

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G396	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/15/2012
NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 153 S EMERSON INDIANAPOLIS, IN 46219		
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W0000	<p>This visit was for the investigation of complaint #IN00108235.</p> <p>Complaint #IN00108235: Substantiated, federal and state deficiencies related to the allegation(s) are cited at W104, W137, W149, W159, W227, W249, W250, W268, W318 and W331.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: 6/8/12, 6/11/12, 6/12/12, 6/13/12 and 6/15/12.</p> <p>Facility Number: 000910 Provider Number: 15G396 AIMS Number: 100244430</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/21/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000			

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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C) plus 3 additional clients (D, E and F), the governing body failed to exercise operating direction over the facility to ensure the facility implemented its written policy and procedures to ensure facility staff were not using personal cell phones while on duty in the group home.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/11/12 from 6:33 AM through 8:00 AM. At 7:02 AM staff #1 was seated at the kitchen table with client B. Staff #1 had her personal cell phone in her hands looking at the screen and was pushing the cell phone keys. Staff #1 did not interact with client B as she ate her breakfast. At 7:10 AM clients A, B, C, D, E and F were seated in the group home living room with staff #1 and staff #2. Staff #1 and Staff #2 both had their personal cell phones in their hands and discussed pictures on their cell phones with each other. At 7:16 AM staff #2 received a phone call on her cell phone and discussed after work activities with an unknown caller. Staff #1 and Staff #2 had</p>	W0104	<p>CORRECTION: <i>The governing body must exercise general policy, budget, and operating direction over the facility.</i></p> <p>Specifically, direct support staff have been retrained regarding the agency's policy that personal electronic communication devices may only be used in emergency situations. PREVENTION: Facility professional staff will be expected to observe no less than two morning and two evening active treatment sessions per week to observe direct support staff interaction and monitor staff adherence to agency policies, taking corrective action as needed. Additionally members of the Operations and Quality Assurance Teams will conduct visits to the facility as needed but no less than monthly to monitor active treatment on to assure quality service delivery.</p> <p>RESPONSIBLE PARTIES: QDDPD, Home Manager, Support Associates, Operations Team, Quality Assurance Team</p>	07/13/2012	

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	<p>their personal cells phones out, in their hands and actively used the cell phones from 7:10 AM through 8:00 AM.</p> <p>Staff #2 was interviewed on 6/11/12 at 7:30 AM. Staff #2 stated, "We use our cell phones because we aren't allowed to use the house phone for personal business."</p> <p>Guardian #1 was interviewed on 6/11/12 at 10:00 AM. Guardian #1 stated, "Staff are always on their cell phones when I come to pick up [client A]. They are talking on their cell phones and not doing anything with the clients."</p> <p>Interview with HM (Home Manager) #1 on 6/12/12 at 11:40 AM indicated staff should not be using personal cell phones while on duty unless it is an emergency and the house phone is not available for use.</p> <p>Interview with AS (Administrative Staff) #1 on 6/12/12 at 12:10 PM indicated staff should not be using personal cell phones except for emergency uses.</p> <p>Interview with AS #2 on 6/12/12 at 12:15 PM indicated company policy prohibits the use of personal cell phones during working hours except during emergency situations.</p>						

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	This federal tag relates to complaint #IN00108235. 9-3-1(a)			

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W0137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview for 2 of 3 sampled clients (A and B), the facility failed to ensure client A and client B had proper fitting clothing.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/11/12 from 6:33 AM through 8:00 AM. Clients A and B were observed in the group home throughout the observation period. Client A was dressed in a short sleeve top and a blue jean skirt. Client A's shirt did not cover the sides of her waist, stomach and lower back. Client A's shirt clung to her body and did not allow enough material to prevent the shirt from rolling up on her torso. Client A's shirt was low cut in the front and exposed the upper portions of client A's breasts. Client A's skirt was too small. Client A's back and upper buttocks were exposed as the skirt did not cover the upper portions of client A's hips and pelvic region. Client B was dressed in a pair of blue jeans and a top. Client B's pant legs were cuffed/rolled up due to the length of the pant legs exceeding the length of the</p>	W0137	<p>CORRECTION: The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing. Specifically, Client A no longer resides in the facility and the team will develop behavior supports for Client B that address wearing clothing that belongs to other clients.. PREVENTION: Professional staff will be retrained regarding the need to monitor and assess all clients to assure appropriate supports are in place, including but no limited to assuring that clients wear clothing appropriate for the weather and occasion. Additionally members of the Operations and Quality Assurance Teams will conduct visits to the facility as needed but no less than monthly to monitor active treatment to assure clients possess and wear appropriate clothing. RESPONSIBLE PARTIES: QDDPD, Home Manger, Support Associates, Operations Team, Quality Assurance Team</p>	07/13/2012			

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	<p>client's legs. The cuffed/rolled up portion of the pant legs were 12 inches in length. The excessive portion of pant leg material was 12 inches in length. At 7:40 AM client A's clothing storage area, located in her bedroom was observed to contain multiple shorts, pants and skirts size 18 and shirt/tops size extra large.</p> <p>Interview with staff #1 on 6/11/12 at 7:30 AM indicated client A's clothing did not fit her properly. Staff #1 stated, "Her shirts don't cover her breasts. [Client A] is too large up top for the shirts that she wears."</p> <p>Interview with staff #2 on 6/11/12 at 7:40 AM indicated client A's clothing did not fit her. Staff #2 stated, "[Client A]'s clothes are too small. Like that skirt she has on. [Client A] is busting out of it and her top too. [Client A]'s clothes just do not fit anymore; she has gained too much weight. Most of her shorts and pants are size 18 she needs at least a 20 or larger. [Client A]'s tops are mostly extra larges, she needs something bigger and not low cut to cover her chest." When asked if client B's pants fit her, staff #2 stated, "No, [client B]'s pants are too long."</p> <p>Interview with DSS #1 (Day Service Staff) on 6/8/12 at 11:05 AM stated, "[Client A]'s clothing is always way too</p>						

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	<p>small. [Client A] likes to wear these really low cut tops that are too small. [Client A]'s breasts are busting out of her shirt almost everyday she is here."</p> <p>Interview with DSS #2 on 6/8/12 at 11:15 AM stated, "[Client A]'s clothing is not appropriate for work. [Client A]'s tops do not fit and her clothes are just too tight all over."</p> <p>Interview with HM (Home Manager) #1 on 6/12/12 at 12:30 PM stated, "The clothing [client A] wears is not right. [Client A] has gained too much weight and her clothes don't fit her. [Client B] likes to steal other people's clothes that don't fit her and then wears them." HM #1 indicated both client A and client B should wear clothing that fits properly.</p> <p>This federal tag relates to complaint #IN00108235.</p> <p>9-3-2(a)</p>			

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A and C) plus 3 additional clients (E, D and F), the facility failed to implement its policy and procedure to immediately notify the administrator and the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law regarding an allegation of client A's sexually inappropriate behavior toward client E. The facility failed to implement its policy and procedure to immediately notify the administrator and BDDS in accordance with state law regarding an incident of client A being sexually inappropriate toward client D. The facility failed to implement its policy and procedure to conduct an investigation into an allegation of the theft of client A's shoes. The facility failed to implement its policy and procedure to conduct an investigation into an incident of injury of unknown origin regarding client C. The facility failed to implement its policy and procedure to conduct an investigation into an incident of injury of unknown origin regarding client F. The facility failed to provide nutritional support to client A. The facility failed to implement its policy</p>	W0149	<p>CORRECTION: <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically, direct support staff have been retrained regarding the facility's expectations for immediate reporting of incidents and allegations to facilitate timely reporting to the administrator and state agencies as required; the facility will complete investigations into Client F's injury of unknown origin discovered on 5/6/12 and Client C's injury of unknown origin on 5/25/12; the facility's investigation into the alleged theft of Client A's white shoes produced inconclusive results so the facility replaced Client A's shoes with guidance from Client A's family. Although Client A has moved away from the facility, facility nursing and direct support staff have been retrained regarding the agency's system for providing appropriate medical follow-along and monitoring of health issues including but not limited to blood sugar for clients who live with diabetes.</i></p> <p>PREVENTION: An additional level of supervision has been added to the facility's organizational structure. A Home Manager will be reporting directly</p>	07/13/2012			

