

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G305	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/22/2013
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 205 N MAIN ST SPENCER, IN 47460
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W000000	<p>This visit was for the fundamental annual recertification and state licensure survey.</p> <p>Survey Dates: October 21, 22, 23, 24, 25 and November 22, 2013.</p> <p>Facility Number: 000824 Provider Number: 15G305 AIM Number: 100249060</p> <p>Surveyor: Christine Colon, QIDP.</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/5/13 by Ruth Shackelford, QIDP.</p>	W000000		

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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W000104	<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, the governing body failed for 7 of 7 clients and 1 additional discharged client who resided at the group home (clients #1, #2, #3, #4, #5, #6, #7 and #8), to exercise general operating direction over the facility to ensure the following:</p> <p>1. the facility developed and implemented policy and procedures in regards to documentation of incident reports and investigations 2. to ensure the facility's "Redwood Operating Group Home Procedures for Managing an Individual's Funds" policy was implemented, 3. paper towels/towels were available in the main floor bathroom for clients to use and the front door bell was working.</p> <p>Findings include:</p> <p>1. A request for the facility's internal incident reports, Bureau of Developmental Disabilities Services reports (BDDS) and investigation records was made. No internal incident reports were submitted for review. A review of the facility's Bureau of Developmental Disabilities Services reports (BDDS) and investigation records was conducted on</p>	W000104	<p>Following an incident, direct care staff are to take immediate actions or protections to assure health and safety protections and/or contacts "911" for medical assistance. Staff immediately contact and report incident to Supervisor or On-Call Supervisor. Staff documents incident occurrence and who it was reported to in Daily Support Records. Supervisor or On-Call Supervisor determines category of incident and type of incident report that will be completed. Supervisor or On-Call Supervisor determines if additional protective measures are necessary. Supervisor or On-Call Supervisor obtains necessary information about the Incident from the supervisor and/or witness. Supervisor or On-Call Supervisor completes an internal incident report and BDDS report OR completes an internal incident report only if BDDS report is not required. Supervisory staff will ensure that direct care staff document as required in the Daily Support Records that an incident has occurred and ensure that all staff that witness/observe an incident are interviewed for the incident report. The Home Manager and Program Director were retrained on documentation</p>	12/22/2013			

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	<p>10/21/13 at 11:20 A.M.. Review of the reports indicated:</p> <p>-BDDS report dated 10/31/12 indicated a medication error involving client #2. No internal incident report was submitted for review in regard to this incident.</p> <p>-BDDS report dated 12/3/12 indicated client #3 had a broken toe. The cause of injury was unknown. No internal incident report or investigation record was submitted for review in regard to this incident.</p> <p>-BDDS report dated 12/7/12 indicated client #3 had broken toe surgery. The cause of injury was unknown. No internal incident report was submitted for review in regard to this incident.</p> <p>-BDDS report dated 12/11/12 indicated a medication error involving client #2. No internal incident report was submitted for review in regard to this incident.</p> <p>-BDDS report dated 1/12/13 indicated client #1 went to the hospital with a diagnosis of hemorrhoids. No internal incident report was submitted for review in regard to this incident.</p> <p>-BDDS report dated 1/18/13 indicated an injury of unknown origin involving client</p>		<p>of reported incidents on 12/17/13. The staff in the home will be trained on 12/18/13 on the procedures for reporting and documenting incidents in the Daily Support Records. The staff in the home will fax the Daily Support Records to the Program Director at the office following an incident to ensure the incident was documented correctly per procedure. The Home Manager and Program Director were retrained on management of client finances on 12/17/13. The Home Manager and Program Director will retrain all staff on 12/18/13 on a Bathroom Checklist to monitor that supplies are available for client use. The Home Manager will check the Bathroom Checklist weekly to ensure tracking is completed accurately and the bathrooms are being monitored and will check the bathrooms each time in the home to ensure adequate supplies are available. The Program Director was retrained on 12/17/13 on completing investigations as required and timeliness of reporting investigation findings. The Area Director will meet weekly with the Program Director to ensure investigations are completed and timely. The front door bell is not functional and will be removed. All clients finances have been reviewed, balanced and reconciled and are up to date at this time. Responsible Party:</p>		

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	<p>#1. No internal incident report or investigation record was submitted for review in regard to this incident.</p> <p>-BDDS report dated 3/7/13 indicated medication errors involving clients #1, #2, #3, #4, #5, #6 and #7. No internal incident report was submitted for review in regard to this incident.</p> <p>-BDDS report dated 5/17/13 indicated an incident of client to client aggression involving clients #6 and #8. No internal incident report or investigation record was submitted for review in regard to this incident.</p> <p>-BDDS report dated 7/9/13 indicated a medication error involving client #2. No internal incident report was submitted for review in regard to this incident.</p> <p>-BDDS report dated 7/10/13 indicated client #3 had fall with injury. No internal incident report was submitted for review in regard to this incident.</p> <p>-BDDS report dated 7/23/13 indicated an incident of client to client aggression with injury involving clients #6 and #8. No internal incident report or investigation record was submitted for review in regard to this incident.</p>		Home Manager, Program Director, Area Director				

