

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G580	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/05/2012
NAME OF PROVIDER OR SUPPLIER ARCADIA DEVELOPMENTAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 303 FRANKLIN ARCADIA, IN 46030		
(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	
W0000	<p>This visit was for a pre-determined full annual recertification and state licensure survey.</p> <p>Dates of Survey: September 24, 25, 26, 27, 28, October 3, 4, and 5, 2012.</p> <p>Facility number: 000730 Provider number: 15G580 AIM number: 100272190</p> <p>Surveyors: Susan Eakright, Medical Surveyor III-Team Leader Susan Reichert, Medical Surveyor III Tracy Brumbaugh, Medical Surveyor III Claudia Ramirez, Public Health Nurse Surveyor III</p> <p>The following federal deficiencies also reflect state findings in accordance with 410 IAC 16.2. Quality Review completed 10/12/12 by Ruth Shackelford, Medical Surveyor III.</p>	W0000	<p>By submitting the enclosed materials we are not admitting the truth or accuracy of any specific findings or allegations as part of my proceedings and submit these responses pursuant to our regulatory obligations. _____</p> <p>_____ Beverly Sayre Cowart Administrator</p>		

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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W0100	<p>440.150(c) ICF SERVICES OTHER THAN IN INSTITUTIONS "Intermediate care facility services" may include services in an institution for the mentally retarded (hereafter referred to as intermediate care facilities for persons with mental retardation) or persons with related conditions if:</p> <p>(1) The primary purpose of the institution is to provide health or rehabilitative services for mentally retarded individuals or persons with related conditions;</p> <p>(2) The institution meets the standards in Subpart E of Part 442 of this Chapter; and</p> <p>(3) The mentally retarded recipient for whom payment is requested is receiving active treatment as specified in §483.440.</p> <p>Based on observation, record review, and interview for 10 of 10 sampled clients (#1, #2, #3, #4, #5, #6, #7, #8, #9 and #10), and for 47 additional clients (clients #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, and #57), the Intermediate Care Facility failed to provide active treatment services for which the facility received payment.</p> <p>Findings include:</p> <p>The facility failed to meet the Condition of Participation: Active Treatment Services for clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, and #57. The facility</p>	W0100	The primary purpose of our facility is to provide health or rehabilitative services for mentally retarded individuals or persons with related conditions in a home like atmosphere. Refer to 195	11/04/2012			

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	<p>failed to ensure that each client received a continuous active treatment program which included aggressive, consistent implementation of a program of specialized training and related services including assessment, restrictive practices, personal skill training, program implementation, client choice, development of the IHP (Individual Habilitation Plan) and program monitoring. Please refer to W195.</p> <p>3.1-13(a)</p>			

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W0102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review, and interview, the Condition of Participation: Governing Body and Management was not met as the governing body failed to establish oversight over the facility to ensure the Conditions of Participation: Client Protections and Active Treatment Services, were met for 10 of 10 sample clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10) and 47 additional clients (clients #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, and #57) who lived in the facility. The governing body failed to establish administrative oversight to ensure the implementation of the facility's abuse and neglect prevention policy for an allegation of abuse/neglect, failed to ensure effective corrective action was completed to protect clients from abuse, neglect, and/or mistreatment and failed to provide oversight of facility restrictive practices and to encourage client choice, purchasing, and activities. The governing body failed to ensure staff supervision to</p>	W0102	<p>The Governing Body and Management Team meet on a regular basis to review the operations of the facility and to review resident participation in all areas of living. We strive to create a quality living situation. . <i>The facility's governing body (Interdisciplinary Team) reviewed and revised the Door Alarm Policy on 11-02-2012. Verbiage within the policy was revised to indicate that all door alarms shall be turned off during the hours of 8:00am-8:00pm daily. Door alarms with direct access to the facility parking lot and school zone entrance/exit will remain activated to ensure the safety of clients from direct exposure to continuous traffic (Att. A :1).</i></p> <p>Response #1 (11-06-2012)</p> <p>A. The facility's governing body (Interdisciplinary Team) reviewed and revised the Door Alarm Policy on 11-02-2012. Verbiage within the policy was revised to indicate that all door alarms shall be turned off during the hours of 8:00am-8:00pm daily. Door alarms with direct access to the facility parking lot and school zone entrance/exit will remain activated to ensure the safety of clients from direct exposure to continuous traffic</p>	11/04/2012			

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	<p>prevent falls and client to client physical aggression; failed to ensure client fund receipts were not combined; failed to ensure that each client received a continuous active treatment program which included assessment, restrictive practices, personal skill training, program implementation, client choice, and development of the IHP (Individual Habilitation Plan).</p> <p>Findings include:</p> <p>1. Please refer to W122 as the governing body failed to meet the Condition of Participation: Client Protections for 10 of 10 sample clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10) and 47 additional clients (clients #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, and #57). 1. The governing body failed to implement the facility's policy and procedure for incident reporting and thoroughly investigating an allegation for client #10 of suspected abuse/neglect; failed to provide staff supervision for falls and client to client physical aggression, and failed to implement client #28's behavior management plan. 2. Failed to complete</p>		<p>Response #2 (11-13-2012)</p> <p>The implication that this governing body actively uses door alarms designed and implemented for client safety as a measure of staff convenience is offensive and unappreciated. This governing body has assessed and reassessed the use of active door alarms that directly lead into high traffic entrances/exits. Facility exits that are used for school bus access and the service entrance/exit were assessed to pose a significant enough risk for potential harm to all clients that active door alarms were deemed necessary. It has been determined that if this governing body simply ignored the potential risks for injury through these entrances/exits would be a gross disregard for client safety. Both of these entrances/exits present direct access to moving traffic throughout the day. The school zone entrance/exit opens out directly onto the driveway that staff, families, visitors, delivery, school buses and other moving vehicles travel nearly constantly daily. The service entrance door entrance/exit is located within 5 steps of traffic which is also in constant motion by staff, visitors, families, and delivery and client departure points. Additionally, many of our vendors back up to the service entrance/exit to unload their products. Any client</p>				

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	<p>effective corrective action for incidents of client falls and client to client physical aggression. 3. Failed to ensure clients had access to both of their kitchens (with assistance as needed). 4. Failed to ensure the clients participated in various activities in the community. 5. Failed to ensure clients had the opportunity to purchase their own clothes. 6. Failed to ensure a record of client fund expenditures were not combined with other client funds.</p> <p>2. Please refer to W195 as the governing body failed to meet the Condition of Participation: Active Treatment Services for 10 of 10 sample clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10), and for 47 additional clients (clients #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, and #57). The governing body failed to ensure that each client received a continuous active treatment program which included aggressive, consistent implementation of a program of specialized training and related services including assessment, restrictive practices, personal skill training, program implementation, client choice, development of the IHP</p>		<p>that has an occasion to exit these egresses with or without regard for traffic safety or awareness for potential danger posed by traffic has the potential for immediate risk of injury. The potential for injury is lessened when clients are boarding or disembarking the school bus as these buses block the flow of traffic.</p> <p>Risk of potential harm can be catalogued by recent events occurring directly at the service door entrance/exit. On 11-2 -2012, the facility van was parked at the service entrance/exit (approximately seven feet from the door) waiting for a client to depart for a medical appointment with the ramp down. A moment before a client was being transported out the service entrance door, a delivery truck backed into and continued to move through the facility van (Att. A). When interviewed, the delivery truck driver stated that he did not see the van and he did not realize that he had hit the van and continued to move.</p> <p>The active door alarms at these entrances/exits provide staff with additional support should any client gain access to these exits whether they are assessed to be an egressment risk or not. If any client exits these high traffic exits and an attending staff member must pursue the client, the active alarm can be used as a sign of alert for additional</p>				

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	(Individual Habilitation Plan) and program monitoring. 3.1-13(a)		<p>staff if needed to ensure the safety of the client. The entrances/exits to the service entrances/exits are not locked. Any person may exit these entrances/exits freely and the alarm serves as an auditory awareness that someone has entered/exited these doors.</p> <p>This facility's definition of elopement is when one of our clients leaves the property. At the present time, this facility has assessed seven clients to be at risk for elopement. In addition, seven additional clients currently have court-ordered restricted visitation. In 2002, the ISBH survey team provided citations to this facility that required us to turn off the door alarms as a measure to maintain our certification. However, in May, 2003, the Life Safety Code surveyor provided approval for active door alarms as a measure of client safety. Parent, guardian, advocate or individual consent was obtained for the use of door alarms at that time and continues to be part of the admission process for signed consents.</p> <p>We appreciate that our facility is located in a residential setting, but your assessment does not recognize that access to main road (approximately 120 feet from the school zone door) and the access</p>		

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			<p>road to the high school (approximately 135 feet from the school zone doors). We would all like to think that our young high school drivers would be mindful of the speed limit and watch for pedestrians, however, this is not always true.</p> <p>However, if your individual assessment that our door alarms should not be activated during waking hours and that it is necessary to comply with state and federal regulations, all facility door alarms will be turned off between the hours of 8:00am and 8:00pm. This action will be implemented despite the assessment of this governing body, the opinions and written consents provided from guardians, parents and families, the obvious risks that have been outlined and the assessment by the Human Rights Committee and will done so in protest. The Human Rights Committee will review and discuss the door alarm policy as related to client safety and resident rights on 11-14-2012 for the third time in less than a month.</p> <p>Refer to W122 Refer to W195</p>		

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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview, and record review, the governing body failed for 10 of 10 sample clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10) and 47 additional clients (clients #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, and #57) to exercise operating direction for the following: 1. Failed to review and monitor the blanket restriction of door alarms for 57 of 57 clients living in the facility. 2. Failed to review and monitor the accounting procedures for client funds for client #1, and 3. Failed to complete routine maintenance and repairs inside program room #6 for 6 of 6 clients (clients #5, #6, #8, #23, #31, and #38).</p> <p>Findings include:</p>	W0104	<p>The governing body does and will continue to provide all necessary operating direction over the facility. Operating direction will be evidenced by review of and revision to the facility's Door Alarm Policy, facility accounting procedures and practices related to client funds and monitoring systems for routine maintenance and repairs within the facility. The facility's governing body (Interdisciplinary Team) reviewed and revised the Door Alarm Policy on 10-23-2012. Verbiage within the policy was revised to indicate that all door alarms shall remain activated at all times (Att. A). Reviewed and Revised . <i>The facility's governing body (Interdisciplinary Team) reviewed and revised the Door Alarm Policy on 11-02-2012. Verbiage within the policy was revised to indicate that all door alarms shall be turned off during the hours of 8:00am-8:00pm daily. Door alarms with direct access to the facility parking lot and school zone entrance/exit will remain activated to ensure the safety of clients from direct exposure to continuous traffic (Att. A :1).</i></p> <p>Response #1 (11-06-2012) A. The facility's governing body (Interdisciplinary Team) reviewed</p>	11/04/2012			

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			<p>and revised the Door Alarm Policy on 11-02-2012. Verbiage within the policy was revised to indicate that all door alarms shall be turned off during the hours of 8:00am-8:00pm daily. Door alarms with direct access to the facility parking lot and school zone entrance/exit will remain activated to ensure the safety of clients from direct exposure to continuous traffic</p> <p>Response #2 (11-13-2012)</p> <p>The implication that this governing body actively uses door alarms designed and implemented for client safety as a measure of staff convenience is offensive and unappreciated. This governing body has assessed and reassessed the use of active door alarms that directly lead into high traffic entrances/exits. Facility exits that are used for school bus access and the service entrance/exit were assessed to pose a significant enough risk for potential harm to all clients that active door alarms were deemed necessary. It has been determined that if this governing body simply ignored the potential risks for injury through these entrances/exits would be a gross disregard for client safety. Both of these entrances/exits present direct access to moving traffic throughout the day. The school zone entrance/exit opens out directly onto the driveway that staff, families, visitors, delivery, school</p>	

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			<p>buses and other moving vehicles travel nearly constantly daily. The service entrance door entrance/exit is located within 5 steps of traffic which is also in constant motion by staff, visitors, families, and delivery and client departure points. Additionally, many of our vendors back up to the service entrance/exit to unload their products. Any client that has an occasion to exit these egresses with or without regard for traffic safety or awareness for potential danger posed by traffic has the potential for immediate risk of injury. The potential for injury is lessened when clients are boarding or disembarking the school bus as these buses block the flow of traffic. Risk of potential harm can be catalogued by recent events occurring directly at the service door entrance/exit. On 11-2 -2012, the facility van was parked at the service entrance/exit (approximately seven feet from the door) waiting for a client to depart for a medical appointment with the ramp down. A moment before a client was being transported out the service entrance door, a delivery truck backed into and continued to move through the facility van (Att. A). When interviewed, the delivery truck driver stated that he did not see the van and he did not++ realize that he had hit the van and continued to move.</p> <p>The active door alarms at these</p>		

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			<p>entrances/exits provide staff with additional support should any client gain access to these exits whether they are assessed to be an elopement risk or not. If any client exits these high traffic exits and an attending staff member must pursue the client, the active alarm can be used as a sign of alert for additional staff if needed to ensure the safety of the client. The entrances/exits to the service entrances/exits are not locked. Any person may exit these entrances/exits freely and the alarm serves as an auditory awareness that someone has entered/exited these doors.</p> <p>This facility's definition of elopement is when one of our clients leaves the property. At the present time, this facility has assessed seven clients to be at risk for elopement. In addition, seven additional clients currently have court-ordered restricted visitation. In 2002, the ISBH survey team provided citations to this facility that required us to turn off the door alarms as a measure to maintain our certification. However, in May, 2003, the Life Safety Code surveyor provided approval for active door alarms as a measure of client safety. Parent, guardian, advocate or individual consent was obtained for the use of door alarms at that time and continues to be part of the admission process for signed consents.</p>	

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			<p>We appreciate that our facility is located in a residential setting, but your assessment does not recognize that access to main road (approximately 120 feet from the school zone door) and the access road to the high school (approximately 135 feet from the school zone doors). We would all like to think that our young high school drivers would be mindful of the speed limit and watch for pedestrians, however, this is not always true.</p> <p>However, if your individual assessment that our door alarms should not be activated during waking hours and that it is necessary to comply with state and federal regulations, all facility door alarms will be turned off between the hours of 8:00am and 8:00pm. This action will be implemented despite the assessment of this governing body, the opinions and written consents provided from guardians, parents and families, the obvious risks that have been outlined and the assessment by the Human Rights Committee and will done so in protest. The Human Rights Committee will review and discuss the door alarm policy as related to client safety and resident rights on 11-14-2012 for the third time in less than a month.</p> <p>A deviation of funds was granted by Medicaid to pay co-payments of perscriptions.</p>		

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			The amount varies from month to month. The check that was written on 7/19/12 for \$157.78 was for pharmacy co-pay for May in the amount of \$97.80 and for the co-pay for June in the amount of \$60.00. The check on 8/14/12 was for pharmacy co-pay for July in the amount of \$55.00. The check written on 6/22/12 for \$444.00 was for the months of 7/11 in the amount of \$34.98, 8/11 in the amount of \$24.00, 9/11 for \$21.00, 10/11 in the amount of \$37.00, 11/11 in the amount of \$40.11, 12/11 in the amount of \$51.90, 1/12 in the amount of \$55.00, 2/12 in the amount of \$50.00, 3/12 in the amount of \$85.00 and 4/12 for \$45.00. Client #1's Social Security checks are for \$864.00 and because of co-pay of pharmacy costs her liability has altered from January 2012 was \$380, Feb \$812, March \$812, April \$812, May \$812, June #368, July \$368, Aug - Oct. \$714 The remaining money is \$52.00 for Client #1's expenses and pharmacy co-pays and life insurance payment of \$29.06. (see attachment B) For resident funds the facility does follow guidance from Social Security, Medicaid and our State and Federal regulations. All program rooms and common areas were immediately reassessed for maintenance concerns. Monitoring systems for these areas were revised to	

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	<p>1. On 9-26-12 from 8:00 a.m. until 4:00 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, and #57 was conducted. During this time frame the front entrance alarm (north west exit) sounded more than 5 times.</p> <p>On 9-26-12 at 2:00 p.m. a record review of the facility's door alarm policy was conducted. The policy dated 4-11-06 indicated the door alarm of the front entrance (north west exit) would be actively alarmed at all times except for Monday through Friday from 8:00 a.m. until 4:00 p.m.</p> <p>On 9-26-12 at 2:45 p.m. an interview with facility staff #67 indicated facility staff #1 deactivated the door alarm at 2:40 p.m. to allow a driver out of the building without the alarm sounding.</p> <p>On 9-26-12 at 2:30 p.m. an interview with</p>		include weekly review by maintenance personnel (Att. C). The Governing Body will be responsible. The Administrator or their designee will monitor.				