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	<p>and procedure to provide ongoing management of client A's blood sugar levels.</p> <p>Findings include:</p> <p>1. A review of the facility's BDDS reports and IIR's (Internal Incident Report) forms was conducted on 6/11/12 at 11:42 AM. The review indicated the following:</p> <p>-BDDS report dated 5/6/12 indicated on 4/5/12 client E reported client A had been coming into her bedroom at night and touching her private areas.</p> <p>-BDDS report dated 3/20/12 indicated on 3/15/12 client A was suspected of sexually inappropriate behavior with client D.</p> <p>Interview with AS (Administrative Staff) #1 on 6/12/12 at 11:40 AM indicated the BDDS reports regarding client A's alleged interactions with client D and client E should have been reported within 24 hours.</p> <p>2. Guardian #1 was interviewed on 6/11/12 at 10:00 AM. Guardian #1 indicated she had purchased a pair of blue and white shoes for client A. Guardian #1 indicated she had purchased the shoes for \$60.00 dollars and had not seen the shoes</p>		<p>to the QDDP to facilitate timely reporting, prompt investigation and implementation of corrective measures as well as follow-up with appropriate parties as required. Facility professional staff will receive be provided with clear expectations regarding reporting, follow-up and investigation of incidents. Facility supervisory staff will be retrained regarding agency investigation procedures, with emphasis on timely completion. Retraining will focus on the need to develop and maintain sound time management skills and to request assistance from the Operations Team as needed. Additionally, training will stress the importance of prioritizing facility support tasks to assure that alleged violations are investigated without delay and that follow-up occurs as required. The Quality Assurance and Operations Teams will monitor compliance with investigation timelines and coordinate corrective measures as needed. The facility nurse has received additional training regarding weekly monitoring of facility medical documentation and the need to provide staff with specific written instructions regarding medical follow-along needs. Additionally, the nurse will provide administrative staff with medical issue reports to assist with increasing accountability and compliance with agency standards. RESPONSIBLE</p>				

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	<p>since giving them to client A. Guardian #1 indicated she suspected staff had taken the shoes.</p> <p>The review did not indicate the investigation of the allegation of the theft of client A's shoes.</p> <p>Client A's record was reviewed on 6/11/12 at 2:16 PM. Client A's Progress Note dated 6/1/12 indicated, "[Client A's] mother came downstairs looking for [client A's] blue and white shoes and stated that she couldn't find them even though she had looked in every room upstairs."</p> <p>Interview with HM (Home Manager) #1 on 6/12/12 at 12:30 PM indicated client A's guardian had mentioned the missing shoes to her but she had not investigated the allegation.</p> <p>3. A review of the facility's BDDS reports and IIR's forms was conducted on 6/11/12 at 11:42 AM. The review indicated the following:</p> <p>-BDDS report dated 5/26/12 indicated on 5/25/12, "While assisting [client C] in the shower, the home manager noted a 1.25 inch purple-yellow bruise on [client C's] left upper arm. [Client C] could not explain how she sustained the injury. The</p>		<p>PARTIES: QDDPD, Home Manger, Support Associates, Operations Team, Quality Assurance Team, Health Services Team</p>				

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	<p>team will investigate the origin of the bruise...." The review did not indicate an investigation regarding the injury of unknown origin.</p> <p>-BDDS report dated 5/7/12 indicated on 5/6/12, "While doing weekly body assessments on [client F], (Individual supported by ResCare), staff noticed two .25 inch scratched and bruised areas on her left forearm and a 4 inch scratch on her right thigh. An investigation into the origin of [client F's] injuries will be completed."</p> <p>Interview with AS (Administrative Staff) #1 on 6/12/12 at 11:40 AM indicated the the 5/26/12 incident regarding client C's injuries of unknown origin should have been investigated. AS #1 indicated the 5/7/12 incident regarding client F's injuries of unknown origin should have been investigated.</p> <p>Interview with AS (Administrative Staff) #1 on 6/12/12 at 11:40 AM indicated the incidents regarding injuries of unknown origin for clients C and F should have been investigated. AS #1 indicated the allegation of client A's missing shoes should have been investigated as an allegation of theft.</p> <p>4. Guardian #1 was interviewed on</p>						

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	<p>6/11/12 at 10:00 AM. Guardian #1 stated, "[Client A] is tremendously overweight... [Client A] is on a special diet, but the facility does not follow it. [Client A] went from size 14 on admission to a size 20, now weighing 300 pounds. Facility and dietician do not try to work with [client A] on losing weight. [Client A] eats pizza, hot dogs, hamburgers, french fries at the facility... There are no activities for the clients on the weekends and [client A] is not getting enough physical exercise."</p> <p>Interview with DCS #2 on 6/11/12 at 7:40 AM indicated client A's clothing did not fit her. DCS #2 stated, "[Client A]'s clothes are too small. Like that skirt she has on. [Client A] is busting out of it and her top too. [Client A]'s clothes just do not fit anymore she has gained too much weight. Most of her shorts and pants are size 18 she needs at least a 20 or larger. [Client A]'s tops are mostly extra larges, she needs something bigger and not low cut to cover her chest." DCS #2 indicated client A did not follow her diet order and would steal food from the refrigerator or from other clients.</p> <p>Interview with HM (Home Manager) #1 on 6/12/12 at 12:30 PM stated, "[Client A] has gained too much weight and her clothes don't fit her." HM #1 indicated client A refused to follow her diet plan</p>			

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	<p>and stole food from the refrigerator and other clients. HM #1 indicated client A had gained weight since her admission to the group home. HM #1 indicated client A's weight gain had not been addressed by the IDT (Interdisciplinary Team). HM #1 indicated the facility IDT had not addressed client A's dietary education, meal time planning or physical exercise/activity for weight management. HM #1 indicated client A's current ISP (Individual Support Plan) and/or BSP (Behavior Support Plan) did not address dietary education, meal time planning or physical exercise/activity for weight management.</p> <p>Client A's record was reviewed on 6/11/12 at 2:16 PM. Client A's ISP dated 9/27/11 did not indicate training or support for client A's dietary non compliance, meal time planning and/or physical activity/exercise training. Client A's BSP dated 12/11/11 did not indicate training or support regarding client A's weight management and/or physical exercise/activity level. Client A's IDT notes did not indicate the team had addressed and made recommendations regarding client A's weight management or dietary non compliance. Client A's Progress Notes included the following:</p> <p>-4/6/12, indicated, "...I let [client A] in</p>						

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	<p>and when I went upstairs she went to the kitchen and ate chips, ice cream and pop."</p> <p>-4/12/12, indicated, "While at the playground [client A] ate 2 containers of ice cream at snack...."</p> <p>-4/15/12, indicated, "[Client A] ate mashed potatoes, corn and grilled cheese for dinner. [Client A] also went into the kitchen multiple times to get ice creams, juices, animal crackers, chips and go-gurts."</p> <p>-4/16/12, indicated, "[Client A] ate crackers and applesauce on the van and when we got home she ate doritos and cheese. After dinner she ate some cookies and ice cream and drank 2 capri sun drinks."</p> <p>-4/17/12, indicated, "Before dinner, [client A] ate 2 sausage biscuits, sour cream and onion chips with cheese, ice cream, pepsi, and 2 juices."</p> <p>-4/19/12, indicated, "...[client A] admitted to eating the cream cheese and apologized for it."</p> <p>-5/19/12, indicated, "...ate about 30 popsicles."</p> <p>-5/20/12, indicated, "Then she got in the</p>			

