

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G504	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/31/2015
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NAME OF PROVIDER OR SUPPLIER IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 211 W 76TH AVE MERRILLVILLE, IN 46410
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	<p>This visit was for a fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: July 28, 29, 30 and 31, 2015.</p> <p>Provider Number: 15G504 Facility Number: 001018 AIM Number: 100239810</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0104 Bldg. 00	<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 interview and record review for 3 of 3 sampled clients and 2 additional clients (clients #1, #2, #3, #4 and #5), the facility's governing body neglected to ensure clients' living spaces were kept in a sanitary condition.</p> <p>Findings include:</p> <p>A morning observation was conducted at</p>	W 0104	<p>The home is cleaned daily, which includes the bedrooms. Wet/soiled linens are washed daily. The rooms will be re-cleaned and sanitized including the mattresses, bed frames and laundry baskets. Responsible person: Marcetta Walton, GH Manager. Staff will be retrained on how to properly clean and/or dispose of soiled items. Responsible person: Marcetta Walton, GH Manager. To ensure future compliance, the</p>	08/30/2015

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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W 0125 Bldg. 00	<p>the group home on 7/28/15 from 5:40 A.M. until 7:45 A.M.. Upon entering clients #1, #2, #3, #4 and #5's home there was a strong urine smell.</p> <p>An observation was conducted at the group home on 7/28/15 from 2:20 P.M. until 3:34 P.M.. Upon entering the group home there was a strong urine smell.</p> <p>An interview with Direct Support Professional (DSP) #3 was conducted on 7/28/15 at 2:45 P.M.. DSP #3 indicated client #3 was incontinent and wore depends.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/31/15 at 11:50 A.M.. The QIDP indicated the group home should not smell of urine.</p> <p>9-3-1(a)</p> <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</p>		<p>manager will check the home daily when present for sanitary conditions (no urine smell). The QIDP will check the home 3 times a month for any smell of urine. Responsible person: Marcetta Walton, GH Manager & Traci Hardesty, QIDP. To ensure future compliance, monthly during the program status review the home will be checked for proper sanitation. Responsible person: Traci Hardesty, QIDP & Sheila O'Dell, GH Director. Addendum: We ordered a new mattress/cover, the old one had a few cracks in it and urine may have seeped into the mattress. We also order a new product that eliminates the enzymes in the urine that causes odor. The manager is in the home daily, but does not go into each bedroom to smell for any slight odor of urine. She will check around the bed and laundry basket to ensure it is clean and that there is not odor daily when present. The QIDP will check the rooms weekly for one month and then monthly thereafter. Monthly the manager will also check the condition of the mattress to ensure that there is not any cracking.</p>	

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	<p>right to file complaints, and the right to due process.</p> <p>Based on record review and interview, the facility failed to ensure a legally sanctioned decision maker was obtained to assist in medical and financial decisions for 1 of 3 sampled clients (client #1).</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 7/29/15 at 1:29 P.M.. Client #1's Individual Support Plan (ISP) dated 3/10/15 indicated: "Legal Status: Emancipated Adult.... Will purchase an item from the vending machine...Currently, [client #1] needs assistance with making purchases."</p> <p>Further review of the record indicated client #1 could not independently manage his finances nor make financial decisions independently. Review of the record failed to indicate written documentation to indicate client #1's mother actively participated in his programming and attended annual meetings. His Comprehensive Functional Assessment (CFA) dated 3/3/15 indicated he could not identify coins, could not associate values of coins, could not identify paper money, could not associate value of paper money, was unable to make change with</p>	W 0125	<p>The family will be contacted to discuss guardianship issues. We will also send them documentation that we have on guardianship. Responsible person: Sandra Kimbrough, Admin. Assist. & Traci Hardesty, QIDP. Client #1 has a parent who advocates on his behalf. They also have POA over their medical and financial needs and are their health care representative. In-Pact is their rep-payee over their Social Security money. He receives \$30 a month SSI spending money a month, which is not above his spending needs. He also has a money goal. To ensure future compliance, annually we will continue to review his legal status, give information and encourage a legally sanctioned decision maker to be obtained to assist in medical and financial decisions for client #1. Responsible person: Traci Hardesty, QIDP.</p>	08/30/2015