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	<p>facility staff #65 indicated the door alarm should be shut off between 8:00 a.m. and 4:00 p.m. per the facility's policy.</p> <p>2. The facility's client financial records for clients #1, #3, #6, #10 and #14 were reviewed on 9/25/12 at 12:58 PM.</p> <p>Client #1's records indicated purchases of \$444.00 on 6/22/12, for \$157.88 on 7/9/12 and for \$55.00 on 8/14/12 for pharmacy medications. A notice from Indiana Family and Social Services Administration dated 5/16/12 indicated "Beginning on 6/1/12, you are responsible for paying a liability of \$368.00 to the facility where you are residing because: -INCREASE IN NON-MEDICAID COVERED MEDICAL EXPENSES RESULTING IN LOWER PATIENT LIABILITY."</p> <p>The Administrator was interviewed on 9/25/12 at 4:45 PM and stated client #1's expenditure for pharmacy bills was a "deviation" from medicaid and it was allowed for her expenses as a co-pay.</p> <p>3. On 9-24-12 from 2:15 p.m. until 6:15 p.m. an observation at the home of clients #5, #6, #8, #14, #23, #31, #38, #51 and #55 was conducted. Room 6 had an odor of human waste. The 4 ceiling vents were covered in dust. One ceiling vent had rust</p>						

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	<p>and dust which covered it. The window frames had scratched paint over half of the bottom trim. The red chair had ripped vinyl on the arm on a 6 inch by 2 inch area. The green chair at the table had the entire seat ripped and cracked.</p> <p>On 9-25-12 an observation at the home of clients #5, #6, #8, #14, #23, #31, #38, #51 and #55 was conducted. The green chair in room 6 had a 12 inch by 6 inch tear in the vinyl covering.</p> <p>On 9-24-12 at 4:20 p.m. an interview with facility staff #53 indicated she wasn't sure what the odor in room 6 was. She stated the odor "didn't smell good but it wasn't really bad either." On 9-24-12 at 4:20 p.m. an interview with facility staff #32 stated he couldn't smell anything because he "was getting over a sickness."</p> <p>On 9-26-12 at 5:00 p.m. an interview with facility staff #65 indicated room 6 should have the maintenance concerns taken care of and there was no documentation to review.</p> <p>3.1-13(a) 3.1-13(r)</p>						

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W0122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on observation, record review, and interview, for 10 of 10 sample clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10) and 47 additional clients (#11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, and #57), the Condition of Participation of Client Protections is not met. 1. The facility failed to implement the facility's policy and procedure for incident reporting and thoroughly investigating for client #10's allegation of suspected abuse/neglect, failed to provide staff supervision for falls and client to client physical aggression, and failed to implement client #28's behavior management plan. 2. Failed to complete effective corrective action for incidents of client falls and client to client physical aggression. 3. Failed to ensure clients had access to both of their kitchens (with assistance as needed). 4. Failed to ensure the clients participated in various activities in the community. 5. Failed to ensure clients had the opportunity to purchase their own clothes. 6. Failed to ensure a record of client fund expenditure</p>	W0122	The facility will ensure that specific client protections requirements are met. Refer to W149 Refer to W153 Refer to W154 Refer to W157 Refer to W125 Refer to W136 Refer to W137 Refer to W141	11/04/2012			

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	<p>receipts were not mixed with other client funds.</p> <p>Findings include:</p> <p>Please refer to W149. The facility neglected to implement their facility policy and procedure: 1. The facility neglected to immediately report, investigate, and report investigation results in accordance with state law for allegations of abuse, neglect, and/or mistreatment (client #10). 2. Neglected to prevent client to client physical aggression for 7 of 57 clients (clients #14, #42, #44, #47, #48, #51, and #55). 3. Neglected to provide staff supervision for 2 of 2 clients (clients #44 and #46) who had falls from a changing table while being assisted by facility staff. 4. Neglected to implement client #6's behavior management plan for physical aggression, and 5. Neglected to provide staff supervision for 2 of 4 clients who attended program room #4 (clients #28 and #50).</p> <p>Please refer to W153. The facility failed to immediately report an incident of suspected abuse and neglect to BDDS (Bureau of Developmental Disabilities Services) for 1 of 1 allegation of abuse and neglect for 1 of 10 sampled clients (client #10).</p> <p>Please refer to W154. The facility failed to</p>						

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	<p>document a thorough investigation for 1 of 1 allegation of abuse and neglect for 1 of 10 sampled clients (client #10).</p> <p>Please refer to W157. The facility failed to complete effective corrective action for the following incidents: 1. Failed for 8 of 8 incident reports of client to client physical aggression regarding 7 of 57 clients (clients #14, #42, #44, #47, #48, #51, and #55), and 2. Failed to provide staff supervision for 3 of 3 incident reports for falls regarding 2 of 2 clients (clients #44 and #46) who had fallen from a changing table while being assisted by facility staff.</p> <p>Please refer to W125. The facility failed to ensure clients had access to both of their kitchens (with assistance as needed) for 10 of 10 sampled clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10) and 47 additional clients (#11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, and #57) and failed for 5 of 5 clients in group 4 (#2, #28, #42, #48, #50) to ensure the facility did not restrict access to the dining room.</p> <p>Please refer to W136. The facility failed to</p>						

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	<p>ensure the clients participated in various activities in the community on a regular and/or ongoing basis for 10 of 10 sampled clients (#1, #2, #3, #4, #5, #6, #7, #8, #9 and #10).</p> <p>Please refer to W137. The facility failed to ensure 9 of 10 sample clients (clients #1, #3, #4, #5, #6, #7, #8, #9, and #10) were provided with age appropriate activities and failed to ensure 2 of 10 sampled clients (clients #3 and #10) had the opportunity to purchase their own clothes.</p> <p>Please refer to W141. The facility failed to ensure a record of client fund expenditure receipts were not mixed with other client funds for 5 of 10 sampled clients (clients #1, #2, #6, #9, #10) and 7 additional clients (clients #21, #14, #34, #38, #42, #48 and #51).</p> <p>3.1-3(a) 3.1-27(a)</p>						

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W0125	<p>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.</p> <p>Based on observation, record review, and interview, the facility failed for 10 of 10 sampled clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10) and 47 additional clients (#11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, and #57) to ensure they had access to both of their kitchens (with assistance as needed), and for 5 of 5 clients in group 4 (#2, #28, #42, #48, #50) to ensure the facility did not restrict access to the dining room.</p> <p>Findings include:</p> <p>1. On 9-24-12 from 2:15 p.m. until 6:15 p.m. an observation was conducted at the home of clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40,</p>	W0125	The recreational kitchen did have a padlock on the door that acted as a closure. The latching mechanism was broken, requiring maintenance personnel to use a padlock to keep the folding doors closed during times of kitchen inactivity. Maintenance personnel have repaired the latching mechanism and the padlock has been removed. Latching doors to the recreational kitchen were installed as a natural barrier during active play during the construction of the addition of the building. The facility refrigerator/freezer room will be unlocked during regular dietary hours (approximately 3:00am to 8:00pm) to allow client access to this area as needed or desired. Clients do have access to the facility kitchen. Daily fluid and snacks are now retrieved by clients from their own program rooms. Specialized requests will be afforded to those clients who express a desire for those items. Clients will access desired snacks via the facility kitchen and provided with a choice of desired items. The sign posted outside one of the main kitchen entrances	11/04/2012			

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	<p>#41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, and #57. At 2:30 p.m. the recreational kitchen was locked. Facility staff #114 indicated the recreational kitchen was kept locked unless clients participated in cooking class on Thursdays with facility staff. Facility staff #114 stated the recreational kitchen was kept locked in case "clients escaped from their program rooms." Facility staff #114 indicated clients were not allowed in the cooking kitchen only facility staff could go into that kitchen.</p> <p>On 9-26-12 at 2:50 p.m. an interview with facility staff #80 indicated clients were not allowed in the refrigerator/freezer room or in the kitchen where clients' meals were prepared and their food was stored.</p> <p>On 9-25-12 at 10:00 a.m. an interview with facility staff #47 indicated clients did not have access to their kitchen unless they had cooking class. If clients in room 6 wanted a drink facility staff would use the pitcher of water or juice kept in the bathroom to get the clients a drink. Facility staff #47 also indicated the kitchen facility staff would bring pitchers of drinks to the program rooms so no one would have to leave the room.</p>		<p>stating, "If you are not dietary staff or maintenance staff, stay out of the kitchen", has been removed. This sign was posted as a deterrent for facility staff not as a measure to restrict client access to the kitchen. Clients do have access and will continue to have access to the main kitchen and dietary staff. Additionally, doors to the main kitchen will remain unlocked during regular dietary hours (approximately 3:00am to 8:00pm) daily. Finally, Clients #2, 28, 42, 48 and 50 were served their meal in program room 4 as a measure to reduce social anxiety and increase mealtime success. As a measure to increase cited clients success for social interaction during meals, modifications have been implemented to their dining experience. Cited clients will be integrated with additional clients during their daily meals. Additionally, the clients identified will participate in family style dining opportunities in both the facility dining room and the recreational kitchen area. The Interdisciplinary Team will review all minutes from Behavior Management, Resident Council and Human Rights Committee meetings to ensure that restrictive practices are not implemented prior to approvals, assessment and objectives as needed. Interdisciplinary Team is responsible. Administrator will monitor.</p>				

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	<p>On 9-25-12 at 10:25 a.m. an interview with facility staff #55 indicated clients did not get to go to the kitchen to get a drink or a snack but facility staff can call the kitchen and the kitchen staff will bring the clients a snack.</p> <p>On 9-26-12 at 10:00 a.m. a record review for client #5 was conducted. The Professional Assessment Summary (PAS) dated 9-25-12 did not indicate any restrictions to either of his kitchens with or without assistance. The Cooking Class dates client #5 had access to his kitchens were 9-21-11, 2-23-12, 4-26-12, and 8-2-12.</p> <p>On 9-26-12 at 8:00 a.m. a record review for client #6 was conducted. The PAS dated 9-25-12 did not indicate any restrictions to either of his kitchens with or without assistance. The Cooking Class dates client #6 had access to his kitchens were 9-21-12, 4-5-12 and 8-10-12.</p> <p>On 9-26-12 at 2:30 p.m. a record review for client #8 was conducted. The PAS dated 7-12-12 did not indicate any restrictions to either of his kitchens with or without assistance. The Cooking Class dates client #8 had access to his kitchens were 10-21-11, 2-23-12, 4-19-12 and 5-31-12.</p>						

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	<p>Client #4's records were reviewed on 09/26/12 at 8:30 AM. The IHP dated 02/21/12 did not indicate any restrictions with or without assistance to the kitchen.</p> <p>Client #7's records were reviewed on 09/26/12 at 9:46 AM. The IHP dated 06/27/12 did not indicate any restrictions with or without assistance to the kitchen.</p> <p>Client #9's records were reviewed on 09/26/12 at 11:00 AM. The IHP dated 05/10/12 did not indicate any restrictions with or without assistance to the kitchen.</p> <p>On 09/26/12 at 11:56 AM an interview with the QMRP #65 (Qualified Mental Retardation Professional) was conducted. The QMRP indicated assessments should be conducted and clients should have access to areas of the building as assessed.</p> <p>2. During the observation periods on 9/24/12 from 2:11 PM until 2:44 PM, there was a sign on the kitchen door indicating "If you are not dietary staff or maintenance staff, stay out of the kitchen."</p> <p>Client #1's record was reviewed on 9/26/12 at 2:30 PM. Client #1's records failed to indicate a need to lock the kitchen area from client #1's access.</p>						

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	<p>Client #3's record was reviewed on 9/26/12 at 9:06 AM. Client #3's records failed to indicate a need to lock the kitchen area from client #3's access.</p> <p>Client #10's record was reviewed on 9/25/12 at 1:50 PM. Client #10's records failed to indicate a need to lock the kitchen area from client #10's access.</p> <p>The Cooking Class dates for clients' records were reviewed on 10/1/12 at 9:45 AM and indicated the following and had access to the kitchen: -client #1 attended cooking class on 10/6/11, on 1/5/12, on 2/16/12, 4/12/12, and 7/19/12. -client #3 attended cooking class on 10/6/11, 1/5/12, and 2/23/12. -client #10 attended cooking class on 4/12/12, 7/5/12, and 8/30/12.</p> <p>QMRP (Qualified Mental Retardation Professional) #63 was interviewed on 9/26/12 at 6:30 PM and indicated there was no reason clients #1, #3, #10 could not access the kitchen with supervision and should be allowed access to the area.</p> <p>3. On 9/24/12 from 4:15pm until 5:50pm, clients #2, #28, #42, #48, and #50 were inside program room #4 with QMA</p>						

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	<p>(Qualified Medication Aide) #97, Facility Staff (FS) #32, and FS #40. At 4:15pm, the dietary cart was brought into the program room and QMA #97 and FS #32 placed the table cloth on the table, passed out the prepared foods, and clients #2, #28, #42, #48, and #50 consumed their meal inside the program room. At 5pm, FS #32 and QMA #97 both stated clients #2, #28, #42, #48, and #50 did not attend meals in the dining room because of behaviors and consumed "all" meals inside program room #4.</p> <p>On 9/25/12 at 7:22am, clients #2, #28, #42, #48, and #50 consumed their pre set breakfast meals inside program room #4 served by QMA #97 and FS #31 and were not permitted to attend the meal in the dining room.</p> <p>Client #2's record was reviewed on 9/25/12 at 9:50am. Client #2's 3/13/12 IHP (Individual Habilitation Plan) did not include the restriction from attending meals in the dining room. Client #2's 9/4/12 "Dietary Progress Notes" did not indicate the restriction from the use of the dining room for meals.</p> <p>Client #28's record was reviewed on 9/26/12 at 3:35pm. Client #28's 9/4/12 "Dietary Progress Note" did not indicate the restriction from the use of the dining</p>			

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	<p>room for meals.</p> <p>Client #42's record was reviewed on 9/26/12 at 3:30pm. Client #42's 9/4/12 "Dietary Progress Note" did not indicate the restriction from the use of the dining room for meals.</p> <p>Client #48's record was reviewed on 9/26/12 at 3:40pm. Client #48's 8/21/12 "Dietary Progress Note" did not indicate the restriction from the use of the dining room during meals.</p> <p>Client #50's record was reviewed on 9/26/12 at 3:45pm. Client #50's 6/27/12 "Annual Nutritional Assessment" and 7/6/12 IHP did not indicate the restriction from the use of the dining room for meals.</p> <p>Interview was conducted on 9/26/12 at 5pm, with QMRP (Qualified Mental Retardation Professional) #63 and QMRP #65. Both QMRP #63 and QMRP #65 stated clients #2, #28, #42, #48, and #50 who attended program room #4 were restricted from the dining room because of behaviors and each client "had not been assessed" for the restriction from the use of the facility dining room during meals.</p> <p>3.1-3(a)(1) 3.1-3(c) 3.1-3(d)</p>						

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W0136	<p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>Based on interview and record review for 10 of 10 sampled clients (#1, #2, #3, #4, #5, #6, #7, #8, #9 and #10), the facility failed to ensure the clients participated in various activities in the community on a regular and/or ongoing basis.</p> <p>Findings include:</p> <p>1. Client #4's Monthly Activity Records from 01/12 to 08/12 were reviewed on 09/26/12 at 8:30 AM. Client #4's Monthly Activity Record indicated client #4 participated in an activity/outing in the community on 03/22/12 - walk with neighbors; 04/17/12 - current events/riding and watching the scenery; 05/31/12 - getting groceries; 06/12/12, 07/27/12 and 08/07/12 - recycling center trip - watching recycling process.</p> <p>Client #7's Monthly Activity Records from 01/12 to 08/12 were reviewed on 09/26/12 at 9:46 AM. Client #7's Monthly Activity Record indicated client #7 participated in an activity/outing in the community on 01/06/12 - recycling center</p>	W0136	<p>All clients are afforded the opportunity for community involvement and outing variation. Commensurate with individual levels of involvement, all clients participate in community outings of individual interest and independent participation. To further increase each client's level of community involvement, the Activities Director and support staff will continue to address client preferences through annual leisure assessments and monthly log review and revision (Att. D) The Quarterly Review Committee will review all community-based activities specific to individual clients during their scheduled review time. The Quarterly Review Committee will review all outings and assess for commonalities or established patterns for revision as needed. The Activity Director is responsible. The Quarterly Review Committee will monitor.</p>	11/04/2012			

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	<p>trip; 02/23/12 - recycling center trip; 03/13/12 - park; 03/20/12 - out to dinner; 03/27/12 - community food bank; 04/04/12 - grocery shopping; 04/09/12 - community trip to ride on van; 05/10/12 - grocery shopping; 06/19/12 - recycling center - watched people work; 07/09/12 - out to dinner and 08/14/12 - community food bank.</p> <p>Client #9's Monthly Activity Records from 01/12 to 08/12 were reviewed on 09/26/12 at 11:00 AM. Client #9's Monthly Activity Record indicated client #9 participated in an activity/outing in the community on 01/13/12 - winter cruise outing - watching people and cars; 02/23/12 recycling center trip; 03/07/12 - auto store trip - ride to/from the store; 03/28/12 - neighborhood walk; 04/12/12 and 04/20/12 - recycling center - watched people work; 05/03/12 - fishing trip; 06/22/12 - snack trip; 07/27/12 -zoo and 08/22/12 - shopping trip.</p> <p>Interview with the Activity Director (AD) #71 on 09/26/12 at 3:19 PM stated it was the agency's policy to take the clients out into the community, "once a month." The AD indicated the clients should participate in a variety of outings.</p> <p>2. Client #2's Monthly Activity Records from 01/12 to 08/12 were reviewed on</p>						

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	<p>09/26/12 at 11:00 AM. Client #2's Monthly Activity Record indicated client #2 participated in an activity/outing in the community on 3/9/12 - Out to eat at fast food restaurant, 4/21/12 - Out to eat at fast food restaurant, 7/24/12 - Out for Dinner, and 9/13/12 - Out to eat pizza.</p> <p>Interview with the Activity Director (AD) #71 on 09/26/12 at 3:19 PM stated it was the agency's policy to take the clients out into the community, "once a month." The AD indicated the clients should participate in a variety of outings.</p> <p>3. The agency's Monthly Activity Records for clients #1, #3 and #10 provided by the social worker/activity director #71 were reviewed on 9/26/12 at 2:00 PM and indicated the following:</p> <p>Client #1's activity records indicated client #1 attended community activities on 1/10/12 for school kids night out, "smiled and laughed," on 2/27/12 for a scavenger hunt, "watched for items/smiled," on 3/6/12, 3/13/12, 4/17/12, 5/22/12, 8/14/12, 8/28/12 "[community group name]...enjoyed socializing," on 3/14/12 out to lunch, "enjoyed [name of restaurant] for lunch," on 3/8/12 Arts and Crafts, "enjoyed the park/making designs in chalk," on 4/3/12, out to dinner, on 4/4/12, shopping trip,</p>			

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	<p>"enjoyed getting new clothes," on 4/10/12, "Current Events Outings, "enjoyed going shopping," on 4/19/12, "Toy Shopping...enjoyed buying items," on 5/4/12 for a recycling trip, "enjoyed watching the recycling process," on 5/25/12 Banquet and Awards ceremony, "enjoyed getting awards and eating lunch," on 6/6/12 church camp, "enjoyed socializing/swimming," 6/14/12 "[name of amusement park], "enjoyed the rides/laughed," on 7/6/12, "Current Events Outing...Enjoyed watching scenery/riding the bus," on 7/16/12 "out to lunch at [name of restaurant]...enjoyed eating out for lunch," on 7/27/12, snack trip, "enjoyed a soft drink," on 8/6/12, Fair, "enjoyed seeing attractions/animals," and on 8/9/12 grocery shopping, "enjoyed selecting foods for class." Client #1's record was reviewed on 9/26/12 at 2:30 PM. Client #1's records failed to indicate additional opportunities for community access/activities. Client #1's record did not indicate the outside location of each activity.</p> <p>Client #3's activity records indicated client #3 attended community activities on 1/10/12 for School Kid's night out, "laughed and smiled," community food bank on 2/28/12, and 8/7/12, "enjoyed singing and vocalizing," on 3/11/12 walk with the neighbors, "enjoyed walking</p>			