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	<p>freezer and started eating 7 popsicles."</p> <p>-5/26/12, indicated, "[Client A] ate a bowl of cereal, half a bag of doritos, two sandwiches and four cups of juice between 4:00 pm and 5:00 pm." "...[client A] ate dinner, then later had a Tupperware bowl full of ice cream."</p> <p>-6/4/12, indicated, "[Client A] refused to eat dinner and stepped out on to the back porch. [Client A] the ate a whole box of French toast sticks.... Later, [client A] sat on the porch and [neighbor] came over and brought her a Pepsi."</p> <p>-6/8/12, indicated, "For lunch, [client A] ate an entire pizza."</p> <p>Client A's Physician's Order form dated 6/1/12 indicated the diagnosis of non insulin dependent diabetes Mellitus, an order for Metformin tablet 500 MG (Milligram) (Diabetes) and weekly weight. Client A's 6/1/12 Physician's Order form indicated staff had checked client A's weight on 6/3/12 and documented her weight at 222 pounds. Client A's weight had not been recorded for the week 6/3/12 through 6/10/12. Client A's Physician's Order form dated 6/1/12 indicated client A's date of admission was 9/3/10. Client A's 6/1/12 Physician's Order form indicated current</p>				

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	<p>diet order was single portions with sugar free beverages. Client A's Physician's Order form dated 5/1/12 indicated weekly weight had been completed on 5/6/12 at 217 pounds, 5/13/12 at 220 pounds, 5/20/12 at 225 pounds and 5/27/12 was not completed/documentated. Client A's general physical examination report dated 11/23/09 indicated client A's weight was 148 pounds. Client A's general physical examination report dated 9/14/11 indicated client A's weight was 204 pounds. Client A's group home quarterly nutrition assessment forms indicated the following:</p> <p>-10/11, weight was 202 pounds.</p> <p>-11/11, weight was 202 pounds.</p> <p>-12/11, weight was 212 pounds.</p> <p>-1/12, weight was 219 pounds.</p> <p>-4/12, weight was 218 pounds.</p> <p>Client A's monthly nursing summary dated 5/12 indicated client A's weight was 225 pounds with her ideal body weight between 90-110 pounds. Client A's monthly nursing summary dated 4/12 indicated client A's weight was 220 pounds. Client A's monthly nursing summary dated 3/12 indicated client A's</p>			

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	<p>weight was not completed. Client A's monthly nursing summary dated 3/12 indicated weight one month prior was 210, weight 6 months prior was 198 and weight one year prior was 162 pounds.</p> <p>5. Interview with DCS #2 on 6/11/12 at 7:40 AM indicated client A had received her morning medications and her blood sugar was checked. DCS #2 indicated client A's blood sugar reading was 361. DCS #2 indicated she contacted the nurse when client A's readings are above 175. DCS #2 indicated she had contacted the facility nurse and was instructed to increase client A's water intake. DCS #2 did not indicate she was to perform any additional monitoring or documentation regarding client A's blood sugar.</p> <p>The facility's MAR (Medication Administration Record) was reviewed on 6/11/12 at 3:00 PM. Client A's 6/1/12 MAR form indicated client A's blood sugar reading for 6/11/12 was 361. Client A's MAR sheet did not indicate staff had contacted the nurse, additional monitoring performed or rechecked the blood sugar levels. Client A's 5/1/12 MAR form indicated client A's blood sugar reading for 5/28/12 was 335. Client A's MAR form did not indicate staff had contacted the nurse, additional monitoring performed or rechecked the blood sugar</p>				

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	<p>levels.</p> <p>Interview with facility nurse #1 on 6/13/12 at 12:40 PM indicated client A had a care plan for diabetes and received 2000 milligrams of Metformin and blood sugar checks every Monday. Nurse #1 indicated client A should be considered for daily blood sugar monitoring due to her weight. Nurse #1 indicated client A was on a carbohydrate controlled diet with healthy eating, no concentrated sweets, low calorie/sugar free beverages. Nurse #1 indicated during her observations while in the group home client A had been non compliant with her diet orders and was consuming double portions at meals. Nurse #1 indicated she had observed staff encouraging client A to only consume single servings but client A continued to consumer double portions and sneak into the kitchen for additional snacks. Nurse #1 indicated when client A's blood sugar was over 175 staff were to contact the nurse. Nurse #1 stated, "When its that high they call either myself or the on call nurse for the home. I usually try to ask things like what has [client A] been eating? I tell them to increase her water, activity and recheck in an hour to hour and a half. They should monitor [client A] for sedation, fruity smells on her breath. High blood sugar, if it gets too high, can cause a diabetic coma. If they</p>						

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	<p>call back and the blood sugar is not improving they are to continue monitoring for level of consciousness and we may send [client A] to the ER (Emergency Room)." Nurse #1 indicated staff should be documenting on the back of the MAR and should have a medication error report that the blood sugar was over 175. Nurse #1 indicated staff should also indicated the nurse was notified and what the nurse instructed them to do. When asked if staff had completed the process as she described regarding client A's blood sugar reading on 6/11/12, Nurse #1 indicated she had been contacted the morning of 6/11/12 but was not contacted with follow up information regarding client A's blood sugar levels. When asked if nurse #1 received a medication error report or if the MAR reflected the information she described, nurse #1 indicated staff had not followed the documentation and monitoring guidelines. When asked if the nurse had been notified regarding client A's 5/28/12 blood sugar level of 361, nurse #1 indicated the nurse had not been notified, staff had not documented any additional follow up or monitoring for client A's high blood sugar levels.</p> <p>The facility's policy and procedures were reviewed on 6/13/12 at 2:00 PM. The facility's 9/14/07 policy and procedure</p>						

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	<p>entitled Abuse, Neglect, Exploitation operating standard 1.26 indicated, "Following [agency] protocol for the exact process to report incidents, once the suspicion has been reported to the supervisor and/or PD (Program Director), the PD will report, within 24 hours, the suspected abuse, neglect or exploitation as follows:</p> <p>G. "To the BDDS central office...."</p> <p>"All allegations or occurrences of abuse, neglect and exploitation shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the polices of Adept, ResCare, and local, state and federal guidelines."</p> <p>Program interventions neglect is defined as, "failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to implement a support plan, inappropriate application of intervention without a qualified person notification/review."</p> <p>Medical neglect was defined as, "failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to provide necessary medical attention, proper nutritional support or administering</p>						

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	<p>medications as prescribed."</p> <p>This federal tag relates to complaint #IN00108235.</p> <p>9-3-2(a)</p>			

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 1 of 16 allegations of abuse, neglect, mistreatment and/or injuries of unknown origin reviewed, the facility failed to immediately notify the administrator and the Bureau of Developmental Disabilities Services (BDDS) in accordance with state law regarding an allegation of client A being sexually inappropriate toward client D.</p> <p>Findings include:</p> <p>A review of the facility's BDDS reports and IIR's (Internal Incident Report) forms was conducted on 6/11/12 at 11:42 AM. The review indicated the following:</p> <p>-BDDS report dated 3/20/12 indicated on 3/15/12 client A was suspected of sexually inappropriate behavior with client D.</p> <p>Interview with AS (Administrative Staff) #1 on 6/12/12 at 11:40 AM indicated the BDDS reports regarding client A's alleged incident with client D should have been</p>	W0153	<p>CORRECTION: <i>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Specifically, direct support staff have been retrained regarding the facility's expectations for immediate reporting of incidents and allegations to facilitate timely reporting to the administrator and state agencies as required.</i></p> <p>PREVENTION: Facility professional staff will receive be provided with clear expectations regarding reporting for all required incidents. Facility supervisory staff will be retrained regarding agency reporting procedures, with emphasis on timely completion. Retraining will focus on the need to develop and maintain sound time management skills and to request assistance from the Operations Team as needed. Additionally, training will stress the importance of prioritizing facility support tasks to assure that alleged violations are reported without delay and</p>	07/13/2012

