

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G625	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/15/2014
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3705 E 116TH ST CARMEL, IN 46032
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: 9/8, 9/9, 9/10, 9/11, 9/12, and 9/15/2014.</p> <p>Facility Number: 001174 Provider Number: 15G625 AIMS Number: 100235590</p> <p>Surveyor: Susan Eakright, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/29/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, for 4 of 4 sampled clients (clients #1, #2, #3, and #4) and 4 additional clients (clients #5, #6, #7, and #8), the governing body failed to exercise operating direction over the facility to complete maintenance and repairs for client #1, #2, #3, #4, #5, #6, #7, and #8's group home.</p>	W000104	<p>All of the noted repairs have been forwarded to the maintenance supervisor to address. All noted repairs have been completed or will be scheduled to be completed as soon as possible. (see Attachment)</p> <p>Home Manager will receive retraining to include completing weekly walkthroughs of the home</p>	10/15/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Findings include:</p> <p>On 9/9/14 from 3:05pm until 5:40pm, and on 9/10/14 from 5:35am until 7:30am, observations were conducted at the group home and clients #1, #2, #3, #4, #5, #6, #7, and #8 walked and/or accessed each room throughout the group home independently. During both observation periods the following maintenance items were observed with the Residential Manager (RM):</p> <p>-On 9/10/14 at 7:30am, the front porch overhang sagged and was in "need of repair."</p> <p>-On 9/10/14 at 7:30am, the RM stated the front porch light and outside front lights of the group home were "burned out" and needed replaced.</p> <p>-On 9/10/14 at 7:30am, the RM stated the front porch swing was "missing" slat supports to the seat of the swing.</p> <p>-On 9/10/14 at 7:30am, the RM stated the carpets in the back living room, front living room, and hallway "were stained and worn" with black spots, "urine stains," and ripped areas.</p> <p>-On 9/09/14 at 4:30pm, the RM stated the kitchen tiled floor, bathroom #1 tiled floor, and bathroom #2 tiled floor were "stained and worn" with black spots, and gouges into the tiled areas where clients #1, #2, #3, #4, #5, #6, #7, and #8 walked or accessed each area.</p>		<p>to note any items that are in need of repair or replacement. If any items are noted Home Manager will notify the Maintenance staff and/or Program Director as needed. If requests for repairs have not been completed or scheduled to be completed within a week, the HM will follow up with the maintenance staff and/or PD to determine the status of the repair. If the Program Director has not received any information regarding the status of the repair, the Program Director will speak with the Maintenance supervisor to determine the status of the repair. If the requested repairs have not been completed within 3 weeks of the request the Program Director will notify the Area Director so that further follow up can be completed as needed.</p> <p>Ongoing the Home Manager will complete walkthroughs of the home a minimum of weekly. Ongoing, the Program Director will complete an environmental review at least once monthly and the Area Director will complete an environmental assessment of the home at least quarterly. Any needed repairs or replacements will be reported and follow up on a minimum of weekly. If repairs are not completed within a timely manner the matter should be reported to the next level of the chain of command for follow up.</p>		

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	<p>-On 9/10/14 at 7:30am, the RM stated three of four lights over the sink were "burned" out and needed replaced.</p> <p>-On 9/10/14 at 7:30am, the RM stated two of two walls in the kitchen had "built up" dirt and grease spots.</p> <p>-On 9/10/14 at 7:30am, the RM indicated two of two walls in the hallway had black marks, gouges, and marks up and down the hallway.</p> <p>-On 9/10/14 at 7:10am, the RM stated three of four walls in the front living room had black marks extending from the floor up the wall "about four feet."</p> <p>-On 9/10/14 at 7:10am, the RM stated the back entrance/exit door was "missing" a section of the wooden trim holding in the door length glass into position.</p> <p>-On 9/10/14 at 7:30am, the privacy screen used during medication administration to shield other clients and staff from observing medications administered in the kitchen was broken into three (3) separate pieces.</p> <p>-On 9/10/14 at 7:30am, the RM stated the wooden dining room table finish was worn and had meat chunks with a "build up" of food debris into the three sections of wood leaves to extend the length of the table in which the table did not meet to make a solid surface.</p> <p>-Eight of eight wooden dining room chairs had worn wood finish.</p> <p>-On 9/10/14 at 7:30am, the RM stated the</p>		Responsible Staff: Maintenance Staff, House Manager, Program Director, Area Director				

