

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G413	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  03/24/2015
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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
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W 000  Bldg. 00	<p>This visit was for a pre-determined full annual recertification and state licensure survey.</p> <p>This visit was done in conjunction with the PCR (Post Certification Revisit) to the investigation of complaint #IN00160614 completed on 1/23/15.</p> <p>Dates of Survey: 3/19/15, 3/20/15, 3/23/15 and 3/24/15</p> <p>Facility Number: 000927 Provider Number: 15G413 AIMS Number: 100244440</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed April 6, 2015 by Dotty Walton, QIDP.</p>	W 000		
W 102  Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on observation, record review and interview, the facility failed to met the</p>	W 102	<b>CORRECTION:</b>	04/14/2015

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

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Condition of Participation: Governing Body for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 1 additional client (#8). The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect of clients #1 and #2, to complete a thorough investigation regarding an incident of allergic reaction for client #1, a head injury of unknown origin for client #2, an incident of client #2's ingestion of a non-food item and an injury of unknown origin for client #8, to ensure the facility administrator was notified within 5 business days of the conclusion of investigations regarding two separate incidents of client #1's allergic reactions to food, an incident of client #2 ingesting non-food items, and two separate incidents of injuries of unknown origin regarding clients #2 and #8 and the facility failed to develop and implement corrective actions to prevent recurrence of neglect of client #1.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored client #3's active treatment program by failing to convene the IDT</p>		<p><i>The facility must ensure that specific governing body and management requirements are met.</i> Specifically, the governing body has assured that:</p> <p>The QIDP will lead the team in developing a revised oral hygiene objective for Client #3.</p> <p>The QIDP has facilitated Training of all current facility staff from the facility nurse regarding Client 1's Comprehensive High risk Plan for Food Allergies. Through active treatment observation and a review of training documentation, the team has determined that this deficient practice did not affect other clients.</p> <p>The QIDP will complete a discharge plan of care for Client #2 and provide a copy to his current Waiver team.</p> <p>The QIDP will facilitate retraining of all facility direct support staff regarding the need to provide consistent, aggressive and continuous active treatment for all clients including but not</p>	

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	<p>(Interdisciplinary Team) to determine if client #3 needed additional supports or training to assist him achieve improved OH (Oral Hygiene), to ensure all staff working with client #1 were competent to implement client #1's food allergy precaution/enhanced supervision protocol, to ensure a post-discharge plan of care was completed for client #2, to provide clients #1, #3 and #4 with a continuous active treatment program, to ensure client #1's CFA (Comprehensive Functional Assessment) was reviewed annually, to ensure client #1's ISP (Individual Support Plan) was reviewed annually and to ensure client #4 had formal and informal supports to teach client #4 to utilize his prescription eyeglasses.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 2 of 4 sampled clients (#1 and #2) plus 1 additional client (#8). The facility failed to implement its policy and procedures to prevent neglect of clients #1 and #2, to complete a thorough investigation regarding an incident of allergic reaction for client #1, a head injury of unknown origin for client #2, an incident of client #2's ingestion of a non-food item and an</p>		<p>limited to implementation of high risk plans and meal preparation.</p> <p>The QIDP has updated Client #1's Comprehensive Functional Assessment. An audit of facility records indicated this deficient practice did not affect any additional clients.</p> <p>The QIDP updated Client #1's Individual Support Plan. An audit of facility records indicated this deficient practice did not affect any additional clients.</p> <p>The QIDP will lead the interdisciplinary team in developing a prioritized learning objective to train Client #4 toward making informed choices about the use of eyeglasses. A review of support documents and observation of active treatment indicated this deficient practice did not affect other clients.</p> <p>The governing body has facilitated the following:</p> <p>The Operations Team, including</p>	

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	<p>injury of unknown origin for client #8, to ensure the facility administrator was notified within 5 business days of the conclusion of investigations regarding two separate incidents of client #1's allergic reactions to food, an incident of client #2 ingesting non-food items, and two separate incidents of injuries of unknown origin regarding clients #2 and #8 and the facility failed to develop and implement corrective actions to prevent recurrence of neglect of client #1.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect of clients #1 and #2, to complete a thorough investigation regarding an incident of allergic reaction for client #1, a head injury of unknown origin for client #2, an incident of client #2's ingestion of a non-food item and an injury of unknown origin for client #8, to ensure the facility administrator was notified within 5 business days of the conclusion of investigations regarding two separate incidents of client #1's allergic reactions to food, an incident of client #2 ingesting non-food items, and two separate incidents of injuries of unknown origin</p>		<p>the Program Manager and QIDP, will directly oversee all investigations. The Residential Manager will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews. The Clinical Supervisor and Program Manager will assure that conclusions are developed that match the collected evidence. The Governing Body will assume complete responsibility for investigating any discovered injuries that require outside medical treatment. When any evidence of staff negligence is uncovered or alleged the Operations Team will take control of all aspects of the investigation process. Additionally, the Clinical Supervisor will provide direct oversight and hands-on coaching of the QIDP throughout the investigation process for the next 90 days.</p> <p>The QIDP, with direct assistance from the Clinical Supervisor, has refined Client #1's enhanced supervision protocols. All facility staff have been trained on the current enhanced supervision protocols and Client #1 has not experienced a reaction to a food allergy since implementation.</p>	

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	<p>regarding clients #2 and #8 and the facility failed to develop and implement corrective actions to prevent recurrence of neglect of client #1.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP integrated, coordinated and monitored client #3's active treatment program by failing to convene the IDT to determine if client #3 needed additional supports or training to assist him achieve improved OH, to ensure all staff working with client #1 were competent to implement client #1's food allergy precaution/enhanced supervision protocol, to ensure a post-discharge plan of care was completed for client #2, to provide clients #1, #3 and #4 with a continuous active treatment program, to ensure client #1's CFA was reviewed annually, to ensure client #1's ISP was reviewed annually and to ensure client #4 had formal and informal supports to teach client #4 to utilize his prescription eyeglasses. Please see W104.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 2 of 4 sampled clients (#1 and #2) plus 1</p>		<p><b>PREVENTION:</b></p> <p>The QIDP has been retrained regarding the need to bring all elements of the interdisciplinary team, including but not limited to the facility nurse, together to assess and develop training programs that provide staff the competencies necessary to provide appropriate supports for all clients.</p> <p>The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week and the Team Leader will be required to observe and participate in active treatment sessions on varied shifts no less than five times per week. The QIDP will also maintain an ongoing presence at the facility. During Active Treatment observations, supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff implement learning objectives and provide frequent choices of activities.</p> <p>The QIDP will be retrained</p>	

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	<p>additional client (#8). The facility failed to implement its policy and procedures to prevent neglect of clients #1 and #2, to complete a thorough investigation regarding an incident of allergic reaction for client #1, a head injury of unknown origin for client #2, an incident of client #2's ingestion of a non-food item and an injury of unknown origin for client #8, to ensure the facility administrator was notified within 5 business days of the conclusion of investigations regarding two separate incidents of client #1's allergic reactions to food, an incident of client #2 ingesting non-food items, and two separate incidents of injuries of unknown origin regarding clients #2 and #8 and the facility failed to develop and implement corrective actions to prevent recurrence of neglect of client #1. Please see W122.</p> <p>9-3-1(a)</p>		<p>regarding the need to assure that programs are in place to teach clients to make informed choices about the use of adaptive equipment. Additionally, the QIDP will receive training toward timely completion of reassessments and support plan updates.</p> <p>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. A new Team Lead is in place at the facility. This Team Lead will be present, supervising active treatment during no less than 4 evening active treatment sessions and one morning active treatment session per week to monitor medication administration and the ordering of newly prescribed medications and treatments.</p> <p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and</p>	

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			<p>Executive Director, 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:</p> <p>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.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication</p>	

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			<p>administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>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.</p> <p>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.</p> <p>Administrative support at the home will focus on:</p>	

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			<ol style="list-style-type: none"> <li>1. Assuring learning objectives are designed to support individuals toward independence.</li> <li>2. Evaluation of the effectiveness of current support plans.</li> <li>3. Assuring staff demonstrate necessary competencies.</li> <li>4. Competent staff implementation of risk plans and enhanced supervision.</li> <li>5. 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.</li> <li>6. Assuring continuous active treatment occurs.</li> <li>7. Assuring that assessments and support plans are revised and updated as needed but no less than annually.</li> <li>8. Assuring clients are taught to make informed decisions about the use of adaptive equipment.</li> </ol>	

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			<p>Regarding Investigation and reporting of abuse, neglect, mistreatment and exploitation the governing body has developed the following:</p> <p>A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team. The Clinical Supervisor (Administrative level management) will meet with his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. Residential Managers will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Clinical Supervisor will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also</p>	

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			<p>conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Clinical Supervisors will provide weekly updates to the Program Manager on the status of investigations. The Clinical Supervisor will review each investigation to ensure that they indicate the date and time the administrator was notified of investigation results. Failure to complete thorough investigations and report results to the administrator within the allowable five business day timeframe will result in progressive corrective action to all applicable team members.</p> <p>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.</p>	

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W 104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 1 additional client (#8), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect of clients #1 and #2, to complete a thorough investigation regarding an incident of allergic reaction for client #1, a head injury of unknown origin for client #2, an incident of client #2's ingestion of a non-food item and an injury of unknown origin for client #8, to ensure the facility administrator was notified within 5 business days of the conclusion of investigations regarding two separate incidents of client #1's allergic reactions to food, an incident of client #2 ingesting non-food items, and two separate incidents of injuries of unknown origin regarding clients #2 and #8 and the facility failed to develop and implement</p>	W 104	<p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager</p> <p><b>CORRECTION:</b></p> <p><i>The governing body must exercise general policy, budget, and operating direction over the facility. Specifically, the governing body has facilitated the following:</i></p> <p>The QIDP will lead the team in developing a revised oral hygiene objective for Client #3.</p> <p>The QIDP has facilitated Training of all current facility staff from the facility nurse regarding Client 1's Comprehensive High risk Plan for Food Allergies. Through active treatment observation and a review of training documentation, the team has determined that this deficient practice did not affect other clients.</p>	04/14/2015

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	<p>corrective actions to prevent recurrence of neglect of client #1.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored client #3's active treatment program by failing to convene the IDT (Interdisciplinary Team) to determine if client #3 needed additional supports or training to assist him achieve improved OH (Oral Hygiene), to ensure all staff working with client #1 were competent to implement client #1's food allergy precaution/enhanced supervision protocol, to ensure a post-discharge plan of care was completed for client #2, to provide clients #1, #3 and #4 with a continuous active treatment program, to ensure client #1's CFA (Comprehensive Functional Assessment) was reviewed annually, to ensure client #1's ISP (Individual Support Plan) was reviewed annually and to ensure client #4 had formal and informal supports to teach client #4 to utilize his prescription eyeglasses.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating</p>		<p>The QIDP will complete a discharge plan of care for Client #2 and provide a copy to his current Waiver team.</p> <p>The QIDP will facilitate retraining of all facility direct support staff regarding the need to provide consistent, aggressive and continuous active treatment for all clients including but not limited to implementation of high risk plans and meal preparation.</p> <p>The QIDP has updated Client #1's Comprehensive Functional Assessment. An audit of facility records indicated this deficient practice did not affect any additional clients.</p> <p>The QIDP updated Client #1's Individual Support Plan. An audit of facility records indicated this deficient practice did not affect any additional clients.</p> <p>The QIDP will lead the interdisciplinary team in developing a prioritized learning objective to train Client #4 toward making informed choices</p>	