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	reported within 24 hours. 9-3-2(a) 9-3-1(b)(5)		that follow-up occurs as required. The Quality Assurance and Operations Teams will monitor compliance with reporting timelines and coordinate corrective measures as needed. RESPONSIBLE PARTIES: QDDPD, Home Manger, Support Associates, Operations Team, Quality Assurance Team		

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W0154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 3 of 16 allegations of abuse, neglect, mistreatment and/or injuries of unknown origin reviewed, the facility failed to conduct an investigation into an allegation of the theft of client A's shoes. The facility failed to conduct an investigation into an incident of injury of unknown origin regarding client C. The facility failed to conduct an investigation into an incident of injury of unknown origin regarding client F.</p> <p>Findings include:</p> <p>1. Guardian #1 was interviewed on 6/11/12 at 10:00 AM. Guardian #1 indicated she had purchased a pair of blue and white shoes for client A. Guardian #1 indicated she had purchased the shoes for \$60.00 dollars and had not seen the shoes since giving them to client A. Guardian #1 indicated she suspected staff had taken the shoes.</p> <p>Client A's record was reviewed on 6/11/12 at 2:16 PM. Client A's Progress Note dated 6/1/12 indicated, "[Client A's] mother came downstairs looking for [client A's] blue and white shoes and</p>	W0154	<p>CORRECTION: <i>The facility must have evidence that all alleged violations are thoroughly investigated.</i> Specifically, the facility will complete investigations into Client F's injury of unknown origin discovered on 5/6/12 and Client C's injury of unknown origin on 5/25/12; the facility's investigation into the alleged theft of A's white shoes produced inconclusive results so the facility replaced Client A's shoes with guidance from Client A's family.</p> <p>PREVENTION: Facility professional staff will receive be provided with clear expectations regarding investigation of incidents. Facility supervisory staff will be retrained regarding agency investigation procedures, with emphasis on timely completion. Retraining will focus on the need to develop and maintain sound time management skills and to request assistance from the Operations Team as needed. Additionally, training will stress the importance of prioritizing facility support tasks to assure that alleged violations are investigated without delay. The Quality Assurance and Operations Teams will monitor compliance with investigation timelines and coordinate corrective measures as needed. Once completed, the facility will</p>	07/13/2012			

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	<p>stated that she couldn't find them even though she had looked in every room upstairs."</p> <p>Interview with HM (Home Manager) #1 on 6/12/12 at 12:30 PM indicated client A's guardian had mentioned the missing shoes to her but she had not investigated the allegation.</p> <p>2. A review of the facility's BDDS reports and IIR's (Internal Incident Report) forms was conducted on 6/11/12 at 11:42 AM. The review indicated the following:</p> <p>-BDDS report dated 5/26/12 indicated on 5/25/12, "While assisting [client C] in the shower, the home manager noted a 1.25 inch purple-yellow bruise on [client C's] left upper arm. [Client C] could not explain how she sustained the injury. The team will investigate the origin of the bruise...." The review did not indicate an investigation regarding the injury of unknown origin.</p> <p>-BDDS report dated 5/7/12 indicated on 5/6/12, "While doing weekly body assessments on [client F], (Individual supported by ResCare), staff noticed two .25 inch scratched and bruised areas on her left forearm and a 4 inch scratch on her right thigh. An investigation into the origin of [client F's] injuries will be</p>		<p>turn in investigation packets to the Quality Assurance Team for review and filing. Additionally, the QDDPD will maintain a copy of each investigation at the facility.</p> <p>RESPONSIBLE PARTIES: QDDPD, Home Manger, Support Associates, Operations Team, Quality Assurance Team</p>				

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	<p>completed."</p> <p>Interview with AS (Administrative Staff) #1 on 6/12/12 at 11:40 AM indicated the 5/26/12 incident regarding client C's injuries of unknown origin should have been investigated. AS #1 indicated the 5/7/12 incident regarding client F's injuries of unknown origin should have been investigated.</p> <p>Interview with AS (Administrative Staff) #1 on 6/12/12 at 11:40 AM indicated the incidents regarding injuries of unknown origin for clients C and F should have been investigated. AS #1 indicated the allegation of client A's missing shoes should have been investigated as an allegation of theft.</p> <p>9-3-2(a)</p>				

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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview for 1 of 4 sampled clients (A), the QMRP (Qualified Mental Retardation Professional) failed to ensure client A's ISP (Individual Support Plan) and/or BSP (Behavior Support Plan) addressed the client's identified behavioral needs. The QMRP failed to ensure facility staff implemented clients' training objectives during formal and informal training opportunities for clients A, B, C, D, E and F. The QMRP failed to provide an active treatment schedule for staff to follow for client A.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The QMRP failed to ensure client's A's ISP and/or BSP addressed the client's identified behavioral needs. Please see W227. 2. The QMRP failed to ensure facility staff implemented clients' training objectives during formal and informal training opportunities for clients A, B, C, D, E and F. Please see W249. 3. The QMRP failed to provide an active 	W0159	<p>CORRECTION: <i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</i> Specifically, the QDDPD will receive additional training on the following topics:</p> <ol style="list-style-type: none"> 1. The need to develop behavior supports across environments to address all behavioral needs. 2. The need to develop accurate active treatment schedules for all clients. 3. The need to assure that staff implement training objectives at formal and informal opportunities. <p>PREVENTION: Members of the Operations and Quality Assurance Teams will conduct periodic audits of facility support documents and conduct active treatment observations on an ongoing basis to assure the QDDPD integrates, coordinates and monitors, treatment program effectively and will provide guidance, mentorship and corrective measures as needed. RESPONSIBLE PARTIES: QDDPD, Operations Team, Quality Assurance Team</p>	07/13/2012			

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	<p>treatment schedule for staff to follow for client A. Please see W250.</p> <p>This federal tag relates to complaint #IN00108235.</p> <p>9-3-3(a)</p>			

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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the ISP (Individual Support Plan) and/or BSP (Behavior Support Plan) failed to address the client's identified behavioral needs.</p> <p>Findings include:</p> <p>Guardian #1 was interviewed on 6/11/12 at 10:00 AM. Guardian #1 stated, "[Client A] is tremendously overweight... [Client A] is on a special diet, but the facility does not follow it. [Client A] went from size 14 on admission to a size 20, now weighing 300 pounds. Facility and dietician do not try to work with [client A] on losing weight. [Client A] eats pizza, hot dogs, hamburgers, french fries at the facility... There are no activities for the clients on the weekends and [client A] is not getting enough physical exercise."</p> <p>Interview with staff #2 on 6/11/12 at 7:40 AM indicated client A's clothing did not fit her. Staff #2 stated, "[Client A]'s clothes are too small. Like that skirt she has on. [Client A] is busting out of it and her top too. [Client A]'s clothes just do</p>	W0227	<p>CORRECTION: <i>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment. Specifically, Client A's family requested to provide for Client A's behavioral needs in her family home and Client A moved out of the facility. PREVENTION:</i> Facility professional staff will be retrained regarding the need to develop comprehensive behavior supports across environments for all clients. Members of the Operations and Quality Assurance Teams will review incident documentation and support documents as needed but no less than monthly to assure the team addresses client behavioral support needs as appropriate. The Home Manager and QDDPD will conduct on-site observations at day service and workshop facilities no less than monthly. Additionally, the facility has begun using communication notebooks for each client to enable residential and day service staff to communicate about issues as they arise on a daily basis. RESPONSIBLE PARTIES: QDDPD, Home Manger, Support Associates,</p>	07/13/2012			