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W000120	<p>kitchen refrigerator had a "rusty" build up on two of two sides and a burned out light inside the compartment.</p> <p>-On 9/10/14 at 7:30am, the RM stated the front bathroom had a "rusty" floor vent.</p> <p>On 9/11/14 at 12:45pm, an interview with the Area Director (AD) and the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) was conducted. The AD and the PD/QIDP both indicated client #1, #2, #3, #4, #5, #6, #7, and #8's group home was in need of repairs.</p> <p>On 9/10/14 at 11:05am, an interview with the Chief Executive Officer (CEO) was conducted. The CEO indicated the facility had no pending maintenance available for review for the listed items.</p> <p>9-3-1(a)</p> <p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based on observation, interview, and record review, for 1 of 4 sampled clients (client #3) and one additional client (client #7) who attended day services in the classroom, the facility failed to ensure the outside workshop implemented</p>	W000120	<p>Plans have been made to move Client #3 and #7 to a different day program effective November 1.</p> <p>Workshop staff will receive retraining to include ensuring that all consumers are offered formal and/or informal opportunities for</p>	10/15/2014

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	<p>individual support plan (ISP) objectives and provided active treatment during formal and informal opportunities.</p> <p>Findings include:</p> <p>During observation on 9/10/14 from 12:50pm until 2:40pm, observations at the outside workshop were completed for clients #3 and #7. From 12:50pm until 2:40pm, clients #3 and #7 were not prompted or encouraged to use the restroom. At 2:24pm, WKS (Workshop Staff) #1 and the WKS Supervisor both stated clients #3 and #7 were taken to the restroom "at 11:40am" and indicated neither staff had assisted or encouraged clients #3 and #7 to go to the bathroom.</p> <p>On 9/10/14 from 12:50pm until 2:40pm, client #3 paced from room to room and was verbally requested to stay in the room without activity or interaction. Client #3 left the workshop areas four times during the observation with WKS #1 and/or the WKS Supervisor leaving the room to retrieve client #3. From 12:50pm until 2:40pm, client #3 repeatedly obtained items from the trash cans including partially eaten pot pie, licked the wrappers of granola bars and cup cakes, licked strings from the trash, rubbed his fingers over used paper plates with residue then licked his fingers,</p>		<p>active treatment a minimum of every 15 minutes. Training will also include ensuring that ISP objectives are implemented during formal and informal opportunities. Training will include ensuring that Client #3 and #7 are encouraged to use the restroom a minimum of every 2 hours.</p> <p>The Program Director will work with workshop staff to develop vocational specific goals for Clients #3 and 7. The Group home Program Director will update all consumers ISP to include these vocational goals. The Workshop staff and Program Director will receive retraining to ensure that specific vocational goals are developed at admission for staff to implement at the Workshop setting to increase the consumers' level of independence. Workshop staff will receive retraining to include ensuring that Client #3 and #7 are within the eyesight of staff supervising them. Training will also review the need to ensure that workshop staff are notifying residential staff of behavior incidents, for example food theft of Client #3. Program Director and/or Home Manager will complete active treatment observations a minimum of weekly for the duration of time the clients are at this workshop to ensure staff are offering all consumers formal and/or informal opportunities for</p>				