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	<p>outside," on 3/28/12, Arts and Crafts, "enjoyed the park/making designs in chalk," on 4/3/12 Current Events Outing, "enjoyed going to the park," on 4/9/12, "[community group]...enjoyed socializing," on 5/15/12, out to dinner, "enjoyed going out to dinner," on 5/25/12, Banquet and Awards Ceremony, "enjoyed getting awards and eating lunch," on 6/13/12, out to the park, "had fun swinging," on 6/27/12 grocery shopping, "enjoyed going to grocery shopping," on 7/19/12, recycling center, "enjoyed watching the workers/riding," on 7/27/12, snack trip, "enjoyed a soft drink." Client #3's record was reviewed on 9/26/12 at 9:06 AM. Client #3's records failed to indicate additional opportunities for community access/activities. Client #3's record did not indicate the outside location of each activity.</p> <p>Client #10's activity records indicated client #10 attended community activities on 1/3/12 School Kids Night Out, "enjoyed riding and the snack," on 2/27/12 scavenger hunt, "watched for items/smiled," on 3/30/12 grocery shopping, "enjoyed socializing/picking out the meal," on 4/4/12, shopping trip, "enjoyed getting new clothes," on 5/15/12 out to dinner, "enjoyed going out for dinner, on 6/5/12 recycling center trip, "enjoyed watching the recycling process,</p>						

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	<p>on 7/4/12, recycling center trip, "enjoyed the ride and watching workers," on 8/3/12 snack trip, "enjoyed going out for a snack," on 8/8/12 Fair, "enjoyed the sights and sounds." Client #10's record was reviewed on 9/25/12 at 1:50 PM. Client #10's records failed to indicate additional opportunities for community access/activities. Client #10's record did not indicate the outside location of each activity.</p> <p>The records failed to indicate clients #1, #3 or #10 were taken to select their clothing on 8/14/12 (client #10), on 8/14/12 (client #3), or that client #1 was taken on 1/13/12 to choose and purchase her DVD player.</p> <p>The Activities Director was interviewed on 9/26/12 at 3:19 PM and stated it was the agency's policy to take clients out into the community "once a month." He indicated the clients should participate in a variety of outings.</p> <p>4. On 9-26-12 at 10:00 a.m. a record review for client #5 was conducted. The Monthly Activity Record dated 1-1-12 through 8-26-12 indicated client #5 went to the recycling center on 1-10-12, 2-24-12, 4-20-12, 5-14-12, 7-4-12 (watched the workers) and 8-14-12, he went to hardware store on 3-8-12, he went</p>						

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	<p>to the park on 3-28-12 (made designs with chalk), he went shopping on 4-10-12, went fishing on 5-9-12, went to church camp and out to eat on 6-6-12.</p> <p>On 9-26-12 at 8:00 a.m. a record review for client #6 was conducted. The Monthly Activity Record dated 1-1-12 through 8-26-12 indicated client #6 went to the recycling center on 1-10-12, 3-30-12, and 5-16-12, he went out to eat on 2-28-12, 4-16-12, 6-22-12, and 8-8-12.</p> <p>On 9-26-12 at 2:30 p.m. a record review for client #8 was conducted. The Monthly Activity Record dated 1-1-12 through 8-26-12 indicated client #8 went to the recycling center on 3-2-12, he went to a craft store on 1-9-12, he went to the grocery store on 2-1-12 and 4-25-12, he went out to eat on 2-16-12 and 4-17-12 he went to the zoo and out to dinner on 3-24-12, he went fishing on 5-3-12, he went to amusement park on on 6-14-12, he went on a snack trip and purchased a drink on 7-27-12, and he went bowling on 8-2-12.</p> <p>The Activities Director was interviewed on 9/26/12 at 3:19 PM and stated it was the agency's policy to take clients out into the community "once a month." He indicated the clients should participate in a variety of outings.</p>						

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W0137	483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.	W0137	All clients will be offered promotion of growth and independence through client choices of both age appropriate and client preferred selections of activity and training supplies. While many of the programmatic supplies may not have been categorized as chronologically age appropriate; individual clients often express personal preference for these items when provided a choice of items. However, all clients will be provided with training supplies that may better promote more age-appropriate training opportunities. Programming training supplies have been modified to more closely accommodate client's chronological ages. Items identified as client preference or those items that clients have purchased that may not be considered age appropriate will be made available to individual clients during the appropriate times, such as leisure opportunities. Staff will be trained through all-staff inservicing and small group training opportunities to enable staff to better recognize the necessary supplies required for	11/04/2012	

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	<p>Based on observation, record review, and interview, the facility failed to assure 9 of 10 sampled clients were provided with age appropriate activities (clients #1, #3, #4, #5, #6, #7, #8, #9 and #10) and 2 of 10 sampled clients (clients #3 and #10) had the opportunity to purchase their own clothes.</p> <p>Findings include:</p> <p>1. Observations were conducted at the facility on 09/24/12 from 2:15 PM until 3:15 PM, 09/25/12 from 9:37 AM until 11:38 AM and on 09/25/12 from 1:24 PM until 3:24 PM. During the observation times client #4 was offered a plastic cut out ball and a toy with pop up animals, client #7 was offered a toy with pop up animals, a crocodile toy xylophone, and client #9 was offered a plastic item with plastic bolts, a toy with pop up animals and the crocodile toy xylophone. Items available in the room also included a stuffed bunny, plastic toy trucks and child rattles.</p>		<p>active treatment training. As new staff are hired in-servicing training will occur. New staff will also be included in the all-staff inservicing and small group training opportunities. The Staff Developmental trainer and the QMRP's are responsible for the training of staff.</p>		

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	<p>During the observation periods in program room #5 on 9/24/12 the following was observed: From 2:55 PM until 3:15 PM, clients #1 and #10 were in program room 5 where coloring activity was offered and a cartoon video was playing. Client #1 watched the video periodically, and client #10 sat without activity. From 3:55 PM until 5:05 PM, staff #25 asked client #10 to hit a "Little Tykes" toy drum with a drum stick client #10 had in his mouth. Client #10 hit the drum once with the stick and was later offered stacking juvenile cups and prompted by staff #25 to identify which was bigger. Client #10 was then offered wire and beads to string, but he did not string the beads. Client #3 was prompted to engage in rolling Play Doh while sitting on the floor. Client #1 used children's coloring markers to make a flower, then colored pictures in a coloring book. There were no additional activities or materials offered.</p> <p>During the observation period on 9/25/12: from 6:14 AM until 7:14 AM, clients were in a large room adjacent to the dining room in an activity called "assembly." Activities on the tables included alphabet and color matching using juvenile materials, toy cars and magazines. Client #1 was offered a</p>			

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	<p>magazine during the observation, but refused. From 2:55 PM until 3:06 PM in room 5, clients #10 and client #3 were offered toy maracas to shake and a barrel of toy monkeys to hold. There were no additional activities or materials offered.</p> <p>During the observation period on 9/26/12 from 3:50 PM to 4:20 PM in group 5, client #10 had a monkey from a barrel of monkeys in his mouth, and client #3 was asked to pick up a purple children's marker. Staff #25 indicated client #10 was to hold the monkeys up in the air in a connected line. Client #1 was asked if she wanted to color, but she declined. There were no additional activities or materials offered.</p> <p>During the observation period in program room on 9/26/12 from 4:50 PM until 5:25 PM, client #10 sat with a monkey stuffed in his mouth without intervention from staff #25 and #45 until the surveyor brought it to their attention. Client #10 continued to hold or put a monkey into his mouth, or to put his hands in his pants during the remainder of the observation. The Director of Nursing #1 came into the room at 5:07 PM and indicated to staff to offer a choice of another activity to client #10. Staff #45 then made a bracelet from pipe cleaner type of material and placed it on client #10's wrist without engaging</p>						

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	<p>him in making the bracelet. Client #10 was then given stacking cups and placed one of them in his mouth. During the observation period, client #47 made a mask out of construction paper and yarn. There were no additional activities or materials offered for clients #1, #3, and #10.</p> <p>Client #1's activity records were reviewed on 9/26/12 at 2:00 PM and indicated client #1 went out on 4/19/12, "Toy Shopping...enjoyed buying items."</p> <p>Client #1's record was reviewed on 9/26/12 at 2:30 PM. Client #1's records indicated she attended high school.</p> <p>Client #3's record was reviewed on 9/26/12 at 9:06 AM. Client #3's record indicated she attended high school.</p> <p>Client #10's record was reviewed on 9/25/12 at 1:50 PM. Client #10's record indicated he attended high school.</p> <p>The Qualified Mental Retardation Professional (QMRP) #63 was interviewed on 9/26/12 at 6:30 PM. When asked about the presence of infant and toddler toys and lack of age appropriate materials noted in the observations, she indicated the materials offered were consistent with the clients'</p>						

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	<p>cognitive levels.</p> <p>2. On 9-24-12 from 2:15 p.m. until 6:15 p.m. an observation at the home of clients #5, #6, and #8 was conducted. In program room 6 clients #5, #6, and #8 had children's activities (see and say, musical baby toys) to use to occupy their time.</p> <p>On 9-25-12 from 6:15 a.m. until 7:40 a.m. an observation at the home of clients #5, #6, and #8 was conducted. In the recreation room client #8 had children's activities (legos, busy box, spin tops) to use to occupy his time. In room 6 a tote full of children's activities (a giraffe spinner, musical toys) was offered to clients #5, #6, and #8.</p> <p>On 9-25-12 from 9:45 a.m. until 12:15 p.m. an observation at the home of client #5, #6, and #8 was conducted. In room 6 clients #5, #6, and #8 were prompted to use children's activities (see and say, playing in shaving cream, children's books).</p> <p>On 9-25-12 from 1:30 p.m. until 2:35 p.m. an observation at the home of clients #5, #6, and #8 was conducted. In room 6 a tote of children's activities was available for clients #5, #6, and #8 to use to occupy their time.</p>						

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	<p>On 9-25-12 at 11:20 a.m. an interview with facility staff #55 indicated the active treatment supplies in room 6 were not age appropriate activities for adults over the age of 18.</p> <p>On 9-25-12 at 11:20 a.m. an interview with facility staff #47 stated the active treatment supplies in room 6 were not age appropriate activities but they were activities for the "level" of the clients in the room.</p> <p>On 9-24-12 at 3:45 p.m. an interview with facility staff #53 indicated clients #5, #6, and #8 were all at least 18 years of age.</p> <p>3.1-9(a)</p>				

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W0141	<p>483.420(b)(1)(ii) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that precludes any commingling of client funds with facility funds or with the funds of any person other than another client.</p>	W0141	<p>The facility respectfully suggests that the integrity of this tag has and was met. Findings for this tag state that more than one client's purchases were made using a single receipt, only clients had shopping items on this receipt. Guidance for this tag suggests that client funds should not be commingled with facility funds or purchases for any other person other than another client. For each finding cited, all purchases that were made on a single receipt were client purchases. In the future, each client will have their own receipt for shopping items, unless a group discount is offered or a vendor refuses to give separate receipts.</p> <p><i>Reviewed and Revised</i></p> <p><i>In the future, each client will be assisted to go shopping as assessed and an individual receipt will be provided for each individual's purchases as they choose their own items. The receipt will have an outing sheet attached to show who accompanied them on their shopping, snack, entertainment,</i></p>	11/04/2012	

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	<p>Based on record review and interview, the facility failed for 5 of 10 sampled clients (clients #1, #2, #6, #9, #10, and 7 additional clients (clients #21, #14, #34, #38, #42, #48 and #51) to ensure the records of their fund expenditure receipts were not mixed with other clients.</p> <p>Findings include:</p>		<p><i>etc. trip. An accounting of each individuals spending is and will be kept for review. The accounting sheet will contain individual purchases, the price, total amount, where purchase was made and if it was cash or check. The quarterly accounting statement is sent to each guardian or responsible party each quarter.</i></p> <p><i>An individual inventory does and will continue to be kept for each client. The inventory list contains date purchased, what was purchased, when it was marked and placed in the clients room. When a client has something to be disposed of the date of disposal, what is to be disposed of, and the reason for disposal. See attachment (B:1)</i></p> <p>The Activity Director/Social Designee will be responsible. The Administrator will monitor.</p>		

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	<p>The facility's client financial records for clients #1, #3, #6, #10 and #14 were reviewed on 9/25/12 at 12:58 PM. The following was found during the record review:</p> <ul style="list-style-type: none"> -Client #1's records indicated an entry dated 1/13/12 of 74.77 for a DVD player. -Client #6's records indicated an entry dated 1/4/12 for 40.52 for shoes, and on 8/24/12 and entry of 20.05 for shoes. -Client #10's records indicated an entry dated 4/4/12 of 191.88 for clothing. -Client #14's records indicated an entry of 70.05 on 6/25/12 for clothing and an entry dated 8/14/12 of 13.77 for clothing. <p>Receipts for the entries were reviewed on 9/26/12 at 9:30 AM, and indicated the receipt for client #14's entry of 70.05 dated 6/22/12 also included purchases for clients #21, #2, #9 and #13. The receipt for client #14's entry dated 8/14/12 for 13.77 also included purchases for client #51. Client #6's receipt dated 1/4/12 for entry 40.52 also included purchases for client 34, and the receipt dated 8/24/12 for entry 20.05 also included purchases for clients #38, #48, and #42. The receipt for client #10's entry of 191.88 dated 4/4/12 also included purchases for client #1. The receipt for client #1's purchase dated 1/13/12 also included a purchase for client #16.</p>						

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	The Administrator was interviewed on 9/26/12 at 12:58pm and indicated individual client purchases were put on one receipt with other clients' purchases and one check was written from the client trust fund. 3.1-6(e)				

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on observation, record review, and interview, the facility neglected to implement their facility policy and procedure: 1. Neglected to immediately report, investigate, and report investigation results in accordance with state law for allegations of abuse, neglect, and/or mistreatment (client #10). 2. Neglected to prevent client to client physical aggression for 7 of 57 clients (clients #14, #42, #44, #47, #48, #51, and #55). 3. Neglected to provide staff supervision for 2 of 2 clients (clients #44 and #46) who had falls from a changing table while being assisted by facility staff. and 4. Neglected to provide staff supervision for 2 of 4 clients who attended program room #4 (clients #28 and #50).</p> <p>Findings include:</p> <p>1. Client #10's communication logs between school and the agency were reviewed on 9/25/12 at 10:41 AM. The log for client #10 included an entry dated 9/13/12 indicating a home comment from QMRP (Qualified Mental Retardation Professional) #65 indicated client #10 "came home with duct tape on his brief,</p>	W0149	The facility did implement strategies to secure the safety of client #10 following the incident on 9-13-2012 involving outside services. The facility did not follow their Abuse and Neglect Policy to report rumored allegations of abuse or neglect in regards to this identified incident. This facility utilizes social services as the primary liaison to the school system as a means to facilitate open and consistent communication exchanges through one channel. As a result, social services initiated safety measures, nursing intervention, Administrative notification and subsequent investigatory techniques. As a result, reporting and investigatory techniques were not fully completed as outlined in the facility's policy. All future incidents of alleged incidents of abuse and neglect will be conducted by the Program Director as per the guidelines of the Abuse and Neglect Policy. Additionally, the facility did implement their Abuse and Neglect Policy regarding the cited incidents of biting. The Interdisciplinary Team reviewed all aspects of the noted events and concluded that the policy was exercised per the requirements of that policy. However, upon the	11/04/2012			

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	<p>stuck to the hair and skin at his waistline. Can you tell me why this happened? We had to use hair grease to remove it. Is this a new form or restraint. Does he need a belt?"</p> <p>Client #10's teacher was interviewed on 9/25/12 at 11:35 AM and indicated the incident on 9/13/12 involving client #10 had been investigated and the agency would have a copy of the results of the investigation.</p> <p>Upon review of the reportable incidents on 9/26/12 at 11:50 AM, there was no incident report and no evidence of the incident being reported to the administrator of the agency or of an investigation into the incident involving client #10 on 9/13/12.</p> <p>Client #10's records were reviewed on 9/25/12 at 1:50 PM, and did not indicate a nursing assessment of client #10's skin after returning home from school with duct tape on his skin on 9/13/12.</p> <p>The QMRP #65 was interviewed on 9/25/12 at 2:42 PM. She indicated it was her understanding the incident had been investigated and was the result of school personnel taping client #10's brief to the hand rail to facilitate ease of changing his brief, and the tape inadvertently stuck to</p>		<p>review the Behavior Management policy was revised to include procedures to marry programmatic strategies with behavioral intervention methodologies. These strategies are designed to increase potential attainment of appropriate social interaction skills among and between all clients. Further, incidents regarding client's falls from changing tables were addressed by individual incidents. In the future, any client who incurs a fall from a changing table will be taken to their own bed for changing purposes. Additional training, through an all-staff inservice was conducted on 10-15-2012 and will be repeated on 10-30-2012. This inservice will include staff protocol when clients are being supervised on changing tables. Lastly, it is this facility's objective to maintain optimal levels of supervision for all clients, including client #50. Facility staff #31, who was responsible for supervision for all clients in group room 4 was given a verbal counseling and subsequent inserving regarding the need for supervision of individual clients, methods to ensure that maximum levels of supervision are maintained and protocols to ensure that supervisory levels are continuous. Re-training, through all-staff inservicing, was conducted on 10-15-2012 (Att. E) and will be repeated on</p>		

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	<p>client #10's skin. She indicated initially there was suspicion of abuse or neglect and the clients were all kept home from school until the incident was investigated. She indicated the social worker had completed the investigation.</p> <p>The Administrator was interviewed on 9/25/12 at 2:44 PM. She indicated she had been notified immediately of the incident involving client #10, and the social worker had completed a written investigation and was still in training. She indicated it is the policy of the agency to report all suspected abuse and neglect within 24 hours to BDDS (Bureau of Developmental Disabilities Services). She indicated the incident had not been reported to BDDS.</p> <p>The social worker's written investigation into the incident was reviewed on 9/26/12 at 2:46pm. The investigation which indicated an entry dated 9/13/12 indicated an e-mail was sent to the school on 9/13/12 to notify school personnel the clients would not be at school on 9/14/12 and to request that a meeting be set up with the client's teacher, principal and charge person for special education. The entry indicated client #10 had a "light" pink area with no discomfort, and that nursing was notified. An entry dated 9/14/12 indicated the school principal had</p>		<p>10-30-2012. Individualized training will be provided as incidents are identified. Random, in-service training will be completed by the staff trainer to further ensure that these strategies are practiced and understood. In addition, staff will be in-serviced during a staff in-service meeting to further ensure retention of this information. The Staff Trainer will in-service new staff as they are hired and will be included in the random in-services as they are given. The QMRP's will monitor for needed in-services and staff appropriate interactions</p>				

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	<p>called and told the social worker that "in a rush" to change client #10's brief, the school personnel had used tape to secure client #10's brief to the handrail inside the bathroom, then assisted client #10 from a standing position backed into his taped secured brief on the handrail. The tape had been overlooked by school personnel which resulted in the tape becoming attached to client #10's skin. There was no evidence of written statements of witnesses, of the date the administrator was notified, no written conclusion or summary of the results of the investigation or that the results of the investigation had been reported to the administrator within 5 working days. A nursing assessment attached to the investigation dated 9/13/12 indicated a rectangular pink area (no size listed) over client #10's navel documented on 9/13/12 at 2:30 PM had faded by 7:55 PM.</p> <p>The agency's policy Arcadia Developmental Center Abuse and Neglect Policy and Procedure dated 6/11/12 was reviewed on 10/1/12 at 8:45 PM and indicated "The facility shall treat any allegation, whether it is rumored or a formal allegation, with equal emphasis. The Program Director will initiate and coordinate the overall investigation...The Program Director will then initiate notification of BDDS, BQIS (Bureau of</p>						

