

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G336	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/12/2014
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: August 4, 5, 6, 7, 8, 11 and 12, 2014.</p> <p>Facility number: 000854 Provider number: 15G336 AIM number: 100243900</p> <p>Surveyor: Susan Reichert, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/19/14 by Ruth Shackelford, QIDP.</p>	W000000		
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.</p> <p>Based upon record review and interview, the facility failed to implement policy and procedure to prevent abuse, neglect and mistreatment for 2 of 4 sampled clients (clients #1 and #2) and for 2 additional clients (clients #4 and #7). The facility failed to protect client #2 from a fall resulting in a</p>	W000149	The facility will implement written policies that prohibit mistreatment, neglect or abuse of the client. The QIDP has been retrained on components of a thorough investigation, specifically that all potential witnesses must be interviewed	09/11/2014

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>fracture and failed to document a thorough investigation into client #2's fall. The facility failed to document a thorough investigation into an allegation of potential abuse affecting client #1. The facility failed to develop and implement effective corrective action to address 1 of 1 allegation of abuse involving clients #4 and #7 and failed to ensure adequate monitoring of staff to client interactions in the group home.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 8/5/14 at 3:10 PM. Client #2's record indicated she had fractured her ankle as a result of a fall on 1/23/14 and completed rehabilitation at a nursing home from 1/24/14 until 4/23/14. Client #2's fall risk plan dated 4/23/14 indicated "staff will be trained on the importance of monitoring [client #2] at night while in low bed with floor mat and monitor her continuously while she is laying down."</p> <p>The house manager was interviewed on 8/5/14 at 3:50 PM. The house manager indicated client #2 fell on third shift (overnight) when there was one staff in the home. She stated, "They found her on the floor." She indicated client #2's bed alarm did not activate and she was uncertain where the staff was in the home at the time of client #2's fall. She indicated client #2 continued to use her foot without complaint until she (the house manager) noticed the bruising.</p> <p>A report to the Bureau of Developmental Disabilities Services was reviewed on 8/6/14 at 2:30 PM. The report indicated client #2 fell and twisted her ankle at 2:00 AM during transfer from her wheelchair to her bed after she used the restroom. Client #2 "hit the left side of her face on the bed rail causing a two inch reddened area to her face. [Client #2] was further assessed and</p>		<p>and all relevant documents reviewed. The Residential Manager will be expected to observe and participate in active treatment sessions no less than four times per week. These observations will include weekends. During Active Treatment observations, supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff interact with individuals in a respectful and supportive manner. Additionally, members of the Operations Team and/or the QIDP will conduct active treatment observations on a weekly basis, providing hands-on coaching and training as needed. The QIDP will turn in copies of completed investigations to the Clinical Supervisor responsible for Quality Assurance to allow for appropriate oversight and follow-up. The Clinical Supervisor will follow-up with the QIDP as needed but no less than weekly to review incident documentation and completed investigations to assure they have been completed thoroughly. The QIDP will bring all relevant elements of the interdisciplinary team together after serious incidents including but not limited to abuse/neglect, exploitation, mistreatment, or injuries of unknown source to review current supports and to make adjustments and revisions</p>				

