STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED
	15G433		08/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM-INDIANA INC	3938 PRANGE AVE LAFAYETTE, IN 47905

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 0000 Bldg. 00	This visit was for a post-certification revisit (PCR) survey to the fundamental recertification and state licensure survey completed on June 26, 2015. Survey dates: July 30 and August 4, 2015. Facility Number: 000947 Provider Number: 15G433 AIM Number: 100244580 These deficiencies also reflect state findings in accordance with 460 IAC 9.	W 0000		
W 0125 Bldg. 00	483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and for 3 additional clients (#5, #6 and #7), the facility failed to ensure the rights of clients' freedom of movement in regard to the use of door alarms.	W 0125	The facility has policies and procedures in place to ensure the rights of all clients, including informed consent for use of any restrictive measures such as door alarms. The facility will update clients' Individualized Support Plans (ISP) to indicate use of door alarms. The facility will obtain informed consent from the	09/03/2015

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

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

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	Findings include: During the 7/30/15 observation period between 6:00 AM and 8:30 AM, at the group home, a door alarm was heard upon entering the group home where clients #1, #2, #3, #4, #5, #6 and #7 resided. Whenever a staff person and/or a client went out the side and/or front doors, the alarm would sound. Client #1's record was reviewed on 7/30/15 at 10:25 AM. Client #1's 11/12/14 Individual Support Plan (ISP) and/or record indicated client #1 did not have a need for the use for a door alarm. Client #1's ISP indicated client #1 had a guardian. Client #1's ISP and/or behavioral plan indicated the facility had not obtained written informed consent from client #1's guardian, and/or had the facility's Human Rights Committee (HRC) review/approve the restrictive practice for the use of the door alarms. Client #2's record was reviewed on 7/30/15 at 10:35 AM. Client #2's 2/4/15 ISP and/or record indicated client #2 did not have a need for the use for a door alarm. The ISP indicated client #2 was her own guardian. Client #2's ISP and/or 2/4/15 behavioral plan indicated the facility had not obtained written informed consent from client #2, and/or had the		individuals and/or guardian, as well as Human Rights Committee review/approval of the restrictive practice. Additionally, the facility will update the ISP and the Behavior Support Plan (BSP) for client #5 to include the use of door alarms including a plan to remove the use of these measures. The Area Director will retrain the QIDP on ensuring informed consent by the individual and/or guardian and the Human Rights Committee for any type of restrictive measure. The Area Director will retrain the QIDP on the need to incorporate a plan to reduce any restrictive measures that may be part of a client's BSP. Person Responsible: Area Director Date of Completion: September 3, 2015	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G433	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 08/04/2015
NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC		STREET ADDRESS, CITY, STATE, ZIP CODE 3938 PRANGE AVE LAFAYETTE, IN 47905	

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	facility's HRC review/approve the restrictive practice for the use of the door alarms. Client #3's record was reviewed on 7/30/15 at 10:50 AM. Client #3's 8/20/14 ISP and/or record indicated client #3 did not have a need for the use for a door alarm. The ISP indicated client #3 had a legal guardian. Client #3's ISP and/or 8/20/14 behavioral plan indicated the facility had not obtained written informed consent from client #3's guardian, and/or had the facility's HRC review/approve the restrictive practice for the use of the door alarms. Client #4's record was reviewed on 7/30/15 at 11:00 AM. Client #4's 7/21/15 ISP and/or record indicated client #4 did not have a need for the use of a door alarm. The ISP indicated client #4 had a legal guardian. Client #4's ISP and/or 7/21/15 behavioral plan indicated the facility had not obtained written informed consent from client #4's guardian, and/or had the facility's HRC review/approve the restrictive practice for the use of the door alarms. Client #5's record was reviewed on 7/30/15 at 11:16 AM. Client #5's 7/22/15 BSP indicated client #5 had a targeted behavior of "Leaving without			