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	<p>bills, could not demonstrate responsibility in handling money, could not make small purchases with money, was unable to read price tags, could not count to ten, could not pay for items with enough money to cover cost, could not manipulate calculator properly to perform arithmetic computations, could not cash checks, unable to write checks, unable to balance savings/checking accounts and unable to balance petty cash money.</p> <p>Further review of client #1's record indicated a facility developed "Special Power of Attorney" on the facility's letter head, signed and dated on 11/29/10 by client #1's mother which indicated: "I, [Client #1's Mother name], hereby appoint In-Pact, as my Attorney-in-Fact ("Agent").</p> <p>My Agent shall have full power and authority to act on my behalf not only to the extent permitted by this Special Power of Attorney. My Agent's power shall include the power to:</p> <p>1. Act on my behalf with respect to the following matters:</p> <p style="padding-left: 40px;">To be Health Care Rep for my son [Client #1].</p> <p style="padding-left: 40px;">To make health care decisions for him.</p> <p style="padding-left: 40px;">To make decisions on medical and dental treatment.</p>			

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	<p>To sign consents for treatment when necessary.</p> <p>I hereby grant to my Agent the full right, power, and authority to so every act, deed, and thing necessary or advisable to be done regarding the above powers, as fully as I could do if personally present and acting.</p> <p>Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing ((i)) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my agent, and (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.</p> <p>My Agent shall not be liable for any loss that results from a judgement error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.</p> <p>My Agent shall not be entitled to any compensation, during my lifetime or upon my death, for any services provided as my Agent. My Agent shall not be entitled to reimbursement of expenses</p>			

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W 0129	<p>incurred in connection with this Power of Attorney.</p> <p>My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative if fiduciary acting on my behalf.</p> <p>This Power of Attorney shall become effective immediately, shall not be affected by my disability or lack of mental competence, and shall continue effective until my death, provided, however, that this Power may be revoked by me at any time by providing written notice to my Agent."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was completed at the facility's administrative office on 7/31/15 at 11:50 A.M.. The QIDP indicated client #1 did not have a legally sanctioned decision maker to assist him in making financial decisions and was unable to do so independently.</p> <p>9-3-2(a)</p> <p>483.420(a)(7)</p>				

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Bldg. 00	<p>PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must provide each client with the opportunity for personal privacy.</p> <p>Based on observation and interview, the facility failed for 1 additional client who resided in the home (client #5) to keep the client's medical appointment information confidential.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/28/15 from 5:40 A.M. until 7:45 A.M.. Upon entering the group home, a 2 feet by 2 feet, July 2015 calendar, with client #5's name, physician's name, date and time of his medical appointment information was on a wall located in the open kitchen/dining area where visitors to the group home could see.</p> <p>An observation was conducted at the group home on 7/28/15 from 2:20 P.M. until 3:34 P.M.. Upon entering the group home, a 2 feet by 2 feet, July 2015 calendar, with client #5's name, physician's name, date and time of his medical appointment information was on a wall located in the open kitchen/dining area where visitors to the group home could see.</p>	W 0129	<p>All confidential information will be keep private and out of view of visitors that may visit the home. Responsible person: Marcetta Walton, GH Manager. Staff will be retrained on providing each client with the opportunity for personal privacy. Responsible person: Traci Hardesty, QIDP. To ensure future compliance, the manager will check the home daily when present for any confidential information out in view. The QIDP will check the home 3 times a month for any confidential information. Responsible person: Marcetta Walton, GH Manager & Traci Hardesty, QIDP. To ensure future compliance, monthly during the program status review the home will be checked for proper sanitation. Responsible person: Traci Hardesty, QIDP & Sheila O'Dell, GH Director.</p>	08/30/2015			