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	<p>-BDDS report dated 7/29/13 indicated staff was speeding with client #1 being transported in the facility's van. No internal incident report or investigation record was submitted for review in regard to this incident.</p> <p>-BDDS report dated 8/21/13 indicated an injury of unknown origin involving client #3. No internal incident report or investigation record was submitted for review in regard to this incident.</p> <p>-BDDS report dated 8/29/13 indicated a medication error involving client #6. No internal incident report was submitted for review in regard to this incident.</p> <p>-BDDS report dated 8/31/13 indicated client #3 had a fall with injury. No internal incident report was submitted for review in regard to this incident.</p> <p>-BDDS report dated 10/13/13 indicated a medication error involving client #5. No internal incident report was submitted for review in regard to this incident.</p> <p>A review of the facility's "Operating Practices-Supervised Group Living Services" policy, no date noted, was conducted on 10/21/13 at 1:30 P.M.. Review of the policy indicated:</p>			

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	<p>"Indiana Mentor has a fundamental responsibility to protect and promote the rights of the persons served...The following actions are prohibited by employees of Indiana Mentor: abuse, neglect, exploitation or mistreatment of an individual including misuse of an individual's funds; or violation of an individual's rights....Practices prohibited include the following: ...hitting...A proactive intervention that denies an individual of any of the following without a physicians order: ...medical care or treatment....Quality and Risk Management: Indiana MENTOR promotes a high quality of service and seeks to protect individuals receiving Indiana 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....Alleged, suspected or actual abuse, neglect, or exploitation of an individual...All incidents that require a report to the Bureau of Developmental Disabilities Services, or internal incident reports will be entered into a database maintained by The Mentor Network."</p> <p>An interview with the Regional Director (RD) was conducted on 10/21/13 at 12:00 P.M.. When asked if the facility</p>				

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	<p>documented internal incident reports, the RD stated "No. Staff calls the Qualified Intellectual Disabilities Professional (QIDP) and then they call me and I direct them on what they are to do." When asked how staff documented incidents involving clients, he stated "They call and report to the QIDP and the QIDP documents the BDDS report." When asked if there were any internal incident reports available for review, he stated "No."</p> <p>An interview with the QIDP was conducted on 10/21/13 at 2:00 P.M.. The QIDP indicated there were no incident reports or investigations completed in regards to the above mentioned incidents. When asked if incident reports and investigations should be documented, she stated "Yes."</p> <p>2. A review of the facility's records was conducted at the group home office on 10/21/13 at 6:00 A.M.. A review of client #1, #2, #3, #4, #5, #6 and #7's personal petty cash financial records was conducted.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) counted a balance of \$21.09 in client #1's personal petty cash financial pouch. There was no financial ledger to indicate the facility kept track of</p>			

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	<p>how much money was available for client #1's use at the group home and to indicate the facility was retaining an individual financial record, reconciliations and receipts of his personal funds. Further review of the record indicated there was no financial ledger for the month of 9/13.</p> <p>The QIDP counted a balance of \$19.95 in client #2's personal petty cash financial pouch. There was no financial ledger to indicate the facility kept track of how much money was available for client #2's use at the group home and to indicate the facility was retaining an individual financial record, reconciliations and receipts of his personal funds. Further review of the record indicated there was no financial ledger for the month of 9/13.</p> <p>The QIDP counted a balance of \$29.95 in client #3's personal petty cash financial pouch. There was no financial ledger to indicate the facility kept track of how much money was available for client #3's use at the group home and to indicate the facility was retaining an individual financial record, reconciliations and receipts of his personal funds. Further review of the record indicated there was no financial ledger for the month of 9/13.</p> <p>The QIDP counted a balance of \$.85 in client #4's personal petty cash financial</p>						

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	<p>pouch. There was no financial ledger to indicate the facility kept track of how much money was available for client #4's use at the group home and to indicate the facility was retaining an individual financial record, reconciliations and receipts of his personal funds. Further review of the record indicated there was no financial ledger for the month of 9/13.</p> <p>The QIDP counted a balance of \$19.73 in client #5's personal petty cash financial pouch. There was no financial ledger to indicate the facility kept track of how much money was available for client #5's use at the group home and to indicate the facility was retaining an individual financial record, reconciliations and receipts of his personal funds. Further review of the record indicated there was no financial ledger for the month of 9/13.</p> <p>The QIDP counted a balance of \$5.89 in client #6's personal petty cash financial pouch. There was no financial ledger to indicate the facility kept track of how much money was available for client #6's use at the group home and to indicate the facility was retaining an individual financial record, reconciliations and receipts of his personal funds. Further review of the record indicated there was no financial ledger for the month of 9/13.</p>						