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	permission." Client #5's 7/22/15 ISP and/or 7/22/15 BSP did not indicate the client required the use of door alarms due to his above mentioned targeted behavior. Client #5's ISP indicated client #5 had a legal guardian. Client #5's ISP and/or BSP indicated the facility had not obtained written informed consent from client #5's guardian for the use of the door alarms. Client #5's ISP and/or BSP indicated the facility's HRC had not reviewed and/or approved the facility's restrictive practice for the use of the door alarms. Client #5's ISP and/or BSP did not indicate what client #5 had to do for the facility to remove/disengage the door alarms. Interview with staff #2 on 7/30/15 at 8:35 AM stated the door alarms were on the group home "For safety. No one tries to leave." Interview with the Area Director (AD) on 7/30/15 at 11:40 AM indicated the door alarms were put in place for another client who had since left the group home. The AD indicated the alarms were turned back on when client #5 moved into the group home on June 20, 2015. The AD indicated the use of the door alarms had not been incorporated into client #5's behavior plan. The AD indicated the client's guardian did not give written			

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	informed consent for the use of the door alarms, and the facility's HRC had not approved the door alarms since they were turned off. The AD indicated they had obtained written informed consents from clients #1, #2, #3, #4, #5, #6 and #7 and/or their guardians when the door alarms were originally put in place. The AD indicated he would try to look for the consents. The AD did not provide any additional documentation of the consents. The AD indicated the facility had not obtained any additional consents since the door alarms had been turned back on. The AD also indicated client #5's ISP/BSP did not include a plan to remove the use of the door alarms. 9-3-2(a)			
W 0240 Bldg. 00	483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on interview and record review for 2 of 4 sampled clients (#3 and #4), the clients' Individual Support Plans (ISPs) failed to indicate what facility staff were to do when the clients demonstrated signs and symptoms of Depression as no reactive strategies were part of the clients' behavior plans.	W 0240	The facility meets with the Interdisciplinary Team (IDT) to determine the specific objectives necessary to meet the client's needs. These needs are incorporated in an Individualized Support Plan (ISP) that includes relevant information needed to support the client towards independence. The facility has updated Client's #3 and #4 ISP to include	09/03/2015

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	Findings include: 1. Client #3's record was reviewed on 7/30/15 at 10:50 AM. Client #3's 8/20/14 Behavioral Support Plan (BSP) indicated client #3 received Fluoxetine HCL 20 milligrams for Depression. Client #3's BSP indicated "...[Client #3] is on medication to manage depression, in order to ensure efficacy of treatment plan, staff should monitor daily on the 'Symptom Checklist' in order to track occurrence of signs/symptoms of depression." Client #3's Symptoms Checklist indicated the facility tracked the following symptoms: "Depressed mood most of the day Markedly diminished interest or pleasure in activities most of the day Marked increase in appetite Marked decrease in appetite Insomnia Significant motor restlessness Significant motor slowing Marked fatigue or loss of energy Significant problems concentrating Recurrent thought of death Suicidal ideas, threats, or behaviors Delusions Hallucinations Paranoia Isolating from others." Client #3's 8/20/14 BSP did not indicate and/or		definitions of Depression, as well as directing staff on how to monitor for signs and/or symptoms of Depression. Additionally, Behavioral Support Plans (BSP's) for Clients #3 and #4 have been updated to include reactive strategies in regard to what facility staff were to implement when signs/symptoms of Depression are exhibited. The Area Director will retrain the QIDP to include Depression in the client's ISP and BSP as applicable, as well as including measures for how staff should monitor for signs and/or symptoms of these diagnoses, as well as having reactive strategies in place staff can follow when signs/symptoms of Depression are exhibited. The Area Director will review the next three ISP's and BSP's to ensure any clients with prescribed medications for Depression are incorporated into the ISP and BSP, including how staff should monitor for signs and/or symptoms, and ensuring reactive strategies are in place for these signs/symptoms. Person Responsible: Area Director Date of Completion: September 3, 2015	