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	<p>noted slight bruising and swelling to her right foot/ankle area." The report indicated client #2's physician was notified and an x-ray diagnosed a fracture to the fibula. The report indicated client #2's risk plan for falls was being implemented at the time of her fall as well as her level of supervision. There was no evidence of an investigation into the cause of client #2's fall.</p> <p>Client #2's 8/2013 Risk Plan for unsteady gait and history of falls and fractures attached to the report indicated "Staff will be trained on importance of using gait belt with all transfers and while ambulating with [client #2]...Staff will be aware of the importance of low bed and floor mat for safety of [client #2] when she is in bed."</p> <p>The Clinical Supervisor (CS) was interviewed on 8/6/14 at 3:00 PM. When asked about an investigation into the circumstances of client #2's fall, the CS indicated an investigation had not been completed regarding client #2's fall. She indicated it was now facility policy and procedure to complete an investigation into fractures, but was not in practice at the time of client #2's fall on 1/23/14.</p> <p>2. A BDDS report dated 7/6/14 was reviewed on 8/6/14 at 12:20 PM and indicated client #7 reported to the Manager of Supported Group Living (MSGSL) that staff #10 had "yelled" at her. The report indicated the allegation was unsubstantiated.</p> <p>An attached investigation dated 7/7/14-7/10/14 indicated client #7 had initially indicated "[staff #10] is a big problem on the weekends," and failed to assist the clients with cleaning their rooms. Client #7 stated she thought staff #10 "makes it seem like she (staff #10) did it all herself (changing beds) and I helped." Client #7</p>		<p>as needed. The QIDP will turn in copies of post-incident interdisciplinary team meeting notes and plan revisions to the Program Manager and Clinical Supervisor to allow for appropriate oversight and follow-up. The Clinical Supervisor, QIDP and Residential Manager will meet weekly to review incidents which require interdisciplinary team action. The Program manager (supervises the Clinical Supervisor) will be responsible for meeting with the clinical supervisor weekly, reviewing all incidents, investigations and follow up documentation, ensuring compliance. The minutes from these weekly meetings will be submitted to the Executive Director for review, ensuring that they have been thoroughly completed. Additionally, the governing body will submit a request to the Indiana State Department of Health for an in-service presentation to all agency professional staff regarding the components of a thorough investigation.</p> <p>Responsible parties: QIDP, Residential Manager, Direct Support Staff, Operations Team</p>				

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	<p>indicated she had attempted to talk to staff #10, but staff #10 put her hands up as if to say "Stop." The allegation was unsubstantiated as there were no witness statements to indicate staff "yelled" at the clients. Staff #10 indicated in her statement after clients #4 and #7 apologized "for lying on me....I told [client #4] I am 'done' meaning I am done with this and we need to move on." Staff #10 stated she had not called client #4 or client #7 "liars." The investigation indicated staff #10 was retrained on "interactions with clients to include how to appropriately react to and train clients when a client may have lied or purposefully attempted to get the staff into trouble. " There was no evidence of additional corrective action or of a recommendation to monitor staff to client interactions in the home</p> <p>3. Client #1's guardian was interviewed on 8/7/14 at 4:30 PM. Client #1's guardian indicated she called to talk to client #1 one evening (date not indicated) and staff told her client #1 had left the home because she was upset. The guardian indicated she talked to client #1 after she returned to the home and client #1 indicated she had left the home because staff #1 had called her a "liar." She stated staff #1 has "said several things to [client #1] that she doesn't like." The guardian stated the clients in the home were "afraid to say anything" about staff #1, and did not like how staff #1 talked to them. The guardian stated she had reported the incident involving staff #1 calling client #1 a "liar" to the Manager of Supported Group Living, and the incident had been investigated, but not substantiated. She indicated she thought the clients of the group home should be interviewed together to provide support to each other.</p> <p>Confidential Interview #1 (CI #1) stated staff #1 "raised her voice,...but didn't yell" and was "kind</p>			

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	<p>of mean" (dates and times unspecified). CI #1 indicated other staff and clients (unspecified) were present during the incidents when staff #1 raised her voice. She indicated staff #1 directed client #2 to keep away from the kitchen, but CI #1 and other staff were not sure why, and staff #1 had redirected client #4 from rubbing client #7's shoulders for unknown reasons. CI #1 stated "She needs to mind her own business." CI #1 indicated she was afraid to notify anyone about her concerns because of retaliation by staff #1.</p> <p>The Manager of Supported Group Living (MSG L) was interviewed on 8/8/14 at 8:30 AM and stated she had spoken with client #1's guardian, but she had not been told staff #1 had called client #1 a "liar," and indicated there was nothing in the conversation with client #1's guardian that the MSG L had considered an allegation of abuse. She indicated she had talked to client #1 and staff #1 separately and then together. She stated staff #1 had "rolled her eyes" during the conversation, but she had asked her to stop. She indicated she had not documented the conversation with client #1's guardian or with staff #1 or client #1.</p> <p>Active Treatment Observations for the group home by administrative staff were reviewed on 8/12/14 at 3:30 PM and indicated the following: on 7/30/14 staff #7, #9 and #11 were observed at 3:30 PM by the QIDP (Qualified Intellectual Disabilities Professional) and indicated "staff used calm tone of voice and the environment was friendly and laid back. Positive attitudes from both staff and clients." On 8/5/14 staff #8, the group home nurse and the house manager were observed on the afternoon shift (time not specified) by the Executive Director. The form indicated staff used appropriate tone of voice. On 8/11/14 staff #7, #2 and #9 were observed at 5:30</p>			