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	<p>The QIDP counted a balance of \$24.00 in client #7's personal petty cash financial pouch. There was no financial ledger to indicate the facility kept track of how much money was available for client #7's use at the group home and to indicate the facility was retaining an individual financial record, reconciliations and receipts of his personal funds. Further review of the record indicated there was no financial ledger for the month of 9/13.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted at the group home on 10/21/13 at 6:15 A.M.. The QIDP indicated the facility managed clients #1, #2, #3, #4, #5, #6 and #7's finances and further indicated the facility is to keep an accurate account of their finances at all times. The QIDP further indicated each client should have a financial ledger which should reflect the clients' expenditures and balances to ensure they kept an accurate accounting of their petty cash funds by staff at the group home. The QIDP further indicated the former Group Home Manager (GHM) was responsible for ensuring financial ledgers were maintained by staff at the group home, but the GHM stopped doing so a few months ago.</p> <p>A review of the facility's "Redwood</p>						

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	<p>Operating Group Procedure for Managing an Individual's Funds" policy dated 12/07, was conducted on 10/22/13 at 4:10 P.M.. The policy indicated: "There will be a person assigned primary money management responsibilities for overseeing the day to day financial affairs of the individual...The Company will protect will protect the financial interests of all individuals served by: Retaining individual financial records, reconciliations and receipts for no less than 6 years."</p> <p>3. A group home observation was conducted on 10/21/13 from 5:00 A.M. until 7:45 A.M.. Upon arriving at the group home and ringing the front doorbell, the doorbell did not work. A second attempt to ring the doorbell was made, again the doorbell did not work. At 5:37 A.M., client #7 came out of the bathroom located off the kitchen. The bathroom did not have any paper towels or towels available for clients #1, #2, #3, #4, #5, #6 and #7 to use.</p> <p>An interview with Direct Support Professional (DSP) #1 was conducted on 10/21/13 at 5:40 A.M.. DSP #1 indicated there weren't any paper towels in the bathroom. When asked if there should be paper towels/towels available for clients to use in the bathrooms, DSP #1 stated</p>				

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	"Yes." When asked how long the doorbell hasn't worked, DSP #1 stated "For awhile." 9-3-1(a)			

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W000125	<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 1 of 4 sampled clients (client #1), the facility failed to ensure the client's rights by not obtaining a legally sanctioned decision maker to assist in medical and financial decisions.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 10/21/13 from 5:00 A.M. until 7:55 A.M.. During the observation client #1 was non-verbal in communication in that the client did not speak.</p> <p>An evening observation was conducted at the group home on 10/21/13 from 4:15 P.M. until 6:00 P.M.. During the observation client #1 was non-verbal in communication in that the client did not speak.</p> <p>A review of client #1's record was conducted at the facility's administrative office on 10/23/13 at 2:37 P.M.. Client</p>	W000125	<p>The teams will meet for each client to assess the need for guardianship or a health care representative. An attorney will be contacted to facilitate this process. ADDENDUM:All teams for clients without guardians or legally sanctioned representatives, will meet to determine the need for a legally sanctioned decision maker to assist in medical and financial decisions. An attorney will be contacted to help facilitate this process after IDT's are completed. At least annually, each client's team will meet to discuss the need for a legally sanctioned decision maker. Responsible Party: Home Manager, Program Director, Area Director</p>	12/22/2013			

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	<p>#1's Individual Support Plan (ISP) dated 5/23/13 indicated: "Legal Status: Emancipated." Review of his "Risk Management Assessment and Plan" dated 5/23/13 indicated: "Guardianship Status: Self...Financial: Presents a risk...Cannot manage his own money...TSI/Mentor is representative payee for Social Security benefits. [Client #1]'s petty cash account is reconciled at least once monthly. His savings account is reconciled monthly. Unable to recognize mismanagement (finances). Unable to report mismanagement of finances."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was completed at the facility's administrative office on 10/24/13 at 2:20 P.M.. The QIDP indicated client #1 did not have a legally sanctioned decision maker to assist him with financial decisions. The QIDP further indicated client #1 could not independently manage his finances and was unable to independently make financial decisions.</p> <p>9-3-2(a)</p>				

