and complete accounting of client #7's and #8's personal finances. Please see W140.</p> <p>4. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its policy and procedures: __ To prevent the neglect of client #4's health care needs in regard to client #4's elevated blood pressures.</p>		<p>abuse will be reported to BDDS and APS within 24 hours of knowledge.</p> <ul style="list-style-type: none"> · Staff, Program Coordinator and Program Director will be retrained on BDDS reportable incidents. · Area Director will monitor all BDDS reportable incidents, weekly. · Specific plan of care will be developed and implemented in regard to client #4's elevated blood pressure by facility nurse. · Staff will be trained on plans of care by facility nurse · A formal procedure will be implemented to consistently address head injuries by facility nurse. · Staff will be trained on head injury procedure by facility nurse. · Monthly, the facility nurse, Program Coordinator and Program Director (QIDP) will meet to review client needs, all client specific training and head injury protocol training completed for existing and new staff. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · All cleaning supplies will be unlocked in the home. · Programming will be put in place to ensure all clients know how 		

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	<p>__ To ensure a facility protocol and/or procedure was developed and implemented in regard to clients with head injury for client #4.</p> <p>__ To ensure all allegations of client to client abuse were investigated for clients #4 and #7. Please see W149</p> <p>5. The governing body failed to exercise general policy and operating direction over the facility to ensure all allegations of client to client abuse were investigated for clients #4 and #7. Please see W154.</p> <p>9-3-1(a)</p>		<p>to appropriately access and use cleaning supplies.</p> <ul style="list-style-type: none"> · Client will be provided opportunity to participate in community activities and sufficient staff provided to do so. · Program Coordinator will develop and implement an activity calendar for the home, monthly. · Program Director will monitor that the calendar is implemented, weekly. · Program Coordinator will maintain an accounting of clients' finances, daily. · Program Director will monitor accounting of clients' finances, weekly. · All incidents of client to client abuse will be reported to BDDS and APS within 24 hours of knowledge. · Staff, Program Coordinator and Program Director will be retrained on BDDS reportable incidents. · Specific plan of care will be developed and implemented in regard to client #4's elevated blood pressure by facility nurse. · Staff will be trained on plans of care by facility nurse · A formal procedure will be implemented to consistently address head injuries by facility nurse. · Staff will be trained on head injury procedure by facility nurse. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the</p>		

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			<p>deficient practice does not recur:</p> <ul style="list-style-type: none"> · All cleaning supplies will be unlocked in the home. · Programming will be put in place to ensure all clients know how to appropriately access and use cleaning supplies. · Client will be provided opportunity to participate in community activities and sufficient staff provided to do so. · Program Coordinator will develop and implement an activity calendar for the home, monthly. · Program Director will monitor that the calendar is implemented, monthly. · Program Coordinator will maintain an accounting of clients' finances, daily. · Program Director will monitor accounting of clients' finances, monthly · All incidents of client to client abuse will be reported to BDDS and APS within 24 hours of knowledge, per state law. · Staff, Program Coordinator and Program Director will be retrained on BDDS reportable incidents. · Specific plan of care will be developed and implemented in regard to client #4's elevated blood pressure by facility nurse. · Staff will be trained on plans of care by facility nurse · A formal procedure will be implemented to consistently address head injuries by facility nurse. 	

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			<ul style="list-style-type: none"> · Staff will be trained on head injury procedure by facility nurse. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · All cleaning supplies will be unlocked in the home. · Programming will be put in place to ensure all clients know how to appropriately access and use cleaning supplies. · Client will be provided opportunity to participate in community activities and sufficient staff provided to do so. · Program Coordinator will develop and implement an activity calendar for the home, monthly. · Program Director will monitor that the calendar is implemented, monthly. · Program Coordinator will maintain an accounting of clients' finances, daily. · Program Director will monitor accounting of clients' finances, monthly · All incidents of client to client abuse will be reported to BDDS and APS within 5 days of knowledge, per state law. · Staff, Program Coordinator and Program Director will be retrained on BDDS reportable incidents. · Specific plan of care will be developed and implemented in regard to client #4's elevated blood pressure by facility nurse. 	

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W 122 Bldg. 00	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, interview and record review for 1 of 4 sampled clients (#4), and 1 additional client (#7), the facility failed to meet the Condition of Participation: Client Protections.</p> <p>The facility failed to implement its policy and procedures to prevent the neglect of client #4's health care needs in regard to elevated blood pressures, to ensure a facility protocol and/or procedure was developed and implemented in regard to clients with head injury for client #4 and to ensure all allegations of client to client abuse were investigated for clients #4 and #7.</p>	W 122	<ul style="list-style-type: none"> · Staff will be trained on plans of care by facility nurse · A formal procedure will be implemented to consistently address head injuries by facility nurse. · Staff will be trained on head injury procedure by facility nurse. <p>5. What is the date by which the systemic change? 6/7/15</p> <p>W 122 Client Protections The facility must ensure that certain client protections requirements are met.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · All incidents of client to client abuse will be reported to BDDS and APS within 24 hours of knowledge. · Staff, Program Coordinator and Program Director (QIDP) will be retrained on BDDS reportable incidents. · Specific plan of care will be developed and implemented in regard to client #4's elevated blood pressure by facility nurse. · Staff will be trained on plans of care by facility nurse. · A formal procedure will be 	06/07/2015	

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	<p>Findings include:</p> <p>1. The facility failed to implement its policy and procedures to prevent the neglect of client #4's health care needs in regard to client #4's elevated blood pressures, to ensure a facility protocol and/or procedure was developed and implemented in regard to clients with head injury for client #4 and to ensure all allegations of client to client abuse were investigated for clients #4 and #7. Please see W149.</p> <p>2. The facility failed to implement its policy and procedures to ensure all allegations of client to client abuse were investigated for clients #4 and #7. Please see W154.</p> <p>9-3-2(a)</p>		<p>implemented to consistently address head injuries by facility nurse.</p> <ul style="list-style-type: none"> · Staff will be trained on head injury procedure by facility nurse. · Area Director will monitor all BDDS reportable incidents, weekly. · Program Director (QIDP) will monitor training of new and existing staff, monthly and at hire. · Monthly, the facility nurse, Program Coordinator and Program Director (QIDP) will meet to review client needs, all client specific training and head injury protocol training completed for existing and new staff. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All clients have the potential to be effected by the deficient practice. · All incidents of client to client abuse will be reported to BDDS and APS within 24 hours of knowledge. · Staff, Program Coordinator and Program Director will be retrained on BDDS reportable incidents. · Specific plan of care will be developed and implemented in regard to client #4's elevated blood pressure by facility nurse. · Staff will be trained on plans of care by facility nurse · A formal procedure will be implemented to consistently address 	

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			<p>head injuries by facility nurse.</p> <ul style="list-style-type: none"> · Staff will be trained on head injury procedure by facility nurse. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · All incidents of client to client abuse will be reported to BDDS and APS within 24 hours of knowledge. · Staff, Program Coordinator and Program Director will be retrained on BDDS reportable incidents. · Specific plan of care will be developed and implemented in regard to client #4's elevated blood pressure by facility nurse. · Staff will be trained on plans of care by facility nurse · A formal procedure will be implemented to consistently address head injuries by facility nurse. · Staff will be trained on head injury procedure by facility nurse. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · All incidents of client to client abuse will be reported to BDDS and APS within 24 hours of knowledge. · Staff, Program Coordinator and Program Director will be retrained on BDDS reportable incidents. · Specific plan of care will be developed and implemented in 	

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W 125 Bldg. 00	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility failed to assist the clients in exercising their rights by restricting the clients from the cleaning supplies in the home.</p> <p>Findings include:</p> <p>The facility's reportable records from April 2014 through April 2015 were reviewed on 4/27/15 at 1:30 PM. The facility records indicated no incidents in regard to the chemicals in the home.</p>	W 125	<p>regard to client #4's elevated blood pressure by facility nurse.</p> <ul style="list-style-type: none"> · Staff will be trained on plans of care by facility nurse · A formal procedure will be implemented to consistently address head injuries by facility nurse. · Staff will be trained on head injury procedure by facility nurse. <p>5. What is the date by which the systemic change? 6/7/15</p> <p>W125 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. 1. What corrective action will be accomplished? · All cleaning supplies will be unlocked in the home. · Programming will be put in place to ensure all clients know how to appropriately access and use cleaning supplies. · Staff will be retrained regarding accessibility</p>	06/07/2015	

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	<p>Observations were conducted at the group home of clients #1, #2, #3, #4, #5, #6, #7 and #8 on 4/27/15 between 3:45 PM and 6 PM and on 4/28/15 between 6 AM and 8 AM. During both observation periods all of the cleaning supplies for the home were locked in a cabinet in the laundry/medication room.</p> <p>Client #1's record was reviewed on 4/28/15 at 1:30 PM. Client #1's ISP (Individualized Support Plan) dated 11/11/14 indicated "The hazardous materials are locked in [client #1's] home. [Client #1] can use hazardous materials safely, but does not understand what they are used for and the appropriate amounts to use."</p> <p>Client #2's record was reviewed on 4/28/15 at 12:30 PM. Client #2's ISP dated 11/25/14 indicated "The hazardous materials are also locked in [client #2's] home. [Client #2] can use hazardous materials safely, but does not understand what they are used for and the appropriate amounts to use."</p> <p>Client #3's record was reviewed on 4/28/15 at 3 PM. Client #3's ISP dated 10/21/14 indicated "Hazardous materials are locked in [client #3's] home. [Client #3] can use hazardous materials safely,</p>		<p>of cleaning supplies in the home.</p> <ul style="list-style-type: none"> · Program Coordinator will ensure accessibility to cleaning supplies when in the home. · Program Director (QIDP) will monitor accessibility and utilization of cleaning supplies by collecting program data monthly and make revision. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · All cleaning supplies will be unlocked in the home. · Programming will be put in place to ensure all clients know how to appropriately access and use cleaning supplies. · Staff will be retrained regarding accessibility of cleaning supplies in the home. · Program Coordinator will monitor accessibility daily. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> · All cleaning supplies will be unlocked in the home. · Programming will be put in place to ensure all clients know how to appropriately access and use cleaning supplies. · Staff will be retrained regarding accessibility of cleaning supplies in the home. · Program Coordinator will monitor accessibility daily. <p>4. How will the corrective action be</p>				

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	<p>but does not understand what they are used for and the appropriate amounts to use."</p> <p>Client #4's record was reviewed on 4/28/15 at 12:30 PM. Client #4's ISP dated 5/6/14 indicated "The hazardous materials are also locked in [client #4's] home. [Client #4] can use hazardous materials safely, but does not understand what they are used for and the appropriate amounts to use."</p> <p>During interview with staff #3 on 4/27/15 at 4:35 PM, staff #3: ___ Indicated all cleaning supplies were locked in a cabinet in the medication room. ___ Indicated clients #1, #2, #3, #4, #5, #6, #7 and #8 had to ask the staff to retrieve the cleaning supplies when needed. ___ Indicated no clients in the home had issues and/or behavior problems in regard to the cleaning supplies and/or chemicals in the home. ___ When asked why the chemicals and cleaning supplies were restricted from the clients, staff #3 stated "For their safety. We've always locked them (the chemicals/cleaning supplies) up." ___ Indicated the key to the cabinet with the household chemicals/cleaning supplies was kept on the medication key ring.</p>		<p>monitored to ensure the deficient practice will not recur? · All cleaning supplies will be unlocked in the home. · Programming will be put in place to ensure all clients know how to appropriately access and use cleaning supplies. · Staff will be retrained regarding accessibility of cleaning supplies in the home. · Program Coordinator will monitor accessibility daily. 5. What is the date by which the systemic changes will be completed? 6/7/15</p>	

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W 136 Bldg. 00	<p>During interview with the PD (Program Director) on 5/1/15 at 2 PM, the PD: ___ Stated all cleaning supplies/chemicals were locked in the home of clients #1, #2, #3, #4, #5, #6, #7 and #8 as a result of the "survey last year." ___ Indicated no incidents in the home of clients drinking and/or misusing cleaning supplies/chemicals. ___ Indicated clients #1, #2, #3, #4, #5, #6, #7 and #8 were able to use cleaning supplies safely but required supervision to ensure they used appropriate amounts of supplies.</p> <p>9-3-2(a)</p> <p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities. Based on interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to ensure the clients were provided the opportunity to participate in various social and community activities on a regular and ongoing basis.</p>	W 136	<p>W136 Protection of Clients Rights The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>1. What corrective action will</p>	06/07/2015
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	<p>Findings include:</p> <p>Review of client #1's, #2's, #3's and #4's financial records for January, February, March and April 2015 on 4/28/15 at 10 AM indicated: __ Client #1 and client #3 made no purchases in January, February, March and April 2015. __ Client #2 and client #4 went to a local department store on 3/12/15.</p> <p>Client #1's electronic record was reviewed on 4/28/15 at 1:30 PM. Client #1's Meaningful Day Logs for January, February, March and April 2015 indicated the following outings: 1/15/15 to the salon to get her hair cut. 1/21/15 van ride with peers. 1/22/15 van ride with peers. 1/23/15 van ride with peers. 1/30/15 van ride with peers. 3/10/15 to the salon to get her hair cut. 3/15/15 van ride with peers. 3/21/15 out to eat with her family. 3/22/15 van ride with peers. 3/26/15 to church. 4/9/15 to church. 4/12/15 van ride with peers.</p> <p>Client #2's electronic record was reviewed on 4/28/15 at 4 PM. Client #2's Meaningful Day Logs for January, February, March and April 2015</p>		<p>be accomplished?</p> <ul style="list-style-type: none"> · Client will be provided opportunity to participate in community activities and sufficient staff provided to do so. · Program Coordinator will develop and implement an activity calendar for the home, monthly. · Staff will be retrained on documenting activities in daily logs in Therap. · Program Coordinator will monitor that the calendar is implemented by reviewing documentation, weekly. · Program Director (QIDP) will monitor that the calendar is implemented by reviewing documentation, monthly. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Client will be provided opportunity to participate in community activities and sufficient staff provided to do so. · Program Coordinator will develop and implement an activity calendar for the home, monthly. · Program Director will monitor that the calendar is implemented, weekly. 	
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	<p>indicated the following outings:</p> <p>1/15/15 to the salon to get her hair cut.</p> <p>1/21/15 van ride with peers.</p> <p>1/22/15 van ride with peers.</p> <p>1/23/15 van ride with peers.</p> <p>1/30/15 van ride with peers.</p> <p>2/10/15 out to eat at a local fast food restaurant.</p> <p>3/10/15 to the salon to get her hair cut.</p> <p>3/15/15 van ride with peers.</p> <p>3/22/15 van ride with peers.</p> <p>3/26/15 church.</p> <p>4/4/15 van ride with peers.</p> <p>Client #3's electronic record was reviewed on 4/28/15 at 3 PM. Client #3's Meaningful Day Logs for January, February, March and April 2015 indicated the following outings:</p> <p>2/1/15 church.</p> <p>2/8/15 church.</p> <p>2/10/15 out to eat at a local fast food restaurant.</p> <p>2/15/15 church.</p> <p>3/1/15 church.</p> <p>3/8/15 church.</p> <p>3/15/15 church.</p> <p>3/29/15 church.</p> <p>4/4/15 van ride with peers.</p> <p>4/12/15 church.</p> <p>Client #4's electronic record was reviewed on 4/28/15 at 12:30 PM. Client #4's Meaningful Day Logs for January,</p>		<p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Client will be provided opportunity to participate in community activities and sufficient staff provided to do so. · Program Coordinator will develop and implement an activity calendar for the home, monthly. · Program Director will monitor that the calendar is implemented, weekly. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Client will be provided opportunity to participate in community activities and sufficient staff provided to do so. · Program Coordinator will develop and implement an activity calendar for the home, monthly. · Program Director will monitor that the calendar is implemented, weekly. <p>5. What is the date by which the systemic changes will be completed? 6/7/15</p>		

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	<p>February, March and April 2015 indicated the following outings:</p> <p>1/15/15 to the salon to get her hair cut.</p> <p>1/21/15 van ride with peers.</p> <p>1/22/15 van ride with peers.</p> <p>1/23/15 van ride with peers.</p> <p>1/29/15 out to eat at a local fast food restaurant.</p> <p>1/30/15 van ride with peers.</p> <p>2/10/15 out to eat at a local fast food restaurant.</p> <p>3/10/15 to the salon to get her hair cut.</p> <p>3/15/15 van ride with peers.</p> <p>3/22/15 van ride with peers.</p> <p>3/26/15 out to eat with her cousin.</p> <p>4/4/15 van ride with peers.</p> <p>4/29/15 personal shopping.</p> <p>During interview with client #3 on 5/4/15 at 4:30 PM, client #3 stated, "We don't go out much." Client #3 indicated the facility did not take her to the movies, to go bowling and/or to go shopping and stated, "I would like to." Client #3 indicated a friend took her to church.</p> <p>During interview with the PD (Program Director) on 5/1/15 at 1 PM, the PD: ___ Stated the clients' community outings "should be" documented in each of the clients' electronic records in the Meaningful Day Logs. ___ Indicated the staff did not always document the clients' outings in the logs.</p>			

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W 140 Bldg. 00	<p>__ Indicated a van ride should not be the majority of the clients' outings.</p> <p>__ Indicated the clients were to go out into the community on a regular basis and should be offered a variety of activities.</p> <p>9-3-2(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 2 additional clients (#7 and #8), the facility failed to provide a full and complete accounting of the clients' personal finances.</p> <p>Findings include:</p> <p>The In House Account (IHA) records for April 2015 for client #7 and client #8 were reviewed on 4/28/15 at 8:15 AM with the HM (Home Manager).</p> <p>Client #7's IHA record indicated client #7 was to have \$40.47 in the home. Client #7 had a total of \$39.47 cash on hand in her zippered money pouch.</p> <p>Client #8's IHA record indicated client #8</p>	W 140	<p>W140 Client Finances</p> <p>The facility must establish and maintain a system that assures a full and completed accounting of the clients' personal funds.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Program Coordinator will be retrained on maintaining an accurate accounting of clients' finances. · Program Coordinator will maintain an accounting of clients' finances, per facility policy. · Program Director (QIDP) will monitor accounting of clients' finances, weekly for one month and then monthly thereafter. <p>2. How will we identify other residents having the potential to be affected by the same deficient</p>	06/07/2015