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W 0149 Bldg. 00	<p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted at the facility's administrative office on 7/31/15 at 11:50 A.M.. The QIDP indicated the client's information should not be in the open area where visitors to the group home would see.</p> <p>9-3-2(a)</p> <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.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #3), to implement written policy and procedures to prevent client neglect.</p> <p>Findings include:</p> <p>A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports, Internal Reports (IRs) and investigations was conducted on 7/28/15 at 3:00 P.M.. Review of the records indicated:</p>	W 0149	<p>All management staff will be re-trained on the abuse/neglect policy, Responsible person: Sheila O'Dell, Group Home Director.</p> <p>All staff will be re-trained on the abuse/neglect policy. Responsible person: Traci Hardesty, QIDP.</p> <p>To ensure future compliance, a pill passing test will be completed on all staff to ensure they know the proper protocol. Responsible person: Marcetta Walton, Group Home Manager.</p> <p>To ensure future compliance, a med pass reliability will be completed on all staff to ensure competency and then at least monthly ongoing.</p>	08/30/2015

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	-IR dated 6/23/15 involving clients #1 and #3 indicated: "Staff was passing 7 P.M. meds and accidentally gave [client #3] [client #1]'s P.M. meds. Staff was trying to show and talk new staff through med pass and I accidentally placed [client #1]'s meds in [client #3]'s applesauce and gave them to [client #3]. [Client #3] was given Keppra (seizures), Risperdal (behaviors), Fluvoxamine (depression), Bzotropine (parkinsons disease), Oleptro (depression), Divalproex (seizures) at 7 P.M.. [Staff name] came and took him to hospital. Was admitted for observation on a heart monitor, drew blood and saline (sic)." The BDDS report indicated: "Staff was administering evening medications and gave [client #3] someone else's meds. She realized the mistake right away and contacted her Supervisor. The QIDP (Qualified Intellectual Disabilities Professional), agency nurse, pharmacy and [client #3]'s doctor were contacted. Staff were instructed to take [client #3] to the ER (Emergency Room). [Client #3] was admitted for 23 hours of heart monitoring. He had an EKG (electrocardiogram), blood was drawn and was given an IV of saline. [Client #3] could be released this evening or tomorrow morning as long as his heart rate is normal. Staff have stayed with him in the hospital and will do so until he		Responsibleperson: Marcetta Walton, Group Home Manager.	

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	<p>is released. The staff who administered the medications is on suspension pending the outcome of an investigation which has already begun. The staff has been trained in medication administration and passed Med Core A and B. Preliminarily, it appears that she did not follow her training and InPact's protocol on med administration. InPact will follow all discharge orders for [client #3] and complete the investigation into this incident." Further review of this record did not indicate a thorough investigation was conducted in regard to this incident of neglect.</p> <p>A review of the facility's records was conducted on 7/29/15 at 1:50 P.M.. Review of the facility's "28. POLICY ON REPORTING AND INVESTIGATING INCIDENTS AND ALLEGATIONS OF ABUSE AND NEGLECT", no date noted, indicated, in part, the following: "... Consumers must not be subjected to abuse by anyone, including, but not limited to, facility staff, other consumers...Until the incident is reported and investigated, one may not be able to determine whether it is abuse (willful), neglect, or mistreatment but the incident must be treated as an allegation of abuse, neglect or mistreatment and follow the regulations for reporting, responding, investigating and correcting... The term</p>			

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	'willful' does not have to do with 'competence' but with 'intent' to cause harm. Someone with a mental illness or mental retardation can willfully inflict harm to someone who has been bothering them, even though they may not be considered 'competent'... It is mandatory in all situations involving abuse, neglect, exploitation, mistreatment of an individual or the violation of an individual's rights that there is notification made to legal representative, guardian/parent, if applicable, Case Manager, if applicable, BDDS (Bureau of Developmental Disabilities Services), APS/CPS (Adult Protection Services/Child Protection Services) and other person the (sic) designated by the consumer...Physical-includes willful infliction of injury, unnecessary physical or chemical restraints or isolation, and punishment with resulting physical harm or pain....b. Neglect-includes failure to provide appropriate care, food, medical care or supervision....Incident Reporting: In-Pact requires that all staff immediately verbally report all incidents as defined in this policy to their Program Director/Administrator. Under no conditions may an employee leave the work site without reporting and documenting any incident which occurred during his/her shift or for which an allegation was communicated to			

