STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G447		03/27/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOCA CORPORATION OF INDIANA	4114 KNOLLTON RD INDIANAPOLIS, IN 46228

(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 000 Bldg. 00	This visit was for the investigation of complaint #IN00169164. This visit was in conjunction with the post certification revisit (PCR) to the investigation of complaint #IN00162396. This visit was in conjunction with the PCR to the PCR to the recertification and state licensure survey. Complaint #IN00169164: Substantiated. Federal and state deficiencies related to the allegation are cited at W102, W104, W122, W149, W157 and W249. Dates of survey: March 25, 26 and 27, 2015 Facility number: 000961 Provider number: 15G447 AIM number: 100244750 Surveyor: Kathy Wanner, QIDP These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/7/15 by Ruth Shackelford, QIDP.	W 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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 102 Bldg. 00	483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Governing Body for 2 of 4 sampled clients (A and B). The governing body failed to ensure the facility did not neglect clients A and B, to ensure corrective measures/actions were taken to protect clients A and B from falls, and to ensure staff implemented fall risk plans at all times. Findings include: 1. Please see W122. The governing body failed to ensure the facility met the Condition of Participation: Client Protections for 2 of 4 sampled clients (A and B). The governing body failed to ensure the facility implemented its written policy and procedures to prevent neglect of clients A and B in regard to falls. The governing body failed to ensure the facility developed corrective	W 102	**CORRECTION:** *The facility must ensure that specific governing body and management requirements are met.* Specifically, the governing body has facilitated the following: Client A's Comprehensive High Risk Plan for Falls was revised to include one to one observation during waking hours, 15 minute checks overnight and 2-person assists during all transfers. Client B has been referred to Physical Therapy to determine if adaptive equipment would increase stability. In the interim, the interdisciplinary team has developed a prioritized objective to assist with fall prevention. Staff have been trained on the program revisions and no falls have occurred since implementation.	04/13/2015

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	actions/measures for clients A and B in regard to falls. 2. Please see W104. The governing body failed to ensure the facility implemented its written policy and procedures to prevent neglect of the clients in regard to preventing falls and injuries for clients A and B. The governing body failed to ensure the facility implemented its written policy and procedures to ensure corrective measures were put in place for clients A and B in regard to monitoring and supervision. The governing body failed to ensure the facility put in place corrective measures to prevent clients A and B from falling. This federal tag relates to complaint #IN00169164. 9-3-1(a)		**PREVENTION:** After completing investigations in which the allegations are verified, the QIDP, with the guidance of the Clinical Supervisor and Program Manager, will bring all relevant elements of the interdisciplinary team together to develop corrective measures to ensure the health and safety of clients. Revised Comprehensive High Risk Plans will be reviewed and approved by the Nurse Manager prior to implementation. The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff administer medication as prescribed and that all prescribed medications are available. The Team Lead (non-exempt residential manager) will be present, supervising and participating in active treatment during no less than 4 evening active treatment sessions and one morning active treatment session per week to	

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			assure continuous active treatment occurs and that risk plans are implemented as written. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than five times weekly for the next 21 days, no less than 3 times weekly for an additional 14 Days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as: Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will	

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			include staff from both the day and overnight shifts. Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time. In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered. The Executive Director and Director of Operations/General Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in	

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			administrative monitoring of the facility and the Director of Operations/General Manager no less than monthly for the next 90 days. Administrative support at the home will focus on: 1. Mentorship and training of supervisory staff, monitoring and coaching of direct support staff 2. Evaluation of the effectiveness of current comprehensive high risk plans 3. Administrative documentation reviews will include but not be limited to assuring current high risk plans are present in the home and documentation that staff have received training on implementation of the plans. 4. Assuring continuous active treatment occurs. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations	

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			Team, Director of Operations/General Manager	
W 104 Bldg. 00	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on observation, interview and record review for 2 of 4 sampled clients (A and B), the governing body failed to exercise general policy and operating direction over the facility to ensure the facility did not neglect clients A and B, to ensure corrective measures/actions were taken to protect clients A and B from falls and to ensure staff followed fall risk plans. Findings include: 1. Please see W149. The governing body failed to exercise general policy and operating direction over the facility to ensure the facility implemented its written policy and procedures to prevent neglect of the clients in regard to falls and injuries for clients A and B, to ensure corrective measures were put in place for clients A and B in regard to monitoring and supervision and to ensure staff followed fall risk plans. 2. Please see W157. The governing body failed to exercise general policy and	W 104	**CORRECTION:** *The governing body must exercise general policy, budget, and operating direction over the facility.* Specifically, the governing body has facilitated the following: Client A's Comprehensive High Risk Plan for Falls was revised to include one to one observation during waking hours, 15 minute checks overnight and 2-person assists during all transfers. Client B has been referred to Physical Therapy to determine if adaptive equipment would increase stability. In the interim, the interdisciplinary team has developed a prioritized objective to assist with fall prevention. Staff have been trained on the program revisions and no falls have occurred since implementation. **PREVENTION:**	04/13/2015

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	operating direction over the facility to put in place corrective measures to prevent clients A and B from falling. This federal tag relates to complaint #IN00169164. 9-3-1(a)		After completing investigations in which the allegations are verified, the QIDP, with the guidance of the Clinical Supervisor and Program Manager, will bring all relevant elements of the interdisciplinary team together to develop corrective measures to ensure the health and safety of clients. Revised Comprehensive High Risk Plans will be reviewed and approved by the Nurse Manager prior to implementation. The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff administer medication as prescribed and that all prescribed medications are available. The Team Lead (non-exempt residential manager) will be present, supervising and participating in active treatment during no less than 4 evening active treatment sessions and one morning active treatment session per week to assure continuous active treatment occurs and that risk plans are implemented as written.	

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			Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than five times weekly for the next 21 days, no less than 3 times weekly for an additional 14 Days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as: Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.	