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	<p>was to have \$19.82 in the home. Client #8 had a total of \$20.82 cash on hand in her zippered money pouch.</p> <p>During interview with the HM on 4/28/15 at 8:15 AM indicated she did not know why client #7's and client #8's IHA records and the cash on hand were different. The HM stated the IHA records and the cash on hand "should be the same."</p> <p>During interview with the PD (Program Director) on 5/1/15 at 1 PM, the PD stated, "The IHA balance and the total of the money in the home should be the same."</p> <p>9-3-2(a)</p>		<p>practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Program Coordinator will be retrained on maintaining an accurate accounting of clients' finances. · Program Coordinator will maintain an accurate accounting of clients' finances and monitor daily. · Program Director will monitor accounting of clients' finances, weekly. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Program Coordinator will be retrained on maintaining an accurate accounting of clients' finances. · Program Coordinator will maintain an accurate accounting of clients' finances and monitor daily. · Program Director will monitor accounting of clients' finances, weekly. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Program Coordinator will be retrained on maintaining an accurate accounting of clients' finances. · Program Coordinator will 	

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W 149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 1 of 4 sampled clients (#4), and 1 additional client (#7), the facility failed to implement its policy and procedures to:</p> <p>__ Prevent the neglect of client #4's health care needs in regard to client #4's elevated blood pressures.</p> <p>__ To ensure a facility protocol and/or procedure was developed and implemented in regard to clients with head injury and to ensure the protocol included how the clients were to be assessed and monitored after a head injury for client #4.</p> <p>__ To ensure all allegations of client to client abuse reviewed were investigated for clients #4 and #7.</p> <p>Findings include:</p>	W 149	<p>maintain an accurate accounting of clients' finances and monitor daily.</p> <ul style="list-style-type: none"> Program Director will monitor accounting of clients' finances, weekly. <p>5. What is the date by which the systemic change? 6/7/15</p> <p>W149 Staff Treatment of Clients The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> All incidents of client to client abuse will be reported to BDDS and APS within 24 hours of knowledge. Staff, Program Coordinator and Program Director (QIDP) will be retrained on BDDS reportable incidents. Specific plan of care will be developed and implemented in regard to client #4's elevated blood pressure by facility nurse. Staff will be trained on plans of care by facility nurse A formal procedure will be implemented to consistently address 	06/07/2015

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	<p>1. Observations were conducted at the group home on 4/27/15 between 3:45 PM and 6 PM. Client #4 was an elderly woman that walked at a fast pace and utilized a walker and a gait belt while ambulating. Client #4 required hands on assistance from the staff while ambulating to maintain her stability. Client #4 was non verbal and would point to body parts to indicate pain.</p> <p>The facility's reportable records were reviewed on 4/27/15 at 1:30 PM. The 2/14/15 BDDS (Bureau of Developmental Disabilities Services) report indicated on 2/14/15 at 10:45 AM client #4 was sitting at the dining room table and eating her breakfast. The report indicated client #4 was eating "very slowly and was dropping her glass. When she got up from the table she staggered a few steps. Staff also noticed that [client #4] grabbed her chest several times during this short time frame." The client was taken to the ER (Emergency Room) for evaluation and they "found nothing wrong with her.... All tests came back normal." The report indicated client #4 returned home with "no special instructions" other than to return to the group home.</p> <p>Client #4's record was reviewed on</p>		<p>head injuries by facility nurse.</p> <ul style="list-style-type: none"> · Staff will be trained on head injury procedure by facility nurse. · Monthly, the facility nurse, Program Coordinator and Program Director (QIDP) will meet to review client needs, all client specific training and head injury protocol training completed for existing and new staff. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All clients have the potential to be effected by the deficient practice. · All incidents of client to client abuse will be reported to BDDS and APS within 24 hours of knowledge. · Staff, Program Coordinator and Program Director will be retrained on BDDS reportable incidents. · Specific plan of care will be developed and implemented in regard to client #4's elevated blood pressure by facility nurse. · Staff will be trained on plans of care by facility nurse · A formal procedure will be implemented to consistently address head injuries by facility nurse. · Staff will be trained on head injury procedure by facility nurse. <p>3. What measures will be put</p>	

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	<p>4/28/15 at 12:30 PM and 4/29/15 at 1 PM. Client #4's record indicated diagnoses of, but not limited to, Profound Intellectual Disabilities, Seizure Disorder, Hypothyroidism (low thyroid levels), Hypertriglycerides (a metabolic imbalance of the body) and Osteoporosis (porous bones causing reduced bone strength and a higher risk of fractures).</p> <p>Client #4's 2015 physician's orders indicated the staff were to take client #4's vital signs twice a day and record in Therap (client #4's electronic record). The orders indicated if the vital signs were "above normal limits notify the home manager immediately." The record did not indicate what "normal limits" were to be for client #4.</p> <p>The orders indicated client #4 was to receive the following medications: Acetaminophen 1300 mg (milligrams) three times a day for arthritis pain. Fosamax 70 mg once a week on Saturdays and Vitamin D 5000 units for Osteoporosis. Calcium Carb 500 mg with Vitamin D twice a day as a dietary supplement. Gabapentin 400 mg twice a day for mood stabilization. Lamotrigine 150 mg twice a day for seizures.</p>		<p>into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · All incidents of client to client abuse will be reported to BDDS and APS within 24 hours of knowledge. · Staff, Program Coordinator and Program Director will be retrained on BDDS reportable incidents. · Specific plan of care will be developed and implemented in regard to client #4's elevated blood pressure by facility nurse. · Staff will be trained on plans of care by facility nurse · A formal procedure will be implemented to consistently address head injuries by facility nurse. · Staff will be trained on head injury procedure by facility nurse. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · All incidents of client to client abuse will be reported to BDDS and APS within 24 hours of knowledge. · Staff, Program Coordinator and Program Director will be retrained on BDDS reportable incidents. · Specific plan of care will be developed and implemented in regard to client #4's elevated blood pressure by facility nurse. · Staff will be trained on plans of care by facility nurse · A formal procedure will be implemented to consistently address 				

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	<p>Levothyroxine 88 mcg (micrograms) once a day for Hypothyroidism. Seroquel 100 mg twice a day and 200 mg at bedtime for impulse control. Simvastatin 20 mg once a day for high cholesterol levels.</p> <p>Client #4's physician's orders indicated client #4 did not receive any medications to treat hypertension (elevated blood pressure).</p> <p>Client #4's 2015 Vital Signs Record indicated the following BPs (blood pressures), Ps (pulses) and Rs (respirations): 01/25/2015 07:30 PM - BP 161/97, P 98, R not recorded. 01/28/2015 08:08 PM - BP 162/102, P 104, R not recorded. 01/29/2015 08:03 PM - BP 150/96, P 107, R not recorded. 02/12/2015 08:01 PM - BP 172/102, P 93, R not recorded. 02/16/2015 07:54 PM - BP 142/94, P 106, R not recorded. 02/17/2015 07:43 PM - BP 176/105, P 107, R not recorded. 02/18/2015 07:36 PM - BP 158/91, P not recorded, R not recorded. 02/20/2015 07:28 PM - BP 150/101, P 104, R not recorded. 02/21/2015 07:46 PM - BP 159/103, P 106, R not recorded.</p>		<p>head injuries by facility nurse. · Staff will be trained on head injury procedure by facility nurse.</p> <p>5. What is the date by which the systemic change? 6/7/15</p>		

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	03/01/2015 08:00 PM - BP 188/108, P 93, R not recorded.			
	03/02/2015 08:02 PM - BP 140/105, P 102, R not recorded.			
	03/07/2015 08:03 PM - BP 143/91, P 98, R not recorded.			
	03/08/2015 07:41 PM - BP 139/92, P 96, R not recorded.			
	03/10/2015 06:45 AM - BP 140/89, P 89, R 19.			
	03/11/2015 08:02 PM - BP 137/114, P 96, R not recorded.			
	03/12/2015 08:09 PM - BP 121/104, P 86, R not recorded.			
	03/15/2015 07:32 PM - BP 149/97, P 89, R not recorded.			
	03/21/2015 07:38 PM - BP 157/104, P 88, R not recorded.			
	03/23/2015 07:37 PM - BP 165/99, P 98, R not recorded.			
	03/25/2015 08:17 PM - BP 149/105, P 95, R not recorded.			
	03/26/2015 07:17 AM - BP 146/92, P not recorded, R not recorded.			
	03/26/2015 09:05 PM - BP 162/102, P 92, R not recorded.			
	03/28/2015 07:39 PM - BP 147/100, P 97, R not recorded.			
	03/29/2015 07:41 PM - BP 152/103, P 97, R not recorded.			
	03/30/2015 07:44 PM - BP 142/90, P not recorded, R not recorded.			
	03/31/2015 08:02 PM - BP 141/102, P 109, R not recorded.			

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	<p>04/03/2015 07:36 PM - BP 144/89, P 106, R not recorded.</p> <p>04/04/2015 08:15 PM - BP 143/129, P 99, R not recorded.</p> <p>04/09/2015 06:58 AM - BP 135/105, P not recorded, R not recorded.</p> <p>04/12/2015 07:24 PM - BP 156/95, P 98, R not recorded.</p> <p>04/14/2015 08:44 PM - BP 151/91, P 88, R not recorded.</p> <p>04/15/2015 08:12 PM - BP 148/90, P 91, R not recorded.</p> <p>04/16/2015 09:14 PM - BP 166/107, P 95, R not recorded.</p> <p>04/20/2015 08:50 PM - BP 146/123, P 54, R not recorded.</p> <p>04/26/2015 08:03 PM - BP 148/98, P 99, R not recorded.</p> <p>04/27/2015 07:55 PM - BP 142/119, P 87, R not recorded.</p> <p>Client #4's Health Care Reports for 2014/2015 indicated the following nursing notes:</p> <p>4/3/15 at 7:17 PM - "v/s (vital signs) stable... continue to monitor and record as ordered by MD.</p> <p>3/25/15 at 6:24 PM - "v/s stable... continue to monitor and record as ordered by MD."</p> <p>2/26/15 at 11:37 AM - "v/s stable with 3 elevated b/p (blood pressure) readings, no recheck with elevated b/p. Recommend staff</p>			

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	<p>recheck v/s after 10-15 minutes of sitting for elevated reading. Monitor for headache, dizziness, change in vision with elevated b/p"</p> <p>2/20/15 at 12:20 PM - "v/s stable... continue to monitor and record as ordered by MD."</p> <p>2/13/15 at 9:42 PM - "v/s stable... Take record of vital signs and other pertinent information to MD appts (appointments) for review...."</p> <p>2/8/15 at 6:05 AM - "v/s stable... Take record of vital signs and other pertinent information to MD appts for review...."</p> <p>1/11/15 at 3:57 PM - "v/s stable... Take record of vital signs and other pertinent information to MD appts for review...."</p> <p>11/28/14 at 4:45 PM - "v/s stable... continue to monitor and record as ordered by MD."</p> <p>Client #4's record indicated no risk plan and/or nursing care plan in regard to client #4's elevated blood pressures. Client #4's record indicated the staff did not notify nursing services and/or the home manager when client #4's blood pressures were elevated.</p> <p>During interview with the facility's RN</p>			

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	<p>on 4/29/15 at 12:45 PM, the RN:</p> <p>__ Indicated a normal BP reading for most adults was 120/80.</p> <p>__ Indicated the staff were to take client #4's vital signs (blood pressure, pulse and respirations) twice a day and were to notify the HM (House Manager) of any elevated blood pressures.</p> <p>__ Indicated the staff and/or the HM had not notified the RN of any elevated and/or abnormal BPs for client #4 within the past 4 months.</p> <p>__ Stated she was in the home "usually once a month."</p> <p>__ Indicated all of the nursing documentation/notes were written on client #4's Health Care Reports.</p> <p>__ Indicated she reviewed client #4's medical data in Therap at least once a month and she (the RN) had not noticed all of the elevated BPs that were documented from January 2015 through April 2015 until this surveyor brought it to her attention.</p> <p>__ Indicated she had immediate access to all medical information including vital signs via the computer.</p> <p>__ Indicated client #4 had an episode of an elevated BP in March of 2014 when the RN had noted the high BP and had client #4 sent to the ER for evaluation.</p> <p>__ Indicated client #4 saw her physician and/or her physician's NP (nurse practitioner) every 3 months.</p>			

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	<p>__ Indicated client #4's blood pressure records were to be taken to the physician's appointments each time client #4 went on a medical appointment.</p> <p>__ Indicated she did not know if client #4's physician and/or NP were aware of client #4's elevated BPs.</p> <p>__ Indicated she had not directly discussed client #4's elevated BPs with client #4's physician since the incident of March, 2014.</p> <p>__ Stated the staff should have retaken client #4's BP after 15 minutes and if still high the staff "should have" notified the HM.</p> <p>__ Indicated no specific risk plan and/or protocol was implemented in regard to client #4's elevated BPs.</p> <p>__ Indicated the staff failed to take client #4's v/s twice daily as indicated by the physician's orders.</p> <p>__ Indicated the staff had not been instructed of specific parameters of normal, high and/or low blood pressure for client #4.</p> <p>During interview with the PD (Program Director) on 4/29/15 at 1 PM, the PD,</p> <p>__ Indicated she had called the HM and the HM indicated the staff had not notified the HM of any elevated and/or abnormal BPs for client #4.</p> <p>__ Indicated the staff had failed to notify the HM who then in turn would have</p>			

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	<p>notified the RN of elevations of client #4's BP and/or abnormal readings. __ Stated no specific plan of care in place in regard to client #4's elevated BPs other than the staff were to take client #4's v/s twice daily and report to the HM any readings that were "not normal."</p> <p>2. The facility's reportable records were reviewed on 4/27/15 at 1:30 PM. The 1/16/15 BDDS report indicated on 1/16/15 at 10:45 AM client #4 was in the kitchen and fell hitting her head on the floor. The report indicated client #4 obtained a two inch laceration to the top of her head. The staff called the HM and the HM went to the group home and took client #4 to the ER where the client was examined and the doctor placed eight staples in client #4's head to close the laceration. The report indicated no tests were conducted and the doctor indicated "they didn't need to do any (tests) since she (client #4) wasn't vomiting and there was no swelling. [Client #4] has a risk plan for falls, staff will continue to follow her risk plan. [Client #4] returned home from the ER in what appeared to be a very good mood, she was laughing and going about her normal routine for the day."</p> <p>Client #4's record was reviewed on 4/28/15 at 12:30 PM and 4/29/15 at 1</p>			

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	<p>PM.</p> <p>Client #4's 2015 physician's orders indicated the staff were to take client #4's vital signs twice a day and record in Therap. The orders indicated if the vital signs were above normal limits the staff were to notify the home manager immediately. The record did not indicate what "normal limits" were for client #4.</p> <p>Client #4's 2015 Vital Signs Record indicated the following v/s for 1/16/15 through 1/19/15:</p> <p>1/16/15 at 6:23 AM - BP 120/76, P 78, R 17.</p> <p>1/16/15 at 8:18 PM - BP 136/86, P 88, R 19.</p> <p>1/17/15 at 7:54 PM - BP 102/66, P 96, R not recorded.</p> <p>1/18/15 at 8:18 PM - BP 140/88, P 88, R 19.</p> <p>1/19/15 at 7:15 PM - BP 138/88, P 88, R 19.</p> <p>Client #4's Meaningful Day Logs entered by the staff for 1/16/15 through 1/19/15 indicated:</p> <p>1/16/15 from 12 AM to 8 AM - Client #4 had a good morning.</p> <p>1/16/15 from 8 AM to 4 PM - The staff assisted client #4 with washing her hair and monitored client #4 for falls while in the bathroom.</p>			

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	<p>"[Client #4] has been in living room watching tv (television) most of this shift."</p> <p>1/17/15 from 8 AM - to 11:59 AM - "Client watched TV and relaxed in her room."</p> <p>1/18/15 from 4 PM to 11:59 PM - Client #4 shaved and put her clothes away and "seemed to be in good humor laughing quite often."</p> <p>1/19/15 from 12 AM to 8 AM - The staff assisted client #4 to brush her hair and client #4 watched TV.</p> <p>Client #4's Health Care Reports for January and February 2015 indicated the following nursing notes, all inclusive: 1/11/15 "Weight stable, regular bm (bowel movements) habits, no skin issues, v/s stable. Recommendations: Encourage adequate fluid intake and high fiber foods to allow for more normal BMs. Monitor for s/s (signs and symptoms of) constipation and report concerns per protocol. Utilize PRN (as needed) medication as ordered/directed for constipation. 2. Continue to follow along with current physician's and follow through with physician orders. Take record of vital signs and other pertinent information to MD</p>			

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	<p>appts for review. Continue to monitor skin daily with bath.</p> <p>2/8/15 "Weight stable, regular bm habits, no skin issues, v/s stable.</p> <p>Recommendations: Encourage adequate fluid intake and high fiber foods to allow for more normal BMs. Monitor for s/s constipation and report concerns per protocol. PRN medication as ordered/directed for constipation.</p> <p>2. Continue to follow along with current physicians and follow through with physician orders. Take record of vital signs and other pertinent information to MD appts for review. Continue to monitor skin daily with bath.</p> <p>Client #4's record indicated no neurological assessments by the RN and/or the DCS (Direct Care Staff) after client #4's fall resulting in a head injury.</p> <p>During telephone interview with the facility's RN on 5/1/15 at 3 PM, the RN: ___ Stated after a head injury "a person is usually" watched/monitored for 48 to 72 hours. ___ Indicated the length of time the person would be monitored would depend on the severity of the injury. ___ Indicated a neurological assessment would be done at regular intervals to</p>			

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	<p>"check the person's level of consciousness, to check the pupils for a response to light, to take the person's vital signs and to check the person's motor functions/strength to ensure no further injury to the person's head." ___ Indicated the DCS were not trained to conduct neurological assessments. ___ Indicated she had not given the DCS any directions and/or instructions in regard to how the staff were to monitor client #4 after coming home from the hospital after a head injury. ___ Indicated she had not assessed client #4 after her head injury. ___ Indicated after client #4 fell, the DCS called the HM who in turn went to the group home and personally took client #4 to the ER for an evaluation. ___ Indicated the HM was not a nurse and/or did not have a medical license. ___ Indicated she did not conduct neurological assessments on client #4 after client #4's fall resulting in a head injury. ___ Stated the DCS would have reported "anything out of the ordinary for her (client #4) to the HM." ___ Indicated the facility did not have a protocol and/or procedure to be followed when in regard to clients with head injury. ___ Stated, "If it's bad enough, then we have to take them (the clients) to the</p>			