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	<p>direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect of clients #1 and #2, to complete a thorough investigation regarding an incident of allergic reaction for client #1, a head injury of unknown origin for client #2, an incident of client #2's ingestion of a non-food item and an injury of unknown origin for client #8, to ensure the facility administrator was notified within 5 business days of the conclusion of investigations regarding two separate incidents of client #1's allergic reactions to food, an incident of client #2 ingesting non-food items, and two separate incidents of injuries of unknown origin regarding clients #2 and #8 and the facility failed to develop and implement corrective actions to prevent recurrence of neglect of client #1. Please see W149.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility completed a thorough investigation regarding an incident of allergic reaction for client #1, a head injury of unknown origin for client #2, an incident of client #2's ingestion of a non-food item and an injury of unknown origin for client #8. Please see W154.</p> <p>3. The governing body failed to exercise</p>		<p>about the use of eyeglasses. A review of support documents and observation of active treatment indicated this deficient practice did not affect other clients.</p> <p>The governing body has facilitated the following:</p> <p>The Operations Team, including the Program Manager and QIDP, will directly oversee all investigations. The Residential Manager will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews. The Clinical Supervisor and Program Manager will assure that conclusions are developed that match the collected evidence. The Governing Body will assume complete responsibility for investigating any discovered injuries that require outside medical treatment. When any evidence of staff negligence is uncovered or alleged the Operations Team will take control of all aspects of the investigation process. Additionally, the Clinical Supervisor will provide direct oversight and hands-on coaching of the QIDP throughout the investigation process for the next 90 days.</p>	

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	<p>general policy, budget and operating direction over the facility to ensure the facility administrator was notified within 5 business days of the conclusion of investigations regarding two separate incidents of client #1's allergic reactions to food, an incident of client #2 ingesting non-food items, and two separate incidents of injuries of unknown origin regarding clients #2 and #8. Please see W156.</p> <p>4. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility developed and implemented corrective actions to prevent recurrence of neglect of client #1. Please see W157.</p> <p>5. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP integrated, coordinated and monitored client #3's active treatment program by failing to convene the IDT to determine if client #3 needed additional supports or training to assist him achieve improved OH, to ensure all staff working with client #1 were competent to implement client #1's food allergy precaution/enhanced supervision protocol, to ensure a post-discharge plan of care was completed for client #2, to provide clients #1, #3 and #4 with a</p>		<p>The QIDP, with direct assistance from the Clinical Supervisor, has refined Client #1's enhanced supervision protocols. All facility staff have been trained on the current enhanced supervision protocols and Client #1 has not experienced a reaction to a food allergy since implementation.</p> <p><b>PREVENTION:</b></p> <p>The QIDP has been retrained regarding the need to bring all elements of the interdisciplinary team, including but not limited to the facility nurse, together to assess and develop training programs that provide staff the competencies necessary to provide appropriate supports for all clients.</p> <p>The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week and the Team Leader will be required to observe and participate in active treatment sessions on varied shifts no less than five times per week. The QIDP will also maintain an</p>	

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	<p>continuous active treatment program, to ensure client #1's CFA was reviewed annually, to ensure client #1's ISP was reviewed annually and to ensure client #4 had formal and informal supports to teach client #4 to utilize his prescription eyeglasses. Please see W159.</p> <p>9-3-1(a)</p>		<p>ongoing presence at the facility. During Active Treatment observations, supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff implement learning objectives and provide frequent choices of activities.</p> <p>The QIDP will be retrained regarding the need to assure that programs are in place to teach clients to make informed choices about the use of adaptive equipment. Additionally, the QIDP will receive training toward timely completion of reassessments and support plan updates.</p> <p>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. A new Team Lead is in place at the facility. This Team Lead will be present, supervising active treatment during no less</p>	

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			<p>than 4 evening active treatment sessions and one morning active treatment session per week to monitor medication administration and the ordering of newly prescribed medications and treatments.</p> <p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, 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:</p> <p>Mornings: Beginning at 6:30 AM and through morning transport and including the following: Medication administration, meal preparation and breakfast, morning hygiene and domestic</p>	

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			<p>skills training through transport to work and day service. Morning active treatment monitoring will include staff from both the day and overnight shifts.</p> <p>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.</p> <p>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.</p> <p>The Executive Director and Director of Operations/Regional Manager (area manager) will review documentation of administrative level monitoring of the facility –making</p>	

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			<p>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.</p> <p>Administrative support at the home will focus on:</p> <ol style="list-style-type: none"> <li>1. Assuring learning objectives are designed to support individuals toward independence.</li> <li>2. Evaluation of the effectiveness of current support plans.</li> <li>3. Assuring staff demonstrate necessary competencies.</li> <li>4. Competent staff implementation of risk plans and enhanced supervision.</li> <li>5. 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.</li> </ol>	

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			<p>6. Assuring continuous active treatment occurs.</p> <p>7. Assuring that assessments and support plans are revised and updated as needed but no less than annually.</p> <p>8. Assuring clients are taught to make informed decisions about the use of adaptive equipment.</p> <p>Regarding Investigation and reporting of abuse, neglect, mistreatment and exploitation the governing body has developed the following:</p> <p>A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team. The Clinical Supervisor (Administrative level management) will meet with his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. Residential Managers will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations</p>	

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			<p>with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Clinical Supervisor will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Clinical Supervisors will provide weekly updates to the Program Manager on the status of investigations. The Clinical Supervisor will review each investigation to ensure that they indicate the date and time the administrator was notified of investigation results. Failure to complete thorough investigations and report results to the administrator within the allowable five business day timeframe will result in progressive corrective action to all applicable team members.</p> <p>After completing investigations in which the allegations are verified,</p>	

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W 122 Bldg. 00	483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 2 of 4 sampled clients (#1 and #2) plus 1 additional client (#8). The facility failed to implement its policy and procedures to prevent neglect of clients #1 and #2, to complete a thorough investigation regarding an incident of allergic reaction for client #1, a head injury of unknown origin for	W 122	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.  <b>RESPONSIBLE PARTIES:</b>  QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager  <b>CORRECTION:</b>  <i>The facility must ensure that specific governing body and management requirements are met. Specifically, the governing body has facilitated the following:</i>  Operations Team, including the Program Manager and QIDP, will directly oversee all investigations.	04/14/2015

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	<p>client #2, an incident of client #2's ingestion of a non-food item and an injury of unknown origin for client #8, to ensure the facility administrator was notified within 5 business days of the conclusion of investigations regarding two separate incidents of client #1's allergic reactions to food, an incident of client #2 ingesting non-food items, and two separate incidents of injuries of unknown origin regarding clients #2 and #8 and the facility failed to develop and implement corrective actions to prevent recurrence of neglect of client #1.</p> <p>Findings include:</p> <p>1. The facility failed to implement its policy and procedures to prevent neglect of clients #1 and #2, to complete a thorough investigation regarding an incident of allergic reaction for client #1, a head injury of unknown origin for client #2, an incident of client #2's ingestion of a non-food item and an injury of unknown origin for client #8, to ensure the facility administrator was notified within 5 business days of the conclusion of investigations regarding two separate incidents of client #1's allergic reactions to food, an incident of client #2 ingesting non-food items, and two separate incidents of injuries of unknown origin regarding clients #2 and #8 and the</p>		<p>The Residential Manager will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews. The Clinical Supervisor and Program Manager will assure that conclusions are developed that match the collected evidence. The Governing Body will assume complete responsibility for investigating any discovered injuries that require outside medical treatment. When any evidence of staff negligence is uncovered or alleged the Operations Team will take control of all aspects of the investigation process. Additionally, the Clinical Supervisor will provide direct oversight and hands-on coaching of the QIDP throughout the investigation process for the next 90 days.</p> <p>The agency's Operations Team attended an investigation training session presented by Corporate Quality Assurance Manager on 4/6/15. The training included the need to report results on investigations in accordance with state law.</p> <p>The QIDP, with direct assistance from the Clinical Supervisor, has</p>	

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	<p>facility failed to develop and implement corrective actions to prevent recurrence of neglect of client #1. Please see W149.</p> <p>2. The facility failed to implement its policy and procedures to complete a thorough investigation regarding an incident of allergic reaction for client #1, a head injury of unknown origin for client #2, an incident of client #2's ingestion of a non-food item and an injury of unknown origin for client #8. Please see W154.</p> <p>3. The facility failed to implement its policy and procedures to ensure the facility administrator was notified within 5 business days of the conclusion of investigations regarding two separate incidents of client #1's allergic reactions to food, an incident of client #2 ingesting non-food items, and two separate incidents of injuries of unknown origin regarding clients #2 and #8. Please see W156.</p> <p>4. The facility failed to implement its policy and procedures to develop and implement corrective actions to prevent recurrence of neglect of client #1. Please see W157.</p> <p>9-3-2(a)</p>		<p>refined Client #1's enhanced supervision protocols. All facility staff have been trained on the current enhanced supervision protocols and Client #1 has not experienced a reaction to a food allergy since implementation.</p> <p><b>PREVENTION:</b></p> <p>A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team. The Clinical Supervisor (Administrative level management) will meet with his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. Residential Managers will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Clinical Supervisor will review each investigation to ensure that they</p>	

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			<p>are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Clinical Supervisors will provide weekly updates to the Program Manager on the status of investigations. The Clinical Supervisor will review each investigation to ensure that they indicate the date and time the administrator was notified of investigation results. Failure to complete thorough investigations and report results to the administrator within the allowable five business day timeframe will result in progressive corrective action to all applicable team members.</p> <p>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</p>	

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			<p>High Risk Plans will be reviewed and approved by the Nurse Manager prior to implementation.</p> <p>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.</p> <p>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</p>	

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			<p>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:</p> <p>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.</p> <p>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</p>	

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			<p>toward bed time.</p> <p>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.</p> <p>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.</p> <p>Administrative support at the home will focus on:</p> <ol style="list-style-type: none"> <li>Mentorship and training of supervisory staff, monitoring and</li> </ol>	

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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, record review and interview for 2 of 4 sampled clients (#1	W 149	coaching of direct support staff  2. Evaluation of the effectiveness of current comprehensive high risk plans.  3. Competent staff implementation of risk plans and enhanced supervision.  4. 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.  5. Assuring continuous active treatment occurs.  <b>RESPONSIBLE PARTIES:</b>  QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager  <b>CORRECTION:</b>	04/14/2015

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	<p>and #2) plus 1 additional client (#8), the facility failed to implement its policy and procedures to prevent neglect of clients #1 and #2, to complete a thorough investigation regarding an incident of allergic reaction for client #1, a head injury of unknown origin for client #2, an incident of client #2's ingestion of a non-food item and an injury of unknown origin for client #8, to ensure the facility administrator was notified within 5 business days of the conclusion of investigations regarding two separate incidents of client #1's allergic reactions to food, an incident of client #2 ingesting non-food items, and two separate incidents of injuries of unknown origin regarding clients #2 and #8 and the facility failed to develop and implement corrective actions to prevent recurrence of neglect of client #1.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 3/19/15 at 1:45 PM. The review indicated the following:</p> <p>1. BDDS report dated 1/27/15 indicated, "[Client #8] showed staff that the nail from his right great toe was missing. [Client #8] said that it came off while he</p>		<p><i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically:</i></p> <p>Operations Team, including the Program Manager and QIDP, will directly oversee all investigations. The Residential Manager will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews. The Clinical Supervisor and Program Manager will assure that conclusions are developed that match the collected evidence. The Governing Body will assume complete responsibility for investigating any discovered injuries that require outside medical treatment. When any evidence of staff negligence is uncovered or alleged the Operations Team will take control of all aspects of the investigation process. Additionally, the Clinical Supervisor will provide direct oversight and hands-on coaching of the QIDP throughout the investigation process for the next 90 days.</p> <p>The agency's Operations Team attended an investigation training</p>	