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	<p>accessed the workshop refrigerators for items, accessed other workshop clients' stored lunch boxes looking for uneaten items, and went through a staff's purse left unattended on the counter in the large classroom. Workshop staff were in and out of the classroom with other clients and client #3 was not kept in eye sight or supervised continuously by staff.</p> <p>On 9/10/14 from 12:50pm until 2:00pm, client #7 sat in a chair in the kitchen then sat in a rocking chair in the classroom without activity and interaction. From 2:00pm until 2:40pm, client #7 saw client #3 going through the trash cans, a staff's purse, and other clients' stored lunch boxes and client #7 began to do the same behavior. Client #7 licked his fingers, licked wrappers from the trash cans, and drank the left over liquid from cups which were in the trash cans without redirection. When staff entered the classroom client #7 would replace the items back into the trash cans and when staff left the room client #7 would again retrieve items from the trash. At 2:40pm, clients #3 and #7 left the outside services for the day with their group home staff person.</p> <p>Client #3's record was reviewed on 9/11/14 at 9:46am. Client #3's 10/22/13 ISP (Individual Support Plan) and 6/2013</p>		<p>active treatment a minimum of every 15 minutes, are implementing vocational goals, are prompting consumers to go to the restroom every two hours and are keeping clients within eyesight of staff. Responsible Party: Program Director, Home Manager, Workshop staff</p>	

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	<p>BSP (Behavior Support Plan) indicated objectives for client #3 to wash his hands before medication administration, offered choice of snacks, to choose between a quarter and other coins, and to increase his ability to communicate with others by choosing items to drink. No goals/objectives for the outside day services were available for review. Client #3's plans indicated he would attend outside day services daily Monday through Fridays. Client #3's 6/2013 BSP indicated targeted behaviors of "Incontinence...Stealing food, accessing food from trash, cabinets, refrigerator, or others' plates at meals...Reducing Incontinence, Throughout waking hours approach [client #3] every two hours (to use the restroom)...If [client #3] takes food from others' plates or takes food before it is served, take the food away from [client #3] if he has not put it in his mouth..." Client #3's plans did not indicate interventions for staff to employ for food theft from trash, cabinets, or the refrigerator.</p> <p>Client #3's workshop record was reviewed on 9/10/14 at 2:30pm. Client #3's record indicated incidents of Food Theft on 6/6/14 at 2:40pm, client #3 "was in the large group room when he needed to go to the bathroom. When he was done he walked in the kitchen area and</p>			

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	<p>ate a whole pumpkin pie. [WKS] found him sitting on the floor in front of the fridge with handfuls of pie. She attempted to get him off the floor and into the large group room. Initially he refused but then stood up and walked to the bathroom to sit on the toilet." A second incident report at the outside day services indicated on 12/15/13 at 2:45pm, client #3 "was on his walk around the north building when he got into a staff person's purse and ate 2 granola bars. He also emptied her medication on the floor however did not consume any of this."</p> <p>An interview with the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) was conducted on 9/11/14 at 12:45pm. The PD/QIDP indicated clients #3 and #7 should not have been eating from the trash. The PD/QIDP indicated clients #3 and #7 should have had interaction and teaching during formal and informal opportunities. The PD/QIDP indicated clients #3 and #7 should have been prompted and assisted to use the bathroom every two hours. The PD/QIDP stated clients #3 and #7 should have been interacted with by the workshop staff "at least every 15 minutes" and offered an activity. The PD/QIDP indicated she had not been informed of client #3's incidents of food theft at the outside day services. The</p>			