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	<p>hospital for an evaluation."</p> <p>3. The facility's reportable and investigative records were reviewed on 4/27/15 at 1:30 PM. The 6/10/14 BDDS report indicated on 6/10/14 at 7:45 AM client #7 was taking out the trash and client #4 "became agitated and yelled for peer (client #7) to get out of the trash. Peer (client #7) did not listen. So client (#4) put her hand on peer's (client #7's) neck to move her away from the trash. Both clients fell due to slippery conditions from rain. Staff redirected clients into the house. Clients were examined for injuries. Client (#7) had a scrape on her knees."</p> <p>During interview with the PD (Program Director) on 5/1/15 at 2 PM, the PD: ___ Indicated all allegations of client to client abuse were to be investigated. ___ Indicated no investigation was conducted for the incident of client to client abuse reported on 6/10/14 for clients #4 and #7.</p> <p>The facility's policy and procedures were reviewed on 4/28/15 at 1 PM. The facility's 12/12 policy and procedure entitled Quality and Risk Management indicated, "Indiana Mentor promotes a high quality of service and seeks to protect individuals receiving Indiana</p>			

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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1503 WASHINGTON ST NEW CASTLE, IN 47362
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	<p>Mentor services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluating and reducing risk to which individuals are exposed.</p> <p>__Indiana Mentor follows the DDRS (Division of Disability and Rehabilitative Services) Incident Reporting. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS:</p> <p>1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to Adult Protective Services or Child Protective Services as applicable....</p> <p>a. Physical abuse, including but not limited to (not all inclusive):</p> <p> i. intentionally touching another person in a rude, insolent or angry manner....</p> <p>e. Failure to provide appropriate supervision, care or training....</p> <p>g. Failure to provide food and medical services as needed....</p> <p>4. h. Injury to an individual when the origin or cause of the injury is unknown and the injury required medical evaluation or treatment....</p> <p>__Activities initiated by Mentor that require mandated investigative components....</p> <p>b. ...alleged abuse, neglect....</p>			

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W 154 Bldg. 00	<p>c. ...injuries of unknown origin...."</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 1 of 1 allegation of client to client abuse reviewed, the facility failed to ensure an investigation was conducted for clients #4 and #7.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 4/27/15 at 1:30 PM.</p> <p>The 6/10/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 6/10/14 at 7:45 AM client #7 was taking out the trash and client #4 "became agitated and yelled for peer (client #7) to get out of the trash. Peer (client #7) did not listen. So client (#4) put her hand on peer's (client #7's) neck to move her away from the trash. Both clients fell due to slippery conditions from rain. Staff redirected clients into the house. Clients were</p>	W 154	<p>W154 Staff Treatment of Clients The facility must ensure that all alleged violations are thoroughly investigated.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · All staff will be retrained on protocol for reporting client abuse, neglect or injuries of unknown origin. · Staff will notify Program Coordinator of any incidents immediately. · Program Coordinator will notify Program Director of any incidents immediately upon being informed. · Program Director will report all incidents of client to client abuse or injuries of unknown origin will be reported to BDDS and APS within 24 hours of knowledge. · Program Director will investigate any reports of client to client abuse and report findings, per policy and state law. 	06/07/2015

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	<p>examined for injuries. Client (#7) had a scrape on her knees."</p> <p>During interview with PD (Program Director) #2 on 5/1/15 at 2 PM, PD #2: ___ Indicated all allegations of client to client abuse were to be investigated. ___ Indicated no investigation was conducted for the incident of client to client abuse reported on 6/10/14 for clients #4 and #7.</p> <p>9-3-2(a)</p>		<ul style="list-style-type: none"> · Area Director will monitor all BDDS reports and investigations weekly. · Monthly, the facility nurse, Program Coordinator and Program Director (QIDP) will meet to review client needs, all client specific training and head injury protocol training completed for existing and new staff. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · All staff will be retrained on protocol for reporting client abuse, neglect or injuries of unknown origin. · Staff will notify Program Coordinator of any incidents. · Program Coordinator will notify Program Director of any incidents. · Program Director will report all incidents of client to client abuse or injuries of unknown origin will be reported to BDDS and APS within 24 hours of knowledge. · Program Director will investigate any reports of client to client abuse and report findings, per policy and state law. 	

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			<p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · All staff will be retrained on protocol for reporting client abuse, neglect or injuries of unknown origin. · Staff will notify Program Coordinator of any incidents. · Program Coordinator will notify Program Director of any incidents. · Program Director will report all incidents of client to client abuse or injuries of unknown origin will be reported to BDDS and APS within 24 hours of knowledge. · Program Director will investigate any reports of client to client abuse and report findings, per policy and state law. · Area Director will monitor all BDDS reportable incidents weekly. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · All staff will be retrained on protocol for reporting client abuse, neglect or injuries of unknown origin. · Staff will notify Program Coordinator of any incidents. · Program Coordinator will notify Program Director of any incidents. · Program Director will report all incidents of client to client abuse or 	

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W 209 Bldg. 00	<p>483.440(c)(2) INDIVIDUAL PROGRAM PLAN Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to provide evidence of written signature from client #2's legal representative to ensure the representative reviewed and participated in the Interdisciplinary Team process and development of the client #2's ISP (Individual Support Plan).</p> <p>Findings include: Client #2's record was reviewed on 4/28/15 at 12:30 PM. Client #2's record</p>	W 209	<p>injuries of unknown origin will be reported to BDDS and APS within 24 hours of knowledge.</p> <ul style="list-style-type: none"> · Program Director will investigate any reports of client to client abuse and report findings, per policy and state law. · Area Director will monitor all BDDS reportable incidents, monthly. <p>5. What is the date by which the systemic changes will be completed? 6/7/15</p> <p>W209 Individual Program Plan Participation by the client, his and her parent (if the client is the minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate.</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Clients and/or POA will participate in annual ISP meetings, to ensure they are involved in the process. · Signature sheets will be used at these meetings and all attendees, including client and/or POA. · Program Director (QIDP) will 	06/07/2015

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	<p>indicated the client's parents served as the client's legal representative. Client #2's ISP of 11/25/14 indicated no written signature indicating client #2's guardian/parents were knowledgeable of and/or participated in the development of client #2's ISP.</p> <p>During interview with PD (Program Director) #2 on 5/1/15 at 2 PM, PD #2 indicated she was unable to provide evidence client #2's legal representative had participated in the development of the client's treatment plan.</p> <p>9-3-4(a)</p>		<p>be retrained to ensure use of signature sheets.</p> <ul style="list-style-type: none"> · Program Directors will inform POAs of meeting dates and obtain client/ POA signatures at yearly ISP. · Monthly, the facility nurse, Program Coordinator and Program Director (QIDP) will meet to review client needs, all client specific training, head injury protocol training completed for existing and new staff and ISP signature sheets. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Clients and/or POA will participate in annual ISP meetings, to ensure they are involved in the process. · Signature sheets will be used at these meetings and all attendees, including client and/or POA. · Program Director will be retrained to ensure use of signature sheets. · Program Directors will inform POAs of meeting dates and obtain client/ POA signatures at yearly ISP. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p>		

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W 210 Bldg. 00	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. Based on observation, interview, and record review for 1 of 4 sample clients	W 210	<ul style="list-style-type: none"> · Clients and/or POA will participate in annual ISP meetings, to ensure they are involved in the process. · Signature sheets will be used at these meetings and all attendees, including client and/or POA. · Program Director will be retrained to ensure use of signature sheets. · Program Directors will inform POAs of meeting dates and obtain client/ POA signatures at yearly ISP meetings. <p>1.How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Program Directors will inform POAs of meeting dates and obtain client/ POA signatures at yearly ISP meetings. <p>5. What is the date by which the systemic changes will be completed? 6/7/15</p> <p>W 210 INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary</p>	06/07/2015

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	<p>(#1), the facility failed to ensure an assessment of client #1's mobility needs and/or fine and gross motor skills.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/27/15 between 3:45 PM and 6 PM and on 4/28/15 between 6 AM and 8 AM. Client #1 was a short heavy set young woman that walked with a slow guarded gait without assistance from staff.</p> <p>Client #1's electronic record was reviewed on 4/28/15 at 1:30 PM.</p> <p>Client #1's IPOP (Individual Plan of Protective Oversight) dated 12/5/13 indicated "[Client #1] may require assistance walking over curbs and sidewalks or different textures of floors or carpets due to fears and depth perception concerns."</p> <p>Client #1's Falls Risk plan dated 2/26/15 indicated "A fall risk is someone who has the tendency to lose balance leading to falls."</p> <p>Client #1's 4/3/15 nursing note indicated client #1 had a fall without injury on 3/3/15.</p>		<p>team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. 1. What corrective action will be accomplished? · Program Coordinator will schedule client #1 for mobility assessment. · Program Director (QIDP) and Program Coordinator will be retrained on completing assessments and reassessments in a timely manner. · All recommendations from assessment will be implemented. · Monthly, the facility nurse, Program Coordinator and Program Director (QIDP) will meet to review client needs (assessments, reassessments, implementation, etc), all client specific training and head injury protocol training completed for existing and new staff. 2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · All residents have the potential to be affected by the same deficient practice · Program Coordinator will schedule client #1 for mobility assessment. · Program Director and Program Coordinator will be retrained on completing assessments and reassessments in a timely manner. · All recommendations from assessment will be implemented. 3. What measures will be put</p>				

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W 227 Bldg. 00	<p>Client #1's record indicated no assessment of client #1's mobility and/or fine and gross motor skills.</p> <p>During interview with the PD (Program Director) on 5/1/15 at 1 PM, the PD indicated no assessment of client #1's mobility needs and/or fine and gross motor skills.</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 observation, record review and interview for 4 of 4 sample clients (#1, #2, #3 and #4), the facility failed to ensure the clients' ISPs (Individualized Support Plans) addressed the clients'</p>	W 227	<p>into place or what systemic changes will be made to ensure that the deficient practice does not recur: · Program Coordinator will schedule client #1 for mobility assessment. · Program Director and Program Coordinator will be retrained on completing assessments and reassessments in a timely manner. · All recommendations from assessment will be implemented.</p> <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur? · Program Coordinator will schedule client #1 for mobility assessment. · Program Director and Program Coordinator will be retrained on completing assessments and reassessments in a timely manner. · All recommendations from assessment will be implemented.</p> <p>5. What is the date by which the systemic changes will be completed? 6/7/15</p> <p>W 227 INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to</p>	06/07/2015			

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	<p>identified training needs in regard to: ___ Communication and meal preparation for clients #1, #2, #3 and #4. ___ Regulating the water temperature for clients #1, #3 and #4.</p> <p>Findings include:</p> <p>1. Client #1's electronic record was reviewed on 4/28/15 at 1:30 PM.</p> <p>Client #1's IPOP (Individual Plan of Protective Oversight) dated 12/5/13 indicated: ___ Client #1 required assistance to prepare her lunch and/or meals. ___ "Can set the table with verbal prompts, however she still needs partial physical assistance with cleaning and assisting in meal preparation." ___ "May require verbal and total assistance with appliance usage." ___ "Needs verbal or gestural prompting from staff in order to regulate her water temperature for her shower/bath."</p> <p>Client #1's record indicated a diagnosis of, but not limited to, Expressive Language Disorder.</p> <p>Client #1's Speech-Language Evaluation dated 3/26/14 indicated client #1 "Exhibits a moderate receptive and expressive language delay. Articulation</p>		<p>meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Assessments will be completed and client specific objectives will be included in program plan, specifically meal preparation, cleaning, communication and water temperature regulation. · Program Director will implement programming based on needs identified by assessments. · Program Director will be retrained on completing assessments and writing client specific objectives into plan. · Program Director will monitor implementation through data collection in Therap, monthly. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice · Assessments will be completed and client specific objectives will be included in program plan. · Program Director will be retrained on completing assessments and writing client 	

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	<p>skills are moderately delayed at both the single word and conversational speech levels.... Areas of weakness included: ability to comprehend wh-questions regarding general information, articulation skills at the single word and conversational speech levels and topic initiation skills.... Communication needs can be met through programming within facility and consultations with SLP (Speech Language Professional) to develop and monitor appropriate communication goal(s)."</p> <p>Client #1's 11/11/14 ISP indicated no objectives or goals to assist client #1 with her identified training needs in regard to communication, meal preparation and regulation of the water temperature.</p> <p>During interview with the PD (Program Director) on 5/1/15 at 1 PM, the PD indicated no objectives or goals to assist client #1 with her identified training needs in regard to communication, meal preparation and regulation of the water temperature.</p> <p>2. Client #2's electronic record was reviewed on 4/28/15 at 4 PM. Client #2's IPOP dated 1/2/13 indicated: ___ "Strangers have a difficult time understanding her due to her limited</p>		<p>specific objectives into plan.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Assessments will be completed and client specific objectives will be included in program plan. · Program Director will be retrained on completing assessments and writing client specific objectives into plan. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Program Director will be retrained on completing assessments and writing client specific objectives into plan. <p>5. What is the date by which the systemic changes will be completed? 6/7/15</p>		

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	<p>vocabulary and tendency to repeat phrases. [Client #2] also has a tendency to talk fast making it difficult for people who don't know her to understand what she is communicating." ___ "needs verbal and physical assistance with meal prep, including lunch dinner and breakfast."</p> <p>Client #2's Speech-Language Evaluation dated 3/26/14 indicated client #2 "Demonstrates a moderate receptive and expressive language delay. Articulation skills are moderately delayed at the conversational speech level.... Areas of weakness included: receptive vocabulary skills, comprehension of object function and general information questions, articulation skills at the conversational speech level and increased rate of speech.... Communication needs can be met through programming within facility and consultations with SLP to develop and monitor appropriate communication goals."</p> <p>Client #2's ISP dated 11/25/14 indicated no objectives or goals to assist client #2 with her identified training needs in regard to communication and meal preparation.</p>			

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	<p>During interview with the PD on 5/1/15 at 1 PM, the PD indicated no objectives or goals to assist client #2 with her identified training needs in regard to communication and meal preparation.</p> <p>3. Client #3's electronic record was reviewed on 4/28/15 at 3 PM. Client #3's IPOP dated 10/20/14 indicated: ___ "Requires assistance in meal preparation. She enjoys cooking but requires supervision and monitoring to remain on task while in the kitchen. She can prepare her lunch but requires prompts for healthy decisions." ___ "Understands the fundamentals of appliances but may not know settings for microwave, toaster, oven, etc." ___ "requires verbal assistance and visual cues to regulate the water temperature."</p> <p>Client #3's Speech-Language Evaluation dated 3/26/14 indicated client #3 "Demonstrates a mild receptive and expressive language delay and a moderate expressive language delay with articulation skills moderately-severely delayed. Conversational speech was judged to be 50% intelligible to an unfamiliar listener.... Areas of weakness included: articulation errors at the single</p>			

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	<p>word and conversational speech levels, conversational speech intelligibility and decreased ability to correctly produce error sounds in isolation."</p> <p>Client #3's ISP dated 10/21/14 indicated ___"She (client #3) is evaluated by a speech therapist and participates in formal goals to improve her speech. She sometimes uses sign language to communicate her wants and needs. In addition she sometimes uses gestures to communicate her wants and needs or takes staff to what she is wanting or needing.... She needs ongoing structure to stay engaged and on task. She sometimes needs a sign language book and is often cue-dependent. She continues to have communication and attention span issues."</p> <p>___"She (client #3) needs step by step to make a full meal and baking in the oven.</p> <p>Client #3's ISP indicated no objectives or goals to assist client #3 with her identified training needs in regard to communication, meal preparation and regulating the water temperature.</p> <p>During interview with the PD on 5/1/15 at 1 PM, the PD indicated no objectives or goals to assist client #3 with her identified training needs in regard to communication, meal preparation and</p>			

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	<p>regulating the water temperature.</p> <p>4. Client #4's electronic record was reviewed on 4/28/15 at 12:30 PM. Client #4's IPOP dated 5/5/14 indicated: ___ "Requires physical assistance to plan and prepare a meal. She can prepare a small snack and can prepare her lunch for workshop with the items made available to her." ___ May require verbal prompts to regulate the water temperature.</p> <p>Client #4's Speech-Language Evaluation dated 3/26/14 indicated client #4 "Exhibits a severe receptive and expressive language delay. Vocalizations are unintelligible to an unfamiliar listener, even within context of specific activity.... Areas of weakness included: ability to indicated needs/wants using vocalizations/gestures, ability to imitate sign language signs, decreased eye contact with speaker and objects/pictures and her ability to answer simple yes/no or object function questions.... Communication needs can be met through programming within facility and consultations with SLP to develop and monitor appropriate communication goals."</p> <p>Client #4's ISP dated 5/6/14 indicated no objectives or goals to assist client #4 with</p>			

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W 240 Bldg. 00	<p>her identified training needs in regard to communication, water regulation and meal preparation.</p> <p>During interview with the PD on 5/1/15 at 1 PM, the PD indicated no objectives or goals to assist client #4 with her identified training needs in regard to communication, water regulation and meal preparation.</p> <p>9-3-4(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on observation, interview and record review for 1 of 4 sampled clients (#1), the client's ISP (Individualized Support Plan) failed to address the recommendations of the swallow study.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/27/15 between 3:45 PM and 6 PM. During this observation period client #1 was provided soup beans, corn bread, cooked spinach and fruit cocktail for her evening meal. A bowl of cubed fresh onions was placed on the table for</p>	W 240	<p>W 240 INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Relevant interventions to support individual independence will be included in program plan. · Recommendations of swallow study will be added to client #1's ISP. · Staff will be retrained by dietician or nurse on 	06/07/2015

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	<p>all of the clients to add to their soup beans. Client #1 placed two large tablespoons of cut up fresh onions into her bowl of soup beans. The HM (Home Manager) prompted staff #1 to remove one of the large pieces of onion from client #1's bowl of beans. After doing so, client #1 immediately retrieved the bowl of chopped onions and placed two more large tablespoons of fresh cut up onions into her bowl. During the evening meal client #1 took large bites of food, ate and drank at a fast pace and did not alternate food and liquids while eating.</p> <p>Client #1's electronic record was reviewed on 4/28/15 at 12:30 PM. Client #1's Swallow study dated 11/16/13 indicated the following recommendations, all inclusively: "Complete oral care after all meals. Alternate foods and liquids. Take small bites and sips. Liquids should be thin. Foods should be mechanical soft. Very soft. Meats should be ground. Add moisture. Foods should have adequate moisture. Prior to taking medications be sure and drink water to moisten the oral cavity and the esophagus. Always be sure to take your medications with plenty of water or liquids. Allow plenty of time to eat your meals."</p>		<p>recommendations.</p> <ul style="list-style-type: none"> · Program Director will be retrained on writing interventions and recommendations into plans. · Program Coordinator will conduct and document weekly meal observations, for one month and then monthly thereafter. · Program Director (QIDP) will monitor completion on meal observations, monthly. · Area Director will monitor completion of meal observations, monthly. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice · Relevant interventions to support individual independence will be included in program plan. Recommendations of swallow study will be added to client #1's ISP. · Staff will be retrained by dietician or nurse on recommendations. · Program Director will be retrained on writing interventions and recommendations into plans. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p>	