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W000140	<p>483.420(b)(1)(i) CLIENT FINANCES 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.</p> <p>Based upon record review and interview, the facility failed to maintain an accurate accounting system for 4 of 4 sampled clients and 3 additional clients (clients #1, #2, #3, #4, #5, #6 and #7), for whom the facility managed their personal funds accounts.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the group home office on 10/21/13 at 6:00 A.M.. A review of client #1, #2, #3, #4, #5, #6 and #7's personal petty cash financial records was conducted.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) counted a balance of \$21.09 in client #1's personal petty cash financial pouch. There was no financial ledger to indicate the facility kept track of how much money was available for client #1's use at the group home and to indicate the facility was retaining an individual financial record, reconciliations and receipts of his personal funds. Further review of the record indicated there was</p>	W000140	The Home Manager and Program Director were retrained on management of client finances on 12/17/13. All clients finances have been reviewed, balanced and reconciled and are up to date at this time. ADDENDUM: The Program Director will review all client finances at least weekly to ensure they are current and up to date. The Program Directors and Area Director will meet bi-weekly and review the weekly Program Director reviews of client finances. Responsible Party: Home Manager, Program Director, Area Director	12/22/2013			

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	<p>no financial ledger for the month of 9/13.</p> <p>The QIDP counted a balance of \$19.95 in client #2's personal petty cash financial pouch. There was no financial ledger to indicate the facility kept track of how much money was available for client #2's use at the group home and to indicate the facility was retaining an individual financial record, reconciliations and receipts of his personal funds. Further review of the record indicated there was no financial ledger for the month of 9/13.</p> <p>The QIDP counted a balance of \$29.95 in client #3's personal petty cash financial pouch. There was no financial ledger to indicate the facility kept track of how much money was available for client #3's use at the group home and to indicate the facility was retaining an individual financial record, reconciliations and receipts of his personal funds. Further review of the record indicated there was no financial ledger for the month of 9/13.</p> <p>The QIDP counted a balance of \$.85 in client #4's personal petty cash financial pouch. There was no financial ledger to indicate the facility kept track of how much money was available for client #4's use at the group home and to indicate the facility was retaining an individual financial record, reconciliations and</p>			

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	<p>receipts of his personal funds. Further review of the record indicated there was no financial ledger for the month of 9/13.</p> <p>The QIDP counted a balance of \$19.73 in client #5's personal petty cash financial pouch. There was no financial ledger to indicate the facility kept track of how much money was available for client #5's use at the group home and to indicate the facility was retaining an individual financial record, reconciliations and receipts of his personal funds. Further review of the record indicated there was no financial ledger for the month of 9/13.</p> <p>The QIDP counted a balance of \$5.89 in client #6's personal petty cash financial pouch. There was no financial ledger to indicate the facility kept track of how much money was available for client #6's use at the group home and to indicate the facility was retaining an individual financial record, reconciliations and receipts of his personal funds. Further review of the record indicated there was no financial ledger for the month of 9/13.</p> <p>The QIDP counted a balance of \$24.00 in client #7's personal petty cash financial pouch. There was no financial ledger to indicate the facility kept track of how much money was available for client #7's use at the group home and to indicate the</p>						

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	<p>facility was retaining an individual financial record, reconciliations and receipts of his personal funds. Further review of the record indicated there was no financial ledger for the month of 9/13.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted at the group home on 10/21/13 at 6:15 A.M.. The QIDP indicated the facility managed clients #1, #2, #3, #4, #5, #6 and #7's finances and further indicated the facility is to keep an accurate account of their finances at all times. The QIDP further indicated each client should have a financial ledger which should reflect the clients' expenditures and balances to ensure they kept an accurate accounting of their petty cash funds by staff at the group home. The QIDP further indicated the former Group Home Manager (GHM) was responsible for ensuring financial ledgers were maintained by staff at the group home, but the GHM stopped doing so a few months ago.</p> <p>9-3-2(a)</p>				

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W000149	<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 record review and interview, the facility failed to implement their abuse/neglect policy for 3 of 7 clients residing at the group home and 1 additional discharged client (clients #1, #3, #6 and #8), to conduct thorough investigations in regards to incidents of client to client aggression and injuries of unknown origin.</p> <p>Findings include:</p> <p>A request for the facility's internal incident reports, Bureau of Developmental Disabilities Services reports (BDDS) and investigation records was made. No internal incident reports were submitted for review. A review of the facility's Bureau of Developmental Disabilities Services reports (BDDS) and investigation records was conducted on 10/21/13 at 11:20 A.M.. Review of the reports indicated:</p> <p>-BDDS reports dated 12/3/12 and 12/7/12 indicated client #3 had a broken toe which required surgery. The cause of injury was unknown. No investigation record was submitted for review in regard to this incident.</p>	W000149	Staff in the home will be retrained on the Abuse / Neglect Policy on 12/18/13. The Program Director was retrained on 12/17/13 on completing investigations as required and timeliness of reporting investigation findings. The Area Director will meet weekly with the Program Director to ensure investigations are completed and timely. Responsible Party: Responsible Party: Home Manager, Program Director, Area Director	12/22/2013			