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W 0154 Bldg. 00	<p>him/her during his/her shift."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/31/15 at 11:50 A.M.. The QIDP indicated the staff who administered client #1's medications to client #3 was terminated because of the incident of neglect. The QIDP indicated the staff prepared client #1's medications prior to administration and indicated she should not have done so. The QIDP indicated client #3 had to be monitored in the hospital because of his heart rate and the client not looking well.</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 2 of 3 sampled clients (clients #1 and #3), the facility failed to provide written evidence a thorough investigation was</p>	W 0154	All management staff will be re-trained on the abuse/neglect policy, which includes thorough investigation. Responsible person: Sheila O'Dell, Group Home Director. The internal forms will	08/30/2015

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	<p>conducted in regard to an allegation of client neglect and an injury of unknown origin.</p> <p>Findings include:</p> <p>A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports, Internal Reports (IRs) and investigations was conducted on 7/28/15 at 3:00 P.M.. Review of the records indicated:</p> <p>1. -IR dated 6/23/15 involving clients #1 and #3 indicated: "Staff was passing 7 P.M. meds and accidentally gave [client #3] [client #1]'s P.M. meds. Staff was trying to show and talk new staff through med pass and I accidentally placed [client #1]'s meds in [client #3]'s applesauce and gave them to [client #3]. [Client #3] was given Keppra (seizures), Risperdal (behaviors), Fluvoxamine (depression), Benztropine (parkinsons disease), Oleptro (depression), Divalproex (seizures) at 7 P.M.. [Staff name] came and took him to hospital. Was admitted for observation on a heart monitor, drew blood and saline (sic)." The BDDS report indicated: "Staff was administering evening medications and gave [client #3] someone else's meds. She realized the mistake right away and contacted her Supervisor. The QIDP</p>		<p>be revised to include that allclients & staff are interviewed for all reportable incidents. Responsibleperson: Sheila O'Dell, GH Director. To ensure future compliance, all incident reports will bereviewed that all components of a thorough investigation is completed. Responsibleperson: Sheila O'Dell Group Home Director.</p>	

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	(Qualified Intellectual Disabilities Professional), agency nurse, pharmacy and [client #3]'s doctor were contacted. Staff were instructed to take [client #3] to the ER (Emergency Room). [Client #3] was admitted for 23 hours of heart monitoring. He had an EKG (electrocardiogram), blood was drawn and was given an IV of saline. [Client #3] could be released this evening or tomorrow morning as long as his heart rate is normal. Staff have stayed with him in the hospital and will do so until he is released. The staff who administered the medications is on suspension pending the outcome of an investigation which has already begun. The staff has been trained in medication administration and passed Med Core A and B. Preliminarily, it appears that she did not follow her training and InPact's protocol on med administration. InPact will follow all discharge orders for [client #3] and complete the investigation into this incident...Incident Follow-Up Report dated 6/30/15 indicated: "The only discharge orders for [client #3] were to follow up with his general physician which he is doing on July 6th. The staff who made the med error was terminated for not following her training on medication administration. At this time, it does not appear that this is a whole house/staff problem." Further review of			

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	<p>this record did not indicate a thorough investigation was conducted in regard to this incident of neglect. There was no written documentation to indicate all staff who worked at the group home were interviewed and to indicate all clients who reside at the group home were interviewed.</p> <p>An interview with the Qualified Intellectual Disability Professional (QIDP) was conducted on 7/31/15 at 11:50 A.M.. The QIDP indicated she interviewed the two staff who worked during the incident of neglect. When asked if all staff who worked at the group home were interviewed and all clients who reside at the group home were interviewed, the QIDP indicated they were not interviewed. The QIDP indicated all allegations of abuse and neglect should be investigated. No written documentation was submitted for review to indicate a thorough investigation was conducted in regard to this allegation of neglect.</p> <p>2. A review of client #1's record was conducted on 7/29/15 at 1:29 P.M.. Review of client #1's record indicated a "Nurse follow up for injury/hospitalization/illness" notation dated 4/28/15 which indicated: "[Client #1] has a 1/2 inch cut to his left hand</p>			