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	<p>Client #1's Risk Plan dated 2/26/15 indicated client #1 was at risk of choking due to dysphagia (difficulty swallowing), taking large bites and eating at a rapid pace. The plan indicated all staff are trained on client #1's dining plan and are to assist client #1 in food preparation and ensure the food is "pureed to the proper consistency."</p> <p>Client #1's physician's orders for April 2015 indicated client #1 was to receive a mechanical soft diet.</p> <p>Client #1's dining plan dated 2014 indicated client #1 was to receive a mechanical soft diet with thin liquids. Client #1's dining plan did not include the recommendations made during the swallow study.</p> <p>Client #1's 11/11/14 ISP failed to address the recommendations of the swallow study for client #1 to slow her pace of eating, to alternate foods and liquids, to take small bites of food and small sips of liquids, to ensure meats were ground and moist.</p> <p>During interview with the PD (Program Director) on 5/1/15 at 1 PM, the PD: __ Indicated client #1's risk plans indicated two plans for choking.</p>		<ul style="list-style-type: none"> · Relevant interventions to support individual independence will be included in program plan. Recommendations of swallow study will be added to client #1's ISP. · Staff will be retrained by dietician or nurse on recommendations. · Program Director will be retrained on writing interventions and recommendations into plans. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Program Director will be retrained on writing interventions and recommendations into plans. <p>5. What is the date by which the systemic changes will be completed? 6/7/15</p>		

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W 242 Bldg. 00	<p>__ Indicated neither risk plan for choking was correct and client #1's risk plan would need to be revised.</p> <p>__ Stated client #1's dining plan "should include" the recommendations of the swallow study of 2013 and client #1's ISP and Risk plans would need to be revised to include the recommendations of the swallow study.</p> <p>9-3-4(a)</p> <p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on observation, record review and interview for 4 of 4 sample clients (#1, #2, #3 and #4), the facility failed to address the clients' identified training needs in regard to:</p> <p>__ Bathing for clients #1, #2, and #4. __ Personal hygiene and hair care for</p>	W 242	<p>W 242 INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and</p>	06/07/2015

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	<p>clients #1 and #3. __Dressing for client #1.</p> <p>Findings include:</p> <p>1. Client #1's electronic record was reviewed on 4/28/15 at 1:30 PM.</p> <p>Client #1's IPOP (Individual Plan of Protective Oversight) dated 12/5/13 indicated:</p> <p>__ "May need verbal prompt to assist in bathing or partial assistance with washing under her stomach to prevent galding (sic) and washing her hair." __ "Monitoring needed to prevent galding (sic) under her stomach area which can get infected if not cleaned daily." __ "Washing her hair daily, if not monitored soap will be dispensed in her hair." __ "Does not always choose weather appropriate clothing. She (client #1) will wear shorts or short sleeve shirts in cold weather if not prompted and encouraged to changed (sic). She has also worn dirty or stained clothing...." __ "May need verbal or physical assistance readjusting her clothing or wiping thoroughly after a BM (bowel movement)."</p> <p>Client #1's 11/11/14 ISP (Individualized Support Plan) indicated "[Client #1] may</p>		<p>independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · All individual program plans will include specific training in personal skills essential for privacy and independence. · Programs will be written into plans for bathing (clients 1,2 & 4), hygiene and hair care (clients 1 & 3) and dressing (client 1). · Program Director will be retrained on writing training in plans. · Program Director will monitor implementation of goals through data collection in Therap, monthly. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice · All individual program plans will include training in personal skills essential for privacy and independence. · Program Director will be 	

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	<p>require assistance with bathing, if not galding (sic) could occur below her stomach area.... Staff also may need to assist her with dressing in order to assist her in choosing clean weather/situation appropriate clothing."</p> <p>Client #1's ISP indicated no goals/objectives to assist client #1 with bathing/showering, hygiene, dressing and/or hair care.</p> <p>During interview with the PD (Program Director) on 5/1/15 at 1 PM, the PD indicated no goals/objectives to assist client #1 with bathing/showering, hygiene, dressing and/or hair care.</p> <p>2. Client #2's electronic record was reviewed on 4/28/15 at 4 PM. Client #2's IPOP dated 1/2/15 indicated "may require physical assistance and verbal prompts to wash, shave and bath thoroughly."</p> <p>Client #2's ISP dated 11/25/14 indicated no goals/objectives to assist client #2 with bathing.</p> <p>During interview with the PD on 5/1/15 at 1 PM, the PD indicated no goals/objectives to assist client #2 with bathing.</p>		<p>retrained on writing training in plans.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · All individual program plans will include training in personal skills essential for privacy and independence. · Program Director will be retrained on writing training in plans. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Program Director will be retrained on writing training in plans. <p>5. What is the date by which the systemic changes will be completed? 6/7/15</p>				

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	<p>3. Client #3's electronic record was reviewed on 4/28/15 at 3 PM. Client #3's IPOP dated 10/20/14 indicated "requires verbal prompts and cues for personal hygiene."</p> <p>Client #3's 3/12/15 ISP indicated client #3 required assistance to wash her hair and to complete her personal hygiene activities. Client #3's ISP indicated no goals/objectives to assist client #3 with personal hygiene or hair care.</p> <p>During interview with the PD on 5/1/15 at 1 PM, the PD indicated no goals/objectives to assist client #3 with personal hygiene or hair care.</p> <p>4. Client #4's electronic record was reviewed on 4/28/15 at 12:30 PM. Client #4's IPOP dated 5/5/14 indicated client #4 required assistance and monitoring while bathing to ensure she bathed thoroughly.</p> <p>Client #4's ISP dated 5/6/14 indicated no goals/objectives to assist client #4 with bathing.</p> <p>During interview with the PD on 5/1/15 at 1 PM, the PD indicated no goals/objectives to assist client #4 with bathing.</p>			

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W 249 Bldg. 00	<p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 3 of 4 sampled clients (#1, #2 and #4), the facility failed to ensure the clients received training and/or services consistent with their individual program plans while at the facility owned DP (Day Program) and to ensure the staff implemented client #4's Falls Risk Plan.</p> <p>Findings include:</p> <p>Observations were conducted at the facility owned DP on 4/28/15 between 9 AM and 11 AM.</p> <p>Client #1 was a short large young woman that was soft spoken, shy and difficult to</p>	W 249	<p>W 249 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>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · All individuals attending Indiana Mentor day program will be engaged in training and services consistent with their plans, including 	06/07/2015	

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	<p>understand when talking.</p> <p>From 9 AM to 10 AM client #1 sat at a table and was painting a plastic bottle with verbal prompting from DSP (Direct Support Professional) #1.</p> <p>At 10 AM DSP #1 left the table with client #1 to assist another staff in the bathroom with another client.</p> <p>From 10 AM to 11 AM client #1 stopped painting and sat at the table, talked to no one and watched other clients around her. No staff sat with and/or prompted client #1 into activity throughout the remainder of the observation after DSP #1 left the table.</p> <p>Client #2 was a non verbal tall adult female that ambulated independently.</p> <p>At 9 AM client #2 was laying on the couch in front of a television. One of the DP staff walked by client #2 and stated, "You want to make a necklace?" Client #2 continued to lie on the couch and did not respond to the staff's question.</p> <p>From 9 AM to 11 AM client #2 lay on the couch in front of a television, sat in a recliner, walked around the DP room and sat down at a craft table but did not participate in any activities.</p> <p>Throughout this observation period one</p>		<p>risk plans.</p> <ul style="list-style-type: none"> · Staff will be retrained on implementing active treatment consistently and sufficiently. · Program Director will be retrained on writing continuous active treatment into plan to sufficiently support achievement of objectives. · Program Director will monitor implementation of programs through data collection in Therap, monthly. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice · All individual program plans will include continuous active treatment. · Staff will be retrained on implementing active treatment consistently and sufficiently. · Program Director will be retrained on writing continuous active treatment into plan to sufficiently support achievement of objectives. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · All individual program plans 	

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	<p>staff asked client #2 if she wanted to make a necklace. No other activities and/or training were provided to client #2 during this time period.</p> <p>Client #4 was an elderly woman that ambulated at a fast pace while wearing a gait belt.</p> <p>At 9 AM client #4 was laying back in a recliner on the left side of the room. The television was on, client #4 was awake, not watching television and was looking around the room. Client #4 wore a gait belt around her waist that was pulled up under her breasts. Client #4's four wheeled walker was approximately ten feet away from the recliner client #4 was sitting in and client #4 could not reach the walker without getting up and walking to the walker to retrieve it.</p> <p>At 9:24 AM client #4 got up from the recliner, walked to the nearby table that was approximately ten feet from the recliner she was sitting in, retrieved a tissue from a tissue box on the table and returned to the recliner to lay back down.</p> <p>At 9:56 AM client #4 got up from the recliner and walked at a rapid</p>		<p>will include continuous active treatment.</p> <ul style="list-style-type: none"> Staff will be retrained on implementing active treatment consistently and sufficiently. Program Director will be retrained on writing continuous active treatment into plan to sufficiently support achievement of objectives. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> Program Director will be retrained on writing continuous active treatment into plan to sufficiently support achievement of objectives. <p>5. What is the date by which the systemic changes will be completed? 6/7/15</p>		

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	<p>pace across the room to the bathroom. Five minutes later client #4 came out of the restroom, walked across the DP room at a rapid pace and returned to the recliner she was previously lying in, sat down and then reclined back in the chair. Client #4 did not use her walker and staff did not provide hands on assist with the gait belt and/or supervise client #4 while walking to and from the bathroom and/or while client #4 was in the bathroom.</p> <p>From 10:01 AM through the remainder of this observation period client #4 reclined in the recliner with her eyes closed.</p> <p>During this observation period the staff did not offer and/or prompt client #4 to participate in any leisure time activities and/or offer client #4 any training activities. The staff did not supervise and/or assist client #4 while ambulating. Client #4 did not use her walker while ambulating to the bathroom. The staff did not prompt client #4 to use her walker while ambulating.</p> <p>Client #1's electronic record was reviewed on 4/28/15 at 1:30 PM. Client</p>			

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	<p>#1's 11/11/14 ISP indicated client #1 had the following training objectives:</p> <ul style="list-style-type: none"> To independently identify the reason for using Flonase (a nasal spray). To independently choose a penny, a nickel, a dime and a quarter. To independently participate in playing a game with a peer. To identify the dangers of the furnace room. To identify ways to correctly handle hazardous materials. <p>Client #2's electronic record was reviewed on 4/28/15 at 4 PM. Client #2's 11/25/14 ISP indicated client #2 had the following training objectives:</p> <ul style="list-style-type: none"> To independently return medications to storage. To independently state/point to the value of a quarter. To identify the dangers of the furnace room. To identify ways to correctly handle hazardous materials <p>Client #4's electronic record was reviewed on 4/28/15 at 12:30 PM. Client #4's 5/6/14/14 ISP indicated client #4 had the following training objectives:</p> <ul style="list-style-type: none"> To independently state/point to a \$1.00 bill. To independently gather needed items to 			

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	<p>take her medications. To independently identify her name. To identify the dangers of the furnace room. To identify ways to correctly handle hazardous materials</p> <p>Client #4's 2/26/15 Falls Risk Plan indicated "[Client #4] is to ambulate with walker at all times. Staff need to walk beside her and hold onto the gait belt [client #4] is to be wearing to decrease risk of falls. [Client #4] has a tendency to rush and not heed warning to her surroundings so staff is to remind her to slow down and make sure walking pathway is clear."</p> <p>During interview with the DP HM (Home Manager) on 4/28/15 at 9 AM, the DP HM: ___ Indicated she was the manager of the DP. ___ Stated, "We have lots of things for them to choose to do. We have games, Bingo, sensory games, crafts and lots more." ___ Indicated the DP opened on 1/26/15 and was facility owned. ___ Indicated the DP did not have and/or offer any type of paid work for any of the clients. ___ Indicated there was no specific active treatment schedule at the DP and stated,</p>			

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	<p>"They kind of just do what they want here. On Tuesday we have song and dance and they (the clients) really like that."</p> <p>__ Indicated each client had goals/objectives they were to be working on.</p> <p>__ Stated the staff were to prompt the clients into activity and/or provide the clients training "I think every fifteen minutes or so, or they (the staff) should offer the clients training."</p> <p>During interview with DSP #3 on 4/28/15 at 10:35 AM, DSP #3: __ Stated, "We're short staffed today." __ Indicated 21 clients and 3 staff. __ Indicated two of the staff were in the changing room with a client and changing his adult brief. __ Indicated client #4 was able to ambulate on her own and the staff did not have to be with her. __ Stated the clients "Do mostly what they want to do. A lot of them like to take a nap and just lay on the couch."</p> <p>During interview with DSP #2 on 4/28/15 at 11 AM, DSP #2: __ Stated, "We're short a couple of people today. Usually it's not like this." __ Indicated clients were to be prompted to activity and/or provided training every fifteen minutes.</p>			

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W 252 Bldg. 00	<p>__ Indicated client #4 liked to lay in the recliner.</p> <p>__ Indicated staff were to be with client #4 when she ambulated with hands on assist using the gait belt.</p> <p>__ Indicated client #4 was to use the rolling walker when ambulating.</p> <p>9-3-4(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 4 of 4 sample clients (#1, #2, #3 and #4), the facility failed to ensure the staff documented the clients' medical data as indicated by the clients' physicians.</p> <p>Findings include:</p> <p>1. Client #1's electronic record was reviewed on 4/28/15 at 1:30 PM.</p> <p>Client #1's 2014/2015 physician's orders indicated an order for client #1 to have her blood pressure taken weekly on Tuesdays.</p>	W 252	<p>W 252 Program Documentation</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Staff will be retrained on documenting medical data accurately and consistently. 	06/07/2015			

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	<p>Client #1's vital signs records from November 2014 through April 2015 indicated the staff failed to take client #1's blood pressure on 11/25/14, 2/24/15 and 3/10/15.</p> <p>Client #1's MARs (Medication Administration Record) for February and March 2015 indicated staff initialed as having done the BP on 2/24/15 and 3/10/15 as ordered by the physician.</p> <p>2. Client #2's electronic record was reviewed on 4/28/15 at 4 PM.</p> <p>Client #2's 2014/2015 physician's orders indicated an order for client #2 to have her blood pressure taken daily and to be weighed monthly.</p> <p>Client #2's Height/Weight records from November 2014 through April 2015 indicated the staff failed to take client #2's weight on the following months; November 2014 and March 2015.</p> <p>Client #2's vital signs records from November 2014 through April 2015 indicated the staff failed to take client</p>		<ul style="list-style-type: none"> · Program Coordinator will monitor data entry when in the home. · Program Director will monitor data collection, monthly. · Nurse will monitor and document data collection in monthly health care reports. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice · Staff will be retrained on documenting medical data accurately and consistently. · Program Coordinator will monitor data entry daily. · Program Director will monitor data collection monthly. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Staff will be retrained on documenting data accurately and consistently. · Program Coordinator will monitor data entry daily. · Program Director will monitor data collection monthly. <p>4. How will the corrective</p>	

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	<p>#2's blood pressure on the following days: November 8, 9, 15, 16, 23, 26, 29 and 30, 2014. December 6, 7, 8, 12, 13, 14, 20, 21, 23 and 27, 2014. January 4, 10, 17, 18, 19, 24, 26 and 28, 2015. February 1, 7, 8, 9, 12, 13, 14, 21, 22, 24, 25, 26 and 28, 2015. March 1, 13, 14, 27, 28 and 29, 2015. April 3, 4, 11, 12, 19, 22, 25, 26 and 27, 2015.</p> <p>Client #2's MARs from November 2014 through April 2015 indicated staff initials as having taken client #2's vital signs daily as ordered by the physician.</p> <p>Client #2's MARs from November 2014 through April 2015 indicated staff initials as having taken client #2's weights as ordered by the physician.</p> <p>3. Client #3's electronic record was reviewed on 4/28/15 at 3 PM.</p> <p>Client #3's 2014/2015 physician's orders indicated an order for client #3 to have her vital signs (temperature, pulse,</p>		<p>action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Program Coordinator will monitor data entry daily. · Program Director will monitor data collection monthly. <p>5. What is the date by which the systemic changes will be completed? 6/7/15</p>				

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	<p>respiration and blood pressure) taken weekly on Tuesdays.</p> <p>Client #3's vital signs records from November 2014 through April 2015 indicated:</p> <p>__The staff failed to take and/or document client #3's temperature 12 times out of 26 times client #3 was to have her vital signs taken.</p> <p>__The staff failed to take and/or document client #3's respirations 10 times out of 26 times client #3 was to have her vital signs taken.</p> <p>__The staff failed to take and/or document client #3's pulse 9 times out of 26 times client #3 was to have her vital signs taken.</p> <p>__The staff failed to take and/or document client #3's blood pressure on 2/24/15.</p> <p>Client #3's MARs from November 2014 through April 2015 indicated staff initials as having taken client #3's vital signs weekly as ordered by the physician.</p> <p>4. Client #4's electronic record was reviewed on 4/28/15 at 12:30 PM.</p> <p>Client #4's 2015 physician's orders indicated client #4's vital signs were to be taken twice a day; 7 AM and 7 PM.</p>			

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	<p>Client #4's vital signs records from November 2014 through April 2015 indicated:</p> <p>__ The staff failed to take and/or document client #4's temperature 327 times out of 362 times client #4 was to have her vital signs taken.</p> <p>__ The staff failed to take and/or document client #4's respirations 265 times out of 362 times client #4 was to have her vital signs taken.</p> <p>__ The staff failed to take and/or document client #4's pulse 131 times out of 362 times client #4 was to have her vital signs taken.</p> <p>__ The staff failed to take and/or document client #4's blood pressure 69 times out of 362 times client #4 was to have her vital signs taken.</p> <p>Client #4's MARs from November 2014 through April 2015 indicated staff initials as having taken client #4's vital signs twice a day as ordered by the physician.</p> <p>During interview with the PD (Program Director) on 5/1/15 at 1 PM, the PD:</p> <p>__ Indicated the staff were to take and document client #1's, #2's #3's and #4's weights and vital signs as ordered by the clients' physicians.</p> <p>__ Indicated the staff were placing their initials on the clients' MARs as having completed the vital signs and/or weights</p>			