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	<p>Quality Improvement Services) and the State Board of Health within 24 hours of the incident...The follow-up to the investigation will be sent to the appropriate agencies within 5 working days."</p> <p>2. The facility's records were reviewed on 9/24/12 at 2:00 P.M.. A review of the BDDS (Bureau of Developmental Disability Services) reports of client to client physical aggression from 9/24/11 to 9/24/12 indicated the following:</p> <p>A. "Name: [Client #42], Incident Date: 2/12/12 at 7:10am," the report indicated client #38 "leaned across the table and pulled" client #42's hair. The report indicated client #42 bit client #38 causing "two small open areas" on right forearm.</p> <p>B. "Name: [Client #44], Incident Date: 2/12/12 at 6:10am," the report indicated client #51 walked from her bedroom, through the connecting bathroom into the program room, and "hugged and scratched" client #44.</p> <p>C. "Name: [Client #55], Incident Date: 1/25/12 at 5:30pm," the report indicated client #51 walked from her bedroom, through the connecting bathroom into the program room, and "scratched then bit" client #55 which caused a 2.5cm by 1cm</p>			

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	<p>(centimeter) bruise on his right shoulder.</p> <p>D. "Name: [Client #47], Incident Date: 12/29/11 at 2:20pm," the report indicated client #47 was "bitten" by client #55 and caused a 2.5cm (centimeter) by 2cm red mark on client #47's left wrist.</p> <p>E. "Name: [Client #55], Incident Date: 11/21/11 at 6:40am," discharged client #58 "bit" client #55 on the right forearm.</p> <p>F. "Name: [Client #14], Incident Date: 11/20/11 at 7:40am," the report indicated client #14 "walked by" discharged client #58 in the hallway at the facility and client #58 "bit her" on the hand.</p> <p>G. "Name: [Client #44], Incident Date: 11/17/11 at 6:45am," the report indicated facility staff "was getting [client #44] ready for school" and client #51 "hugged [client #44] and [client #51] scratched" client #44 on the "forehead, nose, neck, and shoulder."</p> <p>H. "Name: [Client #48], Incident Date: 11/14/11 at 6:10pm," the report indicated client #48 was inside the program room, client #55 "leaned over," and bit client #48 three different times on the left lower side causing a red area measuring 3cm by 2.5cm.</p>						

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	<p>QMRP (Qualified Mental Retardation Professional) #65 and the Administrator were interviewed on 9/24/12 at 3:00 P.M.. QMRP #65 and the Administrator both stated the client to client aggression incidents "should have been prevented." The Administrator indicated staff should have supervised clients to prevent client to client physical aggression.</p> <p>The facility's records were reviewed on 9/24/12 at 3:30 P.M.. A review of the facility's "Abuse and Neglect Policy and Procedure", dated 4/26/11, indicated in part, the following: "Staff will ensure the protection and treatment of all clients by refraining from the use of physical, verbal, sexual, or psychological abuse of any client. The facility shall act proactively to assure that clients are free from serious and immediate threat to their physical and psychological health and safety. The facility will further ensure that all clients are free from neglect. Neglect will include the failure to provide appropriate care, food, medical care or supervision."</p> <p>3. The facility's records were reviewed on 9/24/12 at 2:00 P.M.. A review of the BDDS reports regarding clients #44 and #46's falls from changing tables inside the program rooms from 9/24/11 to 9/24/12 indicated the following:</p>						

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	<p>A. "Name: [Client #44], Incident Date: 7/4/12 at 4pm," the report indicated staff were changing client #44's incontinent brief on the changing table, client #44 used his feet to push self off the end of the table, fell to floor, and had red areas on left shoulder blades.</p> <p>B. "Name: [Client #44], Incident Date: 3/11/12 at 3:30pm," the report indicated client #44 was on the changing table, "staff person turned to get a wash cloth," and client #44 fell off the table.</p> <p>C. "Name: [Client #46], Incident Date: 11/14/11 at 5:10pm," the report indicated client #46 "fell off changing table when staff turned (their) back" to client #46.</p> <p>QMRP #65 was interviewed on 9/26/12 at 11:30 A.M.. QMRP #65 stated it would be neglect "if staff left" clients alone and "not within direct" supervision when clients #44 and #46 were on the changing tables. QMRP #65 indicated no corrective action was available for review.</p> <p>The facility's records were reviewed on 9/24/12 at 3:30 P.M.. A review of the facility's "Abuse and Neglect Policy and Procedure", dated 4/26/11, indicated in part, the following: "Staff will ensure the protection and treatment of all</p>			

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	<p>clients...The facility shall act proactively to assure that clients are free from serious and immediate threat to their physical and psychological health and safety. The facility will further ensure that all clients are free from neglect. Neglect will include the failure to provide appropriate care, food, medical care or supervision."</p> <p>4. During observations on 9/25/12 from 5:50am until 7:03am, clients #28 and #50 were inside program room #4. From 5:50am until 6:25am, no staff was present inside the program room #4 with clients. At 5:50am, clients #28 and #50 sat inside program room #4 without activity and no facility staff were present. Clients #28 and #50 sat in chairs asleep. From 5:58am until 6:17am, clients #28 and #50 were inside the program room and no staff were present. From 5:58am until 6:07am, client #28 left the program room, walked into the hallway, returned inside the program room, walked to client #50 who sat asleep in a chair, hit and then punched client #50 three (3) different times. Each time client #50 was struck in his left chest area by client #28's fist, client #50 would make a sound and open his eyes. At 6:08am, client #28 walked up to client #50 again and punched client #50 in his left chest area with a fist and a "thump" was heard. Client #28 left the program room #4 again without supervision and</p>			

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	<p>went into the hallway. At 6:14am, an unidentified facility staff opened the program room door, looked inside, left, and closed the door without entering. At 6:14am, client #28 left the room again and a second unidentified facility staff person brought him back into program room #4, looked inside, and left. At 6:20am, FS #31 exited the bathroom with client #2 and the surveyor notified FS #31 that client #28 had struck client #50. When asked by FS #31 client #28 stated he had struck client #50 "five (5) times" and FS #31 asked client #28 to apologize to client #50. At 6:20am, FS #31 stated client #50 was non verbal and expressed pain by "moaning."</p> <p>QMRP (Qualified Mental Retardation Professional) #65 and the Administrator were interviewed on 9/26/12 at 11:30 A.M.. QMRP #65 stated client to client physical aggression "should have been prevented." QMRP #65 stated "two (2) staff" should have been inside program room #4 to supervise clients. QMRP #65 stated "clients should never be left alone." QMRP #65 stated client #28 "is physically aggressive" with staff, had physical aggression as a targeted behavior, and had been physically aggressive in the past with other clients. QMRP #65 stated "We have to be with him."</p>						

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	<p>The facility's records were reviewed on 9/24/12 at 3:30 P.M.. A review of the facility's "Abuse and Neglect Policy and Procedure", dated 4/26/11, indicated in part, the following: "Staff will ensure the protection and treatment of all clients by refraining from the use of physical, verbal, sexual, or psychological abuse of any client. The facility shall act proactively to assure that clients are free from serious and immediate threat to their physical and psychological health and safety. The facility will further ensure that all clients are free from neglect. Neglect will include the failure to provide appropriate care, food, medical care or supervision."</p> <p>3.1.28(a)</p>				

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W0153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p>	W0153	<p>The facility did implement strategies to secure the safety of client #10 following the incident on 9-13-2012 involving outside services. The facility did not follow their Abuse and Neglect Policy to report rumored allegations of abuse or neglect in regards to this identified incident. This facility utilizes social services as the primary liaison to the school system as a means to facilitate open and consistent communication exchanges through one channel. As a result, social services initiated safety measures, nursing intervention, Administrative notification and subsequent investigatory techniques. As a result, reporting and investigatory techniques were not fully completed as outlined in the facility's policy. All future incidents of alleged incidents of abuse and neglect will be conducted by the Program Director as per the guidelines of the Abuse and Neglect Policy. Reviewed and Revised)</p> <p><i>For all alleged or formal allegations of abuse neglect, mistreatment and injuries of unknown source, the Program Director will initiate and</i></p>	11/04/2012

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			<p><i>coordinate the overall investigation of all incidents. All incidents will be identified as incidents that may or have been alleged to have occurred within the facility or from outside services or community events. Once the client is deemed safe, the report will be made whether through rumored or formal allegation, to the appropriate, responsible staff. Any person having reasonable cause to believe that a client, through rumored or formal allegation, has incurred abuse, abandonment or neglect has occurred, they must report this incident immediately to the supervisor. In addition, if a staff member fails to report a suspected form of abuse immediately, that staff member shall be suspended from work without the benefit of pay for at least 3 days. This is a measure that will further ensure that staff report allegations promptly and accurately. The supervisor will then ensure the safety of the client and consult with the appropriate professional staff in the facility. The responsible professional staff member will then immediately report these allegations to the facility Administrator and the Program Director. The Program Director will then conducts and compile a thorough investigation of these allegations. A thorough investigation may include, but may not be limited to, interview of the accuser or recipient of the rumor,</i></p>	

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			<p><i>interview of the client if possible, medical assessment if warranted, interview with potential witnesses, review of written assessments, etc. The Program Director will ensure the client's safety by providing instruction to the reporting staff. These instructions may include the removal of the accused staff from the group or surrounding area, etc. Should this occur, the staff member will remain off of work and/or away from the building until the investigation is completed, substantiated or dismissed? The Program Director will then initiate notification of BBDS, BQIS and the State Board of Health within 24 hours of the occurrence. The resident's guardian will also be notified of the occurrence within 24 hours of the incident. The Program Director will complete the appropriate forms or documentation as outlined by the individual agency requirements and submit the initial report. The facility Director of Nursing will be the initial and/or subsequent contact for the legal guardian or alternate decision maker to ensure any medical or pertinent information or questions can be answered or resolved. The facility Administrator will be responsible for completing the follow-up report. This will include the investigation and the outcome of the investigation.</i></p>		

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			<p><i>The Incident and Accident Committee, Quarterly Review Committee and the Behavior Management Committee will act as triple safeguards of the reported incidents and the respective investigators of these incidents. Further, the Human Rights Committee shall act as an objective entity to facilitate the protection of each client. This committee shall be an integral element of Emergency Intervention Protocol should this facility deem the implementation of such as necessary. The Human Rights Committee members will be promptly notified and provided the opportunity to review and monitor any all occurrences and voice any necessary revisions needed. Notification, opportunity for review and monitoring may include, but not limited to, triggering behaviors, suggested interventions, necessary actions and/or any provisions necessary to ensure a client's safety.</i></p> <p>The Interdisciplinary Team will review all minutes from Behavior Management, Resident Council and Human Rights Committee meetings to ensure that all allegations of abuse and/or neglect are thoroughly investigated, reported and resolved per the outline of the policy. The Interdisciplinary Team is responsible. The Administrator or their designee will monitor.</p>		

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	<p>Based upon record review and interview for 1 of 3 allegations of abuse and neglect involving 1 of 10 sampled clients (client #10), the facility failed to immediately report an allegation of abuse and/or neglect to BDDS (Bureau of Developmental Disabilities Services) in accordance with State Law.</p> <p>Findings include:</p> <p>Client #10's communication logs between school and the agency were reviewed on 9/25/12 at 10:41 AM. The log for client #10 included an entry dated 9/13/12 indicating a home comment from QMRP (Qualified Mental Retardation Professional #65 which indicated client #10 "came home with duct tape on his brief, stuck to the hair and skin at his waistline. Can you tell me why this happened? We had to use hair grease to remove it. Is this a new form or restraint. Does he need a belt?"</p> <p>Upon review of the reportable incidents on 9/26/12 at 11:50 AM, there was no incident report available to review of the incident involving client #10 on 9/13/12.</p> <p>The QMRP #65 was interviewed on 9/25/12 at 2:42 PM. She indicated it was her understanding the incident was the result of school personnel taping client</p>						

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	<p>#10's brief to the hand rail to facilitate ease of changing his brief, and the tape inadvertently stuck to client #10's skin. She indicated initially there was suspicion of abuse or neglect and the clients were all kept home from school until the incident was investigated.</p> <p>The Administrator was interviewed on 9/25/12 at 2:44 PM. She indicated it was the policy of the agency to report all suspected abuse and neglect within 24 hours to BDDS (Bureau of Developmental Disabilities Services). She indicated the incident had not been reported to BDDS.</p> <p>3.1-28(c)</p>				

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W0154	483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.	W0154	The facility did implement strategies to secure the safety of client #10 following the incident on 9-13-2012 involving outside services. The facility did not follow their Abuse and Neglect Policy to report rumored allegations of abuse or neglect in regards to this identified incident. This facility utilizes social services as the primary liaison to the school system as a means to facilitate open and consistent communication exchanges through one channel. As a result, social services initiated safety measures, nursing intervention, Administrative notification and subsequent investigatory techniques. As a result, reporting and investigatory techniques were not fully completed as outlined in the facility's policy. All future incidents of alleged incidents of abuse and neglect will be conducted by the Program Director as per the guidelines of the Abuse and Neglect Policy. (Reviewed and Revised) <i>For all alleged or formal allegations of abuse neglect, mistreatment and injuries of unknown source, the Program Director will initiate and coordinate the overall investigation of all incidents. All incidents will be identified as incidents that may or have been</i>	11/04/2012	

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			<p><i>alleged to have occurred within the facility or from outside services or community events. Once the client is deemed safe, the report will be made whether through rumored or formal allegation, to the appropriate, responsible staff. Any person having reasonable cause to believe that a client, through rumored or formal allegation, has incurred abuse, abandonment or neglect has occurred, they must report this incident immediately to the supervisor. In addition, if a staff member fails to report a suspected form of abuse immediately, that staff member shall be suspended from work without the benefit of pay for at least 3 days. This is a measure that will further ensure that staff report allegations promptly and accurately. The supervisor will then ensure the safety of the client and consult with the appropriate professional staff in the facility. The responsible professional staff member will then immediately report these allegations to the facility Administrator and the Program Director. The Program Director will then conducts and compile a thorough investigation of these allegations. A thorough investigation may include, but may not be limited to, interview of the accuser or recipient of the rumor, interview of the client if possible, medical assessment if</i></p>		

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			<i>warranted, interview with potential witnesses, review of written assessments, etc. The Program Director will ensure the client's safety by providing instruction to the reporting staff. These instructions may include the removal of the accused staff from the group or surrounding area, etc. Should this occur, the staff member will remain off of work and/or away from the building until the investigation is completed, substantiated or dismissed? The Program Director will then initiate notification of BBDS, BQIS and the State Board of Health within 24 hours of the occurrence. The resident's guardian will also be notified of the occurrence within 24 hours of the incident. The Program Director will complete the appropriate forms or documentation as outlined by the individual agency requirements and submit the initial report. The facility Director of Nursing will be the initial and/or subsequent contact for the legal guardian or alternate decision maker to ensure any medical or pertinent information or questions can be answered or resolved. The facility Administrator will be responsible for completing the follow-up report. This will include the investigation and the outcome of the investigation. The Incident and Accident Committee, Quarterly Review Committee and</i>		

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			<p><i>the Behavior Management Committee will act as triple safeguards of the reported incidents and the respective investigators of these incidents. Further, the Human Rights Committee shall act as an objective entity to facilitate the protection of each client. This committee shall be an integral element of Emergency Intervention Protocol should this facility deem the implementation of such as necessary. The Human Rights Committee members will be promptly notified and provided the opportunity to review and monitor any all occurrences and voice any necessary revisions needed. Notification, opportunity for review and monitoring may include, but not limited to, triggering behaviors, suggested interventions, necessary actions and/or any provisions necessary to ensure a client's safety. The Interdisciplinary Team will review all minutes from Behavior Management, Resident Council and Human Rights Committee meetings to ensure that all allegations of abuse and/or neglect are thoroughly investigated, reported and resolved per the outline of the policy. The Interdisciplinary Team will be responsible. The Administrator or their designee will monitor.</i></p>	

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	<p>Based upon record review and interview for 1 of 1 allegation of abuse and/or neglect involving 1 of 10 sampled clients (client #10), the facility failed to document a thorough investigation into the incident.</p> <p>Findings include:</p> <p>Client #10's communication logs between school and the agency were reviewed on 9/25/12 at 10:41 AM. The log for client #10 included an entry dated 9/13/12 indicating a home comment from QMRP (Qualified Mental Retardation Professional #65 which indicated client #10 "came home with duct tape on his brief, stuck to the hair and skin at his waistline. Can you tell me why this happened? We had to use hair grease to remove it. Is this a new form or restraint. Does he need a belt?"</p> <p>Client #10's teacher was interviewed on 9/25/12 at 11:35 AM and indicated the incident on 9/13/12 involving client #10 had been investigated and the agency would have a copy of the results of the investigation.</p> <p>Upon review of the reportable incidents on 9/26/12 at 11:50 AM, there was no evidence of an investigation into the incident involving client #10 on 9/13/12.</p>						

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	<p>The QMRP #65 was interviewed on 9/25/12 at 2:42 PM. She indicated it was her understanding the incident had been investigated and was the result of school personnel taping client #10's brief to the hand rail to facilitate ease of changing his brief, and the tape inadvertently stuck to client #10's skin. She indicated initially there was suspicion of abuse or neglect and the clients were all kept home from school until the incident was investigated. She indicated the social worker had completed the investigation.</p> <p>The Administrator was interviewed on 9/25/12 at 2:44 PM. She indicated the social worker had completed a written investigation and was still in training.</p> <p>The social worker's written investigation into the incident was reviewed on 9/26/12 at 2:46pm. The investigation indicated an entry dated 9/13/12 which indicated an e-mail was sent to the school on 9/13/12 to notify school personnel clients would not be at school on 9/14/12 and to request that a meeting be set up with the client's teacher, principal and charge person for special education. The entry indicated client #10 had a "light" pink area with no discomfort, and that nursing was notified. An entry dated 9/14/12 indicated the school principal had called and told the</p>						

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	<p>social worker that "in a rush" to change client #10's brief, the tape that had been used to secure client #10's brief to the handrail to assist in changing him, the tape had attached to client #10's skin and had been overlooked. There was no evidence of written statements of witnesses, of the date the administrator was notified, no written conclusion or summary of the results of the investigation or that the results of the investigation had been reported to the administrator within 5 working days. A nursing assessment attached to the investigation dated 9/13/12 indicated a rectangular pink area (no size listed) over client #10's navel documented on 9/13/12 at 2:30 PM had faded by 7:55 PM.</p> <p>3.1-28.(d)</p>			