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	<p>-BDDS report dated 1/18/13 indicated an injury of unknown origin involving client #1. No investigation record was submitted for review in regard to this incident.</p> <p>-BDDS report dated 5/17/13 indicated an incident of client to client aggression involving clients #6 and #8. No investigation record was submitted for review in regard to this incident.</p> <p>-BDDS report dated 7/23/13 indicated an incident of client to client aggression with injury involving clients #6 and #8. No investigation record was submitted for review in regard to this incident.</p> <p>-BDDS report dated 7/29/13 indicated staff was speeding with client #1 being transported in the facility's van. No investigation record was submitted for review in regard to this incident.</p> <p>-BDDS report dated 8/21/13 indicated an injury of unknown origin involving client #3. No investigation record was submitted for review in regard to this incident.</p> <p>-BDDS report dated 8/31/13 indicated a non verbal client, client #3, had a fall that was not witnessed that resulted with</p>						

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	<p>injury. No investigation record was submitted for review in regard to this incident.</p> <p>A review of the facility's "Operating Practices-Supervised Group Living Services" policy, no date noted, was conducted on 10/21/13 at 1:30 P.M.. Review of the policy indicated:</p> <p>"Indiana Mentor has a fundamental responsibility to protect and promote the rights of the persons served...The following actions are prohibited by employees of Indiana Mentor: abuse, neglect, exploitation or mistreatment of an individual including misuse of an individual's funds; or violation of an individual's rights...Practices prohibited include the following: ...hitting...A proactive intervention that denies an individual of any of the following without a physicians order: ...medical care or treatment...Quality and Risk Management: Indiana MENTOR promotes a high quality of service and seeks to protect individuals receiving Indiana 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....Alleged, suspected or actual</p>						

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	<p>abuse, neglect, or exploitation of an individual...All incidents that require a report to the Bureau of Developmental Disabilities Services, or internal incident reports will be entered into a database maintained by The Mentor Network."</p> <p>An interview with the QIDP was conducted on 10/21/13 at 2:00 P.M.. The QIDP indicated there were no investigations completed in regards to the above mentioned incidents of client to client aggression and unknown injuries. When asked if investigations should be completed, she stated "Yes."</p> <p>9-3-2(a)</p>			

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W000154	<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 3 of 7 clients residing at the group home and 1 additional discharged client (clients #1, #3, #6 and #8), the facility failed to conduct thorough investigations in regards to incidents of client to client aggression, an allegation of neglect regarding staff speeding in the facility van while transporting a client and injuries of unknown origin.</p> <p>Findings include:</p> <p>A request for the facility's internal incident reports, Bureau of Developmental Disabilities Services reports (BDDS) and investigation records was made. No internal incident reports were submitted for review. A review of the facility's Bureau of Developmental Disabilities Services reports (BDDS) and investigation records was conducted on 10/21/13 at 11:20 A.M.. Review of the reports indicated:</p> <p>-BDDS reports dated 12/3/12 and 12/7/12 indicated client #3 had a broken toe which required surgery. The cause of injury was unknown. No investigation record was</p>	W000154	Staff in the home will be retrained on the Abuse / Neglect Policy on 12/18/13. The Program Director was retrained on 12/17/13 on completing investigations as required and timeliness of reporting investigation findings. The Area Director will meet weekly with the Program Director to ensure investigations are completed and timely. Responsible Party: Home Manager, Program Director, Area Director	12/22/2013			

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	<p>submitted for review in regard to this incident.</p> <p>-BDDS report dated 1/18/13 indicated an injury of unknown origin involving client #1. No investigation record was submitted for review in regard to this incident.</p> <p>-BDDS report dated 5/17/13 indicated an incident of client to client aggression involving clients #6 and #8. No investigation record was submitted for review in regard to this incident.</p> <p>-BDDS report dated 7/23/13 indicated an incident of client to client aggression with injury involving clients #6 and #8. No investigation record was submitted for review in regard to this incident.</p> <p>-BDDS report dated 7/29/13 indicated staff was speeding with client #1 being transported in the facility's van. No investigation record was submitted for review in regard to this incident.</p> <p>-BDDS report dated 8/21/13 indicated an injury of unknown origin involving client #3. No investigation record was submitted for review in regard to this incident.</p> <p>-BDDS report dated 8/31/13 indicated a</p>						

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	<p>non verbal client, client #3, had a fall that was not witnessed that resulted with injury. No investigation record was submitted for review in regard to this incident.</p> <p>An interview with the QIDP was conducted on 10/21/13 at 2:00 P.M.. The QIDP indicated there were no investigations completed in regards to the above mentioned incidents. When asked if investigations should be completed, she stated "Yes."</p> <p>9-3-2(a)</p>				