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	include any reactive strategies in regard to what facility staff were to implement when the client demonstrated signs/symptoms of Depression. Interview with the Area Director (AD) on 7/30/15 at 11:40 AM indicated if client #3 demonstrated Depression, staff were to notify the supervisor and document the symptoms demonstrated. The AD indicated client #3's BSP did not include reactive strategies regarding what facility staff were to do when the client demonstrated Depression. 2. Client #4's record was reviewed on 7/30/15 at 11:00 AM. Client #4's 7/21/15 BSP indicated client #4 received Prozac 20 milligrams for Depression and Divalproex Sodium 2500 milligrams for "Mood stabilizer." Client #4's BSP indicated "...[Client #4] is on medication to manage depression, in order to ensure efficacy of treatment plan, staff should monitor daily on the 'Symptom Checklist' in order to track occurrence of signs/symptoms of depression." Client #4's Symptoms Checklist indicated the facility tracked the following symptoms: "Depressed mood most of the day Markedly diminished interest or pleasure in activities most of the day Marked increase in appetite			

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	Marked decrease in appetite Insomnia Significant motor restlessness Significant motor slowing Marked fatigue or loss of energy Significant problems concentrating Recurrent thought of death Suicidal ideas, threats, or behaviors Delusions Hallucinations Paranoia Isolating from others." Client #4's 7/21/15 BSP did not indicate and/or include any reactive strategies in regard to what facility staff were to do when the client demonstrated signs/symptoms of Depression. Interview with the Area Director (AD) on 7/30/15 at 11:40 AM indicated if client #4 demonstrated Depression, staff were to notify the supervisor and document the symptoms demonstrated. The AD indicated client #4's BSP did not include reactive strategies regarding what facility staff were to do when the client demonstrated Depression. This deficiency was cited on 6/26/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-4(a)			

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W 0263 Bldg. 00	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and for 1 additional client (#5), the facility failed to obtain written informed consent from the client and/or their legal representative in regard to the use of door alarms. Findings include: During the 7/30/15 observation period between 6:00 AM and 8:30 AM, at the group home, a door alarm was heard upon entering the group home where clients #1, #2, #3, #4, #5, #6 and #7 resided. Whenever a staff person and/or a client went out the side and/or front doors, the alarm would sound. Client #1's record was reviewed on 7/30/15 at 10:25 AM. Client #1's 11/12/14 Individual Support Plan (ISP) and/or record indicated client #1 had a guardian. Client #1's ISP and/or behavioral plan indicated the facility had	W 0263	The facility has policies and procedures in place to ensure the rights of all clients, including informed consent by the client and/or guardian for use of any restrictive measures such as door alarms. The facility will update clients' Individualized Support Plans (ISP) to indicate use of door alarms. The facility will obtain informed consent from the individuals and/or guardian, Additionally, the facility will update the ISP and the Behavior Support Plan (BSP) for client #5 to include the use of door alarms including a plan to remove the use of these measures. The Area Director will retrain the QIDP on ensuring informed consent by the individual and/or guardian for any type of restrictive measure, as well as ensuring the BSP includes the use of any restrictive measures. Person Responsible: Area Director Date of Completion: September 3, 2015	09/03/2015

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	not obtained written informed consent from client #1's guardian in regard to the use of the door alarms. Client #2's record was reviewed on 7/30/15 at 10:35 AM. Client #2's 2/4/15 ISP indicated client #2 was her own guardian. Client #2's ISP and/or 2/4/15 behavioral plan indicated the facility had not obtained written informed consent from client #2 in regard to the use of the door alarms. Client #3's record was reviewed on 7/30/15 at 10:50 AM. Client #3's 8/20/14 ISP indicated client #3 had a legal guardian. Client #3's ISP and/or 8/20/14 behavioral plan indicated the facility had not obtained written informed consent from client #3's guardian in regard to the use of the door alarms. Client #4's record was reviewed on 7/30/15 at 11:00 AM. Client #4's 7/21/15 ISP and/or record indicated client #4 had a legal guardian. Client #4's ISP and/or 7/21/15 behavioral plan indicated the facility had not obtained written informed consent from client #4's guardian in regard to the use of the door alarms. Client #5's record was reviewed on 7/30/15 at 11:16 AM. Client #5's 7/22/15 BSP indicated client #5 had a targeted			