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	<p>not fit anymore; she has gained too much weight. Most of her shorts and pants are size 18 she needs at least a 20 or larger. [Client A]'s tops are mostly extra larges, she needs something bigger and not low cut to cover her chest." Staff #2 indicated client A did not follow her diet order and would steal food from the refrigerator or from other clients.</p> <p>Client A's record was reviewed on 6/11/12 at 2:16 PM. Client A's ISP dated 9/27/11 did not indicate training or support for client A's dietary non compliance, meal time planning and/or physical activity/exercise training. Client A's BSP dated 12/11/11 did not indicate training or support regarding client A's weight management and/or physical exercise/activity level. Client A's IDT notes did not indicate the team had addressed and made recommendations regarding client A's weight management or dietary non compliance. Client A's Progress Notes included the following:</p> <p>-4/6/12, indicated, "...I let [client A] in and when I went upstairs she went to the kitchen and ate chips, ice cream and pop."</p> <p>-4/12/12, indicated, "While at the playground [client A] ate 2 containers of ice cream at snack...."</p>		Operations Team, Quality Assurance Team				

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	<p>-4/15/12, indicated, "[Client A] ate mashed potatoes, corn and grilled cheese for dinner. [Client A] also went into the kitchen multiple times to get ice creams, juices, animal crackers, chips and go-gurts."</p> <p>-4/16/12, indicated, "[Client A] ate crackers and applesauce on the van and when we got home she ate doritos and cheese. After dinner she ate some cookies and ice cream and drank 2 capri sun drinks."</p> <p>-4/17/12, indicated, "Before dinner, [client A] ate 2 sausage biscuits, sour cream and onion chips with cheese, ice cream, pepsi, and 2 juices."</p> <p>-4/19/12, indicated, "...[client A] admitted to eating the cream cheese and apologized for it."</p> <p>-5/19/12, indicated, "...ate about 30 popsicles."</p> <p>-5/20/12, indicated, "Then she got in the freezer and started eating 7 popsicles."</p> <p>-5/26/12, indicated, "[Client A] ate a bowl of cereal, half a bag of doritos, two sandwiches and four cups of juice between 4:00 pm and 5:00 pm." "...[client A] ate dinner, then later had a</p>						

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	<p>Tupperware bowl full of ice cream."</p> <p>-6/4/12, indicated, "[Client A] refused to eat dinner and stepped out on to the back porch. [Client A] then ate a whole box of French toast sticks.... Later, [client A] sat on the porch and [neighbor] came over and brought her a Pepsi."</p> <p>-6/8/12, indicated, "For lunch, [client A] ate an entire pizza."</p> <p>Client A's Physician's Order form dated 6/1/12 indicated the diagnosis of non insulin dependent diabetes Mellitus, an order for Metformin tablet 500 MG (Milligram) (Diabetes) and weekly weight. Client A's 6/1/12 Physician's Order form indicated staff had checked client A's weight on 6/3/12 and documented her weight at 222 pounds. Client A's weight had not been recorded for the week 6/3/12 through 6/10/12. Client A's Physician's Order form dated 6/1/12 indicated client A's date of admission was 9/3/10. Client A's 6/1/12 Physician's Order form indicated current diet order was single portions with sugar free beverages. Client A's Physician's Order form dated 5/1/12 indicated weekly weight had been completed on 5/6/12 at 217 pounds, 5/13/12 at 220 pounds, 5/20/12 at 225 pounds and 5/27/12 was not completed/documented. Client A's</p>				

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	<p>general physical examination report dated 11/23/09 indicated client A's weight was 148 pounds. Client A's general physical examination report dated 9/14/11 indicated client A's weight was 204 pounds. Client A's group home quarterly nutrition assessment forms indicated the following:</p> <p>-10/11, weight was 202 pounds.</p> <p>-11/11, weight was 202 pounds.</p> <p>-12/11, weight was 212 pounds.</p> <p>-1/12, weight was 219 pounds.</p> <p>-4/12, weight was 218 pounds.</p> <p>Client A's monthly nursing summary dated 5/12 indicated client A's weight was 225 pounds with her ideal body weight between 90-110 pounds. Client A's monthly nursing summary dated 4/12 indicated client A's weight was 220 pounds. Client A's monthly nursing summary dated 3/12 indicated client A's weight was not completed. Client A's monthly nursing summary dated 3/12 indicated weight one month prior was 210, weight 6 months prior was 198 and weight one year prior was 162 pounds.</p> <p>Interview with HM (Home Manager) #1</p>				

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	<p>on 6/12/12 at 12:30 PM stated, "[Client A] has gained too much weight and her clothes don't fit her." HM #1 indicated client A refused to follow her diet plan and stole food from the refrigerator and other clients. HM #1 indicated client A had gained weight since her admission to the group home. HM #1 indicated client A's weight gain had not been addressed by the IDT (Interdisciplinary Team). HM #1 indicated the facility IDT had not addressed client A's dietary education, meal time planning or physical exercise/activity for weight management. HM #1 indicated client A's current ISP (Individual Support Plan) and/or BSP (Behavior Support Plan) did not address dietary education, meal time planning or physical exercise/activity for weight management.</p> <p>Interview with AS (Administrative Staff) #1 on 6/12/12 at 12:45 PM indicated client A's ISP/BSP should address weight management needs as determined by the IDT. AS #1 indicated the IDT should assess client A's current needs and make recommendations for supports through the ISP and/or BSP.</p> <p>This federal tag relates to complaint #IN00108235.</p> <p>9-3-4(a)</p>						

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 3 of 3 sampled clients (A, B and C) plus 3 additional clients (D, E and F), the facility failed to implement the clients' training objectives during formal and informal training opportunities.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/11/12 from 6:33 AM through 8:00 AM. At 7:02 AM staff #1 was seated at the kitchen table with client B. Staff #1 had her personal cell phone in her hands looking at the screen and pushing the cell phone keys. Staff #1 was not observed interacting with client B as she ate her breakfast. At 7:10 AM clients A, B, C, D, E and F were seated in the group home living room with staff #1 and staff #2. Staff #1 and Staff #2 both had their personal cell phones in their hands and discussed pictures on their cell phones with each other. At 7:16 AM staff #2 received a phone call on her cell phone and discussed after work activities with</p>	W0249	<p>CORRECTION: <i>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, direct support staff have been retrained regarding proper implementation of Client A, B, C, D, E and F's learning objectives in both formal and informal settings. Training emphasized the need to refrain from conducting personal business while on duty to provide active treatment, including but not limited to refraining from using personal electronic communication devices.</i></p> <p>PREVENTION: Facility professional staff will be expected to observe no less than two morning and two evening active treatment sessions per week to assess direct support staff interaction with clients and to provide hands on coaching and</p>	07/13/2012			

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	<p>an unknown caller. Staff #1 and Staff #2 had their personal cell phones out, in their hands and actively used the cell phones from 7:10 AM through 8:00 AM. Clients A, B, C, D, E and F were not offered activity by staff #1 or staff #2 from 7:10 AM through 8:00 AM.</p> <p>Client A's record was reviewed on 6/11/12 at 2:16 PM. Client A's ISP (Individual Support Plan) dated 9/27/11 included the following objectives:</p> <ul style="list-style-type: none"> -assist in making a meal or side dish. -will count coins equal to 50 cents. -will brush her teeth with prompts after mealtime. <p>Client B's record was reviewed on 6/12/12 at 11:08 AM. Client B's ISP dated 1/8/12 included the following training objectives:</p> <ul style="list-style-type: none"> -will use sign language to communicate the word please. -will brush her teeth. -will complete a task/activity without walking away. -will pick up a quarter out of the four 		<p>training toward proper implementation of Individual and Behavior Support Plans. Additionally members of the Operations and Quality Assurance Teams will monitor active treatment as needed but no less than monthly on an ongoing basis to assure quality service delivery.</p> <p>RESPONSIBLE PARTIES: QDDPD, Home Manager, Support Associates, Operations Team, Quality Assurance Team.</p>				

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	<p>denominations of coins.</p> <p>-will make part of a meal either food or drink.</p> <p>-will choose between two physical activities for exercise.</p> <p>Client C's record was reviewed on 6/12/12 at 10:25 AM. Client C's ISP dated 12/20/11 included the following training objectives:</p> <p>- will express an emotion.</p> <p>-will bathe on daily basis.</p> <p>-will identify a quarter.</p> <p>-will put a side item into a pot while cooking.</p> <p>-will participate in a physical activity for 3 minutes.</p> <p>Client D's record was reviewed on 6/12/12 11:00 AM. Client D's ISP dated 5/3/12 included the following training objectives:</p> <p>-will ask for what she wants or needs.</p> <p>-will do her daily chores.</p>			