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	<p>PM and indicated staff used appropriate tone of voice. There was no evidence of observations by administrative staff other than on the afternoons during the weekdays. There was no evidence staff #1 or staff #10's staff to client interactions were monitored by administrative staff.</p> <p>The CS was interviewed on 8/12/14 at 3:32 PM and indicated there was no other documentation of observations or of monitoring of staff to client interaction by administrative staff available to review.</p> <p>Abuse/Neglect/Exploitation/Mistreatment of clients dated 6/2011 was reviewed on 8/8/14 at 1:45 PM and indicated "All allegations or occurrences of abuse/neglect/exploitation/mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of ResCare Northern Region Indiana, local, state and federal guidelines...Procedures: 1. Any ResCare staff person who suspects an individual is the victim of abuse/neglect/exploitation should immediately notify the Director of Supported Group Living (group homes), then complete an Incident Report. The Director of Supported Group Living/Supported Living will then notify the Executive Director. This step should be done within 24 hours. The Director of the program (SGL or SL) or designee will report the suspected abuse, neglect or exploitation within 24 hours of the initial report to the appropriate contacts, which may include:...Bureau of Developmental Disabilities Service Coordinator...The Director of the Program (SGL or SL) will assign an investigative team. A full investigation will be conducted by investigators who have received training from Labor Relations Association and ResCare's internal procedures or</p>			

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	<p>investigations...One of the investigators will complete a detailed investigative case summary based on witness statements and other evidence collected...An investigative peer review committee chosen by the Executive Director will meet to discuss the outcome of the investigation and to ensure that a thorough investigation has been completed. Members of the committee must include at least one of the investigators, the Executive Director or designee, Director of Supported Living or SGL, and a Human Resources representative." The policy did not indicate the requirement to develop and implement corrective action to address abuse and neglect.</p> <p>9-3-2(a)</p>				
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 upon record review and interview for 2 of 4 sampled clients (clients #1 and #2), the facility</p>	W000154	The facility will have evidence that all alleged violations are thoroughly investigated.	09/11/2014	

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	<p>failed to document a thorough investigation into client #2's fall causing a fracture and into an allegation of abuse/staff to client misconduct affecting client #1.</p> <p>Findings include:</p> <p>1. Client #2's record was reviewed on 8/5/14 at 3:10 PM. Client #2's record indicated she had fractured her ankle as a result of a fall on 1/23/14 and completed rehabilitation at a nursing home from 1/24/14 until 4/23/14. Client #2's fall risk plan dated 4/23/14 indicated "staff will be trained on the importance of monitoring [client #2] at night while in low bed with floor mat and monitor her continuously while she is laying down."</p> <p>The house manager was interviewed on 8/5/14 at 3:50 PM. The house manager indicated client #2 fell on third shift (overnight) when there was one staff in the home. She stated, "They found her on the floor." She indicated client #2's bed alarm did not activate and she was uncertain where the staff was in the home at the time of client #2's fall. She indicated client #2 continued to use her foot without complaint until she (the house manager) noticed the bruising.</p> <p>A report to the Bureau of Developmental Disabilities Services was reviewed on 8/6/14 at 2:30 PM. The report indicated client #2 fell and twisted her ankle at 2:00 AM during transfer from her wheelchair to her bed after she used the restroom. Client #2 "hit the left side of her face on the bed rail causing a two inch reddened area to her face. [Client #2] was further assessed and noted slight bruising and swelling to her right foot/ankle area." The report indicated client #2's physician was notified and an x-ray diagnosed a fracture to the fibula. The report indicated client #2's risk plan for falls was being implemented at</p>		Specifically, QIDP and Residential Manager have been retrained on components of a thorough investigation, specifically that all potential witnesses must be interviewed and all relevant documents reviewed. The QIDP will turn in copies of completed investigations to the Clinical Supervisor to allow for appropriate oversight and follow-up. The Clinical Supervisor will follow-up with the QIDP as needed but no less than weekly to review incident documentation and completed investigations to assure they have been completed thoroughly. The Program manager (supervises the Clinical Supervisor) will be responsible for meeting with the clinical supervisor weekly, reviewing all incidents, investigations and follow-up documentation, ensuring compliance. The minutes from these weekly meetings will be submitted to the Executive Director for review, ensuring that they have been thoroughly completed. Additionally, the governing body will submit a request to the Indiana State Department of Health for an in-service presentation to all agency professional staff regarding the components of a thorough investigation. Responsible parties: QIDP, Residential Manager, Direct Support Staff, Operations Team		