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W 259 Bldg. 00	<p>without actually having taken the clients' vital signs and/or weights. ___ Indicated the staff were to initial each clients' MAR after taking the clients' vital signs and/or weights and then were to document their results in Therap (the clients' electronic records).</p> <p>9-3-4(a)</p> <p>483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 2 of 4 sampled clients (#1 and #2), the facility failed to ensure the IDT (Interdisciplinary Team) reviewed and/or updated the clients' CFAs (Comprehensive Functional Assessments) annually.</p> <p>Findings include:</p> <p>Client #1's electronic record was reviewed on 4/28/15 at 1:30 PM. The record indicated client #1's Individual Plan of Protective Oversight (IPOP)/CFA was last reviewed and updated by the PD (Program Director) on 12/5/13.</p>	W 259	<p>W259 Program Monitoring and Change At least annually, the CFA of each client must be reviewed by the IDT for relevancy and updated as needed.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Program Director (QIDP) will be retrained on CFA, importance of IDT review and documentation. · Program Director (QIDP) will coordinate IDT meetings, at least annually, and discuss any changes or updates that need to be made to CFA (IPOP). · Area Director will monitor completion of IPOP, annually. 	06/07/2015

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	<p>Client #2's electronic record was reviewed on 4/28/15 at 4 PM. The record indicated client #2's IPOP/CFA was last reviewed and updated by the PD on 1/2/13.</p> <p>During interview with the PD (Program Director) on 5/1/15 at 1 PM, the PD indicated the IDT was to review and update all clients' IPOPs/CFAs annually (every 365 days).</p> <p>9-3-4(a)</p>		<p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Program Director will be retrained on CFA, importance of IDT review and documentation. · Program Director will coordinate IDT meetings, at least annually, and discuss any changes or updates that need to be made to CFA (IPOP). · Area Director will monitor completion of IPOP, annually. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Staff will be retrained on documenting data accurately and consistently. · Program Director will be retrained on CFA, importance of IDT review and documentation. · Program Director will coordinate IDT meetings, at least annually, and discuss any changes or updates that need to be made to CFA (IPOP). · Area Director will monitor completion of IPOP, annually. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p>	

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W 262 Bldg. 00	<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 committee, involve risks to client protection and rights.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#2), the facility's HRC (Human Rights Committee) failed to review and approve client #2's restrictive BSP (Behavior Support Plan) with the use of Olanzapine and the use of Duloxetine for IED (Intermittent Explosive Disorder).</p> <p>Findings include: Client #2's record was reviewed on</p>	W 262	<ul style="list-style-type: none"> · Program Director will be retrained on CFA, importance of IDT review and documentation. · Program Director will coordinate IDT meetings, at least annually, and discuss any changes or updates that need to be made to CFA (IPOP). · Area Director will monitor completion of IPOP annually and review IDT notes for prior 90 days to ensure compliance. <p>5. What is the date by which the systemic changes will be completed? 6/7/15</p> <p>W262 Program Monitoring and Change The committee should review, approve and monitor individual programs designed to manage inappropriate behaviors and other programs that involve risk to client protection and rights.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Program Director (QIDP) will be retrained on HRC approval of restrictions, importance of review and documentation. 	06/07/2015

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	<p>4/28/15 at 12:30 PM.</p> <p>__ Client #2's 3/31/15 physician's orders indicated client #2 was taking Duloxetine 300 mg (milligrams) three times a day and Olanzapine 5 mg a day for IED.</p> <p>__ Client #2's record indicated no HRC review and/or approval for client #2's BSP dated 11/25/14 that included the use of Duloxetine and Olanzapine.</p> <p>During interview with the PD on 5/1/15 at 2 PM, the PD indicated no evidence of HRC review and/or approval of client #2's BSP and/or the use of Duloxetine and Olanzapine.</p> <p>9-3-4(a)</p>		<ul style="list-style-type: none"> · Program Director (QIDP) will submit restrictions to be reviewed by HRC quarterly. · Area Director will monitor completion, quarterly. · Quality Assurance will verify completion of HRC approval, annually, in performance audits and internal mock survey process. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Program Director will be retrained on HRC approval of restrictions, importance of review and documentation. · Program Director will submit restrictions to be reviewed by HRC quarterly. · Area Director will monitor completion, quarterly. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Program Director will be retrained on HRC approval of restrictions, importance of review and documentation. · Program Director will submit restrictions to be reviewed by HRC quarterly. · Area Director will monitor 		

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W 263 Bldg. 00	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#2), the facility's HRC (Human Rights Committee) failed to ensure the BSP (Behavior Support Plan) that included the use of Zyprexa and Cymbalta (behavior modification medications) was conducted with the written informed consent of client #2's guardian.</p>	W 263	<p>completion, quarterly.</p> <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Program Director will be retrained on HRC approval of restrictions, importance of review and documentation. · Program Director will submit restrictions to be reviewed by HRC quarterly. · Area Director will monitor completion, quarterly. <p>5. What is the date by which the systemic changes will be completed? 6/7/15</p> <p>W263 Program Monitoring and Change The committee should insure that these programs are conducted only with the written, informed consent of the client, parents and legal guardian.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Program Director (QIDP) will be retrained on obtaining client, parent and guardian approval of 	06/07/2015

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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 1503 WASHINGTON ST NEW CASTLE, IN 47362			
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	<p>Findings include:</p> <p>Client #2's electronic record was reviewed on 4/28/15 at 4 PM. Client #2's record indicated diagnoses of, but not limited to, Autistic Spectrum Disorder, Intermittent Explosive Disorder and Seizure Disorder.</p> <p>Client #2's physician's orders for March/April 2015 indicated client #2 was to receive the following medications: Zyprexa 5 mg (milligrams) at bedtime. Cymbalta 20 mg every morning.</p> <p>Client #2's BSP dated 11/24/14 indicated targeted behaviors of agitation, anxiety, noncompliance, physical aggression and property misuse and/or destruction.</p> <p>Client #2's record indicated client #2 was represented by a legal guardian. Client #2's record indicated no written informed consent from client #2's legal guardian for the BSP that included the use of Cymbalta and Zyprexa.</p> <p>During interview with the PD (Program Director) on 5/1/15 at 1 PM, the PD: __ Client #2 was represented by a legal guardian. __ Indicated she was unable to find evidence of written informed consent from client #2's legal guardian for the</p>		<p>restrictions, importance of review and documentation.</p> <ul style="list-style-type: none"> · Program Director (QIDP) will review restrictions in BSP at least annually with parties listed above. · Area Director will monitor completion of obtaining informed consent, annually. · Quality Assurance will verify completion of HRC approval, annually, in performance audits and internal mock survey process. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Program Director will be retrained on obtaining client, parent and guardian approval of restrictions, importance of review and documentation. · Program Director will review restrictions in BSP at least annually with parties listed above. · Area Director will monitor completion of obtaining informed consent, annually. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Program Director will be retrained on obtaining client, parent and guardian approval of 				

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W 264 Bldg. 00	<p>BSP that included the use of Cymbalta and Zyprexa.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior,</p>		<p>restrictions, importance of review and documentation.</p> <ul style="list-style-type: none"> · Program Director will review restrictions in BSP at least annually with parties listed above. · Area Director will monitor completion of obtaining informed consent, annually. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Program Director will be retrained on obtaining client, parent and guardian approval of restrictions, importance of review and documentation. · Program Director will review restrictions in BSP at least annually with parties listed above. · Area Director will monitor completion of obtaining informed consent, annually. <p>5. What is the date by which the systemic changes will be completed? 6/7/15</p>	

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	<p>protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8), the facility's HRC (Human Rights Committee) failed to review the facility's blanket restriction of locking the chemicals/cleaning supplies/laundry supplies for clients #1, #2, #3, #4, #5, #6, #7 and #8 with no evident need for the restriction.</p> <p>Findings include:</p> <p>Observations were conducted at the group home of clients #1, #2, #3, #4, #5, #6, #7 and #8 on 4/27/15 between 3:45 PM and 6 PM and on 4/28/15 between 6 AM and 8 AM. During both observation periods all of the cleaning supplies for the home were locked in a cabinet in the laundry/medication room.</p> <p>Client #1's record was reviewed on 4/28/15 at 1:30 PM. Client #1's ISP (Individualized Support Plan) dated 11/11/14 indicated "The hazardous materials are locked in [client #1's] home. [Client #1] can use hazardous materials safely, but does not understand what they are used for and the appropriate amounts to use."</p>	W 264	<p>W264 Program Monitoring and Change</p> <p>The committee should review, monitor and make suggestions to the facility about practices and programs as they relate to drug usage, restraint, etc.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · All cleaning supplies will be unlocked in the home. · Programming will be put in place to ensure all clients know how to appropriately access and use cleaning supplies. · Staff will be retrained regarding accessibility of cleaning supplies in the home. · Program Coordinator will monitor accessibility when in home. · Program Director (QIDP) will monitor accessibility and utilization through program data collection in Therap, monthly. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · All cleaning supplies will be unlocked in the home. · Programming will be put in 	06/07/2015

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	<p>Client #2's record was reviewed on 4/28/15 at 12:30 PM. Client #2's ISP dated 11/25/14 indicated "The hazardous materials are also locked in [client #2's] home. [Client #2] can use hazardous materials safely, but does not understand what they are used for and the appropriate amounts to use."</p> <p>Client #3's record was reviewed on 4/28/15 at 3 PM. Client #3's ISP dated 10/21/14 indicated "Hazardous materials are locked in [client #3's] home. [Client #3] can use hazardous materials safely, but does not understand what they are used for and the appropriate amounts to use."</p> <p>Client #4's record was reviewed on 4/28/15 at 12:30 PM. Client #4's ISP dated 5/6/14 indicated "The hazardous materials are also locked in [client #4's] home. [Client #4] can use hazardous materials safely, but does not understand what they are used for and the appropriate amounts to use."</p> <p>During interview with staff #3 on 4/27/15 at 4:35 PM, staff #3: ___ Indicated all cleaning supplies were locked in the medication room. ___ Indicated clients #1, #2, #3, #4, #5, #6, #7 and #8 had to ask the staff to retrieve</p>		<p>place to ensure all clients know how to appropriately access and use cleaning supplies.</p> <ul style="list-style-type: none"> · Staff will be retrained regarding accessibility of cleaning supplies in the home. · Program Coordinator will monitor accessibility daily. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · All cleaning supplies will be unlocked in the home. · Programming will be put in place to ensure all clients know how to appropriately access and use cleaning supplies. · Staff will be retrained regarding accessibility of cleaning supplies in the home. · Program Coordinator will monitor accessibility daily. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · All cleaning supplies will be unlocked in the home. · Programming will be put in place to ensure all clients know how to appropriately access and use cleaning supplies. · Staff will be retrained regarding accessibility of cleaning supplies in the home. · Program Coordinator will monitor accessibility daily. 				

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	<p>the cleaning supplies when needed.</p> <p>__ Indicated no clients in the home had issues and/or behavior problems in regard to the cleaning supplies and/or chemical in the home.</p> <p>__ When asked why the chemicals and cleaning supplies were locked away from all of the clients, staff #3 stated "For their safety. We've always locked them (the chemicals/cleaning supplies) up."</p> <p>__ Indicated the key to the cabinet with the household chemicals/cleaning supplies was kept on the medication key ring.</p> <p>During interview with the PD (Program Director) on 5/1/15 at 2 PM, the PD:</p> <p>__ Stated all cleaning supplies/chemicals were locked in the home of clients #1, #2, #3, #4, #5, #6, #7 and #8 as a result of the "survey last year."</p> <p>__ Indicated no incidents in the home of clients drinking cleaning supplies/chemicals.</p> <p>__ Indicated clients #1, #2, #3, #4, #5, #6, #7 and #8 were able to use cleaning supplies safely but required supervision to ensure they used appropriate amounts of supplies.</p> <p>__ Indicated the HRC had approved the facility practice of locking the cleaning supplies for all clients in the home (clients #1, #2, #3, #4, #5, #6, #7 and #8) and this was added to each client's ISP.</p>		<p>5. What is the date by which the systemic changes will be completed?</p> <p>6/7/15</p>	

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W 290 Bldg. 00	<p>9-3-4(a)</p> <p>483.450(b)(5) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Standing or as needed programs to control inappropriate behavior are not permitted. Based on record review and interview for 1 of 4 sample clients (#3), the facility failed to prohibit the use of a standing order for the use of physical restraints.</p> <p>Findings include:</p> <p>Client #3's electronic record was reviewed on 4/28/15 at 3 PM. __ Client #3's 3/19/15 quarterly physician's orders indicated "May have physical restraint." __ The physician's orders indicated the order for the restraint had been in place since 3/7/11. __ Client #3's record indicated client #3 had no targeted behaviors and/or a BSP (Behavior Support Plan) that included the use of restraints.</p> <p>During interview with the PD (Program Director) on 5/1/15 at 1 PM, the PD: __ Indicated client #3 did not have a need for a BSP and/or the use of restraints.</p>	W 290	<p>W290 Mgmt of Inappropriate Behavior Standing or as needed programs to control inappropriate behavior are not permitted.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · All standing orders for restraint will be removed from plans if no targeted behaviors or approved BSP exist that require restraint, even in the case of medical procedures. · Program Director will be retrained regarding standing orders and criteria for restraint in plans. · Program Director will monitor plans, annually. · Monthly, the facility nurse, Program Coordinator and Program Director (QIDP) will meet to review client needs, all client specific training and head injury protocol training completed for existing and new staff. <p>2. How will we identify other residents having the potential to be affected by the same deficient</p>	06/07/2015

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	<p>___ Indicated the restraint order was used in case client #3 would need restraints during medical procedures.</p> <p>___ Stated the restraint order "Should have been removed. It must have gotten missed."</p> <p>___ Indicated clients should not have standing orders for the use of restraints.</p> <p>9-3-5(a)</p>		<p>practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · All standing orders for restraint will be removed from plans if no targeted behaviors or approved BSP exist that require restraint, even in the case of medical procedures. · Program Director will be retrained regarding standing orders and criteria for restraint in plans. · Program Director will monitor plans annually. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · All standing orders for restraint will be removed from plans if no targeted behaviors or approved BSP exist that require restraint, even in the case of medical procedures. · Program Director will be retrained regarding standing orders and criteria for restraint in plans. · Program Director will monitor plans annually. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · All standing orders for restraint will be removed from plans if no targeted behaviors or approved BSP exist that require restraint, even in the case of medical procedures. 	

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W 312 Bldg. 00	<p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 1 of 4 sampled clients receiving medications to control behaviors (client #1), the facility failed to include the use of Latuda in client #1's BSP (Behavior Support Plan).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 4/28/15 at 1:30 PM. Client #1's 3/31/15 physician's orders indicated client #1 was taking Latuda 20 mg (milligrams) a day for mood disorders and Zoloft 50 mg a day for depression.</p> <p>Client #1's BSP of 11/11/14 indicated</p>	W 312	<ul style="list-style-type: none"> · Program Director will be retrained regarding standing orders and criteria for restraint in plans. · Program Director will monitor plans annually. <p>5. What is the date by which the systemic changes will be completed? 6/7/15</p> <p>W 312 DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integrated part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Plans will be implemented and updated to include all client medications that target inappropriate behaviors. · Program Director will be retrained to include all client medications that target inappropriate behaviors in plan, and importance of reviewing and 	06/07/2015

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	<p>client #1 had the following targeted behaviors:</p> <p>___ "Psychosis, client looks confused, constant motion of body parts, staring into space and ignoring directions."</p> <p>___ "Agitation, rapid mood changes, refusals and non compliance with requested tasks."</p> <p>___ "Withdrawal, laying (sic) in bed, refusing to go to work or participate in activities in or outside of the home."</p> <p>Client #1's BSP did not include the use of Latuda.</p> <p>During interview with the PD (Program Director) on 5/1/15 at 2 PM, the PD indicated client #1's most recent BSP was dated 11/11/14 and did not include a plan for the use of Latuda.</p> <p>9-3-5(a)</p>		<p>evaluating quarterly and at yearly ISP meetings and discuss any need for reduction with Psychiatrist/Physician at quarterly appointments.</p> <ul style="list-style-type: none"> · Monthly, the facility nurse, Program Coordinator and Program Director (QIDP) will meet to review client needs, all client specific training and head injury protocol training completed for existing and new staff. Behavior analyst will be consulted as needed. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Plans will be implemented and updated to include all client medications that target inappropriate behaviors. · Program Director will be retrained to include all client medications that target inappropriate behaviors in plan, and importance of reviewing and evaluating quarterly and at yearly ISP meetings and discuss any need for reduction with Psychiatrist/Physician at quarterly appointments. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the</p>	

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			<p>deficient practice does not recur:</p> <ul style="list-style-type: none"> · Plans will be implemented and updated to include all client medications that target inappropriate behaviors. · Program Director will be retrained to include all client medications that target inappropriate behaviors in plan, and importance of reviewing and evaluating quarterly and at yearly ISP meetings and discuss any need for reduction with Psychiatrist/Physician at quarterly appointments. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Plans will be implemented and updated to include all client medications that target inappropriate behaviors. · Program Director will be retrained to include all client medications that target inappropriate behaviors in plan, and importance of reviewing and evaluating quarterly and at yearly ISP meetings and discuss any need for reduction with Psychiatrist/Physician at quarterly appointments. · Area Director will monitor all client medications that target inappropriate behaviors, monthly. <p>5. What is the date by which the systemic changes will be completed?</p>	

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W 315 Bldg. 00	<p>483.450(e)(4)(i) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be monitored closely for desired responses and adverse consequences by facility staff.</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #4) who received behavior modification medications, the facility failed to provide evidence of preventive screening for EPS (Extrapyramidal Symptoms - a group of side effects associated with the use of anti-psychotic medications including, but not limited to, restlessness and involuntary muscle movements).</p> <p>Findings include:</p> <p>Client #1's electronic record was reviewed on 4/28/15 at 1:30 PM.</p> <p>__ Client #1's record indicated diagnoses of, but not limited to, Unspecified Psychosis and Mood Disorder.</p> <p>__ Client #1's March 2015 quarterly physician's orders indicated client #1 was to receive Zoloft 100 mg (milligrams), Latuda 20 mg and Topamax 200 mg a day for behavior modification.</p> <p>__ Client #1's record indicated no screening for EPS.</p>	W 315	<p>6/7/15</p> <p>W315 Drug Usage</p> <p>Drugs used for control of inappropriate behaviors must be monitored closely for desired responses and adverse consequences by facility.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Plans will be implemented and updated to include all client medications that target inappropriate behaviors and monitoring for EPS. · Program Director will be retrained to include all client medications that target inappropriate behaviors in plan, and importance of monitoring and screening for EPS. · Facility nurse will train staff on psychotropic medications, possible side effects to monitor for, documentation and when and to whom to report these effects. · Program Coordinator will ensure completion of documentation when in home. · Facility nurse will review documentation and address any issues, monthly. 	06/07/2015	