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	<p>located between his 2nd and 3rd finger. Superficial cut that bled slightly after occurrence. Area was cleaned with soap and water following incident. Neosporin ointment (antibiotic) was applied. Staff attempted to apply a band aid but [client #1] was non-compliant with keeping it on. Wound is clean and no further bleeding noted..." Further review of the record failed to indicate the cause of client #1's injury to his hand. No written documentation was submitted for review to indicate the cause of client #1's hand injury.</p> <p>An interview with the Qualified Intellectual Disability Professional (QIDP) was conducted on 7/31/15 at 11:50 A.M.. The QIDP indicated if there was an internal incident report documented in regard to the injury of unknown origin, it would have been in client #1's book. The QIDP indicated no investigation was conducted to indicate the cause of client #1's hand injury. The QIDP further indicated client #1 does not self report.</p> <p>9-3-2(a)</p>			

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W 0189 Bldg. 00	<p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, interview and record review, the facility failed for 2 of 3 sampled clients (clients #1 and #3), to ensure staff was sufficiently trained to assure competence in proper administration of medication as ordered.</p> <p>Findings include:</p> <p>A review of the facility's BDDS (Bureau of Developmental Disabilities Services) reports, Internal Reports (IRs) and investigations was conducted on 7/28/15 at 3:00 P.M.. Review of the records indicated:</p> <p>-IR dated 6/23/15 involving clients #1 and #3 indicated: "Staff was passing 7 P.M. meds and accidentally gave [client #3] [client #1]'s P.M. meds. Staff was trying to show and talk new staff through med pass and I accidentally placed [client #1]'s meds in [client #3]'s applesauce and gave them to [client #3]. [Client #3] was given Keppra (seizures), Risperdal (behaviors), Fluvoxamine (depression),</p>	W 0189	<p>All management staff will be re-trained on the abuse/neglect policy, Responsible person: Sheila O'Dell, Group Home Director. All staff will be re-trained on the abuse/neglect policy and pill passing protocol and annually there after. Responsible person: Traci Hardesty, QIDP. To ensure future compliance, a pill passing test will be completed on all staff to ensure they know the proper protocol. Responsible person: Marcetta Walton, Group Home Manager. To ensure future compliance, a med pass reliability will be completed on all staff to ensure competency and then at least monthly thereafter. Responsible person: Marcetta Walton, GroupAddendum:The staff that gave the wrong medication has been terminated due to not following med administration policy as trained. The nurse does all of the initial training, med core test and pill passing reliability and at least annually thereafter.</p>	08/30/2015

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	<p>Benzotropine (parkinsons disease), Oleptro (depression), Divalproex (seizures) at 7 P.M.. [Staff name] came and took him to hospital. Was admitted for observation on a heart monitor, drew blood and saline (sic)." The BDDS report indicated: "Staff was administering evening medications and gave [client #3] someone else's meds. She realized the mistake right away and contacted her Supervisor. The QIDP (Qualified Intellectual Disabilities Professional), agency nurse, pharmacy and [client #3]'s doctor were contacted. Staff were instructed to take [client #3] to the ER (Emergency Room). [Client #3] was admitted for 23 hours of heart monitoring. He had an EKG (electrocardiogram), blood was drawn and was given an IV of saline. [Client #3] could be released this evening or tomorrow morning as long as his heart rate is normal. Staff have stayed with him in the hospital and will do so until he is released. The staff who administered the medications is on suspension pending the outcome of an investigation which has already begun. The staff has been trained in medication administration and passed Med Core A and B. Preliminarily, it appears that she did not follow her training and InPact's protocol on med administration. InPact will follow all discharge orders for [client #3] and</p>			