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			Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time. In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered. The Executive Director and Director of Operations/General Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility and the Director of Operations/General Manager no less than monthly for the next 90	

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			days. Administrative support at the home will focus on: 1. Mentorship and training of supervisory staff, monitoring and coaching of direct support staff 2. Evaluation of the effectiveness of current comprehensive high risk plans 3. Administrative documentation reviews will include but not be limited to assuring current high risk plans are present in the home and documentation that staff have received training on implementation of the plans. 4. Assuring continuous active treatment occurs. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager	
W 122	483.420			

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Bldg. 00	CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on observation, interview and record review the facility failed to meet the Condition of Participation: Client Protections for 2 of 4 sampled clients (A and B). The facility failed to implement its written policy and procedures to prevent neglect of clients A and B in regard to falls. The facility failed to ensure corrective measures were put in place for clients A and B in regard to falls and failed to ensure staff followed fall risk plans. Findings include: 1. Please see W149. The facility failed to implement its written policy and procedures to prevent neglect of the client in regard to falls and injuries for clients A and B, and to ensure corrective measures were put in place for clients A and B in regard to monitoring and supervision. 2. Please see W157. The facility failed to put in place corrective measures to prevent client A and B from falling. This federal tag relates to complaint #IN00169164. 9-3-2(a)	W 122	**CORRECTION:** *The facility must ensure that specific client protections requirements are met.* Specifically: Client A's Comprehensive High Risk Plan for Falls was revised to include one to one observation during waking hours, 15 minute checks overnight and 2-person assists during all transfers. Client B has been referred to Physical Therapy to determine if adaptive equipment would increase stability. In the interim, the interdisciplinary team has developed a prioritized objective to assist with fall prevention. Staff have been trained on the program revisions and no falls have occurred since implementation. **PREVENTION:** After completing investigations in which the allegations are verified, the QIDP, with the guidance of the Clinical Supervisor and Program Manager, will bring all relevant elements of the	04/13/2015

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			interdisciplinary team together to develop corrective measures to ensure the health and safety of clients. Revised Comprehensive High Risk Plans will be reviewed and approved by the Nurse Manager prior to implementation. The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff administer medication as prescribed and that all prescribed medications are available. The Team Lead (non-exempt residential manager) will be present, supervising and participating in active treatment during no less than 4 evening active treatment sessions and one morning active treatment session per week to assure continuous active treatment occurs and that risk plans are implemented as written. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and	

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			Executive Director, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than five times weekly for the next 21 days, no less than 3 times weekly for an additional 14 Days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as: Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts. Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication	

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			administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time. In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered. The Executive Director and Director of Operations/General Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility and the Director of Operations/General Manager no less than monthly for the next 90 days. Administrative support at the home will focus on:	

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			1. Mentorship and training of supervisory staff, monitoring and coaching of direct support staff 2. Evaluation of the effectiveness of current comprehensive high risk plans 3. Administrative documentation reviews will include but not be limited to assuring current high risk plans are present in the home and documentation that staff have received training on implementation of the plans. 4. Assuring continuous active treatment occurs. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager	
W 149 Bldg. 00	483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, interview and	W 149	**CORRECTION:**	04/13/2015

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	record review for 2 of 4 sampled clients (A and B), the facility neglected to implement its written policy and procedures to prevent neglect of the clients in regard to falls and injuries, and to ensure corrective measures were put in place for clients A and B in regard to the falls, and ensuring staff followed fall risk plans. Findings include: 1. During the 3/25/15 observation period between 3:25 P.M. and 6:03 P.M. at the group home, upon arrival there was 1 direct care staff, the group home nurse and the Clinical Supervisor (CS) #1. There were six clients in the home at the time (clients A, B, C, D, E, and F). The group home manager (HM) arrived at the home from the grocery store at 3:49 P.M. Client A utilized a wheelchair for mobilization. Client A wore a seatbelt when in the wheelchair. Client A sat forward on the edge of her wheelchair seat and attempted to bend forward to pick items up off the floor. Client A was verbally redirected to sit/scoot back in the wheelchair and to sit up straight. During the above observation period, client A required stand by and/or physical assistance with ambulating in her wheelchair. The CS and/or the HM assisted client A and gave verbal		*The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.* Specifically: Client A's Comprehensive High Risk Plan for Falls was revised to include one to one observation during waking hours, 15 minute checks overnight and 2-person assists during all transfers. Client B has been referred to Physical Therapy to determine if adaptive equipment would increase stability. In the interim, the interdisciplinary team has developed a prioritized objective to assist with fall prevention. Staff have been trained on the program revisions and no falls have occurred since implementation. **PREVENTION:** After completing investigations in which the allegations are verified, the QIDP, with the guidance of the Clinical Supervisor and Program Manager, will bring all relevant elements of the interdisciplinary team together to develop corrective measures to ensure the health and safety of clients. Revised Comprehensive	

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	prompting for her to use her feet to propel her wheelchair from one area of the home to another. Client C required staff assistance when walking as the client was blind. Client D required staff physical assistance as well when ambulating as the client used a walker and wore a gait belt for transfers. Client B required staff supervision and monitoring due to the client's unsteady gait and behavior of trying to get into the kitchen to get drinks (milk and tea) without utilizing her adaptive cup. The facility's reportable incident reports, the facility's internal Incident/Accident Reports (IARs) and/or investigations were reviewed on 3/25/15 at 11:30 A.M. The facility's reportable incident reports, IARs and/or investigations indicated the following (not all inclusive): -3/2/15 BDDS report "Med Coach was assisting another client onto the van while [client A] (an individual supported by Res Care) was waiting by the backdoor in her wheelchair to be assisted onto the van. Med Coach and QIDP (qualified intellectual disabilities professional) and 2 other staff heard [client A's] wheelchair alarm sound off. Staff immediately ran to see what was going on and found [client A] faced (sic) down on the floor on her knees. QIDP		High Risk Plans will be reviewed and approved by the Nurse Manager prior to implementation. The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff administer medication as prescribed and that all prescribed medications are available. The Team Lead (non-exempt residential manager) will be present, supervising and participating in active treatment during no less than 4 evening active treatment sessions and one morning active treatment session per week to assure continuous active treatment occurs and that risk plans are implemented as written. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less	