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	<p>was on therapeutic leave with his family but that he did not know how it became injured." The 1/27/15 BDDS report indicated, "The team will investigate to determine the origin of the injury and track the affected area on an injury follow-up flow chart unit it heals."</p> <p>-Investigation Final Report (IFR), undated, did not indicate documentation of client D's family being interviewed to determine the source of client #8's injury.</p> <p>The undated IFR did not indicate documentation of administrator notification of the conclusion of the investigation.</p> <p>The undated IFR did not indicate documentation of summary of information and findings or an analysis of the evidence collected.</p> <p>2. BDDS report dated 2/1/15 indicated, "[Client #2] notified staff about a bump on his head. Staff found a contusion on the back of [client #2's] head. [Client #2] stated that he did not hit his head on anything and that it was not a self injurious act. Staff notified (the) facility nurse and administration team. The nurse instructed staff to take [client #2] to the [medical clinic].</p>		<p>session presented by Corporate Quality Assurance Manager on 4/6/15. The training included the need to report results on investigations in accordance with state law.</p> <p>The QIDP, with direct assistance from the Clinical Supervisor, has refined Client #1's enhanced supervision protocols. All facility staff have been trained on the current enhanced supervision protocols and Client #1 has not experienced a reaction to a food allergy since implementation.</p> <p><b>PREVENTION:</b></p> <p>A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team. The Clinical Supervisor (Administrative level management) will meet with his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. Residential Managers will be required to attend and sign an in-service at these meetings stating that they</p>	

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	<p>-IFR, undated, included a written statement from DSP (Direct Support Professional) #1 which indicated, "[Client #2] got upset when he found out I was taking [client #1] to get his head looked at. I got a call at (the) doctor's office that [client #2] said his head was hurting. Staff found a knot on the back of his head. When I got [client #2] up for medications and breakfast he was fine, he was in a good mood with no pain or any problems. [Client #2] got [expletive] (and) cursed at [client #1] called [client #2] a faker (sic). [Client #2] said that was [expletive]. [Client #2] went off for about 35 minutes."</p> <p>The undated IFR included a written statement from client #1 which indicated, "I think [client #2] did it to himself so he could go to the ER (Emergency Room)."</p> <p>The undated IFR included a written statement from client #8 which indicated, "I think [client #2] hurt himself."</p> <p>The undated IFR included a written statement from client #5 which indicated, "I think [client #2] hurt himself to go to the hospital."</p> <p>The undated IFR indicated, "The investigation concluded that [client #2] hit his head on the wall while sleeping."</p>		<p>are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Clinical Supervisor will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Clinical Supervisors will provide weekly updates to the Program Manager on the status of investigations. The Clinical Supervisor will review each investigation to ensure that they indicate the date and time the administrator was notified of investigation results. Failure to complete thorough investigations and report results to the administrator within the allowable five business day timeframe will result in progressive corrective action to all applicable team members.</p> <p>After completing investigations in</p>	

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	<p>The undated IFR did not indicate documentation of reconciliation of staff and client statements which indicate client #2's 2/1/15 head injury was a result of his self-injurious behavior. The undated IFR did not indicate documentation of finding of fact and determination as to whether or not staff working with client #2 implemented client #2's BSP (Behavior Support Plan) to prevent client #2 from self-injurious behavior.</p> <p>The undated IFR did not indicate documentation of administrator notification of the conclusion of the investigation.</p> <p>3. BDDS report dated 2/5/15 indicated, "[Client #2] informed staff that he swallowed a battery by accident. Staff notified supervisor and was instructed to take [client #2] to the ER. A chest x-ray was performed. X-ray found a foreign object in the abdomen."</p> <p>-IFR undated indicated the facility conducted an investigation regarding client B's 2/5/15 ingestion of a battery.</p> <p>The undated IFR did not indicate documentation of finding of fact and determination as to whether or not staff</p>		<p>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.</p> <p>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.</p>	

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	<p>working with client #2 implemented client #2's BSP to prevent client #2 from eating a battery.</p> <p>The undated IFR did not indicate documentation of administrator notification of the conclusion of the investigation.</p> <p>-Client #2's record was reviewed on 3/20/15 at 10:50 AM. Client #2's 1/22/15 BSP indicated client #2's targeted behaviors included, but were not limited to, swallowing non-food items and self-injurious behavior. Client #2's 1/22/15 BSP indicated, "All though (sic) [client #2] has not been observed injuring himself, there has been a pattern and the team decided this will be described a (sic) self-injurious behavior." Client #2's 1/22/15 BSP indicated, "As a safety precaution [client #2] is to (sic) [client #2] will have a one to one (ratio) observation at all times. One to one observation line of sight during waking hours and 15 minute checks during sleeping hours. When [client #2] is in the bathroom staff will sit outside of the bathroom door with the door cracked."</p> <p>4. BDDS report dated 2/17/15 indicated, "[Client #1] approached staff and said he was having difficulty breathing. [Client #1] has severe food allergies which</p>		<p>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:</p> <p>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.</p> <p>Evenings: Beginning at</p>	

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	<p>require immediate intervention and staff administered his epinephrine pen per his high risk plan for allergic reactions. The nurse instructed staff to transport [client #1] to the [hospital] ER for follow up. ER personnel examined [client #1] and released him to ResCare staff with a diagnosis of allergic reaction and a prescription to take Prednisone (steroid) and Benadryl (antihistamine) for two days."</p> <p>-Investigative Summary (IS) dated 2/23/15 indicated, "Scope of Investigation: (1.) Did staff fail to follow guidelines as written for [client #1's] Comprehensive High Risk Plan (CHRP) for allergic reactions by not call (sic) 911 when [client #1] exhibited shortness of breath; (2.) Did staff fail to follow the nurse's directive to immediately transport [client #1] to the ER as directed?"</p> <p>The 2/23/15 IS indicated the following summary of interviews:</p> <p>-Nurse #1, 2/28/15, "On Sunday 2/15/15 at 1:29 PM staff from [group home] called the on call phone. There was a communication issue with the staff so I had a difficult time understanding the details of the story. I was able to understand [client #1] had an allergic reaction to something and they had uses</p>		<p>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.</p> <p>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.</p> <p>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.</p>	

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	<p>(sic) the Epi-Pen (medical device for injecting emergency epinephrine to prevent anaphylaxis shock). I told [DSP #2], [client #1] needs to go to the ER per protocol. Then I told him '[client #1] needs to go to the ER' because I wanted to reiterate the point. [DSP #2] said to me that he knew and he was just calling to let me know what they were doing. I sent an e-mail at 1:34 PM to inform the team."</p> <p>-DSP #2, 2/18/15, "We received a call from another house to fax them a body check paper. So it was what (sic) we were doing when [client #1] knocked on the medication room door saying he cannot breathe. Staff made him sit down and asked him about what happened? [Client #1] showed to (sic) staff the medication he takes to make him feel better. Staff verified in MAR (Medication Administration Record) to be sure about it. Staff gave [client #1] Epi-Pen for injection after (sic) injection, suddenly (sic) he feel better. Staff called the nurse to let her know about this situation but she didn't tell staff to bring [client #1] to the hospital. A few hours later, the house's team leader called staff to know about this (sic) situation. Staff received a call, we supposed (sic) to bring [client #1] to the hospital immediately, staff brought [client #1] to the hospital."</p>		<p>Administrative support at the home will focus on:</p> <ol style="list-style-type: none"> <li>1. Mentorship and training of supervisory staff, monitoring and coaching of direct support staff</li> <li>2. Evaluation of the effectiveness of current comprehensive high risk plans.</li> <li>3. Competent staff implementation of risk plans and enhanced supervision.</li> <li>4. 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.</li> <li>5. Assuring continuous active treatment occurs.</li> </ol> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager</p>	

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	-DSP #3, 2/18/15, "It all happened on Sunday 2/15/15 at around 2:13 PM. I and my colleague (sic) were at the sitting room (sic) when a colleague from another house called to request for (sic) a body check form. We both went to the medication office to check for one and fax to the number provided. All of a sudden, [client #1] pumped (sic) through the door saying 'Staff! Staff!' we asked [client #1] what happened? [Client #1] replied he can't breathe well that's (sic) what he need a PRN (As Needed) medication. We asked [client #1] has this happened before, he replied yes. That whenever he (sic) does him (sic) like this, he pointed to the Epi-Pen in the cabinet. This is the medication used to rescue him, as he was sounding so low (sic). So he brought out the medication we gave him (sic). And immediately, my colleague called the nurse to inform her about the situation on the client (sic) as the medication given and his response after the medication which changed to normal (sic) and the nurse said he should go to his room and relax. No moving around or doing any extra activity. So we both took him to his room, we made sure we do a 15 minute check on him. My colleague asked the nurse should we take him to the hospital, and she replied no that we should just let him relax and rest."			

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	<p>-DSP #1, 2/18/15, "On 2/15/15 I worked from 4:00 PM until 12:00 AM. When I got to the house at 4:00 PM I found [client #1] passed out on the couch. I asked the staff what was going on, [DSP #3] told me that [client #1] had an allergy attack and he had to use an Epi-Pen because of his breathing. I asked who took him to the ER they said the nurse told them to watch him. I said I thought you were supposed to take him to the ER. Shortly after that the [RM #1 (Resident Manager)] and nurse called to check on [client #1]. [Nurse] #1 asked what did the doctor say? I told her no one took him to the ER so I took him."</p> <p>The 2/23/15 IS indicated, "Factual Findings: [Client #1's] CHRP for allergic reactions states, "Call 911 if experiencing shortness of breath, or experiencing difficulty breathing. Triggers to notify nurse, shortness of breath, swelling of the tongue, lips, face and eyes and a feeling of itchiness of the tongue, lips, face or eyes."</p> <p>The 2/23/15 IS indicated, "Conclusions: (1.) The evidence substantiates that staff failed to follow the guidelines as written for [client #1's] CHRP for allergic reactions by not calling 911 when [client #1] exhibited shortness of breath.</p>			

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	<p>According to the staff on duty's statements, they contacted the nurse without calling 911; (2.) The evidence does not substantiate that staff failed to follow the nurse's directive to immediately transport [client #1] to the ER as directed. [Client #1] and staff both stated that they were directed to monitor [client #1] and were not directed to transport immediately to the ER, although the nurse stated she did make that directive."</p> <p>The 2/23/15 IS did not indicate documentation of finding of fact and determination if staff working with client #1 implemented client #1's CHRP dated 12/17/14 to prevent client #1 from eating tree nuts or chicken.</p> <p>The 2/23/15 IS did not indicate documentation of administrator notification of the conclusion of the investigation.</p> <p>The 2/23/15 IS did not indicate documentation of recommendations to address communication issues between the facility staff and nursing staff.</p> <p>Nurse #1 was interviewed on 3/20/15 at 11:11 AM. Nurse #1 stated, "It was a Sunday and staff called on call. I don't know all of the staff's names but it was a</p>			

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	<p>male. He was very excited and all I could understand was Epi-pen and [client #1]. I was having a problem understanding the staff but eventually understood that [client #1] had come to the medication room and wanted his Epi-pen. I asked was it chicken and they weren't able to tell me. I advised them that if they used the Epi-pen then [client #1] had to go to the ER. It's part of our protocol, if the Epi-pen is used then he should go to the ER. I assumed at that point he was being taken to the ER. I sent out an email to the team."</p> <p>Nurse #1 provided an email dated 2/15/15 at 1:34 PM which indicated, "Had an allergic reaction and staff used Epi-pen. they are on their way to ER. I had trouble understanding what happened so I don't have details."</p> <p>QIDPD (Qualified Intellectual Disability Professional Designee) #1 was interviewed on 3/20/15 at 1:15 PM. QIDPD #1 indicated he had completed the 2/23/15 IS. QIDPD #1 indicated he had interviewed Nurse #1, DSPs #1, #2 and #3 and was not able to substantiate that the nurse gave a directive to take client #1 to the ER during the 2/15/15 incident.</p> <p>5. BDDS report dated 2/21/15 indicated,</p>			