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	<p>Client #2's electronic record was reviewed on 4/28/15 at 4 PM. ___ Client #2's record indicated a diagnosis of, but not limited to, Intermittent Explosive Disorder. ___ Client #2's March 2015 quarterly physician's orders indicated client #2 was to receive Zyprexa 5 mg, Neurontin 900 mg and Cymbalta 20 mg a day for behavior modification. ___ Client #2's record indicated no screening for EPS.</p> <p>Client #4's electronic record was reviewed on 4/28/15 at 12:30 PM. ___ Client #4's record indicated a diagnosis of, but not limited to, Bipolar Disorder. ___ Client #4's March 2015 quarterly physician's orders indicated client #4 was to receive Seroquel 400 mg, Lamictal 200 mg and Neurontin 800 mg a day for behavior modification. ___ Client #4's record indicated no screening for EPS.</p> <p>During interview with the facility's RN on 4/29/15 at 12:45 PM, the RN: ___ Indicated she did not conduct testing for EPS. ___ Indicated she had no knowledge of clients #1, #2 and #4 being screened for EPS.</p> <p>During interview with the PD (Program</p>		<p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Plans will be implemented and updated to include all client medications that target inappropriate behaviors and monitoring for EPS. · Program Director will be retrained to include all client medications that target inappropriate behaviors in plan, and importance of monitoring and screening for EPS. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Plans will be implemented and updated to include all client medications that target inappropriate behaviors and monitoring for EPS. · Program Director will be retrained to include all client medications that target inappropriate behaviors in plan, and importance of monitoring and screening for EPS. <p>4. How will the corrective action be monitored to ensure the</p>	

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W 318 Bldg. 00	<p>Director) on 4/29/15 at 1 PM, the PD indicated she had no knowledge of clients #1, #2 and #4 being screened for EPS.</p> <p>9-3-6(a)</p> <p>483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. Based on record review and interview for 1 of 4 sampled clients (#4), the facility failed to meet the Condition of Participation: Health Care Services.</p> <p>The facility's health care services failed to ensure: ___ Client #4 was assessed by a physician in regard to the client's elevated blood pressures. ___ A specific plan of care was developed and implemented to address client #4's elevated blood pressures and to ensure</p>	W 318	<p>deficient practice will not recur?</p> <ul style="list-style-type: none"> Plans will be implemented and updated to include all client medications that target inappropriate behaviors and monitoring for EPS. Program Director will be retrained to include all client medications that target inappropriate behaviors in plan, and importance of monitoring and screening for EPS. <p>5. What is the date by which the systemic changes will be completed? 6/7/15</p> <p>W 318 HEALTH CARE SERVICES</p> <p>The facility must ensure that specific health care services requirements are met.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> Specific plans of care will be developed and implemented for health issues of clients, specifically blood pressure and head injury protocols. Staff will be provided 	06/07/2015			

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	<p>the plan included what the staff were to monitor, the parameters of high and low blood pressures for client #4, what was to be reported and to whom the staff were to report to in regard to client #4's elevated blood pressures.</p> <p>__A protocol and/or procedure was developed and implemented for clients with head injury for client #4 and to ensure client #4 was assessed/monitored after a head injury.</p> <p>__Client #4's physician's orders were updated to ensure no standing orders for pre-sedation for medical procedures.</p> <p>__Client #4's physician was consulted in regard to a recommendation for a change in client #4's diet orders by the dietician.</p> <p>__Preventive medical testing was provided by not completing annual PAP and Mammogram pre-cancerous screening tests for clients #1, #2, #3 and #4.</p> <p>__Provided evidence the staff were trained and/or retrained in taking and reporting client #4's vital signs and in conducting client #2's monthly breast exams.</p> <p>This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy was identified on 4/30/15 at 1:30 PM. The Immediate Jeopardy began on 1/25/15. The Area Director and the Program Director were notified of the</p>		<p>adequate training in implementing specific health plans.</p> <ul style="list-style-type: none"> · Nursing services will be provided to address specific health plans. · Program Coordinator will monitor that all medical recommendations and medications will be consistently implemented. · Monthly, the facility nurse, Program Coordinator and Program Director (QIDP) will meet to review client needs, all client specific training and head injury protocol training completed for existing and new staff. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Specific plans of care will be developed and implemented for health issues of clients. · Staff will be provided adequate training in implementing specific health plans. · Nursing services will be provided to address specific health plans. · Program Coordinator will monitor that all medical recommendations and medications will be implemented. 	

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	<p>Immediate Jeopardy on 4/30/15 at 2:15 PM regarding the facility's failure to address client #4's elevated blood pressures.</p> <p>The facility submitted a plan of removal of the Immediate Jeopardy on 4/30/15. "The following actions and protective measures are in place to abate the immediate jeopardy in regards to the failure to adequately address client blood pressure issues as noted at [street name of facility]. Client (#4) was taken to local urgent care facility on 4/29/15 for evaluation of possible blood pressure issues based on questioning by surveyor. The urgent care facility noted after obtaining her blood pressure that her need was not emergent and directed us to follow up with PCP (Primary Care Physician) 4/30/15 as previously scheduled. Client (#4) was seen by her PCP 4/30/15 to follow her blood pressure. The doctor's assessment stated the feared condition was not demonstrated and no evidence of sustained hypertension. No additional follow up noted and new orders were not provided.</p> <p>A new blood pressure cuff was purchased for the home to ensure proper blood pressure readings.</p> <p>The MAR (Medication Administration Record) has been revised to</p>		<p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Specific plans of care will be developed and implemented for health issues of clients. · Staff will be provided adequate training in implementing specific health plans. · Nursing services will be provided to address specific health plans. · Program Coordinator will monitor that all medical recommendations and medications will be implemented. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Nurse will develop specific health plans, for each client in need of one, and train staff. · Program Coordinator will monitor that all medical recommendations and medications will be implemented, daily. · Program Director will monitor implementation and compliance with medical recommendations and medications, weekly. <p>5. What is the date by which the systemic changes will be completed? 6/7/15</p>				

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	<p>request staff note whether the blood pressure is taken while at rest or not at rest.</p> <p>Staff has been verbally directed to obtain blood pressure BID (twice a day) as noted on the MAR and report findings to the PD and facility nurse for the next 24 hours to address any concerns until the formal training takes place on 5/1/15.</p> <p>The following actions, protective measures and monitoring will be implemented moving forward. The facility nurse will provide staff training on 5/1/15. The training will include at a minimum the following topics: Instruction on use of the new blood pressure cuff to ensure proper blood pressure readings. The facility nurse will review the newly created specific plan of care related to blood pressure readings. At a minimum, the specific plan of care includes the following. Staff will obtain blood pressure readings according to the MAR and note whether at rest or not at rest. Staff will record having obtained the blood pressure reading on the MAR in Therap and record actual values in the health tracking module in Therap. Staff will be directed to contact their</p>			

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	<p>Program Coordinator immediately if obtained readings reveal the systolic number is less than 90 or greater than 140 and/or the diastolic number is less than 60 or greater than 90.</p> <p>In the event the reading is outside the noted parameters, the Program Coordinator will communicate the reading to the facility nurse immediately and follow directives.</p> <p>The facility nurse will document all directives in Therap.</p> <p>The facility nurse will monitor blood pressure readings for this client daily for the next 30 days to identify sustained elevated patterns as defined by the PCP. The facility nurse will document her daily review of the blood pressure readings in Therap.</p> <p>The facility nurse will observe the readings via a health care report weekly for 30 days and then monthly thereafter.</p> <p>The facility nurse will communicate timely any sustained elevated patterns in blood pressure to the PCP to ensure health needs are met.</p> <p>The facility nurse will review with staff signs and symptoms of possible blood pressure related issues and</p>			

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	<p>review what to do if client presents with them."</p> <p>Review of client #4's medical records on 5/4/15 at 11 AM indicated: ___ Client #4 was seen in urgent care on 4/29/15 for evaluation of blood pressure. Client #4's blood pressure while at the urgent care was 156/100. ___ Client #4 was seen on 4/30/15 by client #4's PCP for evaluation of blood pressure. Client #4's blood pressure while at client #4's PCP office was 132/84 at 3:54 PM and 140/92 at 3:36 PM. The note from the PCP on 4/30/15 indicated a review of client #4's blood pressure readings from 2001 to present without issue. The note indicated "One diagnoses (sic) hypertension based on sustained blood pressures above 140/90. Sustained means consistently elevated blood pressures over at least 2 week span. Neither the blood pressures from my office or the blood pressure log from the group home demonstrates sustained hypertension." The note indicated client #4's PCP made no changes in client #4's medications. The note indicated "To accurately measure blood pressure requires the patient to be resting in a quiet room for at least 10 minutes prior to taking the blood pressure. Taking a blood pressure when the patient is agitated or in a noisy environment will result in a</p>			

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	<p>spuriously elevated reading which should never be confused with sustained hypertension."</p> <p>Observations were conducted at the group home of client #4 on 5/4/15 between 3:45 PM and 4:45 PM. Client #4 sat in the living room and watched television during this observation.</p> <p>Staff #1, staff #2 and the HM were interviewed on 5/4/15 at 4 PM.</p> <p>__The HM indicated the facility now had a new blood pressure cuff to rule out the possibility the old blood pressure cuff might have been faulty.</p> <p>__The HM indicated all staff were present at a training on 5/1/15 provided by the facility's RN.</p> <p>__Staff #1 and #2 indicated the staff were retrained on taking blood pressures and to use the new blood pressure cuff.</p> <p>__The HM indicated the staff were to take client #4's blood pressure at 5 AM and 7 PM daily.</p> <p>__Staff #2 stated if a high blood pressure reading was obtained the staff were to wait a few minutes and repeat the blood pressure.</p> <p>__The HM indicated all staff were knowledgeable of the plan of care for client #4 in regard to her blood pressures.</p> <p>Observations were conducted at the day</p>						

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	<p>program of client #4 on 5/6/15 between 2:20 PM and 2:55 PM. Client #4 sat in the day room for a short period and then got up to work on a craft with one of the staff at the day program.</p> <p>The facility implemented their plan of action and the immediate jeopardy was removed on 5/6/15 at 3:25 PM. Even though the facility's actions removed the immediate jeopardy, the facility remained out of compliance at a condition level due to the failure to address client #4's elevated blood pressures from January 2015 through April 2015.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility's health care services failed to ensure preventive medical testing was provided by not completing annual PAP and Mammogram pre-cancerous screening tests for clients #1, #2, #3 and #4. Please see W322. 2. The facility's health care services failed to provide evidence the staff were trained and/or retrained in taking and reporting client #4's vital signs and in conducting client #2's monthly breast exams. Please see W342. 3. The facility's health care services failed to ensure: 			

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W 322 Bldg. 00	<p>__ Client #4 was assessed by a physician in regard to the client's elevated blood pressures.</p> <p>__ A specific plan of care was developed and implemented to address client #4's elevated blood pressures and to ensure the plan included what the staff were to monitor, the parameters of high and low blood pressures for client #4, what was to be reported and to whom the staff were to report to in regard to client #4's elevated blood pressures.</p> <p>__ Client #4 was monitored after a head injury.</p> <p>__ Client #4's physician's orders were updated to ensure no standing orders for pre-sedation for medical procedures.</p> <p>__ Client #4's physicians were consulted in regard to recommendation for changes in the clients' diet orders by the dietician. Please see W331.</p> <p>9-3-6(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventative and general medical care. Based on record review and interview for 4 of 4 sampled female clients (#1, #2, #3 and #4), the facility failed to ensure</p>	W 322	<p>W322 Physician Services The facility must provide or obtain preventative and general medical care.</p>	06/07/2015

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	<p>preventive medical testing was provided by not completing PAP and Mammogram pre-cancerous screening tests.</p> <p>Findings include:</p> <p>Client #1's electronic record was reviewed on 4/28/15 at 1:30 PM. The client's record indicated the client was over 40 years of age. Client #1's record indicated the most current mammogram was conducted on 2/24/14. The client's record indicated no evidence client #1 was provided a PAP test. Client #1's quarterly physician's orders for March 2015 indicated an order to have a pelvic ultrasound every three years. The order indicated a start date of 6/14/06. Client #1's record indicated no pelvic ultrasound tests had been conducted.</p> <p>Client #2's electronic record was reviewed on 4/28/15 at 4 PM. The client's record indicated client #2 was over 40 years of age. The client's 2014/2015 physician's orders indicated client #2 was to have a "Pap/Pelvic exam every three years d/t (due to) non sexual activity." Client #2's record indicated no Pap/Pelvic exams.</p> <p>Client #3's electronic record was</p>		<p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Program Coordinator will immediately schedule all missing preventative medical appointments for all clients in the home. · Program Coordinator will be retrained on maintaining these preventative medicine appointments, yearly or as ordered by the physician. · Program Director will monitor Program Coordinator's compliance with preventative medicine appointments, monthly. · Monthly, the facility nurse, Program Coordinator and Program Director (QIDP) will meet to review client needs, all client specific training and head injury protocol training completed for existing and new staff. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Program Coordinator will immediately schedule all missing preventative medical appointments for all clients in the home. · Program Coordinator will be retrained on maintaining these preventative medicine 				

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	<p>reviewed on 4/28/15 at 3 PM. The client's record indicated client #3 was over 40 years of age. The client's record indicated client #3's most recent PAP test was conducted on 11/11/10. The record indicated client #3 was to be retested in three years. Client #3's most current Mammogram was 2/25/14.</p> <p>Client #4's electronic record was reviewed on 4/28/15 at 12:30 PM. Client #4's record indicated client #4 was over 40 years of age. Client #4's record indicated client #4's most current mammogram test was 12/11/12.</p> <p>During interview with the PD (Program Director) on 5/1/15 at 1 PM, the PD: ___ Indicated she was unable to find evidence a PAP test for client #1. ___ Indicated client #1's most current mammogram test was done 2/24/14. ___ Indicated she was unable to find evidence a pelvic ultrasound was conducted for client #1. ___ Indicated she was unable to find evidence of client #2's last PAP test. ___ Indicated client #2 no longer had pap and/or pelvic exams conducted because of her age and because she was not sexually active. ___ Stated, "That needs to be taken off of her (client #2's) POs (Physician's Orders)."</p>		<p>appointments, yearly or as ordered by the physician.</p> <ul style="list-style-type: none"> · Program Director will monitor Program Coordinator's compliance with preventative medicine appointments, monthly. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Program Coordinator will immediately schedule all missing preventative medical appointments for all clients in the home. · Program Coordinator will be retrained on maintaining these preventative medicine appointments, yearly or as ordered by the physician. · Program Director will monitor Program Coordinator's compliance with preventative medicine appointments, monthly. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Program Coordinator will immediately schedule all missing preventative medical appointments for all clients in the home. · Program Coordinator will be retrained on maintaining these preventative medicine appointments, yearly or as ordered by the physician. · Program Director will monitor Program Coordinator's compliance with preventative medicine 	

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W 331 Bldg. 00	<p>__ Indicated client #3 had not had a PAP test since the PAP test of 11/11/10.</p> <p>__ Indicated client #3 had not had a mammogram test since the one of 2/25/14.</p> <p>__ Indicated client #4 had not had a mammogram test since the one of 12/11/12.</p> <p>__ Indicated it was facility practice to provide annual PAP and mammogram testing for eligible female clients.</p> <p>9-3-6(a)</p> <p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 3 of 4 sampled clients (#1, #2 and #4), the facility's health care services failed to ensure:</p> <p>__ Client #4 was assessed by a physician in regard to the client's elevated blood pressures.</p> <p>__ A specific plan of care was developed and implemented to address client #4's elevated blood pressures and to ensure the plan included what the staff were to monitor, the parameters of high and low</p>	W 331	<p>appointments, monthly.</p> <p>5. What is the date by which the systemic changes will be completed? 6/7/15</p> <p>W 331 NURSING SERVICES</p> <p>The facility must provide nursing services in accordance with their need.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Nursing services will be provided to all clients based on their need. · Nursing staff will be trained on completing and documenting assessments and providing appropriate level of services. · Program Directors will monitor that nursing services are 	06/07/2015

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	<p>blood pressures for client #4, what was to be reported and to whom the staff were to report to in regard to client #4's elevated blood pressures.</p> <p>__ Client #4 was monitored after a head injury.</p> <p>__ Client #4's physician's orders were updated to ensure no standing orders for pre-sedation for medical procedures.</p> <p>__ Client #4's physicians were consulted in regard to recommendation for changes in the clients' diet orders by the dietician.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 4/27/15 between 3:45 PM and 6 PM. Client #4 was an elderly woman that walked at a fast pace and utilized a walker and a gait belt while ambulating. Client #4 required with hands on assistance from the staff while ambulating to maintain her stability. Client #4 was non verbal and would point to body parts to indicate pain.</p> <p>The facility's reportable and investigative records were reviewed on 4/27/15 at 1:30 PM. The 2/14/15 BDDS (Bureau of Developmental Disabilities Services) report indicated on 2/14/15 at 10:45 AM client #4 was sitting at the dining room table and eating her breakfast. The report indicated client #4 was eating "very</p>		<p>being provided through review of Health Care Reports, monthly.</p> <ul style="list-style-type: none"> · Monthly, the facility nurse, Program Coordinator and Program Director (QIDP) will meet to review client needs, all client specific training and head injury protocol training completed for existing and new staff. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Nursing services will be provided to all clients based on their need. · Nursing staff will be trained on completing and documenting assessments and providing appropriate level of services. · Program Directors will monitor that nursing services are being provided, weekly. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Nursing services will be provided to all clients based on their need. · Nursing staff will be trained on completing and documenting assessments and providing 				