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W000317	<p>PD/QIDP indicated clients #3 and #7 were to have been within eyesight of the staff supervising them.</p> <p>9-3-1(a)</p> <p>483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually in a carefully monitored program conducted in conjunction with the interdisciplinary team, unless clinical evidence justifies that this is contraindicated. Based on record review and interview, for 3 of 4 sampled clients (clients #1, #2, and #3) who received psychotropic medications, the facility failed to evaluate client #1, #2, and #3's status for an annual decrease or contraindication of psychotropic medication.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 9/11/14 at 11:35am. Client #1's 10/15/2013 ISP (Individual Support Plan) and 6/2014 BSP (Behavior Support Plan) indicated targeted behaviors of Extreme Irritability, Self Injurious Behavior (SIB), Inappropriate Sexual Behavior, and Incontinence. Client #1's 8/20/14 "Physician's Order" indicated client #1 received "Zyprexa 5mg (milligrams)" at night for depression started 3/30/2009,</p>	W000317	<p>Client #1, 2 and 3 had a psychiatric review on 9/23/14. At this time the psychiatrist reviewed all of their psychotropic medications and evaluated if any were able to be decreased or if consumers were at the therapeutic appropriate dose. (see attachments)</p> <p>Program Director and Program Nurse will receive retraining to include ensuring that all consumers, including client #1, 2 and 3 psychiatric medications are reviewed on a quarterly basis and a discussion is had with the psychiatrist a minimum of annual to determine if any reductions in medications can be made or if a consumer is at a therapeutic appropriate dose. Training will also include ensuring that documentation regarding these discussions is available for review.</p>	10/15/2014			

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	<p>Tamsulosin HCL .8mg at bedtime for incontinence started 6/29/2010, and Fluoxetine 40mg daily for depression started 11/5/2003. Client #1's 6/24/2014, 3/11/14, 12/10/13, and 9/24/2013 "Psychotropic Medications Review(s)" did not indicate a decrease or contraindication for client #1's psychotropic medications. Client #1's record did not indicate the last psychotropic medication change or contraindication. No behavior data was provided for review.</p> <p>Interview with the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) and the Area Director (AD) was conducted on 9/11/14 at 12:45pm. The PD/QIDP and AD both indicated client #1's psychiatric medication had not been changed in over a year and no contraindication for client #1's psychiatric medication had been documented. The PD/QIDP indicated client #1 had no documented evidence that a medication change had been considered or a medication reduction.</p> <p>2. Client #2's record was reviewed on 9/11/14 at 10:45am. Client #2's 3/19/14 ISP and 3/20/14 BSP indicated targeted behaviors of Stealing, Temper Outbursts, Inappropriate Nudity, and Disruptive Sleep. Client #2's 8/20/14 "Physician's</p>		<p>Ongoing the Program Director and Program Nurse will ensure that all clients taking psychotropic medication have a discussion with the psychiatrist a minimum of annually to determine if any reductions in medications can be made or if a consumer is at a therapeutic appropriate dose. The Program Nurse will ensure that documentation of this discussion is available for review and documentation clearly indicates if a reduction in medication is recommended or if the psychiatrist feels the medication is at an appropriate therapeutic level to meet the client's needs for stability.</p> <p>Responsible Party: Program Director, Program Nurse</p>				

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	<p>Order" indicated client #2 received "Zyprexa 10mg" at night for depression started 3/23/2012, "Dilantin 50mg, take 3 tablets (or) 150mg" twice daily for behaviors started 5/14/2010, and Levetiracetam 500mg (or) 1000mg, by mouth 2 times a day" for seizures and behaviors started 1/9/2006. Client #2's 6/24/2014, 3/11/14, 12/10/13, and 9/24/2013 "Psychotropic Medications Review(s)" did not indicate a decrease or contraindication for client #2's psychotropic medications. Client #2's record did not indicate the last psychotropic medication change or contraindication. No behavior data was provided for review.</p> <p>Interview with the PD/QIDP and the AD was conducted on 9/11/14 at 12:45pm. The PD/QIDP and AD both indicated client #2's psychiatric medication had not been changed in over a year and no contraindication for client #2's psychiatric medication had been documented. The PD/QIDP indicated client #2 had no documented evidence that a medication change had been considered or a medication reduction.</p> <p>3. Client #3's record was reviewed on 9/11/14 at 9:46am. Client #3's 10/22/2013 ISP and 6/2013 BSP indicated targeted behaviors of</p>						