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	<p>"[Client #1] has known severe allergies to chicken and tree nuts. He was eating a pork sandwich and he began sweating and his breathing appeared to be obstructed. Staff administered epinephrine and [client #1] resumed normal breathing. Staff called 911 per the protocol in his CHRP for allergies and EMS (Emergency Medical Services) transported [client #1] to the [hospital] ER via ambulance. ER personnel examined [client #1] and released him to ResCare staff with orders to continue previous allergic reaction treatment."</p> <p>The 2/21/15 BDDS report indicated, "Plan to resolve. Protective Measures are in place. [Client #1] will receive enhanced supervision and direct staff oversight and assistance with all food preparation."</p> <p>CS (Clinical Supervisor) #1 was interviewed on 3/20/15 at 1:15 PM. CS #1 indicated he had been on-call on 2/21/15 and implemented immediate enhanced supervision for client #1. CS #1 indicated the facility nursing staff were in the group home on 2/21/15 and trained staff regarding client #1's allergy precaution/enhanced supervision protocol. CS #1 indicated the corrective measure to prevent client #1 from future food allergy reactions was to develop and</p>			

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	<p>implement client #1's allergy precaution/enhanced supervision protocol. CS #1 indicated all staff working with client #1 should implement client #1's protocol to ensure client #1's safety.</p> <p>-IS dated 3/2/15 indicated, "Scope of Investigation: (1.) Where was the staff when [client #1] began making something to eat; (2.) Was it a pork patty that [client #1] consumed; (3.) Did staff act accordingly in this emergency situation?"</p> <p>The 3/2/15 IS summary of interviews indicated, "[DSP #1], 3/2/15. At midnight [client #1] was eating, I asked him what was he eating he said a pork patty. About 1 hour later he was sweating, pale, couldn't talk and had trouble breathing. I got the Epi-Pen then called the nurse then called 911. I then went through the trash to check the box (sic) I found out it was a chicken patty."</p> <p>The 3/2/15 IS indicated, "Staff was present when [client #1] was making something to eat in the kitchen. Staff did not check what [client #1] was actually until (sic) [client #1] had consumed the food."</p> <p>The 3/2/15 IS indicated, "The evidence</p>			

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	<p>does substantiate that staff was present when [client #1] was cooking and what he was cooking? [DSP #1] was present but did not check what [client #1] was cooking to be sure what [client #1] had told him was accurate or not. [DSP #1] checked the trash can and noticed that it was indeed a chicken patty that [client #1] had consumed."</p> <p>The 3/2/15 IS indicated DSP #1 failed to implement client #1's CHRP for allergies to prevent client #1 from having an allergic reaction requiring emergency medical treatment.</p> <p>The 3/2/15 IS did not indicate documentation of administrator notification of the conclusion of the investigation.</p> <p>Client #1's record was reviewed on 3/20/15 at 9:23 AM. Client #1's CHRP for allergies dated 12/14/14 indicated, "[Client #1] will not receive any food that contains tree nuts or chicken through 12/2015." Client #1's CHRP for allergies dated 12/14/14 indicated, "Call 911 if, (1.) Experiencing shortness of breath; (2.) Experiencing difficulty breathing." Client #1's Allergy Precaution/Enhanced Supervision protocol dated 2/21/15 indicated, "[Client #1] has documented severe allergies to chicken and tree nuts.</p>			

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	<p>Staff must prevent [client #1] from consuming food that includes these items. Assist [client #1] with reading the ingredients on all packaged food to assure nuts and chicken are not included or present during processing." The 2/21/15 Allergy Precaution/Enhanced Supervision protocol indicated, "In order to prevent [client #1] from accidentally eating items to which he is allergic, staff will keep [client #1] in line-of-sight when he is in common areas of the home and perform 15 minute checks when he is in his bedroom or the bathroom. When [client #1] enters the kitchen, staff will provide direct supervision and do the following: (1.) Check the food items [client #1] wishes to prepare/eat to assure they do not contain ingredients that could cause an allergic reaction; (2.) Check the countertop, pots, pans, utensels (sic) and other food preparation equipment to assure they are clean and do not have any food residue; (3.) Check the plates/bowls/silverware/cups/glasses etc. that [client #1] is going to use to assure they are clean and do not have any food residue."</p> <p>Observations were conducted at the group home on 3/19/15 from 4:45 PM through 5:45 PM. DSP (Direct Support Professional) #3 was assisting DSP #4 and client #4 prepare the evening meal.</p>			

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	<p>When asked if any of the clients residing in the home had food allergy precautions, DSP #3 stated, "I think so, I think there are 2. I'm not really sure." When asked how client #1 should be assisted with meal preparation, DSP #3 stated, "I don't really know. I just started here."</p> <p>DSP #2 was interviewed on 3/20/15 at 6:30 AM. DSP #2 stated, "Two people are on special diets, [client #1] and [client #5]. They don't eat eggs." When asked if client #1 could eat chicken products, DSP #2 stated, "He only gets chicken on the evenings (sic). I only work overnights. I just started."</p> <p>QIDPD #1 was interviewed on 3/20/15 at 1:15 PM. QIDPD #1 indicated he had completed the 3/2/15 IS. QIDPD #1 indicated DSP #1 had failed to prevent client #1 from eating a chicken product.</p> <p>CS (Clinical Supervisor) #1 was interviewed on 3/20/15 at 1:15 PM. CS #1 indicated the abuse and neglect policy should be implemented. CS #1 indicated allegations of abuse, neglect, and injuries of unknown origin should be thoroughly investigated, corrective measures to prevent recurrence should be developed and implemented and the conclusion should be reported to the facility administrator within 5 business days.</p>			

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	<p>The facility's policies and procedures were reviewed on 3/23/15 at 5:45 PM. The facility's policy entitled, "Abuse, Neglect, Exploitation, Mistreatment" dated 2/26/11 indicated the following:</p> <p>- "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, ResCare and local and state and federal guidelines."</p> <p>- "Program intervention neglect: 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>The facility's policy entitled, 'Investigations' dated 9/14/07 indicated the following:</p> <p>- "The primary purpose of an investigation is to describe and explain factors contributing to an incident and to prevent (sic) recurrence."</p>			

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W 154 Bldg. 00	<p>- "Define scope of the investigation.... Analyze facts and determine causal factors...."</p> <p>- "Witnesses: Anyone who directly observed an incident or was affected by the incident, or who was directly or indirectly involved in the process i.e. injured parties, eyewitnesses, or other participants."</p> <p>- "A thorough investigation final report will be written at the completion of the investigation. The report shall include, but is not limited to, the following:... Finding of fact and determination as to whether or not the allegations are substantiated, unsubstantiated or inconclusive; Concerns and recommendations...; Methods to prevent future incidents."</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 4 of 6 allegations of abuse, neglect and injuries of unknown origin reviewed, the</p>	W 154	<p><b>CORRECTION:</b></p> <p><i>The facility must have evidence</i></p>	04/14/2015

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	<p>facility failed to complete a thorough investigation regarding an injury of unknown origin for client #8, an injury of unknown origin for client #2, an incident of client #2's ingestion of a non-food item and an incident of allergic reaction for client #1.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 3/19/15 at 1:45 PM. The review indicated the following:</p> <p>1. BDDS report dated 1/27/15 indicated, "[Client #8] showed staff that the nail from his right great toe was missing. [Client #8] said that it came off while he was on therapeutic leave with his family but that he did not know how it became injured." The 1/27/15 BDDS report indicated, "The team will investigate to determine the origin of the injury and track the affected area on an injury follow-up flow chart unit it heals."</p> <p>-Investigation Final Report (IFR), undated, did not indicate documentation of client D's family being interviewed to determine the source of client #8's injury.</p> <p>The undated IFR did not indicate</p>		<p><i>that all alleged violations are thoroughly investigated.</i></p> <p>Specifically: the Operations Team, including the Program Manager and QIDP, will directly oversee all investigations. The Residential Manager will receive additional training toward assisting with gathering evidence, including conducting thorough witness interviews. The Clinical Supervisor and Program Manager will assure that conclusions are developed that match the collected evidence. The Governing Body will assume complete responsibility for investigating any discovered injuries that require outside medical treatment. When any evidence of staff negligence is uncovered or alleged the Operations Team will take control of all aspects of the investigation process. Additionally, the Clinical Supervisor will provide direct oversight and hands-on coaching of the QIDP throughout the investigation process for the next 90 days.</p> <p><b>PREVENTION:</b></p> <p>A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed</p>	

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	<p>documentation of summary of information and findings or an analysis of the evidence collected.</p> <p>2. BDDS report dated 2/1/15 indicated, "[Client #2] notified staff about a bump on his head. Staff found a contusion on the back of [client #2's] head. [Client #2] stated that he did not hit his head on anything and that it was not a self injurious act. Staff notified (the) facility nurse and administration team. The nurse instructed staff to take [client #2] to the [medical clinic].</p> <p>-IFR, undated, included a written statement from DSP (Direct Support Professional) #1 which indicated, "[Client #2] got upset when he found out I was taking [client #1] to get his head looked at. I got a call at (the) doctor's office that [client #2] said his head was hurting. Staff found a knot on the back of his head. When I got [client #2] up for medications and breakfast he was fine, he was in a good mood with no pain or any problems. [Client #2] got [expletive] (and) cursed at [client #1] called [client #2] a faker (sic). [Client #2] said that was [expletive]. [Client #2] went off for about 35 minutes."</p> <p>The undated IFR included a written statement from client #1 which indicated,</p>		<p>daily to facility supervisors and the Operations Team. The Clinical Supervisor (Administrative level management) will meet with his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. Residential Managers will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Clinical Supervisor will review each investigation to ensure that they are thorough –meeting regulatory and operational standards, and will not designate an investigation, as completed, if it does not meet these criteria. The Program Manager will also conduct spot checks of investigations, focusing on serious incidents that could potentially have occurred as a result of staff negligence. The Clinical Supervisors will provide weekly updates to the Program Manager on the status of investigations. Failure to complete thorough investigations within the allowable five business day timeframe will result in progressive corrective action to</p>	

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	<p>"I think [client #2] did it to himself so he could go to the ER (Emergency Room)."</p> <p>The undated IFR included a written statement from client #8 which indicated, "I think [client #2] hurt himself."</p> <p>The undated IFR included a written statement from client #5 which indicated, "I think [client #2] hurt himself to go to the hospital."</p> <p>The undated IFR indicated, "The investigation concluded that [client #2] hit his head on the wall while sleeping."</p> <p>The undated IFR did not indicate documentation of reconciliation of staff and client statements which indicated client #2's 2/1/15 head injury was a result of his self-injurious behavior. The undated IFR did not indicate documentation of finding of fact and determination as to whether or not staff working with client #2 implemented client #2's BSP (Behavior Support Plan) to prevent client #2 from self-injurious behavior.</p> <p>3. BDDS report dated 2/5/15 indicated, "[Client #2] informed staff that he swallowed a battery by accident. Staff notified supervisor and was instructed to take [client #2] to the ER. A chest x-ray</p>		<p>all applicable team members.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>		

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	<p>was performed. X-ray found a foreign object in the abdomen."</p> <p>-IFR undated indicated the facility conducted an investigation regarding client B's 2/5/15 ingestion of a battery.</p> <p>The undated IFR did not indicate documentation of finding of fact and determination as to whether or not staff working with client #2 implemented client #2's BSP to prevent client #2 from ingesting a battery.</p> <p>-Client #2's record was reviewed on 3/20/15 at 10:50 AM. Client #2's 1/22/15 BSP indicated client #2's targeted behaviors included, but were not limited to, swallowing non-food items and self-injurious behavior. Client #2's 1/22/15 BSP indicated, "All though (sic) [client #2] has not been observed injuring himself, there has been a pattern and the team decided this will be described a (sic) self-injurious behavior." Client #2's 1/22/15 BSP indicated, "As a safety precaution [client #2] is to (sic) [client #2] will have a one to one (ratio) observation at all times. One to one observation line of sight during waking hours and 15 minute checks during sleeping hours. When [client #2] is in the bathroom staff will sit outside of the bathroom door with the door cracked."</p>			