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	and Med Coach assisted [client A] back into her wheelchair. Facility nurse, RM (residential manager) and Health Care Representative was (sic) notified immediately. Facility nurse instructed Med Coach to transport [client A] to Med Check for observation. [Client A] was diagnosed with scalp contusion with the recommendation for treatment ice to forehead if needed and to follow-up with PCP (primary care physician) in 3 days...." -3/9/15 BDDS follow-up report "The investigation concluded that [client A] tried to propel herself outside without assistance and she could not clear the door entrance resulting in her falling out of the wheelchair...The door divider is difficult to pass without staff assistance. When [client A] tried to go through the door entrance she was pushed back in her wheelchair and the jerk backwards made her fall out of her chair. In the past staff would have to turn her wheelchair backwards and pull her through the door so she cannot get through without assistance...[Client A] did not exhibit any signs or symptoms of a concussion. [Client A] is doing well, she was monitored the rest of the day and she was fine. She said her head hurt so staff gave her Ibuprofen for pain as recommended in the discharge papers...Staff are now		than five times weekly for the next 21 days, no less than 3 times weekly for an additional 14 Days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as: Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts. Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening	

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	required to sit in the common area with [client A] until the staff has gone out and lowered the van lift. Staff has to physically go in the home and wheel [client A] out so she do not (sic) want to exit the home without assistance. [Client A] has a seatbelt on her wheelchair to prevent future falls. Staff will continue to monitor [client A] and report any signs and symptoms to the nurse immediately." -3/6/15 BDDS report "Staff [name of staff #2] was assisting [client A] in transferring from her wheelchair to a shower chair. [Client A] fell, hit her head against the wall and sustained a one inch laceration above her left eye. Staff performed first aid and transported [client A] to the [name of hospital emergency room] for evaluation and treatment. ER personnel closed the laceration with sutures (three stitches) and performed a head CT scan which produced negative results. The ER physician released [client A] to staff with wound care instructions...Staff monitored [client A] through the night and she showed no signs of complications from the fall. [Client A] has a history of falls and her risk plan states that staff should provide stand-by assistance while holding on to her gait belt when she is in the bathroom. [Staff #2] has been suspended pending investigations of the incident...nursing		toward bed time. In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered. The Executive Director and Director of Operations/General Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility and the Director of Operations/General Manager no less than monthly for the next 90 days. Administrative support at the home will focus on: 1. Mentorship and training of supervisory staff, monitoring and	

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	will monitor [client A] to assure follow-through with the ER discharge instructions. The team has implemented protective measures. Specifically, [client A] will receive arm's length one to one staffing with 2-person assistance in the bathroom and 15 minute checks while she is in bed, while long term solutions are considered...." -3/12/15 BDDS follow-up report "...staff checked on her every 15 minutes...[client A] is to now have 1:1 staff, staff has been trained on conducting fifteen minute checks. [Client A] is to have a 2 person assist while toileting, bathing and transferring in the van. [Client A] has to have staff within an arms length during waking hours...It was concluded that staff (staff #2) did not follow [client A's] risk plan for falls. Staff was given a corrective action for not following procedures put in place. [Client A's] risk plans were updated to include 2 person assist while toileting, bathing and transferring. Staff continue to monitor [client A] and provide the quality care (sic). An injury flow chart will be completed each shift until her contusion has healed." -3/3/15 BDDS report "Staff (unnamed) observed [client B]...walking from the kitchen into the living room when she accidentally tripped over her foot. She		coaching of direct support staff 2. Evaluation of the effectiveness of current comprehensive high risk plans 3. Administrative documentation reviews will include but not be limited to assuring current high risk plans are present in the home and documentation that staff have received training on implementation of the plans. 4. Assuring continuous active treatment occurs. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager	

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	hit the left side of her head on the wall. Facility nurse, QIDP, and [client B's] guardian was (sic) notified immediately. Facility nurse instructed Med Coach to transport [client B] to Med Check for observation. [Client B] was diagnosed with contusion of the face with recommendations to follow-up in 3 days with PCP. Med Coach will assist [client B] with the follow-up appointment. RM offered [client B] support and suggest (sic) for her to slow down when walking." 3/11/15 BDDS follow-up report "...external contusion...about 1/2 inch long...no signs or symptoms of a concussion were shown...." 3/3/15 IAR "I (staff #3) called [client B] into the living room from the kitchen as she was walking into the living room (sic) she tripped over her foot and fell and hit her head on the wall. She has a 1/4 inch abrasion on her left eye and a 1 inch abrasion on left knee." 3/9/15 facility investigative summary. "... The Comprehensive High Risk Plan for falls at the time of the fall status indicates standby assistance and to remain within an arms reach of staff to help perform the activities of daily living (such as bathing, standing, walking, transferring).			

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	3/23/15 IAR "[Client B] was walking into the dining room and attempted to turn around and tripped over her feet and fell on her right side. [Client B] was checked for bruise, none was noted." Client A's record was reviewed on 3/26/15 at 10:35 A.M. Client A's 3/2/15 Record Of Visit (ROV) indicated client A was seen at a local hospital due to a fall. The ROV indicated client A had a "Contusion of the scalp. Recommendation for treatment ice to forehead if needed and to follow-up with PCP in 3 days." Client A's 3/4/15 ROV indicated client A went to outpatient rehab. (rehabilitation) with recommendations as indicated: "Physical Therapy for strengthening of core muscles and legs. Patient needs max (maximum) assist for transfers." Client A's 3/6/15 ROV indicated client A went to the "emergency department for a fall and lacerated forehead. CT scans of head and face show no acute abnormalities due to the laceration of forehead. Suture of wound." Client A's 3/15/15 Health Supports Addendum indicated client A has an unsteady gait. The addendum indicated			