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	<p>-will finish a given task until completion.</p> <p>-will choose an activity and interact with peers.</p> <p>-will identify a quarter.</p> <p>-will assist in preparing a one simple dish.</p> <p>-will brush her teeth for at least one minute after meals.</p> <p>-will participate in a leisure activity with her peers.</p> <p>Client E's record was reviewed on 6/12/12 at 11:15 AM. Client E's ISP dated 8/17/11 included the following training objectives:</p> <p>-will identify what is causing her anxiety and stress.</p> <p>-will prepare a simple part of a meal.</p> <p>-will count coins to equal 65 cents.</p> <p>-will participate in a leisure activity of her choice.</p> <p>Interview with HM (Home Manager) #1 on 6/12/12 at 11:40 AM indicated training should be occurring at every available opportunity.</p>						

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	<p>Interview with AS (Administrative Staff) #1 on 6/12/12 at 12:10 PM indicated training should be occurring at every available opportunity.</p> <p>Guardian #1 was interviewed on 6/11/12 at 10:00 AM. Guardian #1 stated, "I rarely ever see the clients doing any kind of activities in the home. They just don't do enough with the clients. They are talking on their cell phones and not doing anything with the clients."</p> <p>This federal tag relates to complaint #IN00108235.</p> <p>9-3-4(a)</p>				

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W0250	<p>483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility failed to provide an active treatment schedule for staff to follow for client A.</p> <p>Finding include:</p> <p>Observations were conducted at client A's day services site on 6/8/12 from 11:00 AM through 12:00 PM. Client A was not present at the workshop through the observation period.</p> <p>Interview with DSS #1 (Day Service Staff) on 6/8/12 at 11:05 AM indicated client A only attends day services on Thursdays.</p> <p>Client A's record was reviewed on 6/11/12 at 2:16 PM. Client A's active treatment outline dated 9/27/11 indicated client A was scheduled to be at work Monday through Fridays from 8:30 AM through 4:00 PM. Client A's IDT (Interdisciplinary Team) meeting notes indicated the following:</p> <p>-IDT note dated 10/27/11 indicated,</p>	W0250	<p>CORRECTION: <i>The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. Specifically, Client A's family requested to provide for Client A's active treatment needs in her family home and Client A moved out of the facility.</i></p> <p>PREVENTION: Professional staff will be retrained regarding the need to develop active treatment schedules for all clients that accurately reflect their daily routine and include appropriate training opportunities during normal waking hours. Additionally, members of the Quality Assurance and Operations Teams will review facility support documents as needed but no less than monthly to assure active treatment schedules accurately reflect the training needs of all clients.</p> <p>RESPONSIBLE PARTIES: QDDPD, Home Manger, Support Associates, Operations Team, Quality Assurance Team</p>	07/13/2012	

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	<p>"...have decided to take another day from [client A] because of her behavior. [Client A] agreed with the decision that was made which was if she shows improvement within 30 days she will go back to work Monday, Wednesday and Friday. If [client A] continues to not show improvement she will lose another day, she will only go on Mondays."</p> <p>-IDT note dated 12/5/11 indicated client A would go to day program on Mondays and Thursdays due to behavior issues. The IDT note indicated Tuesdays and Fridays client A would go to a different group home during the day. The IDT note indicated client A would go to therapy on Wednesdays.</p> <p>-IDT note dated 4/30/12 indicated client A was attending day service one day a week.</p> <p>-IDT note 5/2/12 indicated client A was attending day service one day a week.</p> <p>Interview with client A on 6/11/12 at 7:45 AM indicated she was attending day services one day a week. When asked what she did during the other days while not at work, client A stated, "I hang out with staff here. I wash my clothes sometimes and go to the store sometimes."</p>				

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	<p>Interview with staff #3 on 6/11/12 at 7:50 AM indicated client A went to day program on Thursdays and stayed at the group home during the day the rest of the week.</p> <p>Interview with HM (Home Manager) #1 on 6/12/12 at 12:40 PM indicated client A's active treatment schedule was not current and did not outline her current activities.</p> <p>Interview with AS (Administrative Staff) #1 on 6/12/12 at 12:42 PM indicated client A's active treatment schedule should be updated to reflect her current programming.</p> <p>This federal tag relates to complaint #IN00108235.</p> <p>9-3-4(a)</p>						

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W0264	<p>483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on record review and interview for 1 of 3 sampled clients (A), the facility failed to ensure the HRC (Human Rights Committee) reviewed and approved the use of an audio monitor placed in client A's bedroom.</p> <p>Findings include:</p> <p>A review of the facility's BDDS reports and IIR's (Internal Incident Report) forms was conducted on 6/11/12 at 11:42 AM. The review indicated the following:</p> <p>-BDDS report dated 4/5/12 indicated, "The team placed [client A] on 15 minute checks and an audio monitor has been placed in her bedroom...."</p> <p>Client A's record was reviewed on 6/11/12 at 2:16 PM. Client A's ISP (Individual Support Plan) dated 9/27/11 did not indicate the use of the audio monitor. Client A's BSP (Behavior Support Plan) dated 12/11/11 did not</p>	W0264	<p>CORRECTION: <i>The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</i></p> <p>Specifically, Client A has moved out of the facility and the audio monitor is no longer in place</p> <p>PREVENTION: Professional staff will be retrained regarding the need to obtain prior written informed consent and Human Rights Committee approval for all restrictive programs prior to implementation. Retraining will focus on assuring that the QDDPD has a clear understanding of what specifically constitutes a restrictive program and proper preparation for presenting program modifications to the Human Rights Committee. The training will also focus on helping professional staff develop</p>	07/13/2012			

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	<p>indicate the use of an audio monitor. Client A's record did not indicate the facility's HRC had reviewed and/or approved the use of an audio monitor in her bedroom.</p> <p>Interview with HM (Home Manager) #1 on 6/12/12 at 12:30 PM indicated client A's bedroom had an audio monitor. HM #1 indicated the use of an audio monitor should have HRC approval and be included as part of her ISP/BSP.</p> <p>9-3-4(a)</p>		<p>adequate record keeping practices to assure that HRC approval records are available for review. Additionally, the agency has established a separate Quality Assurance Department to assist with auditing facility systems. Members of the Quality Assurance and Operations Teams will periodically review support documents and Human Rights Committee Records on an ongoing basis to assure prior written informed consent and HRC approval occurs for all restrictive programs. The agency has established a quarterly system of internal audits that review all facility systems including, but not limited to due process and prior written informed consent. Administrative staff will conduct visits to the facility as needed but no less than monthly. RESPONSIBLE PARTIES: QDDPD, Home Manger, Support Associates, Operations Team, Quality Assurance Team</p>		

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W0268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based upon observation and interview for 2 of 3 sampled clients (A and B), the facility failed promote the clients' dignity in regards to appearance.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 6/11/12 from 6:33 AM through 8:00 AM. Clients A and B were observed in the group home throughout the observation period. Client A was dressed in a short sleeve top and a blue jean skirt. Client A's shirt did not cover the sides of her waist, stomach and lower back. Client A's shirt clung to her body and did not allow enough material to prevent the shirt from rolling up on her torso. Client A's shirt was low cut in the front and exposed the upper portions of client A's breasts. Client A's skirt was too small. Client A's back and upper buttocks were exposed as the skirt did not cover the upper portions of client A's hips and pelvic region. Client B was dressed in a pair of blue jeans and a top. Client B's pant legs were cuffed/rolled up due to the length of the pant legs exceeding the length of the client's legs. The cuffed/rolled up portion of the pant legs was 12 inches in length.</p>	W0268	<p>CORRECTION: <i>These policies and procedures must promote the growth, development and independence of the client.</i> Specifically, Client A no longer resides in the facility and the team will develop behavior supports for Client B that address wearing clothing that belongs to other clients and supports Client A. Staff will be retrained regarding the need to assure that Client B wears properly fitting clothing.</p> <p>PREVENTION: Professional staff will be retrained regarding the need to monitor and assess all clients to assure appropriate supports are in place, including but no limited to assuring that clients wear clothing appropriate for the weather and occasion, with emphasis on supporting personal dignity. Additionally members of the Operations and Quality Assurance Teams will conduct visits to the facility as needed but no less than monthly to monitor active treatment to assure clients wear appropriate clothing. RESPONSIBLE PARTIES: QDDPD, Home Manger, Support Associates, Operations Team, Quality Assurance Team</p>	07/13/2012	