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	<p>4. BDDS report dated 2/17/15 indicated, "[Client #1] approached staff and said he was having difficulty breathing. [Client #1] has severe food allergies which require immediate intervention and staff administered his epinephrine pen (medical device for injecting emergency epinephrine to prevent anaphylaxis shock) per his high risk plan for allergic reactions. The nurse instructed staff to transport [client #1] to the [hospital] ER for follow up. ER personnel examined [client #1] and released him to ResCare staff with a diagnosis of allergic reaction and a prescription to take Prednisone (steroid) and Benadryl (antihistamine) for two days."</p> <p>-Investigative Summery (IS) dated 2/23/15 indicated, "Scope of Investigation: (1.) Did staff fail to follow guidelines as written for [client #1's] Comprehensive High Risk Plan (CHRP) for allergic reactions by not call (sic) 911 when [client #1] exhibited shortness of breath; (2.) Did staff fail to follow the nurse's directive to immediately transport [client #1] to the ER as directed?"</p> <p>The 2/23/15 IS indicated the following summary of interviews:</p> <p>-Nurse #1, 2/28/15, "On Sunday 2/15/15</p>			

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	<p>at 1:29 PM staff from [group home] called the on call phone. There was a communication issue with the staff so I had a difficult time understanding the details of the story. I was able to understand [client #1] had an allergic reaction to something and they had uses (sic) the Epi-Pen. I told [DSP #2], [client #1] needs to go to the ER per protocol. Then I told him '[client #1] needs to go to the ER' because I wanted to reiterate the point. [DSP #2] said to me that he knew and he was just calling to let me know what they were doing. I sent an e-mail at 1:34 PM to inform the team."</p> <p>-DSP #2, 2/18/15, "We received a call from another house to fax them a body check paper. So it was what (sic) we were doing when [client #1] knocked on the medication room door saying he cannot breathe. Staff made him sit down and asked him about what happened? [Client #1] showed to (sic) staff the medication he takes to make him feel better. Staff verified in MAR (Medication Administration Record) to be sure about it. Staff gave [client #1] Epi-Pen for injection after (sic) injection, suddenly (sic) he feel better. Staff called the nurse to let her know about this situation but she didn't tell staff to bring [client #1] to the hospital. A few hours later, the house's team leader called staff to know</p>			

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	<p>about this (sic) situation. Staff received a call, we supposed (sic) to bring [client #1] to the hospital immediately, staff brought [client #1] to the hospital."</p> <p>-DSP #3, 2/18/15, "It all happened on Sunday 2/15/15 at around 2:13 PM. I and my colleague (sic) were at the sitting room (sic) when a colleague from another house called to request for (sic) a body check form. We both went to the medication office to check for one and fax to the number provided. All of a sudden, [client #1] pumped (sic) through the door saying 'Staff! Staff!' we asked [client #1] what happened? [Client #1] replied he can't breathe well that's (sic) what he need a PRN (As Needed) medication. We asked [client #1] has this happened before, he replied yes. That whenever he (sic) does him (sic) like this, he pointed to the Epi-Pen in the cabinet. This is the medication used to rescue him, as he was sounding so low (sic). So he brought out the medication we gave him (sic). And immediately, my colleague called the nurse to inform her about the situation on the client (sic) as the medication given and his response after the medication which changed to normal (sic) and the nurse said he should go to his room and relax. No moving around or doing any extra activity. So we both took him to his room, we made sure</p>			

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	<p>we do a 15 minute check on him. My colleague asked the nurse should we take him to the hospital, and she replied no that we should just let him relax and rest."</p> <p>-DSP #1, 2/18/15, "On 2/15/15 I worked from 4:00 PM until 12:00 AM. When I got to the house at 4:00 PM I found [client #1] passed out on the couch. I asked the staff what was going on, [DSP #3] told me that [client #1] had an allergy attack and he had to use an Epi-Pen because of his breathing. I asked who took him to the ER they said the nurse told them to watch him. I said I thought you were supposed to take him to the ER. Shortly after that the [RM #1 (Resident Manager)] and nurse called to check on [client #1]. [Nurse] #1 asked what did the doctor say? I told her no one took him to the ER so I took him."</p> <p>The 2/23/15 IS indicated, "Factual Findings: [Client #1's] CHRP for allergic reactions states, "Call 911 if experiencing shortness of breath, or experiencing difficulty breathing. Triggers to notify nurse, shortness of breath, swelling of the tongue, lips, face and eyes and a feeling of itchiness of the tongue, lips, face or eyes."</p> <p>The 2/23/15 IS indicated, "Conclusions:</p>			

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	<p>(1.) The evidence substantiates that staff failed to follow the guidelines as written for [client #1's] CHRP for allergic reactions by not calling 911 when [client #1] exhibited shortness of breath. According to the staff on duty's statements, they contacted the nurse without calling 911; (2.) The evidence does not substantiate that staff failed to follow the nurse's directive to immediately transport [client #1] to the ER as directed. [Client #1] and staff both stated that they were directed to monitor [client #1] and were not directed to transport immediately to the ER, although the nurse stated she did make that directive."</p> <p>The 2/23/15 IS did not indicate documentation of finding of fact and determination if staff working with client #1 implemented client #1's CHRP dated 12/17/14 to prevent client #1 from eating tree nuts or chicken.</p> <p>Nurse #1 was interviewed on 3/20/15 at 11:11 AM. Nurse #1 stated, "It was a Sunday and staff called on call. I don't know all of the staff's names but it was a male. He was very excited and all I could understand was Epi-pen and [client #1]. I was having a problem understanding the staff but eventually understood that [client #1] had come to the medication</p>			

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	<p>room and wanted his Epi-pen. I asked was it chicken and they weren't able to tell me. I advised them that if they used the Epi-pen then [client #1] had to go to the ER. It's part of our protocol, if the Epi-pen is used then he should go to the ER. I assumed at that point he was being taken to the ER. I sent out an email to the team."</p> <p>Nurse #1 provided an email dated 2/15/15 at 1:34 PM which indicated, "Had an allergic reaction and staff used Epi-pen. they are on their way to ER. I had trouble understanding what happened so I don't have details."</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 3/20/15 at 1:15 PM. QIDPD #1 indicated he had completed the 2/23/15 IS. QIDPD #1 indicated he had interviewed Nurse #1, DSPs #1, #2 and #3 and was not able to substantiate that the nurse gave a directive to take client #1 to the ER during the 2/15/15 incident.</p> <p>Client #1's record was reviewed on 3/20/15 at 9:23 AM. Client #1's CHRP for allergies dated 12/14/14 indicated, "[Client #1] will not receive any food that contains tree nuts or chicken thorough 12/2015." Client #1's CHRP for allergies</p>			

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W 156 Bldg. 00	<p>dated 12/14/14 indicated, "Call 911 if, (1.) Experiencing shortness of breath; (2.) Experiencing difficulty breathing."</p> <p>QIDPD #1 was interviewed on 3/20/15 at 1:15 PM. QIDPD #1 indicated he had completed the 3/2/15 IS.</p> <p>CS (Clinical Supervisor) #1 was interviewed on 3/20/15 at 1:15 PM. CS #1 indicated allegations of abuse, neglect, and injuries of unknown origin should be thoroughly investigated.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Based on record review and interview for 5 of 6 allegations of abuse, neglect and injuries of unknown origin reviewed, the facility failed to ensure the facility administrator was notified within 5 business days of the conclusion of investigations regarding two separate incidents of client #1's allergic reactions to food, an incident of client #2 ingesting non-food items, and two separate</p>	W 156	<p><b>CORRECTION:</b></p> <p><i>The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five working days of the incident. Specifically, the agency's Operations Team attended an investigation training session presented by Corporate Quality</i></p>	04/14/2015

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	<p>incidents of injuries of unknown origin regarding clients #2 and #8.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 3/19/15 at 1:45 PM. The review indicated the following:</p> <p>1. BDDS report dated 1/27/15 indicated, "[Client #8] showed staff that the nail from his right great toe was missing. [Client #8] said that it came off while he was on therapeutic leave with his family but that he did not know how it became injured." The 1/27/15 BDDS report indicated, "The team will investigate to determine the origin of the injury and track the affected area on an injury follow-up flow chart unit it heals."</p> <p>-Investigation Final Report (IFR) undated did not indicate documentation of administrator notification of the conclusion of the investigation.</p> <p>2. BDDS report dated 2/1/15 indicated, "[Client #2] notified staff about a bump on his head. Staff found a contusion on the back of [client #2's] head. [Client #2] stated that he did not hit his head on anything and that it was not a self</p>		<p>Assurance Manager on 4/6/15. The training included the need to report results on investigations in accordance with state law.</p> <p><b>PREVENTION:</b></p> <p>A tracking spreadsheet for incidents requiring investigation, follow-up and corrective/protective measures will be maintained and distributed daily to facility supervisors and the Operations Team. The Clinical Supervisor (Administrative level management) will meet with his/her facility management teams weekly to review the progress made on all investigations that are open for their homes. Residential Managers will be required to attend and sign an in-service at these meetings stating that they are aware of which investigations with which they are required to assist, as well as the specific components of the investigation for which they are responsible, within the five business day timeframe. The Clinical Supervisor will review each investigation to ensure that they indicate the date and time the administrator was notified of investigation results. The Clinical Supervisors will provide weekly updates to the Program Manager</p>	

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	<p>injurious act. Staff notified (the) facility nurse and administration team. The nurse instructed staff to take [client #2] to the [medical clinic].</p> <p>-IFR undated did not indicate documentation of administrator notification of the conclusion of the investigation.</p> <p>3. BDDS report dated 2/5/15 indicated, "[Client #2] informed staff that he swallowed a battery by accident. Staff notified supervisor and was instructed to take [client #2] to the ER. A chest x-ray was performed. X-ray found a foreign object in the abdomen."</p> <p>-IFR undated did not indicate documentation of administrator notification of the conclusion of the investigation.</p> <p>4. BDDS report dated 2/17/15 indicated, "[Client #1] approached staff and said he was having difficulty breathing. [Client #1] has severe food allergies which require immediate intervention and staff administered his epinephrine pen (medical device for injecting emergency epinephrine to prevent anaphylaxis shock) per his high risk plan for allergic reactions. The nurse instructed staff to transport [client #1] to the [hospital] ER</p>		<p>on the status of investigations. Failure to report the results of investigations investigations within the allowable five business day timeframe will result in progressive corrective action to all applicable team members.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Operations Team</p>	

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	<p>for follow up. ER personnel examined [client #1] and released him to ResCare staff with a diagnosis of allergic reaction and a prescription to take Prednisone and Benadryl for two days."</p> <p>-Investigative Summery (IS) dated 2/23/15 did not indicate documentation of administrator notification of the conclusion of the investigation.</p> <p>5. BDDS report dated 2/21/15 indicated, "[Client #1] has known severe allergies to chicken and tree nuts. He was eating a pork sandwich and he began sweating and his breathing appeared to be obstructed. Staff administered epinephrine and [client #1] resumed normal breathing. Staff called 911 per the protocol in his CHRP for allergies and EMS (Emergency Medical Services) transported [client #1] to the [hospital] ER via ambulance. ER personnel examined [client #1] and released him to ResCare staff with orders to continue previous allergic reaction treatment."</p> <p>-IS dated 3/2/15 did not indicate documentation of administrator notification of the conclusion of the investigation.</p> <p>CS (Clinical Supervisor) #1 was interviewed on 3/20/15 at 1:15 PM. CS</p>			