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	"...In the past, [client A] has had several injuries as a result of falls; therefore [client A] currently utilizes a wheelchair...Even though [client A] utilizes a wheelchair, she still continues to require prompting to use it properly and requires assistance to move into seats from her wheelchair...She will continue to have a PT evaluation annually...Client A had some recent falls so the HRC (Human Rights Committee) approval has been obtained to implement the following protective measures, bed alarm, chair alarm, audio monitor, in her bedroom, 15 minute checks and a seatbelt to prevent future falls These measures will be implemented as of 2/6/15...." Client A's 5/13/14 Individual Support Plan (ISP) indicated "...3.) [Client A] does not utilize proper precautions when ambulating her wheelchair, despite staff prompting her otherwise. She needs several redirections to make sure her seat belt is fasten (sic), the team agreed to continue this goal (to utilize her wheelchair in an appropriate manner). 4.) [Client A] is still having slight problems in asking for assistance in doing things that require her to get out of her wheelchair...In the past, [client A] has been noted as falling when trying to move out of her wheelchair."			

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	Client A's undated Decreased Mobility High Risk Health Plan indicated client A used a wheelchair for all mobility. The risk plan indicated "...4. Staff to provide hands-on assistance when entering and exiting the van. 5. Staff to provide standby assistance during in home ambulation exercises. 6. Staff to provide at least standby assistance during showering/bathing/toileting. 7. Should fall occur NOTIFY the nurse immediately...." Client A's record indicated client A had Res Care's undated policy titled FALL PREVENTION PROTOCOL in the client's record. The undated policy indicated "POLICY: Falls occur among people who are weak, fatigued, uncoordinated, paralyzed, confused or disoriented. The data obtained from the fall risk assessment will identify which individuals require special measures to prevent falls. The risk for falls can be reduced by several factors as outlined below. PROCEDURE: 1. Staff should orient the person to the environment. 2. Staff should provide nonskid footwear, mats and rugs.			

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	3. Adequate lighting in the environment. 4. Close supervision, when applicable. 5. Place beds in lowest appropriate position as defined by the IDT (interdisciplinary team). 6. Side rails up if applicable. 7. Provide ambulatory aids, when applicable. 8. Assess medications administered that increase risk of falling. 9. Should fall occur staff will notify nurse immediately... 13. IDT will meet to discuss individualized fall prevention per ISP/BSP (Behavior Support Plan) or other safety protocols, when applicable." Client A's record indicated the following IDT Meeting notes (not all inclusive): 3/3/15 "[Client A] fell out of her wheelchair trying to exit the home without assistance. [Client A] was lifted back into her wheelchair by staff. Staff			

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	checked her for immediate injuries and [client A] was sent to Med check for observations. ...was recommended to see her PCP in 3 days...protective measures put in place was a seatbelt added to wheelchair." 3/9/15 "The team met and reviewed protective measures in place for [client A]. Nurse reported that [client A] has an appointment with the neurosurgeon...to review and set up a time for surgery due to pinch (sic) nerve. High risk plan was updated to include 2 person assistance while toileting, bathing." Client B's record was reviewed on 3/26/15 at 11:41 A.M. Client B's 3/3/15 ROV indicated client B went to the ER due to a fall and was diagnosed with a contusion on left cheek. There were no neurological deficits due to the contusion of her face. Recommendations to follow head injury instruction sheet were given at discharge. Client B's record indicated the following IDT Meeting notes (not all inclusive): 3/3/15 "[Client B] fell and hit her head on the wall and has a 1/4 inch abrasion on her left eye and an abrasion on her left knee. [Client B] was immediately taken to med check for observation. Staff will			

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	continue to walk in arms length when she is ambulating." 3/24/15 "[Client B] fell changing her mind in the direction she was traveling and tripped over her feet...." Client B's Comprehensive High Risk Health Plan (undated) indicated she was to have stand-by assistance; "When you require the presence of another person within arms reach of you, to help you perform the activities of daily living (such as bathing, toileting, standing, walking, transferring). 3. Staff to provide at least stand-by during showering. 4. Should fall occur NOTIFY the nurse immediately...." When asked how many staff typically work, confidential interview #5 stated "We usually work short. There are never all these people here to help." Interview with Clinical Supervisor (CS) and the QIDP on 3/26/15 at 1:45 P.M. indicated client A and client B had each fallen twice since the plan of correction date for the last survey. The QIDP indicated client A should have 1 on 1 assistance at all times, except when sleeping. She was to be checked every 15 minutes while asleep. 2 Staff were to assist client A with transfers. The QIDP			

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	indicated client B should have stand by assistance and staff should not be more than an arms length way from client B when she was ambulating. 2. Please see W157. The facility failed to put in place corrective measures to prevent clients A and B from falling. The facility's policy and procedures were reviewed on 3/27/15 at 11:02 A.M. The facility's 2/26/11 policy entitled Abuse, Neglect, and Exploitation indicated "Adept staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, or mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of Adept, Res care, and local, state and federal guidelines." The facility's policy defined neglect as "...Failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to provide the support necessary to an individual's psychological and social well being. Failure to meet the basic need requirements such as food, shelter, clothing and to provide a safe environment...." The facility's 2/26/11 policy also indicated the facility's			

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	investigations would indicate/include "...Methods (corrective actions) to prevent future incidents." This federal tag relates to complaint #IN00169164. 9-3-2(a)			
W 157 Bldg. 00	483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on interview and record review, for 2 of 4 allegations of abuse/neglect and/or injuries of unknown source	W 157	**CORRECTION:** *If the alleged violation is verified, appropriate corrective action*	04/13/2015