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W0157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on observation, record review, and interview, the facility failed to complete effective corrective action for the following incidents: 1. Failed for 8 of 8 incident reports of client to client physical aggression regarding 7 of 57 clients (clients #14, #42, #44, #47, #48, #51, and #55). and 2. Failed to provide staff supervision for 3 of 3 incident reports for falls regarding 2 of 2 clients (clients #44 and #46) who had fallen while being assisted by facility staff.</p> <p>Findings include:</p> <p>1. The facility's records were reviewed on 9/24/12 at 2:00 P.M.. A review of the BDDS (Bureau of Developmental Disability Services) reports of client to client physical aggression from 9/24/11 to 9/24/12 indicated the following:</p> <p>A. "Name: [Client #42], Incident Date: 2/12/12 at 7:10am," the report indicated client #38 "leaned across the table and pulled" client #42's hair. The report indicated client #42 bit client #38 causing "two small open areas" on right forearm. No corrective action was available for review.</p>	W0157	<p>The facility did implement their Abuse and Neglect Policy regarding the cited incidents of biting and client to client aggression. The Interdisciplinary Team reviewed all aspects of the noted events and concluded that the policy was exercised per the requirements of that policy. However, upon the review the Behavior Management policy was revised to include procedures to marry programmatic strategies with behavioral intervention methodologies. These strategies are designed to increase potential attainment of appropriate social interaction skills among and between all clients. Further, incidents regarding client's falls from changing tables were addressed by individual incidents. In the future, any client who incurs a fall from a changing table will be taken to their own bed for changing purposes. Additional training, through an all-staff inservice was conducted on 10-15-2012 (Att. E) and will be repeated on 10-30-2012. This inservice will include staff protocol when clients are being supervised on changing tables. (Reviewed and Revised) <i>The facility will pro-actively seek an environment that facilitates that all clients are protected and appropriately treated through an investigation</i></p>	11/04/2012			

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	<p>B. "Name: [Client #44], Incident Date: 2/12/12 at 6:10am," the report indicated client #51 walked from her bedroom, through the connecting bathroom into the program room, and "hugged and scratched" client #44. No corrective action was available for review.</p> <p>C. "Name: [Client #55], Incident Date: 1/25/12 at 5:30pm," the report indicated client #51 walked from her bedroom, through the connecting bathroom into the program room, and "scratched then bit" client #55 which caused a 2.5cm (centimeter) by 1cm bruise on his right shoulder. No corrective action was available for review.</p> <p>D. "Name: [Client #47], Incident Date: 12/29/11 at 2:20pm," the report indicated client #47 was "bitten" by client #55 and caused a 2.5cm (centimeter) by 2cm red mark on client #47's left wrist. No corrective action was available for review.</p> <p>E. "Name: [Client #55], Incident Date: 11/21/11 at 6:40am," discharged client #58 "bit" client #55 on the right forearm. No corrective action was available for review.</p> <p>F. "Name: [Client #14], Incident Date: 11/20/11 at 7:40am," the report indicated</p>		<p><i>and monitoring system. This system includes: Incident and Accident reporting and investigation by the facility Program Director, immediate notification to the facility Administrator, Program Director and Director of Nursing, review of these reports and incidents by the Incident and Accident Committee, review by the Behavior Management Committee, review by the Quarterly Review Committee and review by the Human Rights Committee. Revisions or implementation of necessary safeguards will be determined based on these reviews. Further assurances will be enforced through notification of the incidents to the appropriate agencies, legal guardians, parents or health care representative or other responsible parties. Nursing personnel shall attempt to call/inform the parent, legal guardian or health care representative at least three times a day for two days in succession. The Incident and Accident Committee, Quarterly Review Committee and the Behavior Management Committee will act as triple safeguards of the reported incidents and the respective investigators of these incidents. The Program Director and Director of Nursing shall also maintain a record and review of all incidents to determine any</i></p>				

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	<p>client #14 "walked by" discharged client #58 in the hallway at the facility and client #58 "bit her" on the hand. No corrective action was available for review.</p> <p>G. "Name: [Client #44], Incident Date: 11/17/11 at 6:45am," the report indicated facility staff "was getting [client #44] ready for school" and client #51 "hugged [client #44] and [client #51] scratched" client #44 on the "forehead, nose, neck, and shoulder." No corrective action was available for review.</p> <p>H. "Name: [Client #48], Incident Date: 11/14/11 at 6:10pm," the report indicated client #48 was inside the program room, client #55 "leaned over," and bit client #48 three different times on the left lower side causing a red area measuring 3cm by 2.5cm. No corrective action was available for review.</p> <p>QMRP (Qualified Mental Retardation Professional) #65 and the Administrator were interviewed on 9/24/12 at 3:00 P.M.. QMRP #65 and the Administrator both stated the client to client aggression incidents "should have been prevented." The Administrator indicated staff should have supervised clients to prevent client to client physical aggression. The Administrator stated corrective action was completed but was not "always recorded."</p>		<p><i>noted patterns or trends which will dictate any needed measures to enact as needed. The QMRP's are responsible. The Interdisciplinary Team will monitor.</i></p>				

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	<p>2. The facility's records were reviewed on 9/24/12 at 2:00 P.M.. A review of the BDDS reports regarding clients #44 and #46's falls from changing tables inside the program rooms from 9/24/11 to 9/24/12 indicated the following:</p> <p>A. "Name: [Client #44], Incident Date: 7/4/12 at 4pm," the report indicated staff were changing client #44's incontinent brief on the changing table, client #44 used his feet to push self off the end of the table, fell to floor, and had red areas on left shoulder blades. No corrective action was available for review.</p> <p>B. "Name: [Client #44], Incident Date: 3/11/12 at 3:30pm," the report indicated client #44 was on the changing table, "staff person turned to get a wash cloth," and client #44 fell off the table. No corrective action was available for review.</p> <p>C. "Name: [Client #46], Incident Date: 11/14/11 at 5:10pm," the report indicated client #46 "fell off changing table when staff turned (their) back" to client #46. No corrective action was available for review.</p> <p>QMRP (Qualified Mental Retardation Professional) #65 and the Administrator were interviewed on 9/24/12 at 3:00 P.M..</p>			

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	<p>The Administrator stated corrective action was completed but was not "always recorded."</p> <p>QMRP #65 was interviewed on 9/26/12 at 11:30 A.M.. QMRP #65 stated it would be neglect "if staff left" clients alone and "not within direct" supervision when clients #44 and #46 were on the changing tables. QMRP #65 indicated no documented corrective action was available for review.</p> <p>3.1.28(e)</p>						

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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on observation, interview, and record review, for 10 of 10 sample clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10), and for 47 additional clients (clients #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, and #57), the facility's Qualified Mental Retardation Professional (QMRP) failed to integrate, coordinate, and monitor the development of the following: program implementation, restrictive practices, client rights, and active treatment. The QMRP failed to develop personal skill training for each client; failed to ensure implementation of client choice; and failed to ensure training objectives were implemented during formal and informal opportunities.</p> <p>Findings include:</p>	W0159	<p>Refer to W195 Refer to W196 Refer to W214 Refer to W224 Refer to W225 Refer to W227 Refer to W249 Refer to W264</p>	11/04/2012	

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	<p>Please refer to W195. The facility failed to meet the Condition of Participation: Active Treatment Services by failing to ensure that each client received a continuous active treatment program which included aggressive, consistent implementation of a program of specialized training and related services including assessment, restrictive practices, personal skill training, program implementation, encourage and teach client choice, development of the IHP (Individual Habilitation Plan) and program monitoring for 10 of 10 sample clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10).</p> <p>Please refer to W196. The facility failed to ensure a continuous active treatment program was implemented at all times of opportunity for 10 of 10 sampled clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10) and 6 additional clients (clients #18, #28, #32, #42, #48, and #50).</p> <p>Please refer to W214. The facility failed to assess dining room restrictions 1 of 10 sample clients (client #2) and for four additional clients (clients #28, #42, #48, and #50) living in the facility, and failed</p>						

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	<p>to reassess 1 of 10 sample client (client #3) for excessive toileting behavior.</p> <p>Please refer to W224. The facility failed to develop a complete assessment of each clients' skill in the areas of cooking, housekeeping, laundry, and adult daily living skills for 10 of 10 sampled clients (client #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10).</p> <p>Please refer to W225. The facility failed to assess each clients' vocational skills to include work interest skills and opportunities for 10 of 10 sampled clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10).</p> <p>Please refer to W247. The facility failed to provide opportunities for choice for clothing wear, dining room times, and when to leave the program room for 3 of 10 sample (clients #1, #2, and #3) and 10 additional clients (clients #21, #28, #31, #38, #42, #44, #48, #50, #51, #55).</p> <p>Please refer to W249. The facility failed to ensure clients' objectives were implemented as written for 10 of 10 clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10).</p> <p>Please refer to W264. The facility's HRC (Human Rights Committee) failed to</p>						

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	<p>review, monitor, and/or approve the restrictive practices of door alarms for 57 of 57 clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, and #57). The facility's HRC failed to review, monitor, and/or approve the restrictive practice for 5 of 5 clients (clients #2, #28, #42, #48, and #50) who were restricted from the use of the dining room, and failed to review, monitor, and/or approve client #28's restriction from the use of a fork and a knife.</p> <p>3.1-17(a)</p>				

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W0186	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review and interview, the facility failed for 4 of 10 sample clients (clients #2, #4, #7, and #9) and four additional clients (clients #28, #42, #48, and #50), to provide sufficient numbers of direct care staff to supervise and implement client programming.</p> <p>Findings include:</p> <p>1. During observations on 9/25/12 from 5:50am until 7:03am, clients #2, #28, #42, #48, and #50 were inside program room #4 and no activity was observed. From 5:50am until 6:25am, no staff was present inside program room #4 with clients. At 5:50am, clients #2, #28, #48 and #50 sat inside program room #4 without activity and no facility staff were present. Clients #28, #48, and #50 sat in chairs asleep. Client #2 laid and rolled his body on the tile floor. At 5:58am, Facility Staff (FS) #31 exited the bathroom with client #42, client #42 sat in</p>	W0186	<p>For clients #2, ,4 7, 9, 28, 42, 48 50 and all other clients, staff ratios assigned for program rooms did reflect the appropriate number of staff to client support program implementation and supervision of the clients served. Incorporation training techniques, staff's inability to recognize that their programming strategies were not effective and failures to implement protocols for staff replacement were responsible for the observations noted. Staff's lack of recognition to attempt varied techniques to gainfully engage individual clients and staff's lack of awareness to produce client actions appropriate their active treatment objectives were the prominent contributors to the outcome of the noted observations. Staff will be provided with additional training to assist them in better recognizing time periods for revision of activities and alternative techniques to better engage each client according to their programmatic objectives. Additionally, staff will be</p>	11/04/2012			

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	a chair without activity, and FS #31 prompted client #2 to leave the program room and enter the bathroom. From 5:58am until 6:17am, clients #28, #42, #48, and #50 were inside the program room and no staff were present. From 5:58am until 6:07am, client #28 left the program room, walked into the hallway, returned inside the program room, walked to client #50 who sat asleep in a chair, hit and then punched client #50 three (3) different times. Each time client #50 was struck in his left chest area by client #28's fist, client #50 made a sound and opened his eyes. At 6:08am, client #28 walked up to client #50 again and punched client #50 in his left chest area with a fist and a "thump" was heard. Client #28 left the program room #4 again without supervision and went into the hallway. At 6:14am, an unidentified facility staff opened the program room door, looked inside at clients #42, #48, and #50, the unidentified staff left the area, and closed the door without entering. At 6:14am, client #28 left the room again and a second unidentified facility staff person brought him back into program room #4, looked inside, and left the program room #4. At 6:20am, FS #31 exited the bathroom with client #2 and the surveyor notified FS #31 that client #28 had struck client #50. When asked by FS #31 client #28 stated he had struck client #50 "five		re-trained on protocols to ensure that appropriate staffing level are maintained within a group room setting. Sufficient ratios of staff to clients will continue to be monitored to ensure that client objectives are implemented and that maximum levels of supervision are maintained. Staff will actively participate in this review to promote their concerns and to foster retention of information exchanged. Staff will also be trained as to the appropriate number of clients and the degree of supervision that each client requires. Reviewed and Revised <i>Consistent oversight to ensure appropriate staffing levels, adequate active treatment and distribution of staff will be implemented through a system that requires direct floor supervision by designated floor supervisors will be implemented daily with reports provided to the Client's QMRP to ensure accuracy. Floor supervisors will be responsible to monitor, moderate, revise and implement strategies to ensure that areas of staffing levels and active treatment interventions are implemented. QMRP's will be responsible for review of these documents and the implementation of necessary strategies to ensure these areas are sufficiently implemented.</i> Random weekly audits will be completed by the staff trainer to further ensure that these	

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	<p>(5) times" and FS #31 asked client #28 to apologize to client #50. At 6:20am, FS #31 stated client #50 was non verbal and expressed pain by "moaning." From 6:20am until 7:03am, clients #2, #28, #42, and #50 sat inside the program room with one staff. At 6:20am, FS #31 assisted client #50 to stand, client #50's pants were wet, and FS #31 indicated client #50 had been incontinent of urine. FS #31 assisted client #50 to the bathroom and closed the door. From 6:25am until 7:03am, QMA #97 entered the room, prompted the clients to "wake up," and QMA #97 talked with clients about looking outside and it was dark outside the window. QMA #97 was the one staff present in program room #4 with four clients. No activity was observed and no communication books/devices were observed.</p> <p>QMRP (Qualified Mental Retardation Professional) #65 was interviewed on 9/26/12 at 11:30 A.M.. QMRP #65 stated "two (2) staff" should have been inside program room #4 to supervise clients. QMRP #65 stated "clients should never be left alone." QMRP #65 stated client #28 "is physically aggressive" with staff and other clients. "We have to be with him." QMRP #65 indicated two (2) facility staff were to have been present inside program room #4 for clients #2,</p>		<p>strategies are practiced and understood. A meeting for Direct Care staff will be held to gather collective information regarding strategies for supervision and objective implementation to ensure application of these strategies. The floor supervisor will be responsible. The staff trainer will monitor.</p>				

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	<p>#28, #42, #48, and #50.</p> <p>Client #2's record was reviewed on 9/25/12 at 9:50am. Client #2's 3/13/12 IHP (Individual Habilitation Plan) indicated client #2 was non verbal, and required twenty-four (24) hour supervision. Client #2's IHP indicated objectives/goals to wash his hands after toileting, to identify quarters from dissimilar objects, to complete a 10 piece puzzle, to place napkin on lap before the meal, and to point to pictures to communicate.</p> <p>2. Observations were conducted in group room #3 on 09/24/12 from from 2:15 PM until 3:15 PM. At 2:15 PM there were 2 staff (staff #19 and #45) to 10 clients present in the room who remained during the observation time. During the observation time Client #4 was observed to sit in his wheelchair without activity.</p> <p>Observations were conducted in group room #3 on 09/25/12 from 9:37 AM until 11:38 AM. At 9:37 AM there were two staff (staff #14 and #17) to 10 clients in the classroom. Client #4 had the following activities during the observation: sat in a recliner; placed in wheelchair and taken to bathroom and went out of group room to receive a scheduled breathing treatment. During the observation time staff #14 and #17 went in and out of the class room separately and took clients to the bathroom. Only one staff was present in</p>						

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	<p>the class for a total duration of 1 hour and 32 minutes of the 2 hour observation.</p> <p>Observations were conducted in group room #3 on 09/25/12 from 1:24 PM until 3:24 PM. At 1:24 PM there were three staff (staff #23, #30 and #70) to 10 clients in the classroom. Client #4 had the following activities during the observation: sat in his wheelchair; held a plastic ball with holes in it and threw the ball to the floor; sat in a recliner; placed in wheelchair and taken to bathroom; went out of group room to receive a scheduled breathing treatment and was placed on a mat on the floor. During the observation time staff #23, #30 and #70 went in and out of the class room separately and took clients to the bathroom. Only one staff was present in the class for a total duration of 1 hour and 44 minutes of the 2 hour observation.</p> <p>On 09/26/12 at 11:56 AM an interview was conducted with the Qualified Mental Retardation Professional #65 (QMRP). The QMRP indicated no less than 2 staff should be present in the room at all times, client #4's goals should have been implemented, staff should have been prompting the clients every 15 minutes and given them a choice of activities which should have a purpose.</p>			

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	<p>3. Observations were conducted in group room #3 on 09/24/12 from from 2:15 PM until 3:15 PM. At 2:15 PM there were 2 staff (staff #19 and #45) to 10 clients present in the room who remained during the observation time. During the observation time client #7 held a box of crayons and attempted to put a crayon in the box.</p> <p>Observations were conducted in group room #3 on 09/25/12 from 9:37 AM until 11:38 AM. At 9:37 AM there were two staff (staff #14 and #17) to 10 clients in the classroom.</p> <p>Client #7 had the following activities during the observation: sat in a recliner; went to the bathroom and received medications. During the observation time staff #14 and #17 went in and out of the class room separately and took clients to the bathroom. Only one staff was present in the class for a total duration of 1 hour and 32 minutes of the 2 hour observation.</p> <p>Observations were conducted in group room #3 on 09/25/12 from 1:24 PM until 3:24 PM. At 1:24 PM there were three staff (staff #23, #30 and #70) to 10 clients in the classroom. Client #7 had the following activities during the observation: sat in recliner with feet over arm; held 3 wooden blocks; walked up to table by staff #23, turned and sat back in</p>						

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	<p>recliner; given a pop up toy by staff #23 who pushed the buttons and toy animals popped up; walked to bathroom, held crocodile xylophone and hit keys with mallet; given a magazine by staff #70 and tore pages out and threw them on the floor and touched shaving cream. During the observation time staff #23, #30 and #70 went in and out of the class room separately and took clients to the bathroom. Only one staff was present in the class for a total duration of 1 hour and 44 minutes of the 2 hour observation.</p> <p>On 09/26/12 at 11:56 AM an interview was conducted with the Qualified Mental Retardation Professional #65 (QMRP). The QMRP indicated no less than 2 staff should be present in the room at all times, client #7's goals should have been implemented, staff should have been prompting the clients every 15 minutes and given them a choice of activities which should have a purpose.</p> <p>4. Observations were conducted in group room #3 on 09/24/12 from from 2:15 PM until 3:15 PM. At 2:15 PM there were 2 staff (staff #19 and #45) to 10 clients present in the room who remained during the observation time. During the observation time client #9 sat in a recliner with her eyes closed.</p>						