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W 157 Bldg. 00	<p>#1 indicated the conclusion of investigations should be reported to the facility administrator within 5 business days.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on observation, record review and interview for 2 of 6 allegations of abuse, neglect, mistreatment and injuries of unknown origin reviewed, the facility failed to develop and implement corrective actions to prevent recurrence of neglect of client #1.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 3/19/15 at 1:45 PM. The review indicated the following:</p> <p>1. BDDS report dated 2/17/15 indicated, "[Client #1] approached staff and said he was having difficulty breathing. [Client #1] has severe food allergies which require immediate intervention and staff administered his epinephrine pen</p>	W 157	<p><b>CORRECTION:</b></p> <p><i>If the alleged violation is verified, appropriate corrective action must be taken. Specifically: the QIDP, with direct assistance from the Clinical Supervisor, has refined Client #1's enhanced supervision protocols. All facility staff have been trained on the current enhanced supervision protocols and Client #1 has not experienced a reaction to a food allergy since implementation.</i></p> <p><b>PREVENTION:</b></p> <p>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</p>	04/14/2015

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	<p>(medical device for injecting emergency epinephrine to prevent anaphylaxis shock) per his high risk plan for allergic reactions. The nurse instructed staff to transport [client #1] to the [hospital] ER for follow up. ER personnel examined [client #1] and released him to ResCare staff with a diagnosis of allergic reaction and a prescription to take Prednisone (steroid) and Benadryl (antihistamine) for two days."</p> <p>-Investigative Summary (IS) dated 2/23/15 indicated, "Scope of Investigation: (1.) Did staff fail to follow guidelines as written for [client #1's] Comprehensive High Risk Plan (CHRP) for allergic reactions by not call (sic) 911 when [client #1] exhibited shortness of breath; (2.) Did staff fail to follow the nurse's directive to immediately transport [client #1] to the ER as directed?"</p> <p>The 2/23/15 IS indicated the following summary of interviews:</p> <p>-Nurse #1, 2/28/15, "On Sunday 2/15/15 at 1:29 PM staff from [group home] called the on call phone. There was a communication issue with the staff so I had a difficult time understanding the details of the story. I was able to understand [client #1] had an allergic reaction to something and they had uses</p>		<p>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.</p> <p>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.</p> <p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and</p>	

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	<p>(sic) the Epi-Pen. I told [DSP #2], [client #1] needs to go to the ER per protocol. Then I told him '[client #1] needs to go to the ER' because I wanted to reiterate the point. [DSP #2] said to me that he knew and he was just calling to let me know what they were doing. I sent an e-mail at 1:34 PM to inform the team."</p> <p>-DSP #2, 2/18/15, "We received a call from another house to fax them a body check paper. So it was what (sic) we were doing when [client #1] knocked on the medication room door saying he cannot breathe. Staff made him sit down and asked him about what happened? [Client #1] showed to (sic) staff the medication he takes to make him feel better. Staff verified in MAR (Medication Administration Record) to be sure about it. Staff gave [client #1] Epi-Pen for injection after (sic) injection, suddenly (sic) he feel better. Staff called the nurse to let her know about this situation but she didn't tell staff to bring [client #1] to the hospital. A few hours later, the house's team leader called staff to know about this (sic) situation. Staff received a call, we supposed (sic) to bring [client #1] to the hospital immediately, staff brought [client #1] to the hospital."</p> <p>-DSP #3, 2/18/15, "It all happened on Sunday 2/15/15 at around 2:13 PM. I and</p>		<p>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:</p> <p>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.</p> <p>Evenings: Beginning at approximately 4:30 PM through the evening meal and including the following: domestic and hygiene skills training, leisure skills training, medication</p>	

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	<p>my colleague (sic) were at the sitting room (sic) when a colleague from another house called to request for (sic) a body check form. We both went to the medication office to check for one and fax to the number provided. All of a sudden, [client #1] pumped (sic) through the door saying 'Staff! Staff!' we asked [client #1] what happened? [Client #1] replied he can't breathe well that's (sic) what he need a PRN (As Needed) medication. We asked [client #1] has this happened before, he replied yes. That whenever he (sic) does him (sic) like this, he pointed to the Epi-Pen in the cabinet. This is the medication used to rescue him, as he was sounding so low (sic). So he brought out the medication we gave him (sic). And immediately, my colleague called the nurse to inform her about the situation on the client (sic) as the medication given and his response after the medication which changed to normal (sic) and the nurse said he should go to his room and relax. No moving around or doing any extra activity. So we both took him to his room, we made sure we do a 15 minute check on him. My colleague asked the nurse should we take him to the hospital, and she replied no that we should just let him relax and rest."</p> <p>-DSP #1, 2/18/15, "On 2/15/15 I worked</p>		<p>administration, meal preparation and dinner. Evening monitoring will also include unannounced spot checks later in the evening toward bed time.</p> <p>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.</p> <p>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.</p> <p>Administrative support at the home will focus on:</p>	

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	<p>from 4:00 PM until 12:00 AM. When I got to the house at 4:00 PM I found [client #1] passed out on the couch. I asked the staff what was going on, [DSP #3] told me that [client #1] had an allergy attack and he had to use an Epi-Pen because of his breathing. I asked who took him to the ER they said the nurse told them to watch him. I said I thought you were supposed to take him to the ER. Shortly after that the [RM #1 (Resident Manager)] and nurse called to check on [client #1]. [Nurse] #1 asked what did the doctor say? I told her no one took him to the ER so I took him."</p> <p>The 2/23/15 IS indicated, "Conclusions: (1.) The evidence substantiates that staff failed to follow the guidelines as written for [client #1's] CHRP for allergic reactions by not calling 911 when [client #1] exhibited shortness of breath. According to the staff on duty's statements, they contacted the nurse without calling 911; (2.) The evidence does not substantiate that staff failed to follow the nurse's directive to immediately transport [client #1] to the ER as directed. [Client #1] and staff both stated that they were directed to monitor [client #1] and were not directed to transport immediately to the ER, although the nurse stated she did make that directive."</p>		<ol style="list-style-type: none"> <li>1. Mentorship and training of supervisory staff, monitoring and coaching of direct support staff</li> <li>2. Evaluation of the effectiveness of current comprehensive high risk plans.</li> <li>3. Competent staff implementation of risk plans and enhanced supervision.</li> <li>4. 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.</li> <li>5. Assuring continuous active treatment occurs.</li> </ol> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager</p>	

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	<p>The 2/23/15 IS did not indicate documentation of recommendations to address communication issues between the facility staff and nursing staff.</p> <p>Nurse #1 was interviewed on 3/20/15 at 11:11 AM. Nurse #1 stated, "It was a Sunday and staff called on call. I don't know all of the staff's names but it was a male. He was very excited and all I could understand was Epi-pen and [client #1]. I was having a problem understanding the staff but eventually understood that [client #1] had come to the medication room and wanted his Epi-pen. I asked was it chicken and they weren't able to tell me. I advised them that if they used the Epi-pen then [client #1] had to go to the ER. It's part of our protocol, if the Epi-pen is used then he should go to the ER. I assumed at that point he was being taken to the ER. I sent out an email to the team."</p> <p>Nurse #1 provided an email dated 2/15/15 at 1:34 PM which indicated, "Had an allergic reaction and staff used Epi-pen. They are on their way to ER. I had trouble understanding what happened so I don't have details."</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1</p>			

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	<p>was interviewed on 3/20/15 at 1:15 PM. QIDPD #1 indicated he had completed the 2/23/15 IS. QIDPD #1 indicated he had interviewed Nurse #1, DSPs #1, #2 and #3 and was not able to substantiate that the nurse gave a directive to take client #1 to the ER during the 2/15/15 incident.</p> <p>2. BDDS report dated 2/21/15 indicated, "[Client #1] has known severe allergies to chicken and tree nuts. He was eating a pork sandwich and he began sweating and his breathing appeared to be obstructed. Staff administered epinephrine and [client #1] resumed normal breathing. Staff called 911 per the protocol in his CHRP for allergies and EMS (Emergency Medical Services) transported [client #1] to the [hospital] ER via ambulance. ER personnel examined [client #1] and released him to ResCare staff with orders to continue previous allergic reaction treatment."</p> <p>The 2/21/15 BDDS report indicated, "Plan to resolve. Protective Measures are in place. [Client #1] will receive enhanced supervision and direct staff oversight and assistance with all food preparation."</p> <p>CS (Clinical Supervisor) #1 was interviewed on 3/20/15 at 1:15 PM. CS</p>			

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	<p>#1 indicated he had been on-call on 2/21/15 and implemented immediate enhanced supervision for client #1. CS #1 indicated the facility nursing staff were in the group home on 2/21/15 and trained staff regarding client #1's allergy precaution/enhanced supervision protocol. CS #1 indicated the corrective measure to prevent client #1 from future food allergy reactions was to develop and implement client #1's allergy precaution/enhanced supervision protocol. CS #1 indicated all staff working with client #1 should implement client #1's protocol to ensure client #1's safety.</p> <p>Client #1's record was reviewed on 3/20/15 at 9:23 AM. Client #1's CHRP for allergies dated 12/14/14 indicated, "[Client #1] will not receive any food that contains tree nuts or chicken through 12/2015." Client #1's CHRP for allergies dated 12/14/14 indicated, "Call 911 if, (1.) Experiencing shortness of breath; (2.) Experiencing difficulty breathing." Client #1's Allergy Precaution/Enhanced Supervision protocol dated 2/21/15 indicated, "[Client #1] has documented severe allergies to chicken and tree nuts. Staff must prevent [client #1] from consuming food that includes these items. Assist [client #1] with reading the ingredients on all packaged food to</p>			

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	<p>assure nuts and chicken are not included or present during processing." The 2/21/15 Allergy Precaution/Enhanced Supervision protocol indicated, "In order to prevent [client #1] from accidentally eating items to which he is allergic, staff will keep [client #1] in line-of-sight when he is in common areas of the home and perform 15 minute checks when he is in his bedroom or the bathroom. When [client #1] enters the kitchen, staff will provide direct supervision and do the following: (1.) Check the food items [client #1] wishes to prepare/eat to assure they do not contain ingredients that could cause an allergic reaction; (2.) Check the countertop, pots, pans, utensils (sic) and other food preparation equipment to assure they are clean and do not have any food residue; (3.) Check the plates/bowls/silverware/cups/glasses etc. that [client #1] is going to use to assure they are clean and do not have any food residue."</p> <p>Observations were conducted at the group home on 3/19/15 from 4:45 PM through 5:45 PM. DSP (Direct Support Professional) #3 was assisting DSP #4 and client #4 prepare the evening meal. When asked if any of the clients residing in the home had food allergy precautions, DSP #3 stated, "I think so, I think there are 2. I'm not really sure." When asked</p>			

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W 159 Bldg. 00	<p>how client #1 should be assisted with meal preparation, DSP #3 stated, "I don't really know. I just started here."</p> <p>DSP #2 was interviewed on 3/20/15 at 6:30 AM. DSP #2 stated, "Two people are on special diets, [client #1] and [client #5]. They don't eat eggs." When asked if client #1 could eat chicken products, DSP #2 stated, "He only gets chicken on the evenings (sic). I only work overnights. I just started."</p> <p>CS #1 was interviewed on 3/20/15 at 1:15 PM. CS #1 indicated corrective measures to prevent recurrence of abuse, neglect and mistreatment should be developed and implemented.</p> <p>9-3-2(a)</p> <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. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the QIDP (Qualified Intellectual Disabilities Professional Designee) failed to integrate, coordinate and monitor client #3's active treatment</p>	W 159	<p><b>CORRECTION:</b></p> <p><i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically,</i></p>	04/14/2015