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	<p>The excessive portion of pant leg material was 12 inches in length.</p> <p>Interview with staff #1 on 6/11/12 at 7:30 AM indicated client A's clothing did not fit her properly. Staff #1 stated, "Her shirts don't cover her breasts. [Client A] is too large up top for the shirts that she wears."</p> <p>Interview with staff #2 on 6/11/12 at 7:40 AM indicated client A's clothing did not fit her. Staff #2 stated, "[Client A]'s clothes are too small. Like that skirt she has on. [Client A] is busting out of it and her top too. [Client A]'s clothes just do not fit anymore; she has gained too much weight. Most of her shorts and pants are size 18; she needs at least a 20 or larger. [Client A]'s tops are mostly extra larges, she needs something bigger and not low cut to cover her chest." When asked if client B's pants fit her, Staff #2 stated, "No [client B]'s pants are too long."</p> <p>Interview with DSS #1 (Day Service Staff) on 6/8/12 at 11:05 AM stated, "[Client A]'s clothing is always way too small. [Client A] likes to wear these really low cut tops that are too small. [Client A]'s breasts are busting out of her shirt almost everyday she is here."</p> <p>Interview with DSS #2 on 6/8/12 at 11:15</p>						

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	<p>AM stated, "[Client A]'s clothing is not appropriate for work. [Client A]'s tops do not fit and her clothes are just too tight all over."</p> <p>Interview with HM (Home Manager) #1 on 6/12/12 at 12:30 PM stated, "The clothing [client A] wears is not right. [Client A] has gained too much weight and her clothes don't fit her. [Client B] likes to steal other people's clothes that don't fit her and then wears them." HM #1 indicated both client A and client B should wear clothing that fits properly.</p> <p>This federal tag relates to complaint #IN00108235.</p> <p>9-3-5(a)</p>				

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W0318	<p>483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met.</p> <p>Based on observation, record review and interview, the facility failed to meet the Condition of Participation: Health Care Services for 1 of 3 sampled clients (A). The facility's health care services failed to ensure nursing services met the health care needs of client A regarding nutritional support/monitoring regarding client A's weight management. The facility's health care services failed to ensure nursing services met the health care needs of client A regarding ongoing management/monitoring of client A's blood sugar levels.</p> <p>Findings include:</p> <p>The facility's health care services failed to ensure nursing services met the health care needs of client A regarding nutritional support/monitoring regarding client A's weight management. The facility's health care services failed to ensure nursing services met the health care needs of client A regarding ongoing management/monitoring of client A's blood sugar levels. Please see W331.</p> <p>This federal tag relates to complaint #IN00108235.</p>	W0318	<p>CORRECTION: <i>The facility must ensure that specific health care services requirements are met. Specifically, although Client A has moved away from the facility, facility nursing and direct support staff have been retrained regarding the agency's system for providing appropriate medical follow-along and monitoring of health issues including but not limited to blood sugar for clients who live with obesity diabetes. Prior to Client A's discharge from the facility, Client A saw an endocrinologist on 6/14/12, for monitoring of her diabetes and weight gain. The doctor recommended a change in her Diabetes mediation and thyroid testing. Client A had blood work performed on 6/14/12, the results of which were shared with her primary care physician and endocrinologist. Additionally, a daily blood sugar monitoring log was implemented that included specific information communicated to nursing staff. The results and recommendations of testing and medical follow-along that occurred prior to Client A's discharge were provided to Client A's mother, who now serves as Client A's primary caregiver.</i></p> <p>PREVENTION: The facility nurse has received additional training</p>	07/13/2012			

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	9-3-6(a)		<p>regarding weekly monitoring of facility medical documentation and the need to provide staff with specific written instructions regarding medical follow-along needs. Additionally, the nurse will provide administrative staff with medical issue reports to assist with increasing accountability and compliance with agency standards. Health Services, Quality Assurance and Operations Teams members have increased their presence in the home -monitoring healthcare records and active treatment until the governing body has determined that corrective measures have been implemented. Periodic monitoring will then continue no less than monthly with Operations and Quality Assurance Team members providing guidance and support as needed to ensure healthcare requirements are met.</p> <p>RESPONSIBLE PARTIES: QDDPD, Health Services Team, Home Manger,Support Associates, Operations Team, Quality Assurance Team</p>	

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W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (A), the facility nurse failed to provide nutritional support/monitoring regarding client A's weight management. The nurse failed to ensure staff provided ongoing management/monitoring of client A's blood sugar levels.</p> <p>Findings include:</p> <p>1. Guardian #1 was interviewed on 6/11/12 at 10:00 AM. Guardian #1 stated, "[Client A] is tremendously overweight... [Client A] is on a special diet, but the facility does not follow it. [Client A] went from size 14 on admission to a size 20, now weighing 300 pounds. Facility and dietician do not try to work with [client A] on losing weight. [Client A] eats pizza, hot dogs, hamburgers, french fries at the facility... There are no activities for the clients on the weekends and [client A] is not getting enough physical exercise."</p> <p>Interview with DCS #2 on 6/11/12 at 7:40 AM indicated client A's clothing did not fit her. DCS #2 stated, "[Client A]'s clothes are too small. Like that skirt she has on. [Client A] is busting out of it and</p>	W0331	<p>CORRECTION: <i>The facility must provide clients with nursing services in accordance with their needs. Specifically, although Client A has moved away from the facility, facility nursing and direct support staff have been retrained regarding the agency's system for providing appropriate medical follow-along and monitoring of health issues including but not limited to blood sugar for clients who live with obesity diabetes. Prior to Client A's discharge from the facility, Client A saw an endocrinologist on 6/14/12, for monitoring of her diabetes and weight gain. The doctor recommended a change in her Diabetes mediation and thyroid testing. Client A had blood work performed on 6/14/12, the results of which were shared with her primary care physician and endocrinologist. Additionally, a daily blood sugar monitoring log was implemented that included specific information communicated to nursing staff. The results and recommendations of testing and medical follow-along that occurred prior to Client A's discharge were provided to Client A's mother, who now serves as Client A's primary caregiver.</i></p> <p>PREVENTION: The facility nurse has received additional training</p>	07/13/2012			

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	<p>her top too. [Client A]'s clothes just do not fit anymore; she has gained too much weight. Most of her shorts and pants are size 18; she needs at least a 20 or larger. [Client A]'s tops are mostly extra larges, she needs something bigger and not low cut to cover her chest." DCS #2 indicated client A did not follow her diet order and would steal food from the refrigerator or from other clients.</p> <p>Interview with HM (Home Manager) #1 on 6/12/12 at 12:30 PM stated, "[Client A] has gained too much weight and her clothes don't fit her." HM #1 indicated client A refused to follow her diet plan and stole food from the refrigerator and other clients. HM #1 indicated client A had gained weight since her admission to the group home. HM #1 indicated client A's weight gain had not been addressed by the IDT (Interdisciplinary Team). HM #1 indicated the facility IDT had not addressed client A's dietary education, meal time planning or physical exercise/activity for weight management. HM #1 indicated client A's current ISP (Individual Support Plan) and/or BSP (Behavior Support Plan) did not address dietary education, meal time planning or physical exercise/activity for weight management.</p> <p>Client A's record was reviewed on</p>		<p>regarding weekly monitoring of facility medical documentation and the need to provide staff with specific written instructions regarding medical follow-along needs. Additionally, the nurse will provide administrative staff with medical issue reports to assist with increasing accountability and compliance with agency standards. Health Services, Quality Assurance and Operations Teams members have increased their presence in the home -monitoring healthcare records and active treatment until the governing body has determined that corrective measures have been implemented. Periodic monitoring will then continue no less than monthly with Operations and Quality Assurance Team members providing guidance and support as needed to ensure healthcare requirements are met.</p> <p>RESPONSIBLE PARTIES: QDDPD, Health Services Team, Home Manger, Support Associates, Operations Team, Quality Assurance Team</p>				