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	<p>Incontinence, Extreme Irritability, Stealing food, and Anger/Anxiety. Client #3's 8/20/14 "Physician's Order" indicated client #3 received "Paroxetine HCL 40mg" daily for "Autistic Behaviors," "Propranolol 20mg twice daily for Autistic Behaviors (started 7/9/2002)...Xanax 1mg (milligram)" three times a day started 11/09/12 for behaviors. Client #3's 6/24/2014 and 9/24/2013 "Psychotropic Medications Review(s)" did not indicate a decrease or contraindication for client #3's psychotropic medications. Client #3's record did not indicate the last psychotropic medication change or contraindication. No behavior data was provided for review.</p> <p>Interview with the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) and the Area Director (AD) was conducted on 9/11/14 at 12:45pm. The PD/QIDP and AD both indicated client #3's psychiatric medication had not been changed in over a year and no contraindication for client #3's psychiatric medication had been documented. The PD/QIDP indicated client #3 had no documented evidence that a medication change had been considered or a medication reduction.</p> <p>9-3-5(a)</p>			

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W000371	<p>483.460(k)(4) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Based on record review and interview, for 4 of 4 sampled clients (clients #1, #2, #3, and #4), the facility failed to develop medication objectives for clients #1, #2, #3, and #4.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 9/11/14 at 11:35am. Client #1's 10/15/2013 ISP (Individual Support Plan) indicated a medication goal to use hand sanitizer to wash his hands before medication administration. Client #1's 6/10/14 CFA (Comprehensive Functional Assessment) indicated client #1 had the skill to wash his hands and did not have the skills to independently self administer his medications. Client #1's 8/20/14 "Physician Orders" indicated client #1 received daily routine medications.</p> <p>Client #2's record was reviewed on 9/11/14 at 10:45am. Client #2's 3/19/14 ISP indicated a medication goal to wash his hands before medication</p>	W000371	<p>New medication goals have been developed for all Clients including Clients #1, 2, 3 and 4. All Direct Support staff will receive retraining on all consumers Medication Administration goals and how to implement and document them.</p> <p>The Program Director will receive retraining to include the need to ensure that all consumers have Medication Administration goals developed and implemented based on their individual abilities.</p> <p>Ongoing, the Program Director will ensure that all consumers have Medication Administration goals developed and implemented based on their individual abilities. The Area Director will review the next 3 ISPs submitted by this Program Director to ensure that all consumers have Medication Administration goals developed and implemented based on their individual abilities.</p> <p>Responsible Staff: Program Director, Area Director</p>	10/15/2014

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	<p>administration. Client #2's 6/2/14 CFA indicated client #2 did not have the skill to self administer his medications independently. Client #2's 8/20/14 "Physician Orders" indicated client #2 received daily routine medications.</p> <p>Client #3's record was reviewed on 9/11/14 at 9:46am. Client #3's 10/22/2013 ISP indicated a medication goal to wash his hands before medication administration. Client #3's 6/19/14 CFA indicated client #3 did not have the skill to self administer his medications independently. Client #3's 8/20/14 "Physician Orders" indicated client #3 received daily routine medications.</p> <p>Client #4's record was reviewed on 9/11/14 at 9:50am. Client #4's 5/14/14 ISP indicated a medication goal to wash his hands with sanitizer before medication administration. Client #4's 6/2/14 CFA indicated client #4 did not have the skill to self administer his medications independently. Client #4's 8/20/14 "Physician Orders" indicated client #4 received daily routine medications.</p> <p>Interview with the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) and the Area Director (AD) was conducted on 9/11/14</p>				