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	<p>program by failing to convene the IDT (Interdisciplinary Team) to determine if client #3 needed additional supports or training to assist him achieve improved OH (Oral Hygiene), to ensure all staff working with client #1 were competent to implement client #1's food allergy precaution/enhanced supervision protocol, to ensure a post-discharge plan of care was completed for client #2, to provide clients #1, #3 and #4 with a continuous active treatment program, to ensure client #1's CFA (Comprehensive Functional Assessment) was reviewed annually, to ensure client #1's ISP (Individual Support Plan) was reviewed annually and to ensure client #4 had formal and informal supports to teach client #4 to utilize his prescription eyeglasses.</p> <p>Findings include:</p> <p>1. Client #3's record was reviewed on 3/20/15 at 12:18 PM. Client #3's Dental Summary Progress Report (DSPR) dated 1/7/15 indicated, "Exam, prophylaxis (cleaning). OH (Oral Hygiene) extremely poor. PT (Patient) will loose teeth if he doesn't brush better. New decay detected." Client #3's DSPR dated 7/1/14 indicated, "Extremely poor hygiene. Exam, radiographs and cleaning. Many white lesions (early signs of decay) due</p>		<p>The QIDP will lead the team in developing a revised oral hygiene objective for Client #3.</p> <p>The QIDP has facilitated Training of all current facility staff from the facility nurse regarding Client 1's Comprehensive High risk Plan for Food Allergies. Through active treatment observation and a review of training documentation, the team has determined that this deficient practice did not affect other clients.</p> <p>Specifically, the QIDP will complete a discharge plan of care for Client #2 and provide a copy to his current Waiver team.</p> <p>The QIDP will facilitate retraining of all facility direct support staff regarding the need to provide consistent, aggressive and continuous active treatment for all clients including but not limited to implementation of high risk plans and meal preparation.</p> <p>Client #1's Comprehensive</p>	

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	<p>to lack of brushing. [Client #3] is not cooperative. Decay present." Client #3's ISP (Individual Support Plan) dated 9/14/14 indicated, "[Client #3] will rush through the process of brushing his teeth properly. He requires daily prompting or else he will go without brushing. [Client #3] will attempt to spit on the person who is providing prompt and verbal instructions to avoid brushing his teeth properly. [Client #3] does not take the initiative to do any of his daily living hygiene. Independently, [client #3] can do anything he is asked to do, however, [client #3] requires prompts and visual demonstration to complete all aspects of personal hygiene in all areas. [Client #3] has worked on a brushing his teeth objective, however, he has made very little progress in completing this areas (sic) of hygiene independently." Client #3's record did not indicate documentation of IDT review or recommendations regarding client #3's documented poor OH. The QIDPD did not convene the IDT to determine if client #3 needed additional supports or training to assist him achieve improved OH.</p> <p>QIDPD (Qualified Intellectual Disability Professional Designee) #1 was interviewed on 3/20/15 at 1:15 PM. QIDPD #1 indicated client #3 had a OH</p>		<p>Functional Assessment has been updated. An audit of facility records indicated this deficient practice did not affect any additional clients.</p> <p>Client #1's Individual support Plan has been updated. An audit of facility records indicated this deficient practice did not affect any additional clients.</p> <p>The QIDP will lead the interdisciplinary team in developing a prioritized learning objective to train Client #4 toward making informed choices about the use of eyeglasses. A review of support documents and observation of active treatment indicated this deficient practice did not affect other clients.</p> <p><b>PREVENTION:</b></p> <p>The QIDP has been retrained regarding the need to bring all elements of the interdisciplinary team, including but not limited to the facility nurse, together to assess and develop training</p>	

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	<p>training objective but the IDT had not convened to determine if client #3 needed additional supports or a revised training objective to assist him achieve improved OH.</p> <p>2. The QIDP failed to integrate, coordinate and monitor client #1's active treatment program by failing to ensure all staff working with client #1 were competent to implement client #1's food allergy precaution/enhanced supervision protocol. Please see W189.</p> <p>3. The QIDP failed to integrate, coordinate and monitor client #1's active treatment program by failing to ensure a post-discharge plan of care was completed for client #2. Please see W205.</p> <p>4. The QIDP failed to integrate, coordinate and monitor client #1's active treatment program by failing to provide clients #1, #3 and #4 with a continuous active treatment program. Please see W249.</p> <p>5. The QIDP failed to integrate, coordinate and monitor client #1's active treatment program by failing to ensure client #1's CFA was reviewed annually. Please see W259.</p>		<p>programs that provide staff the competencies necessary to provide appropriate supports for all clients.</p> <p>The Residential Manager will be expected to observe no less than one morning and one evening active treatment session per week and the Team Leader will be required to observe and participate in active treatment sessions on varied shifts no less than five times per week. The QIDP will also maintain an ongoing presence at the facility. During Active Treatment observations, supervisors will assess direct support staff interaction with clients and to provide hands on coaching and training including but not limited to assuring staff implement learning objectives and provide frequent choices of activities.</p> <p>The QIDP will be retrained regarding the need to assure that programs are in place to teach clients to make informed choices about the use of adaptive equipment. Additionally, the QIDP will receive training toward timely completion of reassessments and support plan updates.</p>	

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	<p>6. The QIDP failed to integrate, coordinate and monitor client #1's active treatment program by failing to ensure client #1's ISP was reviewed annually. Please see W260.</p> <p>7. The QIDP failed to integrate, coordinate and monitor client #1's active treatment program by failing to ensure client #4 had formal and informal supports to teach client #4 to utilize his prescription eyeglasses. Please see W436.</p> <p>9-3-3(a)</p>		<p>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. A new Team Lead is in place at the facility. This Team Lead will be present, supervising active treatment during no less than 4 evening active treatment sessions and one morning active treatment session per week to monitor medication administration and the ordering of newly prescribed medications and treatments.</p> <p>Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director, 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.</p>	

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			<p>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:</p> <p>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.</p> <p>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.</p> <p>In addition to active treatment</p>	

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			<p>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.</p> <p>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.</p> <p>With regard to the QIDP, administrative support at the home will focus on:</p> <ol style="list-style-type: none"> <li>1. Assure learning objectives are designed to support individuals toward independence.</li> <li>2. Evaluation of the effectiveness of current support</li> </ol>	

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W 189 Bldg. 00	<p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure all staff working with client #1 were competent to implement client #1's food allergy</p>	W 189	<p>plans and high risk plans.</p> <p>3. Assuring staff demonstrate necessary competencies.</p> <p>4. Assuring continuous active treatment occurs.</p> <p>5. Assuring that assessments and support plans are revised and updated as needed but no less than annually.</p> <p>6. Assuring clients are taught to make informed decisions about the use of adaptive equipment.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager</p> <p><b>CORRECTION:</b></p> <p><i>The facility must provide each employee with initial and continuing training that enables</i></p>	04/14/2015

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	<p>precaution/enhanced supervision protocol.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 3/19/15 at 1:45 PM. The review indicated the following:</p> <p>BDDS report dated 2/21/15 indicated, "[Client #1] has known severe allergies to chicken and tree nuts. He was eating a pork sandwich and he began sweating and his breathing appeared to be obstructed. Staff administered epinephrine and [client #1] resumed normal breathing. Staff called 911 per the protocol in his CHRHP (Comprehensive High Risk Health Plan) for allergies and EMS (Emergency Medical Services) transported [client #1] to the [hospital] ER via ambulance. ER personnel examined [client #1] and released him to ResCare staff with orders to continue previous allergic reaction treatment."</p> <p>The 2/21/15 BDDS report indicated, "Plan to resolve. Protective Measures are in place. [Client #1] will receive enhanced supervision and direct staff oversight and assistance with all food preparation."</p>		<p><i>the employee to perform his or her duties effectively, efficiently, and competently. Specifically, all current facility staff have now received training from the facility nurse regarding Client 1's Comprehensive High Risk Plan and enhanced supervision for food allergies. Through active treatment observation and a review of training documentation, the team has determined that this deficient practice did not affect other clients.</i></p> <p><b>PERVENTION:</b></p> <p>The QIDP has been retrained regarding the need to bring all elements of the interdisciplinary team, including but not limited to the facility nurse, together to assess and develop training programs that provide staff the competencies necessary to provide appropriate supports for all clients. 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</p>	

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	<p>CS (Clinical Supervisor) #1 was interviewed on 3/20/15 at 1:15 PM. CS #1 indicated he had been on-call on 2/21/15 and implemented immediate enhanced supervision for client #1. CS #1 indicated the facility nursing staff were in the group home on 2/21/15 and trained staff regarding client #1's allergy precaution/enhanced supervision protocol. CS #1 indicated the corrective measures to prevent client #1 from future food allergy reactions were to develop and implement client #1's allergy precaution/enhanced supervision protocol. CS #1 indicated all staff working with client #1 should implement client #1's protocol to ensure client #1's safety.</p> <p>Client #1's record was reviewed on 3/20/15 at 9:23 AM. Client #1's CHRHP for allergies dated 12/14/14 indicated, "[Client #1] will not receive any food that contains tree nuts or chicken through 12/2015." Client #1's CHRHP for allergies dated 12/14/14 indicated, "Call 911 if, (1.) Experiencing shortness of breath; (2.) Experiencing difficulty breathing." Client #1's Allergy Precaution/Enhanced Supervision protocol dated 2/21/15 indicated, "[Client #1] has documented severe allergies to chicken and tree nuts. Staff must prevent</p>		<p>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:</p> <p>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.</p> <p>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.</p>	

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	<p>[client #1] from consuming food that includes these items. Assist [client #1] with reading the ingredients on all packaged food to assure nuts and chicken are not included or present during processing." The 2/21/15 Allergy Precaution/Enhanced Supervision protocol indicated, "In order to prevent [client #1] from accidentally eating items to which he is allergic, staff will keep [client #1] in line-of-sight when he is in common areas of the home and perform 15 minute checks when he is in his bedroom or the bathroom. When [client #1] enters the kitchen, staff will provide direct supervision and do the following: (1.) Check the food items [client #1] wishes to prepare/eat to assure they do not contain ingredients that could cause an allergic reaction; (2.) Check the countertop, pots, pans, utensils (sic) and other food preparation equipment to assure they are clean and do not have any food residue; (3.) Check the plates/bowls/silverware/cups/glasses etc. that [client #1] is going to use to assure they are clean and do not have any food residue."</p> <p>Observations were conducted at the group home on 3/19/15 from 4:45 PM through 5:45 PM. DSP (Direct Support Professional) #3 was assisting DSP #4 and client #4 prepare the evening meal.</p>		<p>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.</p> <p>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.</p> <p>Administrative support at the home will focus on:</p> <ol style="list-style-type: none"> <li>1. Mentorship and training of supervisory staff, monitoring and coaching of direct support staff</li> <li>2. Evaluation of the effectiveness of current</li> </ol>	

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W 205 Bldg. 00	<p>When asked if any of the clients residing in the home had food allergy precautions, DSP #3 stated, "I think so, I think there are 2. I'm not really sure." When asked how client #1 should be assisted with meal preparation, DSP #3 stated, "I don't really know. I just started here."</p> <p>DSP #2 was interviewed on 3/20/15 at 6:30 AM. DSP #2 stated, "Two people are on special diets, [client #1] and [client #5]. They don't eat eggs." When asked if client #1 could eat chicken products, DSP #2 stated, "He only gets chicken on the evenings (sic). I only work overnights. I just started."</p> <p>CS #1 indicated all staff working with client #1 should be competent to implement client #1's Allergy Precaution/Enhanced Supervision protocol.</p> <p>9-3-3(a)</p> <p>483.440(b)(5)(ii) ADMISSIONS, TRANSFERS, DISCHARGE At the time of the discharge, the facility must provide a post-discharge plan of care that will assist the client to adjust to the new living environment. Based on interview and record review for</p>	W 205	<p>comprehensive high risk plans.</p> <p>3. Competent staff implementation of risk plans and enhanced supervision.</p> <p>4. 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.</p> <p>5. Assuring continuous active treatment occurs.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager</p> <p><b>CORRECTION:</b> <i>At the time of the discharge, the facility must</i></p>	04/14/2015