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	<p>the time of her fall as well as her level of supervision.</p> <p>Client #2's 8/2013 Risk Plan for unsteady gait and history of falls and fractures attached to the report indicated "Staff will be trained on importance of using gait belt with all transfers and while ambulating with [client #2]...Staff will be aware of the importance of low bed and floor mat for safety of [client #2] when she is in bed."</p> <p>The Clinical Supervisor (CS) was interviewed on 8/6/14 at 3:00 PM. When asked about an investigation into the circumstances of client #2's fall, the CS indicated an investigation had not been completed regarding client #2's fall. She indicated it was now facility policy and procedure to complete an investigation into fractures, but was not in practice at the time of client #2's fall on 1/23/14.</p> <p>2. Client #1's guardian was interviewed on 8/7/14 at 4:30 PM. Client #1's guardian indicated she called to talk to client #1 one evening (date not indicated) and staff told her client #1 had left the home because she was upset. The guardian indicated she talked to client #1 after she returned to the home and client #1 indicated she had left the because staff #1 had called her a "liar." She stated staff #1 has "said several things to [client #1] that she doesn't like." The guardian stated the clients in the home were "afraid to say anything" about staff #1, but did not like how staff #1 talked to them. The guardian stated she had reported the incident involving staff #1 calling client #1 a "liar" and client #1 leaving the home to the Manager of Supported Group Living, and the incident had been investigated, but not substantiated. She indicated she thought the clients of the group home should be interviewed together to provide support to each other.</p>			

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W000157	<p>The MSGL was interviewed on 8/8/14 at 8:30 AM and stated she had spoken with client #1's guardian, but she had not been told staff #1 had called client #1 a "liar," and indicated there was nothing in the conversation with client #1's guardian that she had concerns of being an allegation of abuse. She indicated she had talked to client #1 and staff #1 separately and then together. She stated staff #1 had "rolled her eyes" during the conversation, but she had asked her to stop. She indicated she had not documented the conversation with client #1's guardian or with staff #1 or client #1.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based upon record review and interview, the facility failed to develop and implement effective corrective action to address 2 of 2 allegations of abuse involving 1 of 4 sampled clients (client #1) and 2 additional clients (clients #4 and #7) by failing to ensure adequate monitoring of staff to client interactions in the group home.</p> <p>Findings include:</p> <p>1. A Bureau of Developmental Disabilities Services (BDDS) report dated 7/6/14 was reviewed on 8/6/14 at 12:20 PM and indicated</p>	W000157	<p>If the alleged violation is verified, appropriate corrective action must be taken. Staff will be retrained on appropriate treatment of individuals served. The Residential Manager will be expected to observe and participate in active treatment sessions no less than four times per week. These observations will include weekends. During Active Treatment observations, supervisors will assess direct support staff interaction with</p>	09/11/2014