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	<p>Observations were conducted in group room #3 on 09/25/12 from 9:37 AM until 11:38 AM. At 9:37 AM there were two staff (staff #14 and #17) to 10 clients in the classroom.</p> <p>Client #9 had the following activities during the observation: sat in a recliner; was given a plastic toy which contained 4 large plastic bolts which was laid on her lap by staff #14 and she did not interact with and sat in a recliner with her closed eyes. During the observation time staff #14 and #17 went in and out of the class room separately and took clients to the bathroom. Only one staff was present in the class for a total duration of 1 hour and 32 minutes of the 2 hour observation.</p> <p>Observations were conducted in group room #3 on 09/25/12 from 1:24 PM until 3:24 PM. At 1:24 PM there were three staff (staff #23, #30 and #70) to 10 clients in the classroom. Client #7 had the following activities during the observation: sat in recliner with feet over arm; held 3 wooden blocks; walked up to table by staff #23, turned and sat back in recliner; given a pop up toy by staff #23 who pushed the buttons and toy animals popped up; walked to bathroom, held crocodile xylophone and hit keys with mallet; given a magazine by staff #70 and tore pages out and threw them on the floor and touched shaving cream. During</p>			

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	<p>the observation time staff #23, #30 and #70 went in and out of the class room separately and took clients to the bathroom. Only one staff was present in the class for a total duration of 1 hour and 44 minutes of the 2 hour observation.</p> <p>On 09/26/12 at 11:56 AM an interview was conducted with the Qualified Mental Retardation Professional #65 (QMRP). The QMRP indicated no less than 2 staff should be present in the room at all times, client #9's goals should have been implemented, staff should have been prompting the clients every 15 minutes and given them a choice of activities which should have a purpose.</p> <p>3.1-13(b) 3.1-17(a)</p>						

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W0195	<p>483.440 ACTIVE TREATMENT SERVICES The facility must ensure that specific active treatment services requirements are met.</p> <p>Based on observation, record review, and interview, for 10 of 10 sample clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10), and for 47 additional clients (clients #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, and #57), the facility failed to meet the Condition of Participation: Active Treatment Services by failing to ensure that each client received a continuous active treatment program which included aggressive, consistent implementation of a program of specialized training and related services including assessment, restrictive practices, personal skill training, program implementation, encourage and teach client choice, development of the IHP (Individual Habilitation Plan) and program monitoring.</p> <p>Findings include:</p>	W0195	Refer to W196Refer to W214Refer to W224Refer to W225Refer to W247Refer to W249Rerer to W264	11/04/2012			

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	<p>Please refer to W196. The facility failed to ensure a continuous active treatment program was implemented at all times of opportunity for 10 of 10 sampled clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10) and 6 additional clients (clients #18, #28, #32, #42, #48, and #50).</p> <p>Please refer to W214. The facility failed to assess client #2, #28, #42, #48, and #50's dining room restrictions for an identified need for 1 of 10 sampled client (client #2) and four additional clients (clients #28, #42, #48, and #50) and failed to reassess client #3's excessive toileting behavior.</p> <p>Please refer to W224. The facility failed to develop a complete assessment of each clients skill in the areas of cooking, housekeeping, laundry, and adult daily living skills for 10 of 10 sampled clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10).</p> <p>Please refer to W225. The facility failed to assess each clients' vocational skill to include work interest skills and opportunities for 10 of 10 sampled clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10).</p> <p>Please refer to W247. The facility failed to</p>			

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	<p>provide opportunities for choice for clothing wear, dining room times, and when to leave the program room for 3 of 10 sample (clients #1, #2, and #3) and 10 additional clients (clients #21, #28, #31, #38, #42, #44, #48, #50, #51, #55).</p> <p>Please refer to W249. The facility failed to ensure clients' objectives were implemented as written for 10 of 10 clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10).</p> <p>Please refer to W264. The facility's HRC (Human Rights Committee) failed to review, monitor, and approve the restrictive practices of door alarms for 57 of 57 clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, and #57) who lived in the facility and failed for 5 of 5 clients (clients #2, #28, #42, #48, and #50) who were restricted from the use of the dining room, to review, monitor, and approve the restriction from using the dining room. The facility's HRC failed to review client #28's restriction from the use of a fork and a knife.</p>			

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W0196	<p>483.440(a)(1) ACTIVE TREATMENT</p> <p>Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>Based on observation, record review, and interview, the facility failed for 10 of 10 sampled clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10) and 6 additional clients (clients #18, #28, #32, #42, #48, and #50) to ensure a continuous active treatment program was implemented at all times of opportunity.</p> <p>Findings include:</p> <p>1. On 9-24-12 from 3:45 p.m. until 5:45 p.m. client #6 slept in room 6, client #5 chewed on a washcloth and was prompted to play with children's toys, and client #8 looked out the window, sniffed stuffed animals, and was prompted to use children's activities to occupy his time.</p> <p>On 9-24-12 at 2:30 p.m. facility staff #72</p>	W0196	For clients #1-10, 18, 28, 32, 42, 48, 50 and all other clients will receive an active treatment process that promotes skill acquisition and retention as assessed. The facility will continue to develop, review and revise individualized objectives. Clients will be afforded opportunities of growth and independence through the design of formal and informal programming opportunities. Active treatment programming will be modified to include client participation in dining, laundry and housekeeping tasks through formal or informal programming opportunities. Training opportunities will involve staff from environmental services when appropriate. Areas of participation may include, but are not limited to, table setting and client participation in laundry and housekeeping tasks. Further,	11/04/2012	

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	<p>was observed to place the condiments, napkins, diet cards, plates, and adaptive equipment on the tables in the dining room. No clients were observed to assist facility staff #72 in setting the tables.</p> <p>On 9-24-12 at 2:30 p.m. an interview with facility staff #72 indicated he set the dining room tables up for family style dining.</p> <p>On 9-24-12 at 2:15 p.m. an interview with facility staff #82 indicated facility staff washed, dried, folded, and put away clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #18, and #32's laundry. Facility staff #82 stated some clients would like to help but are not allowed to help or touch the clothes due to "cross contamination." Facility staff #82 indicated clients stayed in their assigned program rooms and did not assist with their laundry.</p> <p>On 9-24-12 at 2:30 p.m. an interview with facility staff #114 indicated clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #18, and #32 did not assist him with gathering trash from the clients' bathrooms or the clients' kitchens. Facility staff #114 indicated client #47 had asked to help but she is not allowed to.</p> <p>On 9-25-12 from 6:15 a.m. until 7:40 a.m. an observation at the home of clients #5,</p>		<p>doors to client's program rooms are closed at various times throughout their day to facilitate increased attention to task and individualized programming opportunities. Clients do have opportunities to access personal possessions, times for socialization outside of their main programming areas, participation in daily routine tasks and choices of desired leisure and domestic tasks. Also, all clients will be afforded promotion of growth and independence through client choices of training and programmatic supplies that are chronologically age appropriate and client preferred selections. Training materials will be introduced to entice skills acquisition at an interest rate that promotes active participation. Staff ratios assigned for program rooms did reflect the appropriate number of staff to client support program implementation and supervision of the clients served. Incorporation training techniques, staff's inability to recognize that their programming strategies were not effective and failures to implement protocols for staff replacement were responsible for the observations noted. Staff's lack of recognition to attempt varied techniques to gainfully engage individual clients and staff's lack of awareness to produce client actions appropriate their active treatment objectives were the prominent contributors</p>		

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	<p>#6, and #8 was conducted. In the recreation room client #8 had children's activities (legos, busy box, spin tops) to use to occupy his time. In room 6 a tote full of children's activities (a giraffe spinner, musical toys) was offered to clients #5, #6, and #8. Client #6 slept in a chair in room 6 from 7:15 until 7:40 a.m.</p> <p>On 9-25-12 from 9:45 a.m. until 12:15 p.m. an observation at the home of client #5, #6, and #8 was conducted. In room 6 clients #5, #6, and #8 were prompted to use children's activities (see and say, playing in shaving cream, children's books). Clients #6 and #8 slept or played with children's activities during this observation.</p> <p>On 9-25-12 from 1:30 p.m. until 2:35 p.m. an observation at the home of clients #5, #6, and #8 was conducted. In room 6 a tote of children's activities was available for clients #5, #6, and #8 to use to occupy their time. Clients #5, #6, and #8 slept in straight back chairs when not prompted to use children's activities to occupy their time. Clients #5, #6, and #8 were not prompted to use their bedroom if they needed to rest.</p> <p>On 9-25-12 at 11:20 a.m. an interview with facility staff #55 indicated the active treatment supplies in room 6 were not age</p>		<p>to the outcome of the noted observations. Staff will be provided with additional training to assist them in better recognizing time periods for revision of activities and alternative techniques to better engage each client according to their programmatic objectives. Additionally, staff will be re-trained on protocols to ensure that appropriate staffing level are maintained within a group room setting. Sufficient ratios of staff to clients will continue to be monitored to ensure that client objectives are implemented and that maximum levels of supervision are maintained. Staff will actively participate in this review to promote their concerns and to foster retention of information exchanged. Staff will also be trained as to the appropriate number of clients and the degree of supervision that each client requires. Areas of retraining will include custodial care of clients. Training opportunities such as, obtaining, placement and securing of outer wear; opportunities to tie shoes; obtaining necessary supplies for school or community outings will also be trained. Additionally, facility active treatment will continue to incorporate skill sets and training objectives with outside services to ensure consistency in training opportunities. Areas of need and developed IEP objectives will be</p>		

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	<p>appropriate activities for adults over the age of 18.</p> <p>On 9-25-12 at 7:15 a.m. an interview with facility staff #55 stated room 6's door remained closed to "detour these guys from leaving the room."</p> <p>On 9-26-12 at 5:00 p.m. an interview with facility staff #65 stated clients currently did not assist with laundry but could assist and clients program doors were kept closed because clients did not have "free reign" of their home.</p> <p>On 9-25-12 at 9:45 a.m. an interview with facility staff #55 stated room 6's door was kept closed to "detour these guys from leaving the room" and clients did not leave room 6 to make their beds, clean their room, or put their laundry away. Facility staff #55 indicated facility staff did that for the clients.</p> <p>On 9-25-12 at 11:30 a.m. an interview with facility staff #55 indicated room 6 was open from approximately from 7:00 a.m. until 8:30 p.m. and this was where clients spent the majority of their day.</p> <p>On 9-26-12 at 10:00 a.m. a record review for client #5 was conducted. The Individualized Program Plan (IPP) dated 2-14-12 indicated client #5 had objectives</p>		<p>incorporated into client's active treatment programs as appropriate. The facility will promote continuous active treatment that promotes skill acquisition, personal growth, independence, maximum levels of supervision, client choice, and exposure to programming materials representative of the client age group, access to domestic tasks and incorporation of outside service objectives with home-based training. Random weekly audits will be completed by the staff trainer to further ensure that these strategies are practiced and understood. A meeting for Direct Care staff will be held to gather collective information regarding strategies for supervision and objective implementation to ensure application of these strategies. Reviewed and Revised</p> <p><i>Consistent oversight to ensure appropriate staffing levels, adequate active treatment and distribution of staff will be implemented through a system that requires direct floor supervision by designated floor supervisors will be implemented daily with reports provided to the Client's QMRP to ensure accuracy. Floor supervisors will be responsible to monitor, moderate, revise and implement strategies to ensure that areas of staffing levels and active treatment interventions are implemented. QMRP's will be responsible for review of these</i></p>				

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	<p>to pull down his pants, place his arm in his shirt sleeve, remove toothbrush from his mouth, rinse soap from his hands, brush his hair, scoop 5 bites, make 5 washing motions, place 2 objects into an empty container, hand a quarter to staff, participate in a 1 on 1 activity, listen as staff reads, manipulate a chosen item, and walk to the dining room using his adaptive gait trainer. The IPP did not indicate client #5 could not assist with making his own bed, cleaning his own house, assisting in his kitchen/dining room or helping with his own laundry with assistance as needed.</p> <p>On 9-26-12 at 8:00 a.m. a record review for client #6 was conducted. The IPP dated 4-26-12 indicated client #6 had objectives to pull down his pants, remove pants, bring toothbrush to mouth, dry hands, bring deodorant to armpit, use spoon for 75% of meal, rinse shampoo from hair, sort 6 items of different colors into 2 piles, place 5 coins into empty container, and sit at table with 2-3 peers for group activity. The IPP did not indicate client #6 could not assist with making his own bed, cleaning his own house, assisting in his kitchen/dining room or helping with his own laundry with assistance as needed.</p> <p>On 9-26-12 at 2:30 p.m. a record review</p>		<p><i>documents and the implementation of necessary strategies to ensure these areas are sufficiently implemented.</i></p> <p>The floor supervisor is responsible for compliance. The IDT will monitor through random audits.</p>				

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	<p>for client #8 was conducted. The IPP dated 7-12-12 indicated client #8 had objectives to flush the toilet, pull up his pants, hold his toothbrush, rinse his hands, apply deodorant, return 1 soiled dish to window, rinse body, separate 2 different shapes, hand coin to staff, and interact with a make peer. The IPP did not indicate client #8 could not assist with making his own bed, cleaning his own house, assisting in his kitchen/dining room or helping with his own laundry with assistance as needed.</p> <p>On 9-26-12 at 2:50 p.m. an interview with facility staff #80 indicated clients were not allowed in the refrigerator/freezer room or in the kitchen were clients meals were prepared and their food was stored.</p> <p>2. Observations were conducted in group room #3 on 09/24/12 from from 2:15 PM until 3:15 PM. At 2:15 PM there were 2 staff (staff #19 and #45) to 10 clients present in the room who remained during the observation time. During the observation time Client #4 was observed to sit in his wheelchair without activity.</p> <p>Observations were conducted in group room #3 on 09/25/12 from 9:37 AM until 11:38 AM. At 9:37 AM there were two staff (staff #14 and #17) to 10 clients in the classroom. Client #4 had the</p>				

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	<p>following activities during the observation: sat in a recliner; placed in wheelchair and taken to bathroom and went out of group room to receive a scheduled breathing treatment. During the observation time staff #14 and #17 went in and out of the class room separately and took clients to the bathroom. Only one staff was present in the class for a total duration of 1 hour and 32 minutes of the 2 hour observation.</p> <p>Observations were conducted in group room #3 on 09/25/12 from 1:24 PM until 3:24 AM. At 1:24 PM there were three staff (staff #23, #30 and #70) to 10 clients in the classroom. Client #4 had the following activities during the observation: sat in his wheelchair; held a plastic ball with but out holes in it and threw the ball to the floor; sat in a recliner; placed in wheelchair and taken to bathroom; went out of group room to receive a scheduled breathing treatment and was placed on a mat on the floor. During the observation time staff #23, #30 and #70 went in and out of the class room separately and took clients to the bathroom. Only one staff was present in the class for a total duration of 1 hour and 44 minutes of the 2 hour observation.</p> <p>Client #4's records were reviewed on 09/26/12 at 8:30 AM. Client #4's undated</p>						

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	<p>active treatment schedule indicated the following for the specified time frames:</p> <p>5:00-7:30 AM - "Get up, toileting, dressing for the day, structured leisure activity (sorting, coloring, sensory stim[ulation] activity, playing ball, identify colors/shapes, look at pictures in books/magazines, blocks, shape sorters, etc), medication goal, breakfast, eating goal"</p> <p>7:30-8:00 AM - "Toothbrushing, toileting, etc"</p> <p>8:00-9:00 AM - "Money Management, Academics"</p> <p>9:00-10:00 AM - "Communication, Interaction"</p> <p>10:00-10:30 AM - "Choice of Activity (trucks, TV, puzzles, magazines, radio, leisure item, games, switch devices, items for manipulation, etc."</p> <p>10:30-11:00 AM - "Toileting, Group Activity"</p> <p>11:00-12:30 PM -" Lunch, Eating Goal, Structured Leisure Time (sorting, coloring, sensory stim activity, playing ball, identify colors/shapes, look at pictures in books/magazines, blocks, shape sorters, etc.)"</p> <p>12:30-1:00 PM - "Recreation, Group Activity"</p> <p>1:00-1:30 PM - "Toileting, Group Activity"</p> <p>1:30-2:30 PM - "Leisure, Attending"</p> <p>2:30-3:30 PM - "Communication"</p>						

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	<p>3:30-4:00 PM - "Toileting, Group Activity"</p> <p>4:00-5:30 PM - "Dinner, Eating Goals, Structure Recreation (sorting, coloring, sensory stim activity, playing ball, identify colors/shapes, look at pictures in books/magazines, blocks, shape sorters, etc."</p> <p>5:30-7:00 PM - "Recreation, Leisure, Choice of Activity, TV, Parties If Scheduled, Movies, Group Activity"</p> <p>7:00-8:30 PM - "Snack Time, Shower/Bath, Dressing For Bed, Toothbrushing, Choice Of Recreation, Toileting, etc..."</p> <p>Facility staff did not follow and/or implement client #4's active treatment schedule as written.</p> <p>Client #4's Individual Habilitation Plan (IHP) was dated 02/21/12 and contained but was not limited to the following goals: will stand with 2 person assist for 30 seconds; will focus on coin for 5 seconds; will look at speaker when name is called; will grasp object with right hand (hoh) (hand-over-hand).</p> <p>On 09/26/12 at 11:56 AM an interview was conducted with the Qualified Mental Retardation Professional #65 (QMRP). The QMRP indicated client #4's goals should have been implemented and indicated staff should have been</p>						

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	<p>prompting the clients every 15 minutes and given them a choice of activities.</p> <p>3. Observations were conducted in group room #3 on 09/24/12 from from 2:15 PM until 3:15 PM. At 2:15 PM there were 2 staff (staff #19 and #45) to 10 clients present in the room who remained during the observation time. During the observation time client #7 held a box of crayons and attempted to put a crayon in the box.</p> <p>Observations were conducted in group room #3 on 09/25/12 from 9:37 AM until 11:38 AM. At 9:37 AM there were two staff (staff #14 and #17) to 10 clients in the classroom. Client #7 had the following activities during the observation: sat in a recliner; went to the bathroom and received medications. During the observation time staff #14 and #17 went in and out of the class room separately and took clients to the bathroom. Only one staff was present in the class for a total duration of 1 hour and 32 minutes of the 2 hour observation.</p> <p>Observations were conducted in group room #3 on 09/25/12 from 1:24 PM until 3:24 PM. At 1:24 PM there were three staff (staff #23, #30 and #70) to 10 clients in the classroom. Client #7 had the following activities during the</p>						