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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview for 3 of 4 sampled clients and 2 additional clients (clients #1, #2, #3, #5 and #6), the facility's Qualified Intellectual Disabilities Professional (QIDP) failed to monitor clients' programs in regards to implementation/tracking of program objectives.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 10/23/13 at 2:37 P.M.. A review of client #1's Individual Support Plan (ISP) dated 5/23/13 indicated: "Will engage in casual conversation...Will participate in an activity...Increase independence with financial skills through a formal goal." Further review of client #1's record failed to indicate the QIDP monitored program data to see if client #1 made progress/regressed or completed program objectives for the months of 11/12, 1/13, 2/13, 3/13, 4/13, 5/13, 6/13, 7/13 and 8/13.</p> <p>A review of client #2's record was conducted on 10/23/13 at 3:09 P.M.. The</p>	W000159	The Home Manager and Program Director were retrained on completing Monthlies and other required documentaion regarding training objectives on 12/17/13. This includes revising training objectives due to achievement or lack of progress. The Program Director has reviewed all training objectives to ensure they are current and match each client's individual program plan. The Area Director will review monthlies and recommend follow up as needed. Responsible Party: Home Manager, Program Director, Area Director	12/22/2013			

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	<p>ISP dated 6/13/13 indicated the following: "Will engage in casual conversation...Will assist with making decisions throughout the day...Will increase community integration skills...Will increase money management skills." Further review of client #2's record failed to indicate the QIDP monitored program data to see if client #2 made progress/regressed or completed program objectives for the months of 11/12, 1/13, 2/13, 3/13, 4/13, 5/13, 6/13, 7/13 and 8/13.</p> <p>A review of client #3's record was conducted on 10/23/13 at 3:54 P.M.. The ISP dated 7/17/13 indicated: "Will engage in casual conversation...Informally assist with making decisions throughout the day...When greeted will pull his hand from his chest and make a physical gesture...Will walk in the community." Further review of client #3's record failed to indicate the QIDP monitored program data to see if client #3 made progress/regressed or completed program objectives for the months of 11/12, 1/13, 2/13, 3/13, 4/13, 5/13, 6/13, 7/13 and 8/13.</p> <p>A review of client #5's record was conducted on 10/23/13 at 4:50 P.M.. The ISP dated 6/6/13 indicated: "Will sign food...Will assist with making decisions throughout the day." Further review of</p>				

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	<p>client #5's record failed to indicate the QIDP monitored program data to see if client #5 made progress/regressed or completed program objectives for the months of 11/12, 1/13, 2/13, 3/13, 4/13, 5/13, 6/13, 7/13 and 8/13.</p> <p>A review of client #6's record was conducted on 10/23/13 at 5:15 P.M.. The ISP dated 11/30/12 indicated the following: "Will engage in casual conversation...Will assist in making decisions throughout the day...Will increase money management skills...Will train for recreation and leisure skills. Further review of client #6's record failed to indicate the QIDP monitored program data to see if client #6 made progress/regressed or completed program objectives for the months of 11/12, 1/13, 2/13, 3/13, 4/13, 5/13, 6/13, 7/13 and 8/13.</p> <p>An interview with the QIDP was conducted on 10/24/13 at 2:20 P.M.. The QIDP indicated there was no documentation to indicate the former QIDP monitored the clients' program objectives. The QIDP indicated the clients' program objectives are to be monitored by the QIDP monthly.</p> <p>9-3-3(a)</p>						

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W000249	<p>483.440(d)(1) 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>Based on observation, record review and interview for 3 of 4 sampled clients and 2 additional clients (clients #1, #2, #3, #5 and #6), the facility failed to implement the clients' training objectives when formal and/or informal opportunities existed at the group home.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 10/21/13 from 5:00 A.M. until 7:45 A.M.. During the entire observation period client #2 stayed in his bedroom with no interaction and/or meaningful activity. Clients #1, #3, #5 and #6 sat in the living room and dining room area with no meaningful activity. Direct Support Professionals (DSP) #1 and #2 would walk into the rooms and occasionally check on clients #1, #2, #3, #5 and #6, but did not offer any meaningful activity.</p> <p>An evening observation was conducted at</p>	W000249	<p>Staff in the home and day program will be retrained by 12/18/13 on completing continuous active treatment for each client based on their individual program plans. The Home Manager and Program Director will complete observations when in the home and day program to monitor that staff are following client Active Treatment Schedules and offering meaningful activities and document observations at least weekly. The Area Director will review the observations and follow up as needed.</p> <p>ADDENDUM: The Home Manager and Program Director will complete observations when in the home at least weekly and day program at least monthly, to monitor that staff are following client Active Treatment Schedules and offering meaningful activities and document the observations on a formal observation form. The Area Director will review the formal observation forms and follow up as needed.</p> <p>Responsible Party: Home</p>	12/22/2013			