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	<p>slowly and was dropping her glass. When she got up from the table she staggered a few steps. Staff also noticed that [client #4] grabbed her chest several times during this short time frame." The client was taken to the ER (Emergency Room) for evaluation and they "found nothing wrong with her.... All tests came back normal." The report indicated client #4 returned home with "no special instructions" other than to return to the group home.</p> <p>Client #4's electronic record was reviewed on 4/28/15 at 12:30 PM and 4/29/15 at 1 PM. Client #4's record indicated diagnoses of, but not limited to, Profound Intellectual Disabilities, Seizure Disorder, Hypothyroidism (low thyroid levels), Hypertriglycerides (a metabolic imbalance of the body) and Osteoporosis (porous bones causing reduced bone strength and a higher risk of fractures).</p> <p>Client #4's 2015 physician's orders indicated the staff were to take client #4's vital signs twice a day and record in Therap (client #4's electronic record). The orders indicated if the vital signs were "above normal limits notify the home manager immediately." The record did not indicate what "normal limits" were to be for client #4.</p>		<p>appropriate level of services.</p> <ul style="list-style-type: none"> Program Directors will monitor that nursing services are being provided. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> Program Directors will monitor that nursing services are being provided, weekly. <p>5. What is the date by which the systemic changes will be completed? 6/7/15</p>				

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	<p>The orders indicated client #4 was to receive the following medications:</p> <p>Acetaminophen 1300 mg (milligrams) three times a day for arthritis pain.</p> <p>Fosamax 70 mg once a week on Saturdays and Vitamin D 5000 units for Osteoporosis.</p> <p>Calcium Carb 500 mg with Vitamin D twice a day as a dietary supplement.</p> <p>Gabapentin 400 mg twice a day for mood stabilization.</p> <p>Lamotrigine 150 mg twice a day for seizures.</p> <p>Levothyroxine 88 mcg (micrograms) once a day for Hypothyroidism.</p> <p>Seroquel 100 mg twice a day and 200 mg at bedtime for impulse control.</p> <p>Simvastatin 20 mg once a day for high cholesterol levels.</p> <p>Client #4's physician's orders indicated client #4 did not receive any medications to treat hypertension (elevated blood pressure).</p> <p>Client #4's 2015 Vital Signs Record indicated the following BPs (blood pressures), Ps (pulses) and Rs (respirations):</p> <p>01/25/2015 07:30 PM - BP 161/97, P 98, R not recorded.</p> <p>01/28/2015 08:08 PM - BP 162/102, P 104, R not recorded.</p>			

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	01/29/2015 08:03 PM - BP 150/96, P 107, R not recorded.			
	02/12/2015 08:01 PM - BP 172/102, P 93, R not recorded.			
	02/16/2015 07:54 PM - BP 142/94, P 106, R not recorded.			
	02/17/2015 07:43 PM - BP 176/105, P 107, R not recorded.			
	02/18/2015 07:36 PM - BP 158/91, P not recorded, R not recorded.			
	02/20/2015 07:28 PM - BP 150/101, P 104, R not recorded.			
	02/21/2015 07:46 PM - BP 159/103, P 106, R not recorded.			
	03/01/2015 08:00 PM - BP 188/108, P 93, R not recorded.			
	03/02/2015 08:02 PM - BP 140/105, P 102, R not recorded.			
	03/07/2015 08:03 PM - BP 143/91, P 98, R not recorded.			
	03/08/2015 07:41 PM - BP 139/92, P 96, R not recorded.			
	03/10/2015 06:45 AM - BP 140/89, P 89, R 19.			
	03/11/2015 08:02 PM - BP 137/114, P 96, R not recorded.			
	03/12/2015 08:09 PM - BP 121/104, P 86, R not recorded.			
	03/15/2015 07:32 PM - BP 149/97, P 89, R not recorded.			
	03/21/2015 07:38 PM - BP 157/104, P 88, R not recorded.			
	03/23/2015 07:37 PM - BP 165/99, P 98, R not recorded.			

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	03/25/2015 08:17 PM - BP 149/105, P 95, R not recorded.			
	03/26/2015 07:17 AM - BP 146/92, P not recorded, R not recorded.			
	03/26/2015 09:05 PM - BP 162/102, P 92, R not recorded.			
	03/28/2015 07:39 PM - BP 147/100, P 97, R not recorded.			
	03/29/2015 07:41 PM - BP 152/103, P 97, R not recorded.			
	03/30/2015 07:44 PM - BP 142/90, P not recorded, R not recorded.			
	03/31/2015 08:02 PM - BP 141/102, P 109, R not recorded.			
	04/03/2015 07:36 PM - BP 144/89, P 106, R not recorded.			
	04/04/2015 08:15 PM - BP 143/129, P 99, R not recorded.			
	04/09/2015 06:58 AM - BP 135/105, P not recorded, R not recorded.			
	04/12/2015 07:24 PM - BP 156/95, P 98, R not recorded.			
	04/14/2015 08:44 PM - BP 151/91, P 88, R not recorded.			
	04/15/2015 08:12 PM - BP 148/90, P 91, R not recorded.			
	04/16/2015 09:14 PM - BP 166/107, P 95, R not recorded.			
	04/20/2015 08:50 PM - BP 146/123, P 54, R not recorded.			
	04/26/2015 08:03 PM - BP 148/98, P 99, R not recorded.			
	04/27/2015 07:55 PM - BP 142/119, P 87, R not recorded.			

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	<p>Client #4's Health Care Reports for 2014/2015 indicated the following nursing notes:</p> <p>4/3/15 at 7:17 PM - "v/s (vital signs) stable... continue to monitor and record as ordered by MD.</p> <p>3/25/15 at 6:24 PM - "v/s stable... continue to monitor and record as ordered by MD."</p> <p>2/26/15 at 11:37 AM - "v/s stable with 3 elevated b/p (blood pressure) readings, no recheck with elevated b/p. Recommend staff recheck v/s after 10-15 minutes of sitting for elevated reading. Monitor for headache, dizziness, change in vision with elevated b/p"</p> <p>2/20/15 at 12:20 PM - "v/s stable... continue to monitor and record as ordered by MD."</p> <p>2/13/15 at 9:42 PM - "v/s stable... Take record of vital signs and other pertinent information to MD appts (appointments) for review...."</p> <p>2/8/15 at 6:05 AM - "v/s stable... Take record of vital signs and other pertinent information to MD appts for review...."</p> <p>1/11/15 at 3:57 PM - "v/s stable... Take record of vital signs and other pertinent information to MD</p>			

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	<p>appts for review...." 11/28/14 at 4:45 PM - "v/s stable... continue to monitor and record as ordered by MD."</p> <p>Client #4's record indicated no risk plan and/or nursing care plan in regard to client #4's elevated blood pressures. Client #4's record indicated the staff did not notify nursing services and/or the home manager when client #4's blood pressures were elevated.</p> <p>During interview with the facility's RN on 4/29/15 at 12:45 PM, the RN: ___ Indicated a normal BP reading for most adults was 120/80. ___ Indicated the staff were to take client #4's vital signs (blood pressure, pulse and respirations) twice a day and were to notify the HM (House Manager) of any elevated blood pressures. ___ Indicated the staff and/or the HM had not notified the RN of any elevated and/or abnormal BPs for client #4 within the past 4 months. ___ Stated she was in the home "usually once a month." ___ Indicated all of the nursing documentation/notes were written on client #4's Health Care Reports. ___ Indicated she reviewed client #4's medical data in Therap at least once a month and she (the RN) had not noticed</p>			

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	<p>all of the elevated BPs that were documented from January 2015 through April 2015 until this surveyor brought it to her attention.</p> <p>__ Indicated she had immediate access to all medical information including vital signs via the computer.</p> <p>__ Indicated client #4 had an episode of an elevated BP in March of 2014 when the RN had noted the high BP and had client #4 sent to the ER for evaluation.</p> <p>__ Indicated client #4 saw her physician and/or her physician's NP (nurse practitioner) every 3 months.</p> <p>__ Indicated client #4's blood pressure records were to be taken to the physician's appointments each time client #4 went on a medical appointment.</p> <p>__ Indicated she did not know if client #4's physician and/or NP were aware of client #4's elevated BPs.</p> <p>__ Indicated she had not directly discussed client #4's elevated BPs with client #4's physician since the incident of March, 2014.</p> <p>__ Stated the staff should have retaken client #4's BP after 15 minutes and if still high the staff "should have" notified the HM.</p> <p>__ Indicated no specific risk plan and/or protocol was implemented in regard to client #4's elevated BPs.</p> <p>__ Indicated the staff failed to take client #4's v/s twice daily as indicated by the</p>			

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	<p>physician's orders.</p> <p>___ Indicated the staff had not been instructed of specific parameters of normal, high and/or low blood pressure for client #4.</p> <p>During interview with the PD (Program Director) on 4/29/15 at 1 PM, the PD, ___ Indicated she had called the HM and the HM indicated the staff had not notified the HM of any elevated and/or abnormal BPs for client #4.</p> <p>___ Indicated the staff had failed to notify the HM who then in turn would have notified the RN of elevations of client #4's BP and/or abnormal readings.</p> <p>___ Stated no specific plan of care in place in regard to client #4's elevated BPs other than the staff were to take client #4's v/s twice daily and report to the HM any readings that were "not normal."</p> <p>2. The facility's reportable and investigative records were reviewed on 4/27/15 at 1:30 PM. The 1/16/15 BDDS report indicated on 1/16/15 at 10:45 AM client #4 was in the kitchen and fell hitting her head on the floor. The report indicated client #4 obtained a two inch laceration to the top of her head. The staff called the HM and the HM went to the group home and took client #4 to the ER where the client was examined and the doctor placed eight staples in client</p>			

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	<p>#4's head to close the laceration. The report indicated no tests were conducted and the doctor indicated "they didn't need to do any (tests) since she (client #4) wasn't vomiting and there was no swelling. [Client #4] has a risk plan for falls, staff will continue to follow her risk plan. [Client #4] returned home from the ER in what appeared to be a very good mood, she was laughing and going about her normal routine for the day."</p> <p>Client #4's electronic record was reviewed on 4/28/15 at 12:30 PM and 4/29/15 at 1 PM.</p> <p>Client #4's 2015 physician's orders indicated the staff were to take client #4's vital signs twice a day and record in Therap. The orders indicated if the vital signs were above normal limits the staff were to notify the home manager immediately. The record did not indicate what "normal limits" were for client #4.</p> <p>Client #4's 2015 Vital Signs Record indicated the following v/s for 1/16/15 through 1/19/15: 1/16/15 at 6:23 AM - BP 120/76, P 78, R 17. 1/16/15 at 8:18 PM - BP 136/86, P 88, R 19. 1/17/15 at 7:54 PM - BP 102/66, P 96, R not recorded.</p>			

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	<p>1/18/15 at 8:18 PM - BP 140/88, P 88, R 19.</p> <p>1/19/15 at 7:15 PM - BP 138/88, P 88, R 19.</p> <p>Client #4's Meaningful Day Logs entered by the staff for 1/16/15 through 1/19/15 indicated:</p> <p>1/16/15 from 12 AM to 8 AM - Client #4 had a good morning.</p> <p>1/16/15 from 8 AM to 4 PM - The staff assisted client #4 with washing her hair and monitored client #4 for falls while in the bathroom. "[Client #4] has been in living room watching tv (television) most of this shift."</p> <p>1/17/15 from 8 AM - to 11:59 AM - "Client watched TV and relaxed in her room."</p> <p>1/18/15 from 4 PM to 11:59 PM - Client #4 shaved and put her clothes away and "seemed to be in good humor laughing quite often."</p> <p>1/19/15 from 12 AM to 8 AM - The staff assisted client #4 to brush her hair and client #4 watched TV.</p> <p>Client #4's Health Care Reports for January and February 2015 indicated the following nursing notes, all inclusive:</p> <p>1/11/15 "Weight stable, regular bm (bowel movements) habits, no skin issues, v/s stable.</p>			

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	<p>Recommendations: Encourage adequate fluid intake and high fiber foods to allow for more normal BMs. Monitor for s/s (signs and symptoms of) constipation and report concerns per protocol. Utilize PRN (as needed) medication as ordered/directed for constipation.</p> <p>2. Continue to follow along with current physician's and follow through with physician orders. Take record of vital signs and other pertinent information to MD appts for review. Continue to monitor skin daily with bath."</p> <p>2/8/15 "Weight stable, regular bm habits, no skin issues, v/s stable.</p> <p>Recommendations: Encourage adequate fluid intake and high fiber foods to allow for more normal BMs. Monitor for s/s constipation and report concerns per protocol. PRN medication as ordered/directed for constipation.</p> <p>2. Continue to follow along with current physicians and follow through with physician orders. Take record of vital signs and other pertinent information to MD appts for review. Continue to monitor skin daily with bath."</p> <p>Client #4's record indicated no</p>			

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	<p>neurological assessments by the RN and/or the DCS (Direct Care Staff) after client #4's fall resulting in a head injury.</p> <p>During telephone interview with the facility's RN on 5/1/15 at 3 PM, the RN: ___ Stated after a head injury "a person is usually" watched/monitored for 48 to 72 hours. ___ Indicated the length of time the person would be monitored would depend on the severity of the injury. ___ Stated a neurological assessment would be done at regular intervals to "check the person's level of consciousness, to check the pupils for a response to light, to take the person's vital signs and to check the person's motor functions/strength to ensure no further injury to the person's head." ___ Indicated the DCS were not trained to conduct neurological assessments. ___ Indicated she had not given the DCS any directions and/or instructions in regard to how the staff were to monitor client #4 after coming home from the hospital after a head injury. ___ Indicated she had not assessed client #4 after her head injury. ___ Indicated after client #4 fell, the DCS called the HM who in turn went to the group home and personally took client #4 to the ER for an evaluation. ___ Indicated the HM was not a nurse</p>			

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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1503 WASHINGTON ST NEW CASTLE, IN 47362
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	<p>and/or did not have a medical license.</p> <p>__ Indicated she did not conduct neurological assessments on client #4 after client #4's fall resulting in a head injury.</p> <p>__ Stated the DCS would have reported "anything out of the ordinary for her (client #4) to the HM."</p> <p>__ Indicated the facility did not have a protocol and/or procedure to be followed when in regard to clients with head injury.</p> <p>__ Stated, "If it's bad enough, then we have to take them (the clients) to the hospital for an evaluation."</p> <p>3. Client #4's electronic record was reviewed on 4/28/15 at 12:30 PM. Client #4's 2015 physician's orders indicated "May use pre sedates as needed for medical appts."</p> <p>During interview with the PD (Program Director) on 5/1/15 at 1 PM, the PD:</p> <p>__ Indicated the facility did not use standing orders for pre sedates for medical appointments.</p> <p>__ Stated, "We always call and get a new order when needed and I'm not really sure why that order is still on her POs (Physician's Orders)."</p> <p>__ Indicated the RN would need to call the physician and to have the standing order removed from client #4's</p>			

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W 342 Bldg. 00	<p>physician's orders.</p> <p>4. Client #4's electronic record was reviewed on 4/28/15 at 12:30 PM. Client #4's 3/16/15 nutrition review indicated a recommendation for a nurse to consult with client #4's doctor to include low fat, low cholesterol to client #4's diet order due to client #4 taking medication to lower her cholesterol.</p> <p>Client #4's 2015 physician's orders indicated client #4 was to have an 1800 calorie diet. Client #4's record did not indicated the recommendations of the dietary review was addressed with client #4's doctor.</p> <p>During interview with the facility's RN on 4/29/15 at 12:45 PM, the RN indicated she was not aware of the recommendations of the dietician and had not spoke with client #4's doctor to change the client's diet order.</p> <p>9-3-6(a)</p> <p>483.460(c)(5)(iii) NURSING SERVICES Nursing services must include implementing with other members of the interdisciplinary</p>						

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	<p>team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.</p> <p>Based on record review and interview for 2 of 4 sample clients (#2 and #4), the facility failed to ensure the staff were trained and/or retrained in taking and reporting client #4's blood pressure and in conducting client #2's monthly breast exams.</p> <p>Findings include:</p> <p>1. Client #4's electronic record was reviewed on 4/28/15 at 12:30 PM and 4/29/15 at 1 PM. Client #4's record indicated diagnoses of, but not limited to, Profound Intellectual Disabilities, Seizure Disorder, Hypothyroidism (low thyroid levels), Hypertriglycerides (a metabolic imbalance of the body) and Osteoporosis (porous bones causing reduced bone strength and a higher risk of fractures).</p> <p>Client #4's 2015 physician's orders indicated the staff were to take client #4's vital signs twice a day and record in Therap (client #4's electronic record). The orders indicated if the vital signs were "above normal limits notify the home manager immediately." The record</p>	W 342	<p>W 342 NURSING SERVICES</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Nursing services will include members of the IDT in implementing protective and preventative health measures. · Nursing staff will be retrained on including IDT. · Program Directors will monitor that IDT is included in implementing protective and preventative measures. · Monthly, the facility nurse, Program Coordinator and Program Director (QIDP) will meet to review client needs, all client specific training and head injury protocol training completed for existing and new staff. 	06/07/2015			

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	<p>did not indicate what "normal limits" were for client #4.</p> <p>Client #4's 2015 Vital Signs Record indicated the following BPs (blood pressures), Ps (pulses) and Rs (respirations):</p> <p>01/25/2015 07:30 PM - BP 161/97, P 98, R not recorded.</p> <p>01/28/2015 08:08 PM - BP 162/102, P 104, R not recorded.</p> <p>01/29/2015 08:03 PM - BP 150/96, P 107, R not recorded.</p> <p>02/12/2015 08:01 PM - BP 172/102, P 93, R not recorded.</p> <p>02/16/2015 07:54 PM - BP 142/94, P 106, R not recorded.</p> <p>02/17/2015 07:43 PM - BP 176/105, P 107, R not recorded.</p> <p>02/18/2015 07:36 PM - BP 158/91, P not recorded, R not recorded.</p> <p>02/20/2015 07:28 PM - BP 150/101, P 104, R not recorded.</p> <p>02/21/2015 07:46 PM - BP 159/103, P 106, R not recorded.</p> <p>03/01/2015 08:00 PM - BP 188/108, P 93, R not recorded.</p> <p>03/02/2015 08:02 PM - BP 140/105, P 102, R not recorded.</p> <p>03/07/2015 08:03 PM - BP 143/91, P 98, R not recorded.</p> <p>03/08/2015 07:41 PM - BP 139/92, P 96, R not recorded.</p> <p>03/10/2015 06:45 AM - BP 140/89, P 89,</p>		<p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Nursing services will include members of the IDT in implementing protective and preventative health measures. · Nursing staff will be retrained on including IDT. · Program Directors will monitor that IDT is included in implementing protective and preventative measures. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Nursing services will include members of the IDT in implementing protective and preventative health measures. · Nursing staff will be retrained on including IDT. · Program Directors will monitor that IDT is included in implementing protective and preventative measures. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p>				