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	reviewed, the facility failed to put in place corrective measures to prevent clients A and B from falling. Findings include: The facility's reportable incident reports, the facility's internal Incident/Accident Reports (IARs) and/or investigations were reviewed on 3/25/15 at 11:30 A.M. The facility's reportable incident reports, IARs and/or investigations indicated the following (not all inclusive): -3/2/15 BDDS report "Med Coach was assisting another client onto the van while [client A] (an individual supported by Res Care) was waiting by the backdoor in her wheelchair to be assisted onto the van. Med Coach and QIDP (qualified intellectual disabilities professional) and 2 other staff heard [client A's] wheelchair alarm sound off. Staff immediately ran to see what was going on and found [client A] faced (sic) down on the floor on her knees. QIDP and Med Coach assisted [client A] back into her wheelchair. Facility nurse, RM (residential manager) and Health Care Representative was (sic) notified immediately. Facility nurse instructed Med Coach to transport [client A] to Med Check for observation. [Client A] was diagnosed with scalp contusion with the		*must be taken.* Specifically, Client A's Comprehensive High Risk Plan for Falls was revised to include one to one observation during waking hours, 15 minute checks overnight and 2-person assists during all transfers. Client B has been referred to Physical Therapy to determine if adaptive equipment would increase stability. In the interim, the interdisciplinary team has developed a prioritized objective to assist with fall prevention. Staff have been trained on the program revisions and no falls have occurred since implementation. **PREVENTION:** After completing investigations in which the allegations are verified, the QIDP, with the guidance of the Clinical Supervisor and Program Manager, will bring all relevant elements of the interdisciplinary team together to develop corrective measures to ensure the health and safety of clients. Revised Comprehensive High Risk Plans will be reviewed and approved by the Nurse Manager prior to implementation. The Residential Manager will be	

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	recommendation for treatment ice to forehead if needed and to follow-up with PCP (primary care physician) in 3 days...." -3/9/15 BDDS follow-up report "The investigation concluded that [client A] tried to propel herself outside without assistance and she could not clear the door entrance resulting in her falling out of the wheelchair...The door divider is difficult to pass without staff assistance. When [client A] tried to go through the door entrance she was pushed back in her wheelchair and the jerk backwards made her fall out of her chair. In the past staff would have to turn her wheelchair backwards and pull her through the door so she cannot get through without assistance...[Client A] did not exhibit any signs or symptoms of a concussion. [Client A] is doing well, she was monitored the rest of the day and she was fine. She said her head hurt so staff gave her Ibuprofen for pain as recommended in the discharge papers...Staff are now required to sit in the common area with [client A] until the staff has gone out and lowered the van lift. Staff has to physically go in the home and wheel [client A] out so she do not (sic) want to exit the home without assistance. [Client A] has a seatbelt on her wheelchair to prevent future falls. Staff will continue to		expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff administer medication as prescribed and that all prescribed medications are available. The Team Lead (non-exempt residential manager) will be present, supervising and participating in active treatment during no less than 4 evening active treatment sessions and one morning active treatment session per week to assure continuous active treatment occurs and that risk plans are implemented as written. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than five times weekly for the next 21 days, no less than 3 times weekly for an additional 14 Days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative	

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	monitor [client A] and report any signs and symptoms to the nurse immediately." -3/6/15 BDDS report " Staff [name of staff #2] was assisting [client A] in transferring from her wheelchair to a shower chair. [Client A] fell, hit her head against the wall and sustained a one inch laceration above her left eye. Staff performed first aid and transported [client A] to the [name of hospital emergency room] for evaluation and treatment. ER personnel closed the laceration with sutures (three stitches) and performed a head CT scan which produced negative results. The ER physician released [client A] to staff with wound care instructions...Staff monitored [client A] through the night and she showed no signs of complications from the fall. [Client A] has a history of falls and her risk plan states that staff should provide stand-by assistance while holding on to her gait belt when she is in the bathroom. [Staff #2] has been suspended pending investigations of the incident...nursing will monitor [client A] to assure follow-through with the ER discharge instructions. The team has implemented protective measures. Specifically, [client A] will receive arm's length one to one staffing with 2-person assistance in the bathroom and 15 minute checks while she is in bed, while long term solutions		monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as: Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts. Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time. In addition to active treatment observations, Operations Team Members and/or the Residential	

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	are considered...." -3/12/15 BDDS follow-up report "...staff checked on her every 15 minutes...[client A] is to now have 1:1 staff, staff has been trained on conducting fifteen minute checks. [Client A] is to have a 2 person assist while toileting, bathing and transferring in the van. [Client A] has to have staff within an arms length during waking hours...It was concluded that staff (staff #2) did not follow [client A's] risk plan for falls. Staff was given a corrective action for not following procedures put in place. [Client A's] risk plans were updated to include 2 person assist while toileting, bathing and transferring. Staff continue to monitor [client A] and provide the quality care (sic). An injury flow chart will be completed each shift until her contusion has healed." -3/3/15 BDDS report "Staff (unnamed) observed [client B]...walking from the kitchen into the living room when she accidentally tripped over her foot. She hit the left side of her head on the wall. Facility nurse, QIDP, and [client B's] guardian was (sic) notified immediately. Facility nurse instructed Med Coach to transport [client B] to Med Check for observation. [Client B] was diagnosed with contusion of the face with recommendations to follow-up in 3 days		Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered. The Executive Director and Director of Operations/General Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility and the Director of Operations/General Manager no less than monthly for the next 90 days. Administrative support at the home will focus on: 1. Mentorship and training of supervisory staff, monitoring and coaching of direct support staff 2. Evaluation of the effectiveness of current comprehensive high risk plans 3. Administrative	

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	with PCP. Med Coach will assist [client B] with the follow-up appointment. RM offered [client B] support and suggest (sic) for her to slow down when walking." 3/11/15 BDDS follow-up report "...external contusion...about 1/2 inch long...no signs or symptoms of a concussion were shown...." 3/3/15 IAR "I (staff #3) called [client B] into the living room from the kitchen as she was walking into the living room (sic) she tripped over her foot and fell and hit her head on the wall. She has a 1/4 inch abrasion on her left eye and a 1 inch abrasion on left knee." 3/9/15 facility investigative summary. "... The Comprehensive High Risk Plan for falls at the time of the fall status indicates standby assistance and to remain within an arms reach of staff to help perform the activities of daily living (such as bathing, standing, walking, transferring). 3/23/15 IAR "[Client B] was walking into the dining room and attempted to turn around and tripped over her feet and fell on her right side. [Client B] was checked for bruise, none was noted." Client A's record was reviewed on		documentation reviews will include but not be limited to assuring current high risk plans are present in the home and documentation that staff have received training on implementation of the plans. 4. Assuring continuous active treatment occurs. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager	