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W 0249	<p>complete the investigation into this incident."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/31/15 at 11:50 A.M.. The QIDP indicated the staff who administered client #1's medications to client #3 was terminated because of the incident of neglect. The QIDP indicated the staff prepared client #1's medications prior to administration and indicated she should not have done so. The QIDP indicated client #3 had to be monitored in the hospital because of his heart rate and client #3 not looking well. The QIDP indicated the staff should have verified the medication label with the MAR three times, before administration of medications, during administration and after administration as taught through Med Core A and B. The QIDP indicated staff should administer medications as ordered.</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p>			

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Bldg. 00	<p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 2 of 3 sampled clients (clients #1 and #3), the facility failed to implement the clients' Individual Support Plan (ISPs) objectives when formal and/or informal opportunities for training existed.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 7/28/15 from 5:40 A.M. until 7:45 A.M.. Upon entering into the home, Direct Support Professional (DSP) #1 was the only staff on duty. From 5:40 A.M. until 7:45 A.M., client #1 stayed in his bedroom with training and no activity. At 6:00 A.M., DSP #2 arrived at the group home. From 6:15 A.M. until 7:30 A.M., client #3 sat in the living room with no activity. Clients #1 and #3 were nonverbal in that they did not speak. DSPs #1 and #2 walked in and checked on clients #1 and #3 as they passed medications and assisted other clients in the basement.</p>	W 0249	<p>Client's objectives that are formal or informal for communication will be used during all times of opportunities. Responsible person: Marcetta Walton, GH Manager & Traci Hardesty, QIDP. Staff will be retrained to on the communication goals and that each client's programs need to be ran in sufficient number and frequency to support the achievement of the objective. It should also be ran informally when opportunities for training exist. Responsible person: Traci Hardesty, QIDP. To ensure future compliance, reliabilities will be completed on each staff to show competency. Reliabilities will then be done weekly for a month and then at least monthly and thereafter. Responsible person: Traci Hardesty, QIDP & Marcetta Walton, Group Home Manager. Addendum: Reliability will be completed daily by the manager when present and weekly by the QIDP for a month. It will then be done weekly by the manager and at least monthly by the QIDP for a month and then at least monthly by both the manager & QIDP thereafter. The QIDP will review the activity</p>	08/30/2015

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	<p>There was no communication training observed during this observation.</p> <p>A review of client #1's record was conducted on 7/29/15 at 1:29 P.M.. Review of client #1's Individual Support Plan (ISP) dated 3/10/15 indicated the following objective which could have been implemented during the observation period: "Will respond to sign language."</p> <p>A review of client #3's record was conducted on 7/29/15 at 3:00 P.M.. Review of client #3's Individual Support Plan (ISP) dated 3/10/15 indicated "Will participate in oral motor exercises...Will set his place at the table...Will load the dishwasher...Will learn sign language."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/31/15 at 11:50 A.M.. The QIDP indicated the facility staff should implement clients #1 and #3's training objectives at all times of opportunity. The QIDP indicated active treatment should be implemented at least every 30 minutes.</p> <p>9-3-4(a)</p>		<p>schedule to ensure that the programs have been scheduled at least the minimal frequency per ISP goal. The QIDP reviews and retains all reliabilities/test to ensure competency. The QIDP will do an additional pop in visit weekly to ensure that staff is integrating the goals during all opportunity through out the day. The QIDP will review the data collection while in the home and will analyze the monthly data collection monthly to ensure frequency.</p>	