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W000383	<p>at 12:45pm. The PD/QIDP and AD both indicated client #1, #2, #3, and #4's medication objectives/goals were to wash their hands and did not provide teaching to clients #1, #2, #3, or #4 about their medications. The AD indicated clients #1, #2, #3, and #4 should have had medication objectives developed.</p> <p>9-3-6(a)</p> <p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area. Based on observation, record review, and interview, the facility failed to secure the medication cabinet keys for 4 of 4 sample clients (#1, #2, #3, and #4) and four additional clients (clients #5, #6, #7, and #8) who resided in the home.</p> <p>Findings include:</p> <p>On 9/9/14 from 3:05pm until 5:40pm, and on 9/10/14 from 5:35am until 7:30am, observations were conducted and clients #1, #2, #3, #4, #5, #6, #7, and #8 walked and/or accessed each room throughout the group home independently. During both observation periods, the medication administration cabinet keys were laying at eye level on the table next to the medication cabinet,</p>	W000383	<p>All staff will receive retraining on ensuring that the medication cabinet keys are secure when medications are not being administered. Training will also include when medications are being administered that keys should be secured so that clients do not have access to them.</p> <p>Home Manager and/or Program Director will complete medication administration observations at least twice per week for four weeks to observe that all staff are ensuring that the medication cabinet keys are being secured at all times and clients do not have access to them.</p> <p>Ongoing, the Home Manager and/or Program Director will complete medication</p>	10/15/2014			

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	<p>the counter next to the medication cabinet, the living room fire place mantel, or hung in the lock to the medication cabinet and were not in direct sight of the facility staff working. During both observation periods Group Home Staff (GHS) #1, #2, #3, the Residential Manager (RM), and the PD/QIDP (Program Director/Qualified Intellectual Disabilities Professional) were present. During both observation periods when the medication cabinet keys were moved from location to location the keys were left lying unsecured. On 9/10/14 at 7:05am, GHS #1 indicated the facility kept the keys out for staff to use to access the medication cabinet. GHS #1 indicated the medication cabinet keys should be secure and the staff should know where the keys were kept.</p> <p>An interview was conducted on 9/11/14 at 12:45pm, with the agency Area Director (AD) and the QIDP/PD. The AD indicated the medication keys should be kept secured when medications were not administered and the keys were not secured. The AD and the PD/QIDP both indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 had access to the medication keys to the medication cabinet. The AD indicated the facility followed "Living in the Community" Core A/Core B procedures for medication administration.</p>		<p>administration observations at least once per week to observe that all staff are ensuring that the medication cabinet keys are being secured at all times and clients do not have access to them.</p> <p>Responsible Party: Home Manager, Program Director</p>				

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W000436	<p>On 9/11/14 at 12:45pm, a record review of the facility's undated "Living in the Community" Core A/Core B training for medication administration indicated in "Core Lesson 3: Principles of Administering Medication" medication cabinet keys should be kept secure.</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, for 1 of 1 sampled client (client #1) with adaptive equipment, the facility failed to provide client #1's wheel chair in good repair and/or a replacement wheel chair in good repair.</p> <p>Findings include:</p> <p>On 9/9/14 from 3:05pm until 5:40pm, and on 9/10/14 from 5:35am until 7:30am, observations were conducted and client #1 used a manual wheel chair. Client #1's wheel chair had one of two arm rests exposing the bare metal, the</p>	W000436	<p>A new wheelchair has been ordered for Client #1.</p> <p>Home Manager, Program Director and Program Nurse will receive retraining to include ensuring that all consumers have necessary adaptive equipment and that it is maintained in good working order. Training will include ensuring that once it is determined that adaptive equipment needs to be fixed or replaced that the Home Manager and/or Program Nurse will communicate with the Program Director to ensure adaptive equipment is repaired and/or</p>	10/15/2014