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	<p>the group home on 10/21/13 from 4:15 P.M. until 6:00 P.M.. From 4:15 P.M. until 6:00 P.M., clients #1 and #3 sat in the living room area with no meaningful activity. Direct Support Professionals (DSP) #2 and #3 would walk into the rooms and occasionally check on clients #1 and #3, but did not offer any meaningful activity.</p> <p>A facility owned day program observation was conducted on 10/23/13 from 12:20 P.M. until 1:30 P.M.. During the entire observation period, clients #1, #3 and #5 sat with no meaningful activity. Day program staff #6, #7 and #8 would occasionally check on clients #1, #3 and #5, but did not offer any meaningful activity.</p> <p>A review of client #1's record was conducted on 10/23/13 at 2:37 P.M.. A review of client #1's Individual Support Plan (ISP) dated 5/23/13 indicated the following objectives that could have been implemented during both observations: "Will engage in casual conversation...Will participate in an activity...Increase independence with financial skills through a formal goal."</p> <p>A review of client #2's record was conducted on 10/23/13 at 3:09 P.M.. The ISP dated 6/13/13 indicated the following</p>		Manager, Program Director, Area Director				

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	<p>objectives that could have been implemented during both observations: "Will engage in casual conversation...Will assist with making decisions throughout the day...Will increase community integration skills...Will increase money management skills."</p> <p>A review of client #3's record was conducted on 10/23/13 at 3:54 P.M.. The ISP dated 7/17/13 indicated the following objectives that could have been implemented during both observations: "Will engage in casual conversation...Informally assist with making decisions throughout the day...When greeted will pull his hand from his chest and make a physical gesture...Will walk in the community."</p> <p>A review of client #5's record was conducted on 10/23/13 at 4:50 P.M.. The ISP dated 6/6/13 indicated the following objectives that could have been implemented during both observations: "Will sign food...Will assist with making decisions throughout the day...."</p> <p>A review of client #6's record was conducted on 10/23/13 at 5:15 P.M.. The ISP dated 11/30/12 indicated the following objectives that could have been implemented during both observations: "Will engage in casual conversation...Will</p>			

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	<p>assist in making decisions throughout the day...Will increase money management skills...Will train for recreation and leisure skills."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 10/24/13 at 2:20 P.M.. The QIDP indicated facility staff should implement training objectives at all times of opportunity.</p> <p>9-3-4(a)</p>			

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W000250	<p>483.440(d)(2) PROGRAM IMPLEMENTATION</p> <p>The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.</p> <p>Based on observation, record review and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) by failing to individualize their Active Treatment Schedules (ATS).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 10/21/13 from 5:00 A.M. until 7:45 A.M.. During the entire observation period client #2 stayed in his bedroom with no interaction and/or meaningful activity. Clients #1, #3, #5 and #6 sat in the living room and dining room area with no meaningful activity. Direct Support Professionals (DSP) #1 and #2 would walk into the rooms and occasionally check on clients #1, #2, #3, #5 and #6, but did not offer any meaningful activity.</p> <p>An evening observation was conducted at the group home on 10/21/13 from 4:15 P.M. until 6:00 P.M.. From 4:15 P.M. until 6:00 P.M., clients #1 and #3 sat in the living room area with no meaningful activity. Direct Support Professionals (DSP) #2 and #3 would walk into the</p>	W000250	All clients Active Treatment Schedules will be reviewed and revised as needed to make sure they are individualized and include meaningful activity. Staff in the home and day program will be retrained by 12/18/13 on completing continuous active treatment for each client based on their individual program plans. The Home Manager and Program Director will complete observations when in the home and day program to monitor that staff are following client Active Treatment Schedules and offering meaningful activities and document observations at least weekly. The Area Director will review the observations and follow up as needed. Responsible Party: Home Manager, Program Director, Area Director	12/22/2013			

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	<p>rooms and occasionally check on clients #1 and #3, but did not offer any meaningful activity.</p> <p>Client #1's record was reviewed on 10/23/13 at 2:37 P.M.. Client #1's 4/12 ATS indicated: "6:00 A.M....Sleep...7:00 A.M....Wake/hygiene/meds/Breakfast/Am chores/Am transport 7:30...8:00 A.M. -3:00 P.M....[Day program]...4:00 P.M....Pm transport...5:00 P.M....Meds/goals/chores...6:00 P.M....Dinner...7:00 P.M....Meds Pm/hygiene...8:00 P.M....Meds/goals/chores...9:00 P.M....BED."</p> <p>Client #2's record was reviewed on 10/23/13 at 3:09 P.M.. Client #2's 4/12 ATS indicated: "6:00 A.M....Sleep...7:00 A.M....Wake/hygiene/meds/Breakfast/Am chores/Am transport 7:30...8:00 A.M. -3:00 P.M....[Day program]...4:00 P.M....Pm transport...5:00 P.M....Meds/goals/chores...6:00 P.M....Dinner...7:00 P.M....Meds Pm/hygiene...8:00 P.M....Meds/goals/chores...9:00 P.M....BED."</p> <p>Client #3's record was reviewed on 10/23/13 at 3:54 P.M.. Client #3's 4/12 ATS indicated: "6:00 A.M....Sleep...7:00 A.M....Wake/hygiene/meds/Breakfast/Am</p>						