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	<p>client #7 reported to the Manager of Supported Group Living (MSGL) that staff #10 had "yelled" at her. The report indicated the allegation was unsubstantiated.</p> <p>An attached investigation dated 7/7/14-7/10/14 indicated client #7 had initially indicated "[staff #10] is a big problem on the weekends," and failed to assist the clients with cleaning their rooms. Client #7 stated she thought staff #10 "makes it seem like she (staff #10) did it all herself (changing beds) and I helped." Client #7 indicated she had attempted to talk to staff #10, but staff #10 put her hands up as if to say "Stop." The allegation was unsubstantiated as there were no witness statements to indicate staff "yelled" at the clients. Staff #10 indicated in her statement after clients #4 and #7 apologized "for lying on me....I told [client #4] I am 'done' meaning I am done with this and we need to move on." Staff #10 stated she had not called client #4 or client #7 "liars." The investigation indicated staff #10 was retrained on "interactions with clients to include how to appropriately react to and train clients when a client may have lied or purposefully attempted to get the staff into trouble. " There was no evidence of additional corrective action or of a recommendation to monitor staff to client interactions in the home</p> <p>2. Client #1's guardian was interviewed on 8/7/14 at 4:30 PM. Client #1's guardian indicated she called to talk to client #1 one evening (date not indicated) and staff told her client #1 had left the home because she was upset. The guardian indicated she talked to client #1 after she returned to the home and client #1 indicated she had left the home because staff #1 had called her a "liar." She stated staff #1 has "said several things to [client #1] that she doesn't like." The guardian stated the clients in the home were "afraid to say</p>		<p>clients and to provide hands on coaching and training including but not limited to assuring staff interact with individuals in a respectful and supportive manner. Additionally, members of the Operations Team and/or the QIDP will conduct active treatment observations on a weekly basis, providing hands-on coaching and training as needed. The QIDP will bring all relevant elements of the interdisciplinary team together after serious incidents including but not limited to abuse/neglect, exploitation, mistreatment, or injuries of unknown source to review current supports and to make adjustments and revisions as needed. The QIDP will turn in copies of post-incident interdisciplinary team meeting notes and plan revisions to the Program Manager and Clinical Supervisor to allow for appropriate oversight and follow-up. The Clinical Supervisor will meet weekly with the QIDP and Residential Manager to review incidents which require interdisciplinary team action. The Program manager (supervises the Clinical Supervisor) will be responsible for meeting with the clinical supervisor weekly, reviewing all incidents, investigations and follow up documentation, ensuring compliance. The minutes from these weekly meetings will be submitted to the Executive</p>	

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	<p>anything" about staff #1, and did not like how staff #1 talked to them. The guardian stated she had reported the incident involving staff #1 calling client #1 a "liar" to the Manager of Supported Group Living, and the incident had been investigated, but not substantiated. She indicated she thought the clients of the group home should be interviewed together to provide support to each other.</p> <p>Confidential Interview #1 (CI #1) stated staff #1 "raised her voice,...but didn't yell" and was "kind of mean" (dates and times unspecified). CI #1 indicated other staff and clients (unspecified) were present during the incidents when staff #1 raised her voice. She indicated staff #1 directed client #2 to keep away from the kitchen, but CI #1 and other staff were not sure why, and staff #1 had redirected client #4 from rubbing client #7's shoulders for unknown reasons. CI #1 stated "She needs to mind her own business." CI #1 indicated she was afraid to notify anyone about her concerns because of retaliation by staff #1.</p> <p>The Manager of Supported Group Living (MSGL) was interviewed on 8/8/14 at 8:30 AM and stated she had spoken with client #1's guardian, but she had not been told staff #1 had called client #1 a "liar," and indicated there was nothing in the conversation with client #1's guardian that the MSGL had considered an allegation of abuse. She indicated she had talked to client #1 and staff #1 separately and then together. She stated staff #1 had "rolled her eyes" during the conversation, but she had asked her to stop. She indicated she had not documented the conversation with client #1's guardian or with staff #1 or client #1.</p> <p>Active Treatment Observations for the group home by administrative staff were reviewed on</p>		<p>Director for review, ensuring that they have been have been thoroughly completed. Responsible parties: QIDP, Residential Manager, Direct Support Staff, Operations Team</p>	