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	3/26/15 at 10:35 A.M. Client A's 3/2/15 Record Of Visit (ROV) indicated client A was seen at a local hospital due to a fall. The ROV indicated client A had a "Contusion of the scalp. Recommendation for treatment ice to forehead if needed and to follow-up with PCP in 3 days." Client A's 3/4/15 ROV indicated client A went to outpatient rehab. (rehabilitation) with recommendations as indicated: "Physical Therapy for strengthening of core muscles and legs. Patient needs max (maximum) assist for transfers." Client A's 3/6/15 ROV indicated client A went to the "emergency department for a fall and lacerated forehead. CT scans of head and face show no acute abnormalities due to the laceration of forehead. Suture of wound." Client A's 3/15/15 Health Supports Addendum indicated client A has an unsteady gait. The addendum indicated "...In the past, [client A] has had several injuries as a result of falls; therefore [client A] currently utilizes a wheelchair...Even though [client A] utilizes a wheelchair, she still continues to require prompting to use it properly and requires assistance to move into seats from her wheelchair...She will continue			

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	to have a PT evaluation annually...Client A had some recent falls so the HRC (Human Rights Committee) approval has been obtained to implement the following protective measures, bed alarm, chair alarm, audio monitor, in her bedroom, 15 minute checks and a seatbelt to prevent future falls These measures will be implemented as of 2/6/15...." Client A's 5/13/14 Individual Support Plan (ISP) indicated "...3.) [Client A] does not utilize proper precautions when ambulating her wheelchair, despite staff prompting her otherwise. She needs several redirections to make sure her seat belt is fasten (sic), the team agreed to continue this goal (to utilize her wheelchair in an appropriate manner). 4.) [Client A] is still having slight problems in asking for assistance in doing things that require her to get out of her wheelchair...In the past, [client A] has been noted as falling when trying to move out of her wheelchair." Client A's undated Decreased Mobility High Risk Health Plan indicated client A used a wheelchair for all mobility. The risk plan indicated "...4. Staff to provide hands-on assistance when entering and exiting the van. 5. Staff to provide standby assistance during in home ambulation exercises. 6. Staff to provide			

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	at least standby assistance during showering/bathing/toileting. 7. Should fall occur NOTIFY the nurse immediately...." Client A's record indicated client A had Res Care's undated policy titled FALL PREVENTION PROTOCOL in the client's record. The undated policy indicated "POLICY: Falls occur among people who are weak, fatigued, uncoordinated, paralyzed, confused or disoriented. The data obtained from the fall risk assessment will identify which individuals require special measures to prevent falls. The risk for falls can be reduced by several factors as outlined below. PROCEDURE: 1. Staff should orient the person to the environment. 2. Staff should provide nonskid footwear, mats and rugs. 3. Adequate lighting in the environment. 4. Close supervision, when applicable. 5. Place beds in lowest appropriate position as defined by the IDT (interdisciplinary			

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	team). 6. Side rails up if applicable. 7. Provide ambulatory aids, when applicable. 8. Assess medications administered that increase risk of falling. 9. Should fall occur staff will notify nurse immediately... 13. IDT will meet to discuss individualized fall prevention per ISP/BSP (Behavior Support Plan) or other safety protocols, when applicable." Client A's record indicated the following IDT Meeting notes (not all inclusive): 3/3/15 "[Client A] fell out of her wheelchair trying to exit the home without assistance. [Client A] was lifted back into her wheelchair by staff. Staff checked her for immediate injuries and [client A] was sent to Med check for observations. ...was recommended to see her PCP in 3 days...protective measures put in place was a seatbelt added to wheelchair." 3/9/15 "The team met and reviewed			

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	protective measures in place for [client A]. Nurse reported that [client A] has an appointment with the neurosurgeon...to review and set up a time for surgery due to pinch (sic) nerve. High risk plan was updated to include 2 person assistance while toileting, bathing." Client B's record was reviewed on 3/26/15 at 11:41 A.M. Client B's 3/3/15 ROV indicated client B went to the ER due to a fall and was diagnosed with a contusion on left cheek. There were no neurological deficits due to the contusion of her face. Recommendations to follow head injury instruction sheet were given at discharge. Client B's record indicated the following IDT Meeting notes (not all inclusive): 3/3/15 "[Client B] fell and hit her head on the wall and has a 1/4 inch abrasion on her left eye and an abrasion on her left knee. [Client B] was immediately taken to med check for observation. Staff will continue to walk in arms length when she is ambulating." 3/24/15 "[Client B] fell changing her mind in the direction she was traveling and tripped over her feet...." Client B's Comprehensive High Risk			

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	Health Plan (undated) indicated she was to have stand-by assistance; "When you require the presence of another person within arms reach of you, to help you perform the activities of daily living (such as bathing, toileting, standing, walking, transferring). 3. Staff to provide at least stand-by during showering. 4. Should fall occur NOTIFY the nurse immediately...." When asked how many staff typically work, confidential interview #5 stated "We usually work short. There are never all these people here to help." Interview with Clinical Supervisor (CS) and the QIDP was conducted on 3/26/15 at 1:45 P.M. indicated client A and client B had each fallen twice since the plan of correction date for the last survey. The QIDP indicated client A should have 1 on 1 assistance at all times, except when sleeping. She was to be checked every 15 minutes while asleep. 2 staff were to assist client A with transfers. The QIDP indicated client B should have stand by assistance and staff should not be more than an arms length way from client B when she was ambulating. This federal tag relates to complaint #IN00169164.			