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W 0331 Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview for 1 additional client (client #5), the facility's nursing staff failed to ensure the pharmacist's recommendations were reported to the physician and Interdisciplinary Team (IDT).</p> <p>Findings include:</p> <p>A review of the facility's records was conducted on 7/29/15 at 3:30 P.M.. A review of the facility's "Consultant Report" records dated 12/1/14 to 12/31/14, was conducted and indicated:</p> <p>Client #5- "Recommendation date: 12/2/14...Comment: [Client #5] receives Olanzapine, a medication which may cause involuntary movements including tardive dyskinesis (TD), but an AIMS or DISCUS assessment is not documented in the resident record within the previous 6 months. Recommendation: Please consider monitoring for involuntary movements by using one of the available scales (DISCUS, AIMS, etc.) now and then at least every six months thereafter (or per facility protocol). It is recommended that monitoring frequency increase during dosage changes. If</p>	W 0331	<p>All pharmacist recommendations are reviewed and followed upwith the IDT. Responsible person: Sherri DiMarco, RN.</p> <p>Aims are completed on all clients that receive medicationthat could cause Tardive dyskinesis. This was completed on client #5, but wasmissed by the pharmacist.</p> <p>Responsible person: Sherri DiMarco, RN.</p> <p>To ensure future compliance, monthly the pharmacistrecommendations will be reviewed. Responsible person: Sherri DiMarco, RN, TraciHardesty, QIDP & Sheila O'Dell, GH Director.</p>	08/30/2015

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W 0362	<p>symptoms appear, it is recommended that a risk/benefit assessment be completed. Rationale for Recommendation: Early detection of TD-like symptoms is one of the best opportunities to avoid irreversible tardive dyskinesia. There are several involuntary movement scales (DISCUSS, AIMS, etc.) utilized to monitor for onset of TD." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT (Interdisciplinary Team) and physician.</p> <p>A review of client #5's record was conducted on 7/29/15 at 3:45 P.M.. Review of client #5's record failed to indicate a DISCUS, AIMS or any monitoring for involuntary movement.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/31/15 at 11:50 A.M.. The QIDP indicated there was no documentation to indicate the pharmacist's recommendations were reported to the IDT.</p> <p>9-3-6(a)</p> <p>483.460(j)(1) DRUG REGIMEN REVIEW</p>			

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Bldg. 00	<p>A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. Based on record review and interview, the facility failed for 3 of 3 sampled clients, (clients #1, #2 and #3) to ensure the pharmacist reviewed clients' medications on a quarterly basis.</p> <p>Findings include:</p> <p>The pharmacist's medication review record was reviewed on 7/29/15 at 3:30 P.M.. Review of the pharmacist's medication review record indicated no medication reviews for the third quarter of 2014 and the second quarter of 2015 for clients #1, #2 and #3.</p> <p>A review of client #1's record was conducted on 7/29/15 at 1:29 P.M.. The record indicated client #1 was prescribed medications.</p> <p>A review of client #2's record was conducted on 7/29/15 at 2:20 P.M.. The record indicated client #2 was prescribed medications.</p> <p>A review of client #3's record was conducted on 7/29/15 at 3:00 P.M.. The record indicated client #3 was prescribed medications.</p>	W 0362	<p>The Pharmacist reviews the drug regiment on all clients quarterly. This was present in each of the client's books. It is kept in the back of the medication section and is signed and dated by the Pharmacist. Responsible person: Pharmacist.</p> <p>When the medications and records are reviewed by the pharmacist and does not find any recommendations; he states that on the drug regiment review sheet and signs/dates it. If there are recommendations, then he includes an additional form, so that the IDT can review it and address it accordingly. This was the case above with tag w331. Responsible person: Pharmacist & Sherri DiMarco, RN.</p> <p>To ensure future compliance, monthly the pharmacist drug regiment sheet will be reviewed to see if he reviewed the client's medications/records. Responsible person: Sherri DiMarco, RN, Traci Hardesty, QIDP & Sheila O'Dell GH Director.</p> <p>To ensure future compliance, quarterly after the pharmacist does his review, a copy of the paperwork will be mailed directly to the nurse. Responsible person: Pharmacist, Sherri DiMarrco, RN.</p>	08/30/2015

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	An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted at the facility's administrative office on 7/31/15 at 11:50 A.M.. When asked how often medications are to be reviewed by the pharmacist, the QIDP indicated they should be reviewed quarterly. No further documentation was available for review to indicate medications were reviewed by the pharmacist quarterly. 9-3-6(a)				