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W000331	<p>8/12/14 at 3:30 PM and indicated the following: on 7/30/14 staff #7, #9 and #11 were observed at 3:30 PM by the QIDP (Qualified Intellectual Disabilities Professional) and indicated "staff used calm tone of voice and the environment was friendly and laid back. Positive attitudes from both staff and clients." On 8/5/14 staff #8, the group home nurse and the house manager were observed on the afternoon shift (time not specified) by the Executive Director. The form indicated staff used appropriate tone of voice. On 8/11/14 staff #7, #2 and #9 were observed at 5:30 PM and indicated staff used appropriate tone of voice. There was no evidence of observations by administrative staff other than on the afternoons during the weekdays. There was no evidence staff #1 or staff #10's staff to client interactions were monitored by administrative staff.</p> <p>The Clinical Supervisor (CS) was interviewed on 8/12/14 at 3:32 PM and indicated there was no other documentation of observations or of monitoring of staff to client interaction by administrative staff available to review.</p> <p>9-3-2(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based upon record review and interview, the facility failed for 1 of 4 sampled</p>	W000331	The facility must provide clients with nursing services in	09/11/2014			

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	<p>clients (client #2) to develop a protocol to address urinary retention by client #2 after a history of urinary retention had been identified.</p> <p>Findings include:</p> <p>A Bureau of Developmental Disabilities Services (BDDS) report dated 6/25/14 was reviewed on 8/4/14 at 4:16 PM and indicated client #2 was taken to the ER (emergency room) due to unsteady gait, elevated temperature, and lack of urination for 24 hours. Client #2 was diagnosed with constipation and catheterized which resulted in 2800 cc (cubic centimeter) (94.7 fluid ounces) drained from her bladder.</p> <p>Client #2's record was reviewed on 8/5/14 at 3:10 PM. A nursing note dated 4/27/14 indicated "...note manic state et (and) behaviors associated (with) ER visit 6/25/14 d/t (due to) irregular v/s (vital signs)...reported that no void x (for) 24 hours. Nurse not contacted about [client #2] not voiding; training will be issued..." There was no evidence in the record of a monitoring system to document client #2's urination frequency or output since her ER visit on 6/25/14. There was no evidence of a client specific protocol to instruct staff when to notify the nurse of client #2's lack of urination.</p>		<p>accordance with their needs. Specifically, the nurse will develop an individualized Comprehensive High Risk Plan that addresses Client #2's urinary retention needs, including instructions for calculated estimated urinary output into adult incontinence underwear. The facility nurse will be retrained regarding the need to include specific care procedures as appropriate when developing comprehensive high risk and care plans. The Nurse Manager will review all revisions to facility nursing care plans for the next ninety days and thereafter will perform spot checks of facility nursing care plans as needed but no less than quarterly. Additionally, Operations Team members will review medical documentation while auditing active treatment sessions, no less than monthly, and make recommendations to the Health Services Team as appropriate. Responsible parties: QIDP, Residential Manager, Direct Support Staff, Health Services Team, Operations Team</p>		

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	<p>The house manager was interviewed on 8/5/14 at 3:50 PM. She indicated client #2's fluid and urine output was monitored by staff and client #2 had a catheter prescribed as needed.</p> <p>Client #2's intake and output record for August, 2014 was reviewed on 8/5/14 at 4:00 PM. There was no evidence in the record of client #2's urination frequency or amount.</p> <p>The medical coach for the group home was interviewed on 8/7/14 at 11:40 AM and indicated client #2's output of urine was not able to be measured as she wore adult incontinent briefs. She indicated if client #2 failed to urinate on each shift it was documented in progress notes and on the staff communication log and the nurse would be notified if client #2 failed to urinate during a shift. She indicated client #2's urination was not documented in her input and output record maintained in the medication administration record book.</p> <p>The director of nursing was interviewed on 8/7/14 at 11:45 AM. She indicated staff should be using the intake and output records to document client #2's urination and nursing staff and direct support staff would be retrained.</p>			
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