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	<p>chores/Am transport 7:30...8:00 A.M. -3:00 P.M....[Day program]...4:00 P.M....Pm transport...5:00 P.M....Meds/goals/chores...6:00 P.M....Dinner...7:00 P.M....Meds Pm/hygiene...8:00 P.M....Meds/goals/chores...9:00 P.M....BED."</p> <p>Client #4's record was reviewed on 10/23/13 at 11:47 A.M.. Client #4's 4/12 ATS indicated: "6:00 A.M....Sleep...7:00 A.M....Wake/hygiene/meds/Breakfast/Am chores/Am transport 7:30...8:00 A.M. -3:00 P.M....[Day program]...4:00 P.M....Pm transport...5:00 P.M....Meds/goals/chores...6:00 P.M....Dinner...7:00 P.M....Meds Pm/hygiene...8:00 P.M....Meds/goals/chores...9:00 P.M....BED."</p> <p>Clients #1, #2, #3 and #4's Active Treatment Schedules were all identical.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 10/24/13 at 2:20 P.M.. The QIDP indicated the clients did not have individualized active treatment schedules.</p> <p>9-3-4(a)</p>			

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W000440	<p>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 to conduct evacuation drills during the morning shift (8:00 A.M. to 4:00 P.M.) and the evening shift (4:00 P.M. to 12:00 A.M.) during the first quarter (January 1st through March 31st) of 2013 which affected 7 of 7 clients living in the facility (clients #1, #2, #3, #4, #5, #6 and #7.)</p> <p>Findings include:</p> <p>The facility's records were reviewed on 10/21/13 at 5:20 A.M.. The review failed to indicate the facility held an evacuation drill for clients #1, #2, #3, #4, #5, #6 and #7 in the morning and evening during the first quarter of 2013.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 10/22/13 at 2:25 P.M.. The QIDP indicated evacuation drills are to be conducted during each quarter for each shift.</p> <p>9-3-7(a)</p>	W000440	The Home Manager and Program Director were retrained on monitoring Evacuation Drills on 12/17/13. Staff in the home will be retrained on 12/18/13 on completing all required monthly evacuation drills. The Area Director will monitor evacuation drills monthly to ensure completion. Responsible Party: Home Manager, Program Director, Area Director	12/22/2013	

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W000484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client. Based on observation and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4) to provide condiments at the dining table.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 10/21/13 from 5:00 A.M. until 7:55 A.M.. At 6:47 A.M., clients #1, #2, #3 and #4 were observed eating breakfast which consisted of cold unsweetened cereal and toasted bread. There was no sugar/sugar substitute, butter or jelly on the table for clients #1, #2, #3 and #4 to use for their morning meal.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 10/22/13 at 4:30 P.M.. The QIDP indicated condiments should be put on the table for the clients to use.</p> <p>9-3-8(a)</p>	W000484	Staff will be retrained on 12/18/13 on assisting clients to set the table with all utensils, condiments, adaptive equipment and any other needed items for each meal and all clients participating in their own meal preparation to their level of participation. The Home Manager and Program Director will complete meal time observations when in the home to monitor that clients are participating in meal preparation and setting the table with utensils, condiments and needed items at each meal. The Area Director will review observations and follow up as needed. Responsible Party: Home Manager, Program Director, Area Director	12/22/2013	

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W000488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview, the facility failed to assure 5 of 7 clients residing at the group home (clients #1, #2, #3, #5 and #6) were involved in meal preparation and served themselves.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 10/21/13 from 5:00 A.M. until 7:55 A.M.. Clients #1, #2, #3, #5 and #6 sat at in the living room and dining room with no activity as Direct Support Professional (DSP) #1 poured cereal into bowls and toasted bread. When DSP #1 finished she placed the plates of already toasted bread and already prepared bowls of cereal on the dining table. Clients #1, #2, #3, #5 and #6 were not prompted and did not prepare their own toast or serve themselves. Clients #1, #2, #3, #5 and #6 ate their meal independently.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 10/24/13 at 2:20 P.M.. The QIDP indicated clients were capable of assisting in meal</p>	W000488	Staff will be retrained on 12/18/13 on assisting clients to set the table with all utensils, condiments, adaptive equipment and any other needed items for each meal and all clients participating in their own meal preparation to their level of participation. The Home Manager and Program Director will complete meal time observations when in the home to monitor that clients are participating in meal preparation and setting the table with utensils, condiments and needed items at each meal. The Area Director will review observations and follow up as needed. Responsible Party: Home Manager, Program Director, Area Director	12/22/2013			

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	<p>preparation and serving themselves and and further indicated they should be assisting in preparation and serving themselves at meal time.</p> <p>9-3-8(a)</p>			