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	<p>observation: sat in recliner with feet over arm; held 3 wooden blocks; walked up to table by staff #23, turned and sat back in recliner; given a pop up toy by staff #23 who pushed the buttons and toy animals popped up; walked to bathroom, held crocodile xylophone and hit keys with mallet; given a magazine by staff #70 and tore pages out and threw them on the floor and touched shaving cream. During the observation time staff #23, #30 and #70 went in and out of the class room separately and took clients to the bathroom. Only one staff was present in the class for a total duration of 1 hour and 44 minutes of the 2 hour observation.</p> <p>Client #7's record was reviewed on 09/26/12 at 9:46 AM. Client #7's undated active treatment schedule indicated the following for the specified time frames: 5:00-7:30 AM - "Get up, toileting, dressing for the day, independent leisure activity, medication goal, breakfast, eating goal" 7:30-8:00 AM - "Toothbrushing, toileting, dressing, etc" 8:00-9:00 AM - "Economics, Initiation, Attending" 9:00-10:00 AM - "Communication, Attending, Initiation" 10:00-10:30 AM - "Choice of Activity (trucks, TV, puzzles, magazines, radio, leisure item, games, table activities,</p>			

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	<p>socializing, etc."</p> <p>10:30-11:00 AM - "Toileting, Large Group Activity"</p> <p>11:00-12:30 PM -" Lunch, Eating Goals, Structured Leisure"</p> <p>12:30-1:30 PM - "Recreation, Group Activities"</p> <p>1:30-3:30 PM - "Leisure, Communication"</p> <p>3:30-4:00 PM - "Toileting, Handwashing, Choice of Activity, Socializing"</p> <p>4:00-5:00 PM - "Dinner, Eating, Goals, Structure Recreation"</p> <p>5:00-7:00 PM - "Recreation, Leisure, Communication, Choice of Activities, TV, Parties If Scheduled, Movies, Group Activity, Bathing, Special Events, Outing If Applicable, Etc"</p> <p>7:00-8:30 PM - "Snack Time, Dressing For Bed, Toothbrushing, Choice Of Recreation, Toileting, Medication Goal, etc"</p> <p>Facility staff did not follow and/or implement client #7's active treatment schedule as written.</p> <p>Client #7's Individual Habilitation Plan (IHP) was dated 06/27/12 and contained but was not limited to the following goals: place her hand on the doorknob to the bathroom; remain seated at table act[ivity] for 6 minutes independently; begin task within 15 seconds of selecting; take 1 coin from staff shown 3 coins and</p>			
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	<p>named independently and to appropriately manipulate the selected switch for a device.</p> <p>On 09/26/12 at 11:56 AM an interview was conducted with the Qualified Mental Retardation Professional #65 (QMRP). The QMRP indicated client #7's goals should have been implemented and indicated staff should have been prompting the clients every 15 minutes and given them a choice of activities.</p> <p>4. Observations were conducted in group room #3 on 09/24/12 from from 2:15 PM until 3:15 PM. At 2:15 PM there were 2 staff (staff #19 and #45) to 10 clients present in the room who remained during the observation time. During the observation time client #9 sat in a recliner with her eyes closed.</p> <p>Observations were conducted in group room #3 on 09/25/12 from 9:37 AM until 11:38 AM. At 9:37 AM there were two staff (staff #14 and #17) to 10 clients in the classroom.</p> <p>Client #9 had the following activities during the observation: sat in a recliner; was given a plastic toy which contained 4 large plastic bolts which was laid on her lap by staff #14 and she did not interact with and sat in a recliner with her closed eyes. During the observation time staff</p>						

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	<p>#14 and #17 went in and out of the class room separately and took clients to the bathroom. Only one staff was present in the class for a total duration of 1 hour and 32 minutes of the 2 hour observation.</p> <p>Observations were conducted in group room #3 on 09/25/12 from 1:24 PM until 3:24 AM. At 1:24 PM there were three staff (staff #23, #30 and #70) to 10 clients in the classroom. Client #7 had the following activities during the observation: sat in recliner with feet over arm; held 3 wooden blocks; walked up to table by staff #23, turned and sat back in recliner; given a pop up toy by staff #23 who pushed the buttons and toy animals popped up; walked to bathroom, held crocodile xylophone and hit keys with mallet; given a magazine by staff #70 and tore pages out and threw them on the floor and touched shaving cream. During the observation time staff #23, #30 and #70 went in and out of the class room separately and took clients to the bathroom. Only one staff was present in the class for a total duration of 1 hour and 44 minutes of the 2 hour observation.</p> <p>Client #9's record was reviewed on 09/26/12 at 11:00 AM. Client #9's undated active treatment schedule indicated the following for the specified time frames:</p>						

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	5:00-7:30 AM - "Get up, toileting, dressing for the day, independent leisure activity, medication goal, breakfast, eating goal" 7:30-8:00 AM - "Toothbrushing, toileting, dressing, etc" 8:00-9:00 AM - "Economics, Initiation, Attending" 9:00-10:00 AM - "Communication, Attending, Initiation" 10:00-10:30 AM - "Choice of Activity (trucks, TV, puzzles, magazines, radio, leisure item, games, table activities, socializing, etc." 10:30-11:00 AM - "Toileting, Large Group Activity" 11:00-12:30 PM - " Lunch, Eating Goals, Structured Leisure" 12:30-1:30 PM - "Recreation, Group Activities" 1:30-3:30 PM - "Leisure, Communication" 3:30-4:00 PM - "Toileting, Handwashing, Choice of Activity, Socializing" 4:00-5:00 PM - "Dinner, Eating, Goals, Structure Recreation" 5:00-7:00 PM - "Recreation, Leisure, Communication, Choice of Activities, TV, Parties If Scheduled, Movies, Group Activity, Bathing, Special Events, Outing If Applicable, Etc" 7:00-8:30 PM - "Snack Time, Dressing For Bed, Toothbrushing, Choice Of Recreation, Toileting, Medication Goal,			

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	<p>etc"</p> <p>Facility staff did not follow and/or implement client #7's active treatment schedule as written.</p> <p>Client #9's Individual Habilitation Plan (IHP) was dated 06/10/12 and contained but was not limited to the following goals: place her hand on switch to activate a desired device; remove one item place in her lap; take 2 steps toward staff independently; maintain attention to selected task x 15 seconds without interruption; look toward staff when her name is called with 1 verbal prompt and track a sensory device right to left by moving her head.</p> <p>On 09/26/12 at 11:56 AM an interview was conducted with the Qualified Mental Retardation Professional #65 (QMRP). The QMRP indicated client #9's goals should have been implemented and indicated staff should have been prompting the clients every 15 minutes and given them a choice of activities.</p> <p>5. During general observations on 9/24/12 from 2:11 PM until 2:44 PM, housekeeping staff #84 was putting away client's laundry. Staff #89 was taking trash out throughout the facility and vacuumed area rugs. Dietary staff #72 was preparing the evening meal for the</p>						

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	<p>clients living at the facility including setting up tables with dining cards, salt and pepper and placing napkins in a lidded plastic box with latch. There was a sign posted on the kitchen door that indicated, "If you are not dietary staff or maintenance, stay out of the kitchen." Staff #72 unlocked the client kitchen area and indicated it was locked at all times except when staff #70 had cooking class for clients.</p> <p>Staff #89 was interviewed on 9/26/12 at 2:31 PM. When asked if clients ever assisted with taking out the trash, he stated, "Some of the smart ones will," and indicated clients #35 and #47 would assist, but indicated it was not a regular occurrence.</p> <p>During the observation periods in program room 5 on 9/24/12 the following was observed: From 2:55 PM until 3:14 PM, clients #1 and #10 were in program room 5 where coloring activity was offered and a cartoon video was playing. Client #1 watched the video periodically. Staff #70 called the kitchen, and client #1 asked dietary staff what was for dinner. Client #10 sat at a table in his wheelchair, and staff #70 wiped his hands with a wipe without encouraging client #10 to assist. From 3:55 PM until 5:05 PM, staff #25 asked client #10 to hit a "Little Tykes" toy</p>						

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	<p>drum with a drum stick client #10 had in his mouth. Client #10 hit the drum once with the stick and was later offered stacking juvenile cups and prompted by staff #25 to identify which was bigger. Client #10 grabbed all of the cups, but did not interact with them. Client #10 was then offered wire and beads to string, but he did not string the beads. Client #10 was given his medication by staff #7 in a food medium and asked to "take a bite of it" without other training offered. Client #10 was not offered a choice of other activities. Client #3 sat at the table with no activity offered and rocked periodically, then moved to the floor where she rocked. Client #3 was then asked to roll Play Doh while sitting on the floor. She participated in rolling Play Doh on the floor, but staff did not prompt her to sit in a chair or at a table. Client #3 did not wear glasses or was prompted to wear her glasses. Staff painted client #1's nails with polish, and client #1 used children's coloring markers to make a flower, then colored pictures in a coloring book. Client #3 periodically asked what she should ask Santa Claus for Christmas. There were no additional activities or materials offered during the observation periods.</p> <p>During dinner observations on 9/24/12 from 5:05 PM until 6:20 PM, staff #70</p>				

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	<p>passed out pre-poured chocolate milk and juice to clients #1 and #3. Client #3 was prompted to use a spoon by the Speech Language Pathologist (SLP). Clients #1 and #3 used a spoon throughout the remainder of the meal. Staff #70 served the dessert with tongs and failed to encourage clients #1 and #3 to serve themselves. Client #3 put 2 two inch slices of bread into her mouth which protruded from her mouth as she chewed them and was not prompted to take smaller bites or slow down her rate of eating. Client #3 went to the window and was given more spaghetti dished into a bowl by dietary staff. Client #10 was brought to the dining room in a wheelchair and staff turned on the water and assisted him hand over hand to rub his hands together, then staff turned the water off and dried his hands with a paper towel. Client #1 was asked to get a high sided divided plate and a bowl from a stack of them on a tray placed in front of him. Client #1 was given built up handled utensils to use during the meal. Staff #53 applied dressing to client #10's salad, wiped client #10's mouth with a clothing protector without encouraging client #10 to use a napkin, then took client #10 in his wheelchair to the sink to wash his hands and face. Staff #53 wet a washcloth and assisted client #10 to wipe his face at the sink.</p>						

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	<p>Staff #53 was interviewed on 9/24/12 at 5:53 PM. When asked if client #10 was to use a napkin, she stated, "If he uses his napkin that's OK, but we have him wipe his mouth at the sink. I try to get most of it at the table. He gets the rest." Client #10 then was wheeled from the dining room in his wheelchair by staff.</p> <p>During the observation periods on 9/25/12: From 6:14 AM until 7:14 AM, clients were in a large room adjacent to the dining room in an activity called "assembly." Activities on the tables included alphabet and color matching using juvenile materials, toy cars and adult magazines. Client #1 sat in a chair and staff (unidentified) tied her shoes. At 6:50 AM, client #1 screamed that she didn't want to stay in the area and was escorted out by staff #33. At 6:51 AM, staff #33 brought a plastic bag of coats to the area and put the coats on and fastened them for clients #3, #55, #14, #21 without encouraging the clients to participate in selecting their coat for the day or putting the coat on. Client #3 rocked and didn't engage in activity during the observation except to independently finish zipping the coat after staff partially zipped it up for client #3 and to go with staff to the restroom where she was to brush her teeth. She was offered a magazine during</p>						

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	<p>the observation, but refused. Client #3 did not wear glasses or was prompted to wear her glasses at 7:15 PM, a bag of clients' book bags for school was brought to the area where clients loaded the bus for school, and clients were not encouraged to retrieve their book bags themselves. From 2:55 PM until 3:06 PM in room 5, clients #10 and client #3 were offered toy maracas to shake and a barrel of toy monkeys to hold.</p> <p>During general observation on 9/25/12 at 7:25 AM, staff #87 made client beds, staff #84 vacuumed floors and staff #82 swept the floor and indicated she would then clean client closets.</p> <p>Staff #87 was interviewed on 9/25/12 at 7:25 AM. She indicated clients who were capable of assisting with making beds went to school and get up, but sometimes helped in the summer. She indicated clients refused to make beds at times and stated, "We can't make them."</p> <p>Staff #84 was interviewed on 9/25/12 at 7:25 AM. When asked if clients ever assist with sweeping, she stated, "No."</p> <p>Staff #82 was interviewed on 9/25/12 at 7:25 AM and indicated she would clean client closets next and clients would not be assisting her.</p>						

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	<p>On 9/25/12 at 7:25 AM, staff #73 brought ice water and cups to program #5 without assistance from clients.</p> <p>During observations at the school on 9/25/12 from 10:10 AM until 11:45 AM, clients #1, #3, and #10 engaged in math activities, and ate lunch. During lunch, clients #1, #33, #10 ate lunch using a fork, and no adaptive equipment.</p> <p>The teacher was interviewed on 9/25/12 at 11:20 AM She indicated clients were encouraged to eat with regular silverware and the school's occupational therapist had evaluated the clients and approved their use.</p> <p>During the observation period on 9/26/12 from 3:50 PM to 4:20 PM in group 5, client #10 had a monkey from a barrel of monkeys in his mouth, and client #3 was asked to pick up a purple children's marker. Staff #25 indicated client #10 was to hold the monkeys up in the air in a connected line. Client #1 was asked if she wanted to color, but she declined. There were no additional activities or materials offered.</p> <p>During the dinner observation 9/26/12 from 4:20 PM until 4:50 PM, clients #1 and #3 ate their meals with spoons</p>						

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	<p>without direction from staff to use a fork. Client #3 ate large bites of food which protruded from her mouth without being prompted to take smaller bites. Client #3 wore her glasses while at the dining room except for a period of less than 5 minutes in duration in which she laid the glasses on the table.</p> <p>Staff #99 was interviewed on 9/26/12 at 4:31 PM. When asked about client #1 and #3's use of spoons instead of forks, he indicated it was client choice and preference.</p> <p>During the observation period in program room 5 from 4:50 PM until 5:25 PM, client #10 sat with a monkey stuffed in his mouth without intervention from staff #25 and #45 until the surveyor brought it to their attention. Client #10 continued to hold or put a monkey into his mouth, or to put his hands in his pants during the remainder of the observation. Client #3 sat without activity until she reached for a harmonica and held it walking to the door. Client #3 was taken to the restroom by staff #45 when staff noticed a wet spot at the back of her pants. Client #3 was prevented from leaving the room to go to the restroom until another staff could bring clothing for client #3. The Director of Nursing #1 came into the room at 5:07 PM and indicated to staff to offer a choice</p>			

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	<p>of another activity for client #10 as he wasn't engaging with the plastic monkeys. Staff #25 indicated they had completed client #10's coin activity already. Staff #45 then made a bracelet from pipe cleaner type of material and placed it on client #10's wrist without engaging him in making the bracelet. Client #10 was then given stacking cups and placed one of them in his mouth. No other activity was offered.</p> <p>Staff #25 was interviewed on 9/26/12 at 5:10 PM. When asked what client #10 was to do with the monkeys, he indicated he was to pick them up to join together.</p> <p>During the dining room observation on 9/26/12 from 5:25 PM until 5:55 PM, client #10 was brought to and from the dining room in his wheelchair. Client #10 picked up a spoon and divided plate which were provided to him at the beginning of the meal. Client #10 had a built handled rocker knife and built up handled fork at his place setting, but did not use it or was prompted to use it during his meal.</p> <p>Staff #70 was interviewed on 9/26/12 at 5:40 PM. She indicated client #10 used a fork when he chose to do so, and indicated he did not often choose to use a fork. When asked if staff encouraged him</p>						

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	<p>to use a fork or knife, she stated "When the food calls for it," and indicated she had cut client #10's liver up with a spoon.</p> <p>Client #10's record was reviewed on 9/26/12 at 1:50 PM. Client #10's record included a June, 2012 QMRP (Qualified Mental Retardation Professional) #63 review of his objectives that included the following objectives: sit on toilet for 3 minutes three times each shift, remove his shirt, bring toothbrush to his mouth, apply underarm deodorant, completely dry hands with a paper towel, wipe mouth with a napkin after eating, wash upper body, identify a coin, maintain eye contact with staff for 10 seconds, look at pictures in a magazine, grasp an object of interest, walk to and from the dining room with a gait trainer. Client #10's 7/19/12 CFA (comprehensive functional assessment) indicated "integrate IEP (Individual Education Program) objectives with ADL (adult daily living) and academics goals at home to ensure continued development." Client #10's IEP dated 12/7/11 indicated client #10 was resistant to pre-vocational goals, had a goal to increase strength and stamina as evidenced by increased time/rate of speed through daily mobility exercises. A progress note indicated on 3/21/12, client #10 ambulates to any areas requested, and is maintaining his time at 5 minutes. A progress note dated 6/1/12</p>						

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	<p>indicated a "rapid and dramatic decrease in endurance and stamina when performing even basic mobility tasks. It is our hope that this setback is temporary and that [client #10] regains his strength and mobility over the summer." A goal to complete a vocational task (wiping surfaces) included a progress noted dated 3/21/12 indicating client #10 was resistive to completing the task. A communication goal included client #10 was to indicate needs/choices via pictures and schedule board options. A speech language assessment dated 7/10/12 indicated client #10 was to "identify an object as big from a field of 2 objects, participate in social activities such as listening to stories, looking at/naming pictures, UNO, go fish, memory/concentration, puzzles, etc...."</p> <p>Client #3's record was reviewed on 9/26/12 at 9:06 AM. Her record included September, 2012 goals to flush toilet after toileting, remove shoes and socks, brush front upper teeth, apply shaving cream to her legs, brush/comb own hair, identify need to wash hands, identify the need to wipe mouth during/after meals, with identify 5 letters of the alphabet (A,B, C, D, E), match sets of pennies, grasp beads, identify her printed name, tolerate wearing her glasses for 1 minute, participate in a small group activity with 3/5 peers. Client #3's most recent IEP in</p>						

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	<p>the record dated 10/28/10 indicated a goal to participate in a variety of school jobs to acquire vocational goals (uses household appliances independently, cleans surfaces), participate in functional curriculum (math, reading science, and community). A progress on goal report dated 10/20/11 indicated a goal to "perform basic household chores (vacuuming, dusting, cleaning windows, laundry, etc.)." A 10/4/11 CFA indicated "Continue to align home based goals to school based goals listed in IEP. "</p> <p>Client #1's record was reviewed on 9/26/12 at 1:30 PM. Client #1's 7/20/12 formal goals included, will obtain appropriate amount of toilet paper for wiping, will place pants/shorts on in proper orientation with a monthly average of independence, will brush front upper teeth, will adjust water temperature, will apply shaving cream to underarms prior to shaving, will identify 3 common community signs, will count change up to .50, will shampoo hair with a monthly average of demonstration prompts, will cut appropriate food item with a knife and fork, will complete a fine-motor activity such as coloring, 10 piece puzzle, connect 4, will participate in a small group activity. Client #1's IEP 4/26/12 to 11/10/12 indicated client #1 had goals to address functional reading, functional</p>						