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	9-3-2(a)			
W 249 Bldg. 00	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on record review and interview, for 2 of 4 sampled clients (A and B), the facility failed to ensure staff followed the fall risk plans to prevent clients A and B from falling. Findings include: The facility's reportable incident reports, the facility's internal Incident/Accident Reports (IARs) and/or investigations were reviewed on 3/25/15 at 11:30 A.M. The facility's reportable incident reports, IARs and/or investigations indicated the	W 249	**CORRECTION:** *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.*Specifically, all direct support staff will be retrained regarding the need to provide consistent, aggressive and continuous active	04/13/2015

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	following (not all inclusive): -3/2/15 BDDS report "Med Coach was assisting another client onto the van while [client A] (an individual supported by Res Care) was waiting by the backdoor in her wheelchair to be assisted onto the van. Med Coach and QIDP (qualified intellectual disabilities professional) and 2 other staff heard [client A's] wheelchair alarm sound off. Staff immediately ran to see what was going on and found [client A] faced (sic) down on the floor on her knees. QIDP and Med Coach assisted [client A] back into her wheelchair. Facility nurse, RM (residential manager) and Health Care Representative was (sic) notified immediately. Facility nurse instructed Med Coach to transport [client A] to Med Check for observation. [Client A] was diagnosed with scalp contusion with the recommendation for treatment ice to forehead if needed and to follow-up with PCP (primary care physician) in 3 days...." -3/9/15 BDDS follow-up report "The investigation concluded that [client A] tried to propel herself outside without assistance and she could not clear the door entrance resulting in her falling out of the wheelchair...The door divider is difficult to pass without staff assistance.		treatment for all clients including but not limited to meal preparation. Administrative Team observation of active treatment determined that, in addition to clients B and C, this deficient practice affected all clients who reside in the facility. **PREVENTION:** The Residential Manager will be expected to observe no less than one morning and two evening active treatment session per week to assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited assuring staff administer medication as prescribed and that all prescribed medications are available. The Team Lead (non-exempt residential manager) will be present, supervising and participating in active treatment during no less than 4 evening active treatment sessions and one morning active treatment session per week to assure continuous active treatment occurs and that risk plans are implemented as written.	

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	When [client A] tried to go through the door entrance she was pushed back in her wheelchair and the jerk backwards made her fall out of her chair. In the past staff would have to turn her wheelchair backwards and pull her through the door so she cannot get through without assistance...[Client A] did not exhibit any signs or symptoms of a concussion. [Client A] is doing well, she was monitored the rest of the day and she was fine. She said her head hurt so staff gave her Ibuprofen for pain as recommended in the discharge papers...Staff are now required to sit in the common area with [client A] until the staff has gone out and lowered the van lift. Staff has to physically go in the home and wheel [client A] out so she do not (sic) want to exit the home without assistance. [Client A] has a seatbelt on her wheelchair to prevent future falls. Staff will continue to monitor [client A] and report any signs and symptoms to the nurse immediately." -3/6/15 BDDS report "Staff [name of staff #2] was assisting [client A] in transferring from her wheelchair to a shower chair. [Client A] fell, hit her head against the wall and sustained a one inch laceration above her left eye. Staff performed first aid and transported [client A] to the [name of hospital emergency room] for evaluation and treatment. ER		Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, and the QIDP will conduct observations during active Treatment sessions and documentation reviews no less than five times weekly for the next 21 days, no less than 3 times weekly for an additional 14 Days, and no less than twice weekly for an additional 60 Days. At the conclusion of this period of intensive administrative monitoring and support, the Operations Team will determine the level of ongoing support needed at the facility. Active Treatment sessions to be monitored are defined as: Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts. Evenings: Beginning at	

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	personnel closed the laceration with sutures (three stitches) and performed a head CT scan which produced negative results. The ER physician released [client A] to staff with wound care instructions...Staff monitored [client A] through the night and she showed no signs of complications from the fall. [Client A] has a history of falls and her risk plan states that staff should provide stand-by assistance while holding on to her gait belt when she is in the bathroom. [Staff #2] has been suspended pending investigations of the incident...nursing will monitor [client A] to assure follow-through with the ER discharge instructions. The team has implemented protective measures. Specifically, [client A] will receive arm's length one to one staffing with 2-person assistance in the bathroom and 15 minute checks while she is in bed, while long term solutions are considered...." -3/12/15 BDDS follow-up report "...staff checked on her every 15 minutes...[client A] is to now have 1:1 staff, staff has been trained on conducting fifteen minute checks. [Client A] is to have a 2 person assist while toileting, bathing and transferring in the van. [Client A] has to have staff within an arms length during waking hours...It was concluded that staff (staff #2) did not follow [client A's] risk		approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time. In addition to active treatment observations, Operations Team Members and/or the Residential Manager will perform spot checks at varied times on the overnight shift no less than twice monthly –more frequently if training issues or problems are discovered. The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making recommendations as appropriate. As stated above, the Executive Director will participate directly in administrative monitoring of the facility and the Director of Operations/Regional Manager no less than monthly for the next 90 days.	

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	15G447		03/27/2015

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	plan for falls. Staff was given a corrective action for not following procedures put in place. [Client A's] risk plans were updated to include 2 person assist while toileting, bathing and transferring. Staff continue to monitor [client A] and provide the quality care (sic). An injury flow chart will be completed each shift until her contusion has healed." -3/3/15 BDDS report "Staff (unnamed) observed [client B]...walking from the kitchen into the living room when she accidentally tripped over her foot. She hit the left side of her head on the wall. Facility nurse, QIDP, and [client B's] guardian was (sic) notified immediately. Facility nurse instructed Med Coach to transport [client B] to Med Check for observation. [Client B] was diagnosed with contusion of the face with recommendations to follow-up in 3 days with PCP. Med Coach will assist [client B] with the follow-up appointment. RM offered [client B] support and suggest (sic) for her to slow down when walking." 3/11/15 BDDS follow-up report "...external contusion...about 1/2 inch long...no signs or symptoms of a concussion were shown...." 3/3/15 IAR "I (staff #3) called [client B]		Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities. **RESPONSIBLE PARTIES:** QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager	