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W 249 Bldg. 00	<p>1 of 1 discharged clients (#2), the facility failed to ensure a post-discharge plan of care was completed for client #2.</p> <p>Findings include:</p> <p>CS (Clinical Supervisor) #1 was interviewed on 3/20/15 at 1:15 PM. CS #1 indicated client #2 had been discharged from the group home on 2/6/15. CS #1 indicated the facility had completed a post-discharge plan of care and would locate and provide documentation of client #2's discharge plan.</p> <p>Client #2's record was reviewed on 3/20/15 at 10:50 AM. Client #2's record did not indicate documentation of a post-discharge plan of care.</p> <p>CS #1 was interviewed on 3/24/15 at 1:45 PM. CS #1 indicated no additional documentation regarding client #2's post-discharge plan of care could be provided.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has</p>		<p><i>provide a post-discharge plan of care that will assist the client to adjust to the new living environment.</i> Specifically, the QIDP will complete a discharge plan of care for Client #2 and provide a copy to his current Waiver team. <b>PREVENTION:</b> The QIDP will be retrained regarding the need to complete discharge summaries to assist clients with transitioning into new residential environments. Prior to a client's discharge, the QIDP will turn in copy of the discharge summary to the Clinical Supervisor for review and approval. Additionally the Program Manager will review discharge materials for completeness and accuracy –providing follow-up and guidance as needed.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Clinical Supervisor, Program Manager</p>	

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	<p>formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 3 of 4 sampled clients (#1, #3 and #4), the facility failed to provide clients #1, #3 and #4 with a continuous active treatment program.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/20/15 from 6:00 AM through 8:00 AM. At 6:00 AM, clients #1, #3 and #4 were in their personal bedrooms. At 6:10 AM, client #3 received his morning medications and returned to his bed. At 6:30 AM, client #1 received his morning medications and returned to his bedroom. At 6:50 AM, client #1 exited his bedroom and spoke to staff in the kitchen area and then returned to his bedroom. Clients #1, #3 and #4 remained in their bedrooms after receiving morning medications until 7:15 AM. At 7:15 AM, client #1 was seated on the living room couch with a housemate. At 7:30 AM, DSP (Direct Support Professional) #1 began preparing the morning meal. DSP #1 prepared scrambled eggs, bacon and toast on the</p>	W 249	<p><b>CORRECTION:</b></p> <p><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.</i> Specifically, all direct support staff will be retrained regarding the need to provide consistent, aggressive and continuous active 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.</p> <p><b>PREVENTION:</b></p> <p>The Residential Manager will be expected to observe no less than one morning and two evening</p>	04/13/2015

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	<p>kitchen stove before placing the cooked food in serving bowls and placing the food on the dining area table. No clients assisted DSP #1 in meal preparation activities. At 7:40 AM, client #3 exited his bedroom and began pacing in the home talking to staff and housemates in each room. Clients #1, #3 and #4 were not encouraged to assist with meal preparation.</p> <p>DSP #1 was interviewed on 3/20/15 at 7:50 AM. DSP #1 indicated no clients had assisted with the morning meal preparation. DSP #1 stated, "Sometimes they will help. Like [client #1] or sometimes [client #4] but not always. We just get too busy in the mornings."</p> <p>1. Client #1's record was reviewed on 3/20/15 at 9:23 AM. Client #1's ISP (Individual Support Plan) dated 1/17/14 indicated client #1 had a formal training objective "To improve meal preparation skills, thus increasing independence." Client #1's ISP dated 1/17/14 indicated client #1 should be encouraged to participate in meal preparation to achieve his meal preparation training objective.</p> <p>2. Client #3's record was reviewed on 3/20/15 at 12:18 PM. Client #3's ISP dated 9/14/14 indicated, "Given skills training and 3 verbal prompts, [client #3]</p>		<p>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. A new Team Lead is in place at the facility. This Team Lead will be present, supervising active treatment during no less than 4 evening active treatment sessions and one morning active treatment session per week to skills training activities including but not limited to meal preparation.</p> <p>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</p>	

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	<p>will cook a completed meal once a week...."</p> <p>3. Client #4's record was reviewed on 3/20/15 at 11:00 AM. Client #4's ISP dated 8/12/14 indicated, "Given 2 verbal prompts, [client #4] will assist with the meal preparation...."</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 3/20/15 at 1:15 PM. QIDPD #1 indicated active treatment should occur at each available opportunity. QIDPD #1 indicated clients #1, #3 and #4 should be encouraged to participate in meal preparation activities.</p> <p>9-3-4(a)</p>		<p>Treatment sessions to be monitored are defined as:</p> <p>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.</p> <p>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.</p> <p>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</p>	

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W 259  Bldg. 00	483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must		<p>issues or problems are discovered.</p> <p>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.</p> <p>Administrative support at the home will include assuring staff provide continuous active treatment during formal and informal opportunities.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager</p>	

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	<p>be reviewed by the interdisciplinary team for relevancy and updated as needed.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure client #1's CFA (Comprehensive Functional Assessment) was reviewed annually.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 3/20/15 at 9:23 AM. Client #1's CFA dated 12/19/13 did not indicate documentation of annual review since 12/19/13.</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 3/20/15 at 1:15 PM. QIDPD #1 indicated client #1's CFA should be reviewed annually.</p> <p>9-3-4(a)</p>	W 259	<p><b>CORRECTION:</b></p> <p><i>At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Specifically, Client #1's Comprehensive Functional Assessment has been updated. An audit of facility records indicated this deficient practice did not affect any additional clients.</i></p> <p><b>PREVENTION:</b></p> <p>The QIDP will be retrained on the necessity of updating all assessment materials as needed but no less than annually. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director will review assessments no less than monthly to assure re-assessment occurs as needed and required.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager,</p>	04/14/2015

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W 260 Bldg. 00	<p>483.440(f)(2) PROGRAM MONITORING &amp; CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure client #1's ISP (Individual Support Plan) was reviewed annually.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 3/20/15 at 9:23 AM. Client #1's record contained documentation of two separate ISPs (Individual Support Plans). Client #1's record indicated the facility had completed an ISP on 1/17/14. Client #1's record indicated client #1's future pending independent living provider had completed an ISP on 12/1/14. Client #1's 12/1/14 ISP was specific to the independent living program and not the ICF (Intermediate Care Facility) program. Client #1's record did not indicate documentation of client #1's 1/17/14 ICF ISP being reviewed annually.</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1</p>	W 260	<p>Operations Team, Director of Operations/General Manager</p> <p><b>CORRECTION:</b></p> <p><i>At least annually, the individual program plan must be revised, as appropriate. Specifically, Client #1's Individual support Plan has been updated. An audit of facility records indicated this deficient practice did not affect any additional clients.</i></p> <p><b>PREVENTION:</b></p> <p>The QIDP will be retrained on the necessity of updating all Individual Support Plans as needed but no less than annually. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director will review assessments no less than monthly to assure re-assessment occurs as needed and required.</p>	04/14/2015

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W 436 Bldg. 00	<p>was interviewed on 3/20/15 at 1:15 PM. QIDPD #1 indicated client #1 had previously been scheduled for discharge to an independent living company in December 2014. QIDPD #1 indicated client #1's discharge and transition had been delayed and rescheduled. QIDPD #1 indicated he had not reviewed client #1's 1/17/14 ISP due to his pending discharge. QIDPD #1 indicated client #1's projected discharge date was unknown.</p> <p>9-3-4(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 1 of 6 clients with adaptive equipment (#4), the facility failed to ensure client #4 had formal and informal supports to teach client #4 to utilize his prescription eyeglasses.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 3/19/15 from 4:45 PM through 5:45 PM. Client #4 was observed</p>	W 436	<p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Operations Team, Director of Operations/General Manager</p> <p><b>CORRECTION:</b></p> <p><i>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Specifically, the interdisciplinary</i></p>	04/14/2015

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NAME OF PROVIDER OR SUPPLIER  VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 6525 MCFARLAND RD INDIANAPOLIS, IN 46227
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	<p>in the home throughout the observation period. Client #4 did not wear eyeglasses and was not encouraged to wear eyeglasses.</p> <p>Observations were conducted at the group home on 3/20/15 from 6:00 AM through 8:00 AM. Client #4 was observed in the home throughout the observation period. Client #4 did not wear eyeglasses and was not encouraged to wear eyeglasses.</p> <p>Client #4's record was reviewed on 3/20/15 at 11:00 AM. Client #4's Visual Care Progress Report (VCPR) dated 3/6/15 indicated, "Glasses needed for full time wear." Client #4's ISP (Individual Support Plan) dated 8/12/14 did not indicate documentation of a formal training objective or informal training supports to assist client #4 utilize his prescription eyeglasses as recommended.</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 3/20/15 at 1:15 PM. QIDPD #1 indicated client #4 refused to wear his eyeglasses. QIDPD #1 indicated client #4 should have a training objective to teach him to utilize his eyeglasses.</p> <p>9-3-7(a)</p>		<p>team will develop a prioritized learning objective to train Client #4 toward making informed choices about the use of eyeglasses. A review of support documents and observation of active treatment indicated this deficient practice did not affect other clients.</p> <p><b>PERVENTION:</b></p> <p>Facility Professional staff have been retrained regarding the need to support all clients in making informed choices about the use of adaptive equipment. Members of the Operations Team, comprised of Clinical Supervisors, the Program Manager, Nurse Manager and Executive Director will review assessment data and compare it to the use of adaptive equipment available at the facility during active treatment observations.</p> <p>Observations during active Treatment sessions and documentation reviews will occur 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</p>	

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			<p>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:</p> <p>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.</p> <p>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.</p> <p>In addition to active treatment observations, Operations Team</p>	

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			<p>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.</p> <p>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.</p> <p>Administrative support at the home will include assuring staff train clients toward appropriate use of adaptive equipment.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Health Services Team, Direct Support Staff, Operations Team, Director of Operations/General Manager</p>	

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W 440  Bldg. 00	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview for 3 of 4 sampled clients (#1, #3 and #4) plus 4 additional clients (#5, #6, #7 and #8), the facility failed to conduct evacuation drills quarterly for each shift of personnel.</p> <p>Findings include:</p> <p>The facility's evacuation drill record was reviewed on 3/23/15 at 10:30 AM. The review indicated the facility failed to conduct evacuation drills for clients #1, #3, #4, #5, #6, #7 and #8 for the day shift for the second quarter, January 2014, February 2014 or March 2014 and the day shift, evening and overnight shift for the fourth quarter, October 2014, November 2014 or December 2014.</p> <p>QIDPD (Qualified Intellectual Disabilities Professional Designee) #1 was interviewed on 3/20/15 at 1:15 PM. QIDPD #1 indicated the group home should conduct evacuation drills one time per quarter per shift of personnel.</p> <p>9-3-7(a)</p>	W 440	<p><b>CORRECTION:</b></p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Specifically, the facility has conducted additional evacuation drills on each shift during the current quarter.</p> <p><b>PREVENTION:</b></p> <p>Professional staff will be retrained regarding the need to conduct evacuation drills on each shift for all staff each quarter. The Operation's Safety Committee will review all facility evacuation drill reports and follow up with professional staff as needed to assure drills occur as scheduled. Program Manager will track evacuation drill compliance and follow up with facility professional staff and the agency Safety Committee accordingly.</p> <p><b>RESPONSIBLE PARTIES:</b></p> <p>QIDP, Residential Manager, Team Leader, Direct Support Staff, Safety Committee, Program</p>	04/14/2015

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

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			Manager.		