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	behavior of "Leaving without permission." Client #5's 7/22/15 ISP and/or 7/22/15 BSP did not indicate the client required the use of door alarms due to his above mentioned targeted behavior. Client #5's ISP indicated client #5 had a legal guardian. Client #5's ISP and/or BSP indicated the facility had not obtained written informed consent from client #5's guardian for the use of the door alarms. Interview with the Area Director (AD) on 7/30/15 at 11:40 AM indicated the door alarms were put in place for another client who had since left the group home. The AD indicated the alarms were turned back on when client #5 moved into the group home on June 20, 2015. The AD indicated the clients and/or their guardians did not give written informed consent for the use of the door alarms. The AD indicated they had obtained written informed consents from clients #1, #2, #3, #4 and #5 and/or their guardians when the door alarms were originally put in place. The AD indicated he would try to look for the consents. The AD did not provide any additional documentation of the consents. The AD indicated the facility had not obtained any additional consents since the door alarms had been turned back on.			

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	9-3-4(a)			
W 0264 Bldg. 00	483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed. Based on observation, interview and record review for 4 of 4 sampled clients (#1, #2, #3 and #4) and for 1 additional client (#5), the facility failed to ensure its use of door alarms had been reviewed and approved by the facility's Human Rights Committee (HRC) to ensure the clients' rights were protected. Findings include: During the 7/30/15 observation period between 6:00 AM and 8:30 AM, at the group home, a door alarm was heard upon entering the group home where clients #1, #2, #3, #4, #5, #6 and #7 resided. Whenever a staff person and/or a client went out the side and/or front doors, the alarm would sound. Client #1's record was reviewed on 7/30/15 at 10:25 AM. Client #1's	W 0264	The facility has policies and procedures in place to ensure the rights of all clients, including informed consent for use of any restrictive measures such as door alarms. The facility will update clients' Individualized Support Plans (ISP) to indicate use of door alarms. The facility will obtain consent from the Human Rights Committee after review/approval of the restrictive practice. Additionally, the facility will update the ISP and the Behavior Support Plan (BSP) for client #5 to include the use of door alarms including a plan to remove the use of these measures. The Area Director will retrain the QIDP on ensuring consent by the Human Rights Committee for use of any restrictive measures. The Area Director will retrain the QIDP on the need to incorporate a plan to reduce any restrictive measures that may be part of a client's BSP.	09/03/2015

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	11/12/14 Individual Support Plan (ISP) and/or Behavior Support Plan (BSP) indicated the facility did not have its HRC review/approve the restrictive practice for the use of the door alarms. Client #2's record was reviewed on 7/30/15 at 10:35 AM. Client #2's 2/4/15 ISP and/or BSP indicated the facility's HRC did not review/approve the restrictive practice for the use of the door alarms. Client #3's record was reviewed on 7/30/15 at 10:50 AM. Client #3's 8/20/14 ISP and/or BSP indicated the facility's HRC did not review/approve the restrictive practice for the use of the door alarms. Client #4's record was reviewed on 7/30/15 at 11:00 AM. Client #4's 7/21/15 ISP and/or record indicated the facility's HRC did not review/approve the restrictive practice for the use of the door alarms. Client #5's record was reviewed on 7/30/15 at 11:16 AM. Client #5's 7/22/15 BSP indicated client #5 had a targeted behavior of "Leaving without permission." Client #5's 7/22/15 ISP and/or 7/22/15 BSP did not indicate the client required the use of door alarms due		Person Responsible: Area Director Date of Completion: September 3, 2015	

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	to his above mentioned targeted behavior. Client #5's ISP and/or BSP indicated the facility's HRC had not reviewed and/or approved the facility's restrictive practice for the use of the door alarms. Interview with the Area Director (AD) on 7/30/15 at 11:40 AM indicated the door alarms were put in place for another client who had since left the group home. The AD indicated the alarms were turned back on when client #5 moved into the group home on June 20, 2015. The AD indicated the use of the door alarms had not been reviewed and/or approved by the facility's HRC after the alarms had been turned off. 9-3-4(a)			
W 0289 Bldg. 00	483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart. Based on observation, interview and record review for 1 additional client with restrictive programs (#5), the facility failed to ensure specific restraints/physical interventions were included in the client's Behavioral Support Plan (BSP). The facility also	W 0289	The facility has policies and procedures in place to ensure the rights of all clients, including informed consent for use of any restrictive measures such as door alarms. The facility will update clients' Individualized Support Plans (ISP) to indicate use of door	09/03/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G433	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 08/04/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM-INDIANA INC	3938 PRANGE AVE LAFAYETTE, IN 47905