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	into the living room from the kitchen as she was walking into the living room (sic) she tripped over her foot and fell and hit her head on the wall. She has a 1/4 inch abrasion on her left eye and a 1 inch abrasion on left knee." 3/9/15 facility investigative summary. "... The Comprehensive High Risk Plan for falls at the time of the fall status indicates standby assistance and to remain within an arms reach of staff to help perform the activities of daily living (such as bathing, standing, walking, transferring). 3/23/15 IAR "[Client B] was walking into the dining room and attempted to turn around and tripped over her feet and fell on her right side. [Client B] was checked for bruise, none was noted." Client A's record was reviewed on 3/26/15 at 10:35 A.M. Client A's 3/2/15 Record Of Visit (ROV) indicated client A was seen at a local hospital due to a fall. The ROV indicated client A had a "Contusion of the scalp. Recommendation for treatment ice to forehead if needed and to follow-up with PCP in 3 days." Client A's 3/4/15 ROV indicated client A went to outpatient rehab. (rehabilitation) with recommendations as indicated:			

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	"Physical Therapy for strengthening of core muscles and legs. Patient needs max (maximum) assist for transfers." Client A's 3/6/15 ROV indicated client A went to the "emergency department for a fall and lacerated forehead. CT scans of head and face show no acute abnormalities due to the laceration of forehead. Suture of wound." Client A's 3/15/15 Health Supports Addendum indicated client A has an unsteady gait. The addendum indicated "...In the past, [client A] has had several injuries as a result of falls; therefore [client A] currently utilizes a wheelchair...Even though [client A] utilizes a wheelchair, she still continues to require prompting to use it properly and requires assistance to move into seats from her wheelchair...She will continue to have a PT evaluation annually...Client A had some recent falls so the HRC (Human Rights Committee) approval has been obtained to implement the following protective measures, bed alarm, chair alarm, audio monitor, in her bedroom, 15 minute checks and a seatbelt to prevent future falls These measures will be implemented as of 2/6/15...." Client A's 5/13/14 Individual Support Plan (ISP) indicated "...3.) [Client A]			

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	does not utilize proper precautions when ambulating her wheelchair, despite staff prompting her otherwise. She needs several redirections to make sure her seat belt is fasten (sic), the team agreed to continue this goal (to utilize her wheelchair in an appropriate manner). 4.) [Client A] is still having slight problems in asking for assistance in doing things that require her to get out of her wheelchair...In the past, [client A] has been noted as falling when trying to move out of her wheelchair." Client A's undated Decreased Mobility High Risk Health Plan indicated client A used a wheelchair for all mobility. The risk plan indicated "...4. Staff to provide hands-on assistance when entering and exiting the van. 5. Staff to provide standby assistance during in home ambulation exercises. 6. Staff to provide at least standby assistance during showering/bathing/toileting. 7. Should fall occur NOTIFY the nurse immediately...." Client A's record indicated client A had Res Care's undated policy titled FALL PREVENTION PROTOCOL in the client's record. The undated policy indicated "POLICY: Falls occur among people who are weak, fatigued, uncoordinated, paralyzed, confused or			

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	disoriented. The data obtained from the fall risk assessment will identify which individuals require special measures to prevent falls. The risk for falls can be reduced by several factors as outlined below. PROCEDURE: 1. Staff should orient the person to the environment. 2. Staff should provide nonskid footwear, mats and rugs. 3. Adequate lighting in the environment. 4. Close supervision, when applicable. 5. Place beds in lowest appropriate position as defined by the IDT (interdisciplinary team). 6. Side rails up if applicable. 7. Provide ambulatory aids, when applicable. 8. Assess medications administered that increase risk of falling. 9. Should fall occur staff will notify nurse immediately...			

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	13. IDT will meet to discuss individualized fall prevention per ISP/BSP (Behavior Support Plan) or other safety protocols, when applicable." Client A's record indicated the following IDT Meeting notes (not all inclusive): 3/3/15 "[Client A] fell out of her wheelchair trying to exit the home without assistance. [Client A] was lifted back into her wheelchair by staff. Staff checked her for immediate injuries and [client A] was sent to Med check for observations. ...was recommended to see her PCP in 3 days...protective measures put in place was a seatbelt added to wheelchair." 3/9/15 "The team met and reviewed protective measures in place for [client A]. Nurse reported that [client A] has an appointment with the neurosurgeon...to review and set up a time for surgery due to pinch (sic) nerve. High risk plan was updated to include 2 person assistance while toileting, bathing." Client B's record was reviewed on 3/26/15 at 11:41 A.M. Client B's 3/3/15 ROV indicated client B went to the ER due to a fall and was diagnosed with a			

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	contusion on left cheek. There were no neurological deficits due to the contusion of her face. Recommendations to follow head injury instruction sheet were given at discharge. Client B's record indicated the following IDT Meeting notes (not all inclusive): 3/3/15 "[Client B] fell and hit her head on the wall and has a 1/4 inch abrasion on her left eye and an abrasion on her left knee. [Client B] was immediately taken to med check for observation. Staff will continue to walk in arms length when she is ambulating." 3/24/15 "[Client B] fell changing her mind in the direction she was traveling and tripped over her feet...." Client B's Comprehensive High Risk Health Plan (undated) indicated she was to have stand-by assistance; "When you require the presence of another person within arms reach of you, to help you perform the activities of daily living (such as bathing, toileting, standing, walking, transferring). 3. Staff to provide at least stand-by during showering. 4. Should fall occur NOTIFY the nurse immediately...." Interview with Clinical Supervisor (CS)			

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	and the QIDP was conducted on 3/26/15 at 1:45 P.M. The QIDP indicated client A should have 1 on 1 assistance at all times, except when sleeping. She was to be checked every 15 minutes while asleep. 2 staff were to assist client A with transfers. The QIDP indicated staff were to be within an arm's length away to assist client B with ambulating and preventing falls. The QIDP indicated the staff had not been following clients A's and B's fall risk plans when they fell. This federal tag relates to complaint #IN00169164. 9-3-4(a)			