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	R 19. 03/11/2015 08:02 PM - BP 137/114, P 96, R not recorded. 03/12/2015 08:09 PM - BP 121/104, P 86, R not recorded. 03/15/2015 07:32 PM - BP 149/97, P 89, R not recorded. 03/21/2015 07:38 PM - BP 157/104, P 88, R not recorded. 03/23/2015 07:37 PM - BP 165/99, P 98, R not recorded. 03/25/2015 08:17 PM - BP 149/105, P 95, R not recorded. 03/26/2015 07:17 AM - BP 146/92, P not recorded, R not recorded. 03/26/2015 09:05 PM - BP 162/102, P 92, R not recorded. 03/28/2015 07:39 PM - BP 147/100, P 97, R not recorded. 03/29/2015 07:41 PM - BP 152/103, P 97, R not recorded. 03/30/2015 07:44 PM - BP 142/90, P not recorded, R not recorded. 03/31/2015 08:02 PM - BP 141/102, P 109, R not recorded. 04/03/2015 07:36 PM - BP 144/89, P 106, R not recorded. 04/04/2015 08:15 PM - BP 143/129, P 99, R not recorded. 04/09/2015 06:58 AM - BP 135/105, P not recorded, R not recorded. 04/12/2015 07:24 PM - BP 156/95, P 98, R not recorded. 04/14/2015 08:44 PM - BP 151/91, P 88,		· Program Directors will monitor that IDT is included in implementing protective and preventative measures. 5. What is the date by which the systemic changes will be completed? 6/7/15		

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	<p>R not recorded. 04/15/2015 08:12 PM - BP 148/90, P 91, R not recorded. 04/16/2015 09:14 PM - BP 166/107, P 95, R not recorded. 04/20/2015 08:50 PM - BP 146/123, P 54, R not recorded. 04/26/2015 08:03 PM - BP 148/98, P 99, R not recorded. 04/27/2015 07:55 PM - BP 142/119, P 87, R not recorded.</p> <p>Client #4's Health Care Reports for 2014/2015 indicated the following nursing notes:</p> <p>4/3/15 at 7:17 PM - "v/s (vital signs) stable... continue to monitor and record as ordered by MD. 3/25/15 at 6:24 PM - "v/s stable... continue to monitor and record as ordered by MD." 2/26/15 at 11:37 AM - "v/s stable with 3 elevated b/p (blood pressure) readings, no recheck with elevated b/p. Recommend staff recheck v/s after 10-15 minutes of sitting for elevated reading. Monitor for headache, dizziness, change in vision with elevated b/p" 2/20/15 at 12:20 PM - "v/s stable... continue to monitor and record as ordered by MD." 2/13/15 at 9:42 PM - "v/s stable... Take</p>			

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	<p>record of vital signs and other pertinent information to MD appts (appointments) for review...."</p> <p>2/8/15 at 6:05 AM - "v/s stable... Take record of vital signs and other pertinent information to MD appts for review...."</p> <p>1/11/15 at 3:57 PM - "v/s stable... Take record of vital signs and other pertinent information to MD appts for review...."</p> <p>11/28/14 at 4:45 PM - "v/s stable... continue to monitor and record as ordered by MD."</p> <p>Client #4's record indicated no risk plan and/or nursing care plan in regard to client #4's elevated blood pressures. Client #4's record indicated the staff did not notify nursing services and/or the home manager when client #4's blood pressures were elevated.</p> <p>During interview with the facility's RN on 4/29/15 at 12:45 PM, the RN: ___ Indicated a normal BP reading for most adults was 120/80. ___ Indicated the staff were to take client #4's vital signs (blood pressure, pulse and respirations) twice a day and were to notify the HM (House Manager) of any elevated blood pressures. ___ Indicated the staff and/or the HM had</p>			

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	<p>not notified the RN of any elevated and/or abnormal BPs for client #4 within the past 4 months.</p> <p>__ Stated the staff "should have retaken" client #4's BP after 15 minutes and if still high the staff "should have" notified the HM and the HM then would notify the RN.</p> <p>__ Indicated the staff failed to take client #4's v/s twice daily as indicated by the physician's orders.</p> <p>__ Indicated the staff had not been instructed of specific parameters of normal, high and/or low blood pressure for client #4.</p> <p>__ Indicated the staff would need to be retrained in regard to taking and reporting client #4's vital signs.</p> <p>2. Client #2's electronic record was reviewed on 4/28/15 at 4 PM.</p> <p>__ Client #2's updated 3/12/15 ISP (Individual Support Plan) indicated "Due to a past breast cancer diagnosis staff assist [client #2] in performing a monthly breast exam."</p> <p>__ Client #2's IPOP (Individual Plan of Protective Oversight) dated 1/2/14 indicated client #2 "has a history of cancer, she went through chemotherapy and laser surgery to remove the infected area in 2008."</p> <p>__ Client #2's MAR (Medication Administration Record) for April 2015</p>			

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	<p>indicated "Monthly breast exam of right and left breast while laying down - Complete the 15th of each month - Report lumps/masses to RC (Residential Coordinator)."</p> <p>__ Client #2's 2015 MARs indicated evidence a breast exam was conducted by the staff by the staff initialing it was done on client #2's MAR.</p> <p>__ Client #2's record indicated no descriptive documentation of the results of the breast exams conducted.</p> <p>During interview with the PD (Program Director) on 5/1/15 at 1 PM, the PD:</p> <p>__ Indicated if the staff found no issues, lumps, bumps or masses while doing the exam then the staff would initial client #2's MAR as being done.</p> <p>__ When asked to see the staff training in regard to conducting breast exams for client #2, the PD indicated the training was included in client #2's client specific training provided by the PD.</p> <p>__ When asked to see the training, the PD stated, "If you are looking for evidence of the training of doing the breast exam, it is not documented separately as a part of her (client #2's) client specific training for the staff."</p> <p>__ Indicated she was unable to provide evidence of specific staff training in regard to client #2's monthly breast exams.</p>			

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W 350 Bldg. 00	<p>__ Stated the staff "should be" documenting a descriptive narrative note in client #2's Meaningful Day Logs of their findings and stated, "They (the staff) apparently aren't doing that either."</p> <p>9-3-6(a)</p> <p>483.460(e)(3) DENTAL SERVICES The facility must provide education and training in the maintenance of oral health. Based on record review and interview for 4 of 4 sample clients, (#1, #2, #3 and #4), the facility failed to provide the clients with education and training in tooth brushing, oral health and dental hygiene.</p> <p>Findings include:</p> <p>1. Client #1's electronic record was reviewed on 4/28/15 at 1:30 PM. __ Client #1's 2015 physician's orders indicated the staff were to assist client #1 with brushing her teeth three times a day. __ Client #1's IPOP (Individual Plan of Protective Oversight) dated 12/5/13 indicated client #1 had a partial bottom denture and required staff prompting to brush her teeth. __ Client #1's ISP (Individualized Support</p>	W 350	<p>W350 Dental Services The facility must provide education and training in maintenance of oral health. 1. What corrective action will be accomplished? · All individual program plans will include specific training in oral health. · Programs will be written into plans for all clients in the home. · Program Director (QIDP) will be retrained on writing oral health in plans. · Program Director (QIDP) will monitor compliance with programming through data collection in Therap, monthly · Area Director will monitor that oral health programs are included, annually. 2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · All</p>	06/07/2015			

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	<p>Plan) dated 11/11/14 indicated client #1 "may also require assistance with brushing her teeth to ensure thoroughness." __ Client #1's ISP indicated no specific objectives to assist client #1 with her tooth brushing, oral health and/or dental hygiene.</p> <p>2. Client #2's electronic record was reviewed on 4/28/15 at 4 PM. __ Client #2's 2015 physician's orders indicated the staff were to assist client #2 with brushing her teeth three times a day. __ Client #2's updated ISP dated 3/12/15 indicated client #2 required staff to assist her with tooth brushing. __ Client #2's ISP indicated no specific objectives to assist client #2 with her tooth brushing, oral health and/or dental hygiene.</p> <p>3. Client #3's electronic record was reviewed on 4/28/15 at 3 PM. __ Client #3's 2015 physician's orders indicated client #3 was to use Advanced Formula Rinse for periodontal disease (the result of infections and inflammation of the gums and bones that surround and support the teeth) and Peridex 0.12% Oral Rinse for gingivitis (a form of gum disease) twice a day. __ Client #3's IPOP dated 10/20/14</p>		<p>residents have the potential to be affected by the same deficient practice · All individual program plans will include training in oral health. · Program Director will be retrained on writing oral health in plans. · Area Director will monitor that oral health programs are included annually. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: · All individual program plans will include specific training in oral health. · Programs will be written into plans for all clients in the home. · Program Director will be retrained on writing oral health in plans. · Area Director will monitor that oral health programs are included annually. 4. How will the corrective action be monitored to ensure the deficient practice will not recur? · All individual program plans will include specific training in oral health. · Programs will be written into plans for all clients in the home. · Program Director will be retrained on writing oral health in plans. · Area Director will monitor that oral health programs are included annually. 5. What is the date by which the systemic changes will be completed? 6/7/15</p>		

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	<p>indicated client #3 required staff supervision and prompting to use her mouth wash and to brush her teeth. __ Client #3's ISP dated 10/21/14 indicated no specific objectives to assist client #3 with her tooth brushing, oral health and/or dental hygiene.</p> <p>4. Client #4's electronic record was reviewed on 4/28/15 at 12:30 PM. __ Client #4's 2015 physician's orders indicated the staff were to monitor client #4 while brushing her teeth three times a day and was to use an oral mouthwash twice a day for periodontal disease. __ Client #4's IPOP dated 5/5/14 indicated client #4 required staff assistance and supervision while brushing her teeth. __ Client #4's ISP dated 3/12/15 indicated no specific objectives to assist client #4 with her tooth brushing, oral health and/or dental hygiene.</p> <p>During interview with the PD (Program Director) on 5/1/15 at 1 PM, the PD: __ Indicated client #1's ISP did not include any objectives to assist client #1 with dental hygiene, oral health and/or tooth brushing. __ Indicated client #2's ISP did not include any objectives to assist client #2 with dental hygiene, oral health and/or tooth brushing.</p>			

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W 352 Bldg. 00	<p>__ Indicated client #3's ISP did not include any objectives to assist client #3 with dental hygiene, oral health and/or tooth brushing.</p> <p>__ Indicated client #4's ISP did not include any objectives to assist client #4 with dental hygiene, oral health and/or tooth brushing.</p> <p>9-3-6(a)</p> <p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview for 2 of 4 sampled clients (#2 and #4), the facility failed to ensure the clients were provided an annual dental examination.</p> <p>Findings include:</p> <p>Client #2's electronic record was reviewed on 4/28/15 at 4 PM. Client #2's record indicated client #2's most current dental examination was conducted on 12/13/13.</p> <p>Client #4's electronic record was reviewed on 4/28/15 at 12:30 PM. Client</p>	W 352	<p>W352 Dental Services</p> <p>Comprehensive dental diagnostic services include periodic examination and diagnosis at least annually.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · All individuals will have a dental exam annually. · Program Coordinator will schedule dental exams for clients in the home, who are out of compliance, immediately. · Program Coordinator will be retrained on scheduling and importance of annual dental exams. 	06/07/2015

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	<p>#4's record indicated client #4's most current dental examination was conducted on 3/28/14.</p> <p>During interview with the PD (Program Director) on 5/1/15 at 1 PM, the PD indicated client #2's most current dental exam was 12/13/13 and client #4's most current dental exam was on 3/28/14. The PD indicated clients were to have a dental examination annually.</p> <p>9-3-6(a)</p>		<ul style="list-style-type: none"> · Program Director will monitor that oral health exams are conducted, annually, for all clients. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice · All individuals will have a dental exam annually. · Program Coordinator will schedule dental exams for clients in the home, who hare out of compliance, immediately. · Program Coordinator will be retrained on scheduling and importance of annual dental exams. · Program Director will monitor that oral health are conducted annually. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · All individuals will have a dental exam annually. · Program Coordinator will schedule dental exams for clients in the home, who hare out of compliance, immediately. · Program Coordinator will be retrained on scheduling and importance of annual dental exams. · Program Director will monitor that oral health are conducted 	

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W 440 Bldg. 00	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed for 4 of 4 sampled clients (#1, #2, #3 and #4) and 4 additional clients (#5, #6, #7 and #8) who resided in the group home, to ensure evacuation drills were conducted at least quarterly for the day shift (7 AM to 3 PM) of personnel for the first quarter	W 440	<p>annually.</p> <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · All individuals will have a dental exam annually. · Program Coordinator will schedule dental exams for clients in the home, who hare out of compliance, immediately. · Program Coordinator will be retrained on scheduling and importance of annual dental exams. · Program Director will monitor that oral health are conducted annually. <p>5. What is the date by which the systemic changes will be completed? 6/7/15</p> <p>W440 Evacuation Drills</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Evacuation drill schedule will 	06/07/2015

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	<p>(January, February and March) 2015 and the fourth quarter (October, November and December 2014).</p> <p>Findings include:</p> <p>The facility's evacuation drills were reviewed on 4/28/15 at 8:20 AM. The review indicated the facility had failed to conduct an evacuation drill for clients #1, #2, #3, #4, #5, #6, #7 and #8 for the day shift of personnel for the first quarter of 2015 and the fourth quarter of 2014.</p> <p>Review of an email dated 5/5/15 at 2:45 PM from the PD (Program Director) on 5/5/15 at 3 PM indicated no drills were conducted for the day shift of personnel for the first quarter of 2015 and the fourth quarter of 2014.</p> <p>9-3-7(a)</p>		<p>be implemented in home to ensure each shift of personnel practices evacuation skills quarterly.</p> <ul style="list-style-type: none"> · Staff will be retrained on evacuation drills, expectations and documentation. · Program Coordinator will be retrained on drill expectations, timeliness and documentation. · Program Directors will monitor that drills are completed and documented per the schedule, monthly. · Area Director will review completed drill documentation, monthly. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Evacuation drill schedule will be implemented in home to ensure each shift of personnel practices evacuation skills quarterly. · Staff will be retrained on evacuation drills, expectations and documentation. · Program Coordinator will be retrained on drill expectations, timeliness and documentation. · Program Directors will monitor that drills are completed and documented per the schedule, monthly. 		

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			<p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Evacuation drill schedule will be implemented in home to ensure each shift of personnel practices evacuation skills quarterly. · Staff will be retrained on evacuation drills, expectations and documentation. · Program Coordinator will be retrained on drill expectations, timeliness and documentation. · Program Directors will monitor that drills are completed and documented per the schedule, monthly. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Evacuation drill schedule will be implemented in home to ensure each shift of personnel practices evacuation skills quarterly. · Staff will be retrained on evacuation drills, expectations and documentation. · Program Coordinator will be retrained on drill expectations, timeliness and documentation. · Program Directors will monitor that drills are completed and documented per the schedule, monthly. <p>5. What is the date by which the systemic changes will be</p>	

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W 460 Bldg. 00	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, interview and record review for 1 of 1 sampled client receiving a modified diet (#1), the facility failed to ensure client #1 was provided the recommended diet texture.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/27/15 between 3:45 PM and 6 PM. During this observation period client #1 was provided soup beans, corn bread, cooked spinach and fruit cocktail for her evening meal. A bowl of cubed fresh onions was placed on the table for all of the clients to add to their soup beans. Client #1 placed two large tablespoons of cut up fresh onions into her bowl of soup beans. The HM (Home Manager) prompted staff #1 to remove one of the large pieces of onion from client #1's bowl of beans. After doing so, client #1 immediately retrieved the bowl of chopped onions and placed two more large tablespoons of fresh cut up onions</p>	W 460	<p>completed? 6/7/15</p> <p>W460 Food and Nutrition Services</p> <p>Each client must receive a nourishing, well balanced diet including modified and specially-prescribed diets.</p> <p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Dietary plans for client #1 will be updated, per recommendations of dietician. · Staff will be retrained on dietary plan for client #1 by nurse or dietician. · Program Coordinator will be retrained on implementing diets and dietary recommendations by nurse or dietician. · Program Coordinator will monitor staff compliance with dietary plans when in home. · Program Coordinator will complete weekly meal observations for one month, then monthly thereafter. · Program Director (QIDP) will monitor and update dietary plans and recommendations, monthly. · Program Director (QIDP) will 	06/07/2015

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	<p>into her bowl.</p> <p>Client #1's electronic record was reviewed on 4/28/15 at 12:30 PM. Client #1's physician's orders for April 2015 indicated client #1 was to receive a mechanical soft diet.</p> <p>Review of the 9/26/12 Guidelines for Mechanical Soft Diet provided by the facility's dietician was reviewed on 5/1/15 at 11 AM. The guidelines indicated foods were to be easy to chew, cut into 1/4 inch to 1/2 inch cubes, moist and mashable in the mouth. The guidelines indicated raw vegetables were prohibited on a mechanical soft diet.</p> <p>During interview with the PD (Program Director) on 5/1/15 at 1 PM, the PD indicated the staff were to provide the clients with their prescribed diets at every meal.</p> <p>During interview with the HM on 5/4/15 at 4 PM, the HM indicated fresh cut up onions would not be allowed on a mechanical soft diet.</p> <p>9-3-8(a)</p>		<p>review meal observation documentation and address any concerns, as needed.</p> <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All residents have the potential to be affected by the same deficient practice. · Dietary plans for client #1 will be updated, per recommendations of dietician. · Staff will be retrained on dietary plan for client #1 by nurse or dietician. · Program Coordinator will be retrained on implementing diets and dietary recommendations by nurse or dietician. · Program Coordinator will monitor staff compliance with dietary plans daily. · Program Directors will monitor and update dietary plans and recommendations, monthly. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Dietary plans for client #1 will be updated, per recommendations of dietician. · Staff will be retrained on dietary plan for client #1 by nurse or dietician. · Program Coordinator will be 		

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			<p>retrained on implementing diets and dietary recommendations by nurse or dietician.</p> <ul style="list-style-type: none"> · Program Coordinator will monitor staff compliance with dietary plans daily. · Program Directors will monitor and update dietary plans and recommendations, monthly. <p>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</p> <ul style="list-style-type: none"> · Dietary plans for client #1 will be updated, per recommendations of dietician. · Staff will be retrained on dietary plan for client #1 by nurse or dietician. · Program Coordinator will be retrained on implementing diets and dietary recommendations by nurse or dietician. · Program Coordinator will monitor staff compliance with dietary plans daily. · Program Directors will monitor and update dietary plans and recommendations, monthly. <p>5. What is the date by which the systemic changes will be completed? 6/7/15</p>	