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	<p>remaining arm rest had tears into the vinyl to expose the white padding, one of two wheel chair handles were missing, client #1's bottom hung off the wheel chair seat, and the foot rests did not have the supports to keep his feet on the pedals. Client #1's wheel chair had food and dirt build up on the wheels, seat, and brake handles.</p> <p>On 9/11/14 at 11:35am, client #1's 2/14/14 ISP (Individual Support Plan) record review was conducted. Client #1's ISP indicated he used a wheel chair during waking hours to allow him mobility.</p> <p>An interview was conducted on 9/11/14 at 12:45pm, with the agency Area Director (AD) and the QIDP/PD. The AD and QIDP/PD both stated client #1 had gotten a new wheel chair "just before the van accident" on 7/24/14. The AD and QIDP/PD both indicated client #1's wheel chair suffered damage and was not in use after the 7/24/14 accident. The QIDP/PD indicated client #1 had been using an extra wheel chair while he waited for a new or a repaired wheel chair. The QIDP/PD indicated no information was available for review to determine the current status for client #1's new wheel chair. The QIDP/PD stated "everything had been submitted" for a</p>		<p>replaced as needed in a timely manner.</p> <p>The Home Manager, Program Director will complete active treatment observations twice per week for four weeks to observe if all consumers' adaptive equipment is being maintained in good working order and repaired/replaced as needed. After four weeks and ongoing the Home Manager and/ or Program Director will complete active treatment observations at least once per week to observe if all consumers adaptive equipment is being maintained in good working order and repaired/replaced as needed.</p> <p>Responsible Staff: Program Nurse, Home Manager, Program Director</p>				

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W000454	<p>replacement chair.</p> <p>9-3-7(a)</p> <p>483.470(l)(1) INFECTION CONTROL The facility must provide a sanitary environment to avoid sources and transmission of infections. Based on observation, record review, and interview, for 1 additional client (client #8), the facility failed to teach and to ensure sanitary methods were used during medication administration when client #2 urinated on client #8 and his medication.</p> <p>Findings include:</p> <p>On 9/9/14 at 4:40pm, client #8 was asked by GHS (Group Home Staff) #2 to the medication area in the kitchen at the table. At 4:40pm, GHS #2 selected client #8's "Ayr Saline 0.65% Nose spray, instill 2ml (milliliters) in each nostril 3 times a day for Airway" medication. At 4:40pm, client #2 walked into the kitchen, walked over to the kitchen counter next to client #8 who sat at the dining room table ready to accept GHS #2 inserting his nasal spray into his nose, and client #2 dropped his pants to expose his genitals, then began urinating on the kitchen counter. GHS #2 began calling client #2's name, client #2 turned toward</p>	W000454	<p>All direct care staff will receive retraining on infection control and universal precautions including ensuring that if medication is dropped or contaminated that the medication is replaced or cleaned with an antiseptic cleaner.</p> <p>Home Manager and/or Program Director will complete medication administration observations at least twice per week for four weeks to ensure that all staff are ensuring that if medication is dropped or contaminated that the medication is replaced or cleaned with an antiseptic cleaner.</p> <p>Ongoing, the Home Manager and/or Program Director will complete medication administration observations at least once per week to ensure that all staff are ensuring that if medication is dropped or contaminated that the medication is replaced or cleaned with an antiseptic cleaner.</p> <p>Responsible Party: Home</p>	10/15/2014

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	<p>GHS #2 while a steady stream of urine was expelled, and sprayed urine on client #8's hand, client #8's nasal spray medication, and GHS #2. Client #2 was removed from the kitchen and assisted to the bathroom by another GHS. GHS #2 rinsed client #8's nasal spray with water from the sink, expressed relief the medication cap had not been removed, and returned to the table to wipe off client #8. GHS #2 administered the nasal spray to client #8 without an antiseptic wash to ensure the urine was not on the medication.</p> <p>On 9/11/14 at 12:45pm, an interview with the Area Director (AD) was conducted. The AD indicated the staff should have washed the medication with an antiseptic before using the medication after it had been urinated on. The AD indicated staff were trained during Core A/Core B medication to follow Universal Precautions.</p> <p>On 9/11/14 at 1:10pm, the undated Core A/Core B Medication Administration training manual page 3 indicated "Universal precautions" included washing hands before medication administration, before eating, and after using the restroom.</p> <p>9-3-7(a)</p>		Manager, Program Director				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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