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	failed to ensure the use of door alarms to prevent the client from leaving the group home, was incorporated into the client's BSP. Findings include: 1. During the 7/30/15 observation period between 6:00 AM and 8:30 AM, at the group home, a door alarm was heard upon entering the group home where client #5 resided. Whenever a staff person and/or a client went out the side and/or front doors, the alarm would sound. Client #5's record was reviewed on 7/30/15 at 11:16 AM. Client #5's 7/22/15 Behavioral Support Plan (BSP) indicated client #5 had a targeted behavior of "Leaving without permission." Client #5's 7/22/15 ISP and/or 7/22/15 BSP did not indicate the use of door alarms was apart of the client's BSP. Interview with the Area Director (AD) on 7/30/15 at 11:40 AM indicated the door alarms were put in place for another client who had since left the group home. The AD indicated the alarms were turned back on when client #5 moved into the group home on June 20, 2015. The AD indicated the use of the door alarms had not been incorporated into client #5's		alarms. Additionally, the facility will update the ISP and the Behavior Support Plan (BSP) for client #5 to include the use of door alarms, as well as specific techniques staff should implement when Client #5 demonstrates self-injurious behaviors. The Area Director will retrain the QIDP on ensuring the BSP includes the use of any restrictive measures, as well as specific techniques staff should implement when clients continue to exhibit self-injurious behaviors. Person Responsible: Area Director Date of Completion: September 3, 2015	

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	behavior plan. 2. Client #5's record was reviewed on 7/30/15 at 11:16 AM. Client #5's 7/22/15 Behavioral Support Plan (BSP) indicated client #5's diagnosis included, but was not limited to, Intermittent Explosive Behavior. Client #5's BSP indicated client #5 demonstrated self-injurious behavior (SIB) of biting his arms, hands or knees when the client got upset. Client #5's BSP indicated when client #5 demonstrated SIB the following should be implemented: -When client #5 became upset, he was to be redirected to his football to assist him to calm down. -Verbally prompt client #5 to stop when he started to demonstrate SIB. -Use "response blocking techniques to block the SIB. If [client #5] continues to engaged (sic) in SIB and has caused damage to the area, staff should follow appropriate agency approved protocol to address the injury...." Client #5's 7/22/15 BSP did not indicate the specific restraint and/or physical intervention the staff should utilize with client #5. Interview with the AD on 7/30/15 at 11:40 AM indicated client #5's BSP did not indicate what specific techniques could be utilized with the client when he			

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	continued to demonstrate SIB. This deficiency was cited on 6/26/15. The facility failed to implement a systemic plan of correction to prevent recurrence. 9-3-5(a)			
W 0312 Bldg. 00	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on interview and record review for 1 of 3 sampled clients (#2), the facility failed to ensure the client had an active treatment program for the use of a PRN (as needed) sedation medication for dental procedures. Client #2's medication for sedation also was not part of the client's Behavioral Support Plan (BSP). Findings include: Client #2's record was reviewed on 7/30/15 at 10:35 AM. Client #2's July 2015 physician's orders indicated client #2 received Alprazolam 0.5 milligrams "Take 1 tablet by mouth at 6 A.M. on the morning of the procedure and take 2	W 0312	The facility has policies in place to reduce the use of medications used for sedation due to medical appointment anxiety. The facility will update Client #2's Individualized Support Plan (ISP) and Behavior Support Plan (BSP) to include the use of pre-sedation medications for dental appointments including a desensitization and reduction plan. The Area Director will retrain the QIDP on the need to ensure the ISP and BSP includes the use of medications for pre-appointment sedation and include desensitization and reduction plans. The Area Director will review the next three ISP's and BSP's to ensure pre-appointment sedation medications have	09/03/2015