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	<p>6/11/12 at 2:16 PM. Client A's ISP dated 9/27/11 did not indicate training or support for client A's dietary non compliance, meal time planning and/or physical activity/exercise training. Client A's BSP dated 12/11/11 did not indicate training or support regarding client A's weight management and/or physical exercise/activity level. Client A's IDT notes did not indicate the team had addressed and made recommendations regarding client A's weight management or dietary non compliance. Client A's Progress Notes included the following:</p> <p>-4/6/12, indicated, "...I let [client A] in and when I went upstairs she went to the kitchen and ate chips, ice cream and pop."</p> <p>-4/12/12, indicated, "While at the playground [client A] ate 2 containers of ice cream at snack...."</p> <p>-4/15/12, indicated, "[Client A] ate mashed potatoes, corn and grilled cheese for dinner. [Client A] also went into the kitchen multiple times to get ice creams, juices, animal crackers, chips and go-gurts."</p> <p>-4/16/12, indicated, "[Client A] ate crackers and applesauce on the van and when we got home she ate doritos and cheese. After dinner she ate some cookies</p>						

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	<p>and ice cream and drank 2 capri sun drinks."</p> <p>-4/17/12, indicated, "Before dinner, [client A] ate 2 sausage biscuits, sour cream and onion chips with cheese, ice cream, pepsi, and 2 juices."</p> <p>-4/19/12, indicated, "...[client A] admitted to eating the cream cheese and apologized for it."</p> <p>-5/19/12, indicated, "...ate about 30 popsicles."</p> <p>-5/20/12, indicated, "Then she got in the freezer and started eating 7 popsicles."</p> <p>-5/26/12, indicated, "[Client A] ate a bowl of cereal, half a bag of doritos, two sandwiches and four cups of juice between 4:00 pm and 5:00 pm." "...[client A] ate dinner, then later had a Tupperware bowl full of ice cream."</p> <p>-6/4/12, indicated, "[Client A] refused to eat dinner and stepped out on to the back porch. [Client A] then ate a whole box of French toast sticks.... Later, [client A] sat on the porch and [neighbor] came over and brought her a Pepsi."</p> <p>-6/8/12, indicated, "For lunch, [client A] ate an entire pizza."</p>			

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	<p>Client A's Physician's Order form dated 6/1/12 indicated the diagnosis of non insulin dependent diabetes Mellitus, an order for Metformin tablet 500 MG (Milligram) (Diabetes) and weekly weight. Client A's 6/1/12 Physician's Order form indicated staff had checked client A's weight on 6/3/12 and documented her weight at 222 pounds. Client A's weight had not been recorded for the week 6/3/12 through 6/10/12. Client A's Physician's Order form dated 6/1/12 indicated client A's date of admission was 9/3/10. Client A's 6/1/12 Physician's Order form indicated current diet order was single portions with sugar free beverages. Client A's Physician's Order form dated 5/1/12 indicated weekly weight had been completed on 5/6/12 at 217 pounds, 5/13/12 at 220 pounds, 5/20/12 at 225 pounds and 5/27/12 was not completed/documentated. Client A's general physical examination report dated 11/23/09 indicated client A's weight was 148 pounds. Client A's general physical examination report dated 9/14/11 indicated client A's weight was 204 pounds. Client A's group home quarterly nutrition assessment forms indicated the following:</p> <p>-10/11, weight was 202 pounds.</p>				

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	<p>-11/11, weight was 202 pounds.</p> <p>-12/11, weight was 212 pounds.</p> <p>-1/12, weight was 219 pounds.</p> <p>-4/12, weight was 218 pounds.</p> <p>Client A's monthly nursing summary dated 5/12 indicated client A's weight was 225 pounds with her ideal body weight between 90-110 pounds. Client A's monthly nursing summary dated 4/12 indicated client A's weight was 220 pounds. Client A's monthly nursing summary dated 3/12 indicated client A's weight was not completed. Client A's monthly nursing summary dated 3/12 indicated weight one month prior was 210, weight 6 months prior was 198 and weight one year prior was 162 pounds.</p> <p>2. Interview with DCS #2 on 6/11/12 at 7:40 AM indicated client A had received her morning medications and her blood sugar was checked. DCS #2 indicated client A's blood sugar reading was 361. DCS #2 indicated she contacted the nurse when client A's readings are above 175. DCS #2 indicated she had contacted the facility nurse and was instructed to increase client A's water intake. DCS #2 did not indicate she was to perform any additional monitoring or documentation</p>				

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	<p>regarding client A's blood sugar.</p> <p>The facility's MAR (Medication Administration Record) was reviewed on 6/11/12 at 3:00 PM. Client A's 6/1/12 MAR form indicated client A's blood sugar reading for 6/11/12 was 361. Client A's MAR sheet did not indicate staff had contacted the nurse, additional monitoring performed or rechecked the blood sugar levels. Client A's 5/1/12 MAR form indicated client A's blood sugar reading for 5/28/12 was 335. Client A's MAR form did not indicate staff had contacted the nurse, additional monitoring performed or rechecked the blood sugar levels.</p> <p>Interview with facility nurse #1 on 6/13/12 at 12:40 PM indicated client A had a care plan for diabetes and received 2000 milligrams of Metformin and blood sugar checks every Monday. Nurse #1 indicated client A should be considered for daily blood sugar monitoring due to her weight. Nurse #1 indicated client A was on a carbohydrate controlled diet with healthy eating, no concentrated sweets, low calorie/sugar free beverages. Nurse #1 indicated during her observations while in the group home client A had been non compliant with her diet orders and was consuming double portions at meals. Nurse #1 indicated she</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G396		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/15/2012	
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	had observed staff encouraging client A to only consume single servings but client A continued to consumer double portions and sneak into the kitchen for additional snacks. Nurse #1 indicated when client A's blood sugar was over 175 staff were to contact the nurse. Nurse #1 stated, "When its that high they call either myself or the on call nurse for the home. I usually try to ask things like what has [client A] been eating? I tell them to increase her water, activity and recheck in an hour to hour and a half. They should monitor [client A] for sedation, fruity smells on her breath. High blood sugar, if it gets too high, can cause a diabetic coma. If they call back and the blood sugar is not improving they are to continue monitoring for level of consciousness and we may send [client A] to the ER (Emergency Room)." Nurse #1 indicated staff should be documenting on the back of the MAR and should have a medication error report that the blood sugar was over 175. Nurse #1 indicated staff should also indicate the nurse was notified and what the nurse instructed them to do. When asked if staff had completed the process as she described regarding client A's blood sugar reading on 6/11/12, Nurse #1 indicated she had been contacted the morning of 6/11/12 but was not contacted with follow up information regarding client A's blood						

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	<p>sugar levels. When asked if nurse #1 received a medication error report or if the MAR reflected the information she described, nurse #1 indicated staff had not followed the documentation and monitoring guidelines. When asked if the nurse had been notified regarding client A's 5/28/12 blood sugar level of 361, nurse #1 indicated the nurse had not been notified, staff had not documented any additional follow up or monitoring for client A's high blood sugar levels.</p> <p>This federal tag relates to complaint #IN00108235.</p> <p>9-3-6(a)</p>			