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	tablets 30 minutes prior to procedure." Client #2's 2/4/15 Individual Support Plan (ISP) indicated client #2 received Alprazolam prior to dental appointments. Client #2's 2/4/15 BSP and/or ISP did not indicate client #2 had an active treatment program/desensitization plan for the use of the pre-sedation medication (Alprazolam) for dental appointments. Client #2's 2/4/15 ISP and/or BSP also did not include a plan of reduction based on behaviors/symptoms for which the client received the medication. Interview with the Area Director (AD) on 7/30/15 at 11:40 AM indicated client #2 required the use of a PRN medication prior to dental appointments. The AD indicated the behaviors client #2 demonstrated at a dental appointment had not been addressed. The AD indicated client #2 did not have desensitization program and/or a plan of reduction for the use of the medication. 9-3-5(a)		desensitization and reduction plans, as applicable. Person Responsible: Area Director Date of Completion: September 3, 2015	
W 0331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on observation, interview and	W 0331	The facility has policies and	09/03/2015

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	record review for 1 additional client (#5), the facility's nursing services failed to assess and/or document an assessment of the client's self-inflicted injuries which were present on client #5's hands/arms and knees. Findings include: During the 7/30/15 observation period between 6:00 AM and 8:30 AM, at the group home, client #5 had an open area on the back of his left hand which was irregular in shape. The open area was about the size of quarter with reddish color center. Client #5's Left knee also had 4 red scabbed over circular areas on his knee. The areas were less than the size of a dime. During the 7/30/15 observation period, client #5 could be heard yelling and upset while he was in the bathroom with staff #1 doing his hygiene care. At 8:16 AM, when the client came out of the bathroom, the area on client #5's left hand was bright red and wet. Interview with staff #2 on 7/30/15 at 8:35 AM indicated the areas on client #5's hands were due to the client's self-injurious behavior (SIB) of biting. Staff #2 stated "He bit his hands and knees." Staff #2 indicated client #5 would lift his knees to his mouth and bite		procedures in place to provide clients with nursing services in accordance with their needs. The Area Director will retrain the facility nurse to assess and document the assessment for client #5's self-inflicted injuries that meet the guidelines as detailed in Client #5's Individualized Support Plan (ISP) and Behavior Support Plan (BSP). The Area Director will monitor the facility nurse notes for assessment on clients, including the documentation of assessing self-injurious behaviors. Person Responsible: Area Director Date of Completion: September 3, 2015	

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	his knee when he was upset. Client #5's record was reviewed on 7/30/15 at 11:16 AM. Client #5's 7/22/15 Behavioral Support Plan (BSP) indicated client #5 demonstrated the targeted behavior of SIB which was defined as "biting his knee or arm/hand when getting upset." Client B's BSP indicated "...If [client #5] appears to become upset, Staff (sic) should offer [client #5] his football to assist with calming down. If [client #5] progresses to SIB, staff should verbally prompt him to stop. If [client #5] engages in SIB, staff should use response blocking techniques to block the SIB. If [client #5] continues to engaged (sic) in SIB and has caused damage to the area, staff should follow appropriate agency protocol to address the injury...." Client #5's 7/22/15 Individual Support Plan (ISP) indicated client #5 demonstrated the behavior of SIB. The ISP indicated client B was admitted to the group home in June 2015. Client #5's ISP and/or record did not indicate the facility's nurse had assessed and/or documented any assessments in regard to client B's injuries on his hand and/or knee. Interview with the Area Director (AD) on 7/30/15 at 11:40 AM indicated the			

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	facility's nurse was on vacation. The AD stated client #5 demonstrated SIB "daily." The AD indicated client #5 was admitted to the group home on 6/22/15. The AD stated the injuries on client #5's hands was due to the client biting his hand and from "rubbing on the carpet." The AD indicated the areas on client #5's knees were from the client biting his knee. The AD indicated the facility's nurse had not assessed client #5's injuries to his hand and/or knee. 9-3-6(a)			