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	<p>math, person information (name, address, phone number) and vocational and household chores to vacuum, dust and clean surfaces. The IEP indicated client #1 had difficulty holding utensils and would be seen by the occupational therapist 20 minutes once every 6 weeks, but indicated client #1 was not in need of adaptive equipment. The IEP indicated the agency would work on the same goals as the school over the summer.</p> <p>The Qualified Mental Retardation Professional (QMRP) #63, and the Program Director were interviewed on 9/26/12 at 6:30 PM. The QMRP indicated client's #1, #3, #10 objectives should have been implemented, and clients should be offered a choice of activities during scheduled times in program rooms. The QMRP indicated speech recommendations were to be implemented while clients were in the program rooms.</p> <p>6. During observations on 9/25/12 from 5:50am until 7:03am, clients #2, #28, #42, #48, and #50 were inside program room #4 and no activity was observed. From 5:50am until 6:25am, no staff was present inside program room #4 with clients. At 5:50am, clients #2, #28, #48 and #50 sat inside program room #4 without activity and no facility staff were</p>						

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	<p>present. Clients #28, #48, and #50 sat in chairs asleep. Client #2 rolled his body on the tile floor. At 5:58am, Facility Staff (FS) #31 exited the bathroom with client #42, client #42 sat in a chair without activity, and FS #31 prompted client #2 to leave the program room and enter the bathroom. From 5:58am until 6:17am, clients #28, #42, #48, and #50 were inside the program room and no staff were present. From 5:58am until 6:07am, client #28 left the program room, walked into the hallway, returned inside the program room, walked to client #50 who sat asleep in a chair, hit and then punched client #50 three (3) different times. Each time client #50 was struck in his left chest area by client #28's fist, client #50 would make a sound and open his eyes. At 6:08am, client #28 walked up to client #50 again and punched client #50 in his left chest area with a fist and a "thump" was heard. Client #28 left the program room #4 again without supervision and went into the hallway. At 6:14am, an unidentified facility staff opened the program room door, looked inside at clients #42, #48, and #50, the unidentified staff left the area, and closed the door without entering. At 6:14am, client #28 left the room again and a second unidentified facility staff person brought him back into program room #4, looked inside, and left the program room #4. At</p>			

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	<p>6:20am, FS #31 exited the bathroom with client #2 and the surveyor notified FS #31 that client #28 had struck client #50. When asked by FS #31 client #28 stated he had struck client #50 "five (5) times" and FS #31 asked client #28 to apologize to client #50. At 6:20am, FS #31 stated client #50 was non verbal and expressed pain by "moaning." From 6:20am until 7:03am, clients #2, #28, #42, and #50 sat inside the program room with one staff. At 6:20am, FS #31 assisted client #50 to stand, client #50's pants were wet, and FS #31 indicated client #50 had been incontinent of urine. FS #31 assisted client #50 to the bathroom and closed the door. From 6:25am until 7:03am, QMA #97 entered the room, prompted the clients to "wake up," and QMA #97 talked with clients about looking outside and it was dark outside the window. QMA #97 was the one staff present in program room #4 with four clients. No activity was observed and no communication books/devices were observed during the observation period.</p> <p>QMRP (Qualified Mental Retardation Professional) #65 was interviewed on 9/26/12 at 11:30 A.M.. QMRP #65 stated "two (2) staff" should have been inside program room #4 to supervise clients when clients were present. QMRP #65 stated "clients should never be left alone."</p>						

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	<p>QMRP #65 stated client #28 "is physically aggressive" with staff and other clients. QMRP #65 indicated facility staff should have implemented client #2's IHP and provided activities according to the active treatment daily schedule for clients #2, #28, #42, #48, and #50 inside program room #4 to participate.</p> <p>Client #2's record was reviewed on 9/25/12 at 9:50am. Client #2's 3/13/12 IHP (Individual Habilitation Plan) indicated client #2 was non verbal, required twenty-four (24) hour supervision. Client #2's IHP indicated objectives/goals to wash his hands after toileting, to identify quarters from dissimilar objects, to complete a 10 piece puzzle, to place napkin on lap before the meal, and to point to pictures to communicate. Client #2's undated "Daily Activity Schedule" indicated: "...5:00-7:30am, Get up, toileting, bath/shower, dressing for the day, structured leisure activity sorting, coloring, sensory stim activity, playing ball, identify colors/shapes, look at pictures in books/magazines, blocks, shape sorters, etc..., Breakfast, eating goal, medication goal...."</p> <p>On 9/25/12 at 7:30am, FS #31 provided an undated "Daily Activity Schedule" for Program Room (PR) #4 which indicated: 5:00-7:30 AM - "Get up, Toileting, Bath/Shower, Dressing for the day, Structured Leisure Activity (Sorting, coloring, sensory stim (Stimulation) activity, playing ball, identify colors/shapes, look at pictures in books/magazines, blocks, shape sorter, etc...), Breakfast, Eating Goal, Medication</p>						

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	<p>Goal"</p> <p>7:30-8:00 AM - "Toothbrushing, toileting, dressing, etc"</p> <p>8:00-9:00 AM - "Money Management Academics"</p> <p>9:00-10:00 AM - "Communication, Economics"</p> <p>10:00-10:30 AM - "Choice of Activity (TV, puzzles, magazines, radio, leisure item of choice, games, switch devices, items for manipulation, etc."</p> <p>10:30-11:00 AM - "Toileting, Group Activity"</p> <p>11:00-12:30 PM -" Lunch, Eating Goals, Structured Leisure (Sorting, coloring, sensory stim (Stimulation) activity, playing ball, identify colors/shapes, look at pictures in books/magazines, blocks, shape sorter, etc..."</p> <p>12:30-1:00 PM - "Recreation, Group Activities"</p> <p>1:00-1:30 PM - "Toileting, Group Activity"</p> <p>1:30- 2:30 PM - "Leisure, Manipulation"</p> <p>2:30-3:30 PM - "Communication, Interaction"</p> <p>3:30-4:00 PM - "Toileting, Large Group Activity"</p> <p>4:00-5:30 PM - "Dinner, Eating, Goals, Structure Recreation sorting, coloring, sensory stim activity, playing ball, identify colors/shapes, look at pictures in books/magazines, blocks, shape sorter, etc..."</p>						

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	<p>5:30-7:00 PM - "Recreation, Leisure, Choice of Activities, TV, Parties If Scheduled, Movies, Group Activity" 7:00-8:30 PM - "Snack Time, Dressing For Bed, Toothbrushing, Choice Of Recreation, Toileting, etc"</p> <p>3.1-32.(a) 3.1-33(a) 3.1-37(a)</p>			

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W0214	<p>483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs.</p> <p>Based on observation, interview, and record review, for 2 of 10 sample clients (clients #2 and #3) and four additional clients (clients #28, #42, #48, and #50), the facility failed to assess client #2, #28, #42, #48, and #50's dining room restrictions and failed to reassess client #3's excessive toileting behavior.</p> <p>Findings include:</p> <p>1. On 9/24/12 from 4:15pm until 5:50pm, clients #2, #28, #42, #48, and #50 were inside program room #4 with QMA (Qualified Medication Aide) #97, and Facility Staff (FS) #32, and FS #40. At 4:15pm, the dietary cart was brought into the program room and QMA #97 and FS #32 placed the table cloth on the table, passed out the prepared foods, and clients #2, #28, #42, #48, and #50 consumed their meal inside the program room. At 5pm, FS #32 and QMA #97 both stated clients #2, #28, #42, #48, and #50 did not attend meals in the dining room because of behaviors and consumed "all" meals inside program room #4.</p>	W0214	For clients #2, 3, 28, 42, 48, 50 and all other clients, comprehensive functional assessments do address each client's developmental and behavioral management needs. All Interdisciplinary Team members contribute documented assessment data for the discipline. These documents include assessment data that formulate client's individual needs, strengths and weaknesses. During the facility survey, responsible staff fielded questions without providing sufficient direction to the surveyors for review. All aspect of client's care are assessed and reassessed at least quarterly. Quarterly reviews accumulate current data, concerns and necessary revisions that update individual client's annual plan. Data included in these reviews include medical, behavioral, activities, social services, programmatic and outside service information relevant to specific clients. The school nurse and the school teachers were notified by the DON and ADON through the student and nurse communication books that all medical concerns for client #3 and all other clients are to be	11/04/2012	

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	<p>On 9/25/12 at 7:22am, clients #2, #28, #42, #48, and #50 consumed their pre-set breakfast meals inside program room #4 served by QMA #97 and FS #31 and clients were not permitted to attend the meal in the dining room.</p> <p>Client #2's record was reviewed on 9/25/12 at 9:50am. Client #2's 3/13/12 IHP (Individual Habilitation Plan) did not include the restriction from attending meals in the dining room. Client #2's 9/4/12 "Dietary Progress Notes" did not indicate the restriction from the use of the dining room for meals.</p> <p>Client #28's record was reviewed on 9/26/12 at 3:35pm. Client #28's 9/4/12 "Dietary Progress Note" did not indicate the restriction from the use of the dining room for meals.</p> <p>Client #42's record was reviewed on 9/26/12 at 3:30pm. Client #42's 9/4/12 "Dietary Progress Note" did not indicate the restriction from the use of the dining room for meals.</p> <p>Client #48's record was reviewed on 9/26/12 at 3:40pm. Client #48's 8/21/12 "Dietary Progress Note" did not indicate the restriction from the use of the dining room during meals.</p>		<p>reported to the school nurse and the school nurse will communicate the concerns to the facility nurses via the nurse communication book or by phone to ensure timely follow up can be done. An audit of client #3's chart conducted by the ADON on 10/22/12 indicated that client #3 has been followed for reports of increased episodes of incontinence when reported to the nursing staff. On 10/28/11, 5/31/12, and 7/2/12 a UA C&S were completed with results of no growth. Client #3 was also seen by the OBGYN on 2/16/12 and during the physician assessment it was noted that the client had no blood in urine. On 8/16/12 client #3 was seen by the primary care physician for an annual physical with no indications of urinary infection. During each client's quarterly review process; updates, revisions and reviewed data will be reviewed by Team members to ensure that each client's active treatment program has been modified to include necessary changes. The facility nurses will continue to read the nurse communication book each day and address any medical concerns that are reported. The facility nurse will continue to sign the nurse communication book each day when it is checked for medical concerns. The facility nurse will sign the nurse communication book and place the date it was signed if there is</p>				

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	<p>Client #50's record was reviewed on 9/26/12 at 3:45pm. Client #50's 6/27/12 "Annual Nutritional Assessment" and 7/6/12 IHP did not indicate the restriction from the use of the dining room for meals.</p> <p>Interview was conducted on 9/26/12 at 5pm, with QMRP (Qualified Mental Retardation Professional) #63 and QMRP #65. Both QMRP #63 and QMRP #65 stated clients #2, #28, #42, #48, and #50 who attended program room #4 were restricted from the dining room because of behaviors and each client "had not been assessed" for the restriction from the use of the facility dining room during meals. QMRP #63 indicated clients #2, #28, #42, #48, and #50 did not have goals/objectives developed to teach dining skills to decrease the restriction from the use of the dining room.</p> <p>2. Client #3's communication logs between school and the agency were reviewed on 9/25/12 at 10:41 AM. The log included entries dated 8/31/12, 9/17/12, 9/20/12 indicating client #3 had wetting accidents. The log dated 8/31/12 indicated client #3 "wet on purpose when removed from the group...urinated many other times today...." A response from the Program Director indicated client #3 "may have PMS (pre-menstrual syndrome)." A log entry between the</p>		<p>no entry on that date from the school nurse to ensure that the communication book was checked for information. <i>Reviewed and Revised</i></p> <p><i>The facility nurse will also read each individual client's teacher notebook to look for medical concerns as the teachers have failed to report concerns to the school nurse so that she may report to the facility. The facility nurse will initial each day as it is reviewed. The school nurse nor the facility nurse was informed of client #3's incontinence on 8/31/12 as per the teacher communication book it was reported as behavior "wet on purpose when removed from the group." No medical concern was voiced during this communication. (Attachment J) The facility nurse will sign the nurse communication book and teacher communication books and place the date it was signed if there is no entry on that date from the school nurse/teacher to ensure that the communication book was checked for information. Any concerns written in the teacher communication books will be addressed through the nurse communication book so that the school nurse is aware of concerns the teachers have so she may follow up at school.</i></p> <p><i>The shift supervisor will make copies of each individual teacher</i></p>		

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	<p>school nurse and agency nursing staff dated 8/31/12 did not indicate client #3's frequent urination had been communicated between the nursing staff.</p> <p>During the observation period in program room 5 on 9/26/12 from 4:50 PM until 5:25 PM, client #3 had a wetting accident and was taken to the restroom by staff #45.</p> <p>Client #3's record was reviewed on 9/26/12 at 9:06 AM. Client #3's record indicated she had frequent urinary tract infections. An undated assessment recommendation included in her 10/4/11 CFA (comprehensive assessment) indicated "continue to monitor: lab values, vision, s/s (signs and symptoms) urinary tract infections and weight changes." There was no other evidence of assessment of the cause for client #3's wetting accidents. Client #3's 10/4/11 IPP (Individual Habilitation Plan) included an objective to flush the toilet. Client #3's 10/4/11 Nursing Assessment indicated client #3 was continent of bowel and bladder. Client #3's nursing notes for 8/31/12 did not include assessment for client #3's wetting behavior. Client #3's Behavior Assessment dated 10/4/11 indicated client #3 had a program to address anti-social behavior and "will also wet herself. This is not a consistent</p>		<p><i>communication book entry for the day and give a copy to the Administrator and the DON for review. The facility nurse who checks the nurse communication book will also make copies of that day's entries and give a copy to the Administrator and the DON for review. The DON or her designee will bring the school medical concerns along with the facilities follow up for those concerns on a weekly basis or more often if warranted to the IDT.</i></p> <p>During each client's quarterly review process; updates, revisions and reviewed data will be reviewed by Team members to ensure that each client's active treatment program has been modified to include necessary changes. The DON or her designee will monitor the nurse communication book on a weekly basis and report all school medical concerns along with the facilities follow up for those concerns to the IDT.</p>				

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	<p>behavior." The assessment indicated client #3 had a restitution plan to address her wetting behavior. A Restitution Procedure initiated 1/14/12 and updated 6/25/12 indicated client #3 "has had a recent increase in wetting herself. This is not a typical behavior, but has increased recently," and indicated client #3 was to assist in changing her clothing, cleaning her clothing as needed and the area in the event of a wetting accident. There was no additional evidence of a functional analysis as to why client #3 exhibited wetting behavior, or of a plan to address its cause.</p> <p>An interview with Director of Nursing #1 was conducted on 9/26/12 at 7pm, and indicated client #3 had only had one episode of a urinary tract infection since her admission.</p> <p>The Program Director and Qualified Mental Retardation Professional #63 were interviewed on 9/26/12 at 6:30 PM and indicated client #3's plan had been reviewed on 6/25/12 with no changes, and client #3's plan for restitution should be followed as time allowed to clean her clothing.</p> <p>3.1-31(a) 3.1-31(d)</p>						

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W0224	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include adaptive behaviors or independent living skills necessary for the client to be able to function in the community.</p> <p>Based on record review and interview for 10 of 10 sampled clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10), the facility failed to develop a complete assessment of each client's skill in the areas of cooking, housekeeping, laundry, and adult daily living skills.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 9/26/12 at 1:30 PM. Client #1's CFA dated 7/30/12 did not include a task analysis or other evidence of the specific skills assessed to determine the functioning level of skill in the areas of cooking, housekeeping, laundry and adult daily living skills.</p> <p>Client #3's record was reviewed on 9/26/12 at 9:06 AM. Client #3's CFA dated 10/4/11 did not include a task analysis or other evidence of the specific skills assessed to determine the functioning level of skill in the areas of cooking, housekeeping, laundry and adult daily living skills.</p> <p>Client #10's record was reviewed on 9/25/12 at 1:50 PM. Client #10's 7/19/12 Comprehensive Functional Assessment (CFA) did not include a task analysis or other evidence of the specific skills assessed to determine the functioning level of skill in the areas of cooking, housekeeping, laundry and adult daily living skills.</p>	W0224	For clients #1-10 and all other clients, comprehensive functional assessments do address each client's independent living skills and potential skills. However, independent living skills shall be added to a newly revised Adaptive Skills Assessment (Att. F) that will be integrated into each client's comprehensive functional assessment. Each client will be reassessed utilizing the newly developed Adaptive Skills Assessment. Information gathered from this assessment, including independent living skills, will be appropriately integrated in each client's daily active treatment program as appropriate. QMRP's are responsible. IDT will monitor.	11/04/2012			

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	<p>The Qualified Mental Retardation Professional (QMRP) #63 and the Program Director were interviewed on 9/26/12 at 6:30 PM and indicated there were no additional assessments for clients.</p> <p>2. Client #4's records were reviewed on 09/26/12 at 8:30 AM. The CFA and IHP dated 02/21/12 failed to assess independent living skills of cooking, housekeeping, laundry, and adult daily living skills.</p> <p>Client #7's records were reviewed on 09/26/12 at 9:46 AM. The CFA and IHP dated 06/27/12 failed to assess independent living skills of cooking, housekeeping, laundry, and adult daily living skills.</p> <p>Client #9's records were reviewed on 09/26/12 at 11:00 AM. The CFA and IHP dated 05/10/12 failed to assess independent living skills of cooking, housekeeping, laundry, and adult daily living skills.</p> <p>On 09/26/12 at 11:56 AM an interview with the QMRP #65 (Qualified Mental Retardation Professional) was conducted. The QMRP indicated what areas were assessed were in the IHP.</p> <p>3. On 9-26-12 at 10:00 a.m. a record review for client #5 was conducted.</p>						

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	<p>Client #5's 9/25/12 CFA and 9/25/12 "Professional Assessment Summary (PAS)" both did not assess his ability to participate in laundry, cooking, and housekeeping skill goals.</p> <p>On 9-26-12 at 8:00 a.m. a record review for client #6 was conducted. Client #6's 9/25/12 CFA and 9/25/12 PAS did not assess his ability to participate in laundry, cooking, and housekeeping skill goals.</p> <p>On 9-26-12 at 2:30 p.m. a record review for client #8 was conducted. Client #8's 7/12/12 CFA and 7/12/12 PAS did not assess his ability to participate in laundry, cooking, and housekeeping skill goals.</p> <p>Interview was conducted on 9/26/12 at 5pm, with QMRP (Qualified Mental Retardation Professional) #63 and QMRP #65. Both QMRP #63 and QMRP #65 indicated clients #5, #6, and #8 were not assessed for their independent living skills to participate in laundry, cooking, or housekeeping.</p> <p>4. Client #2's record was reviewed on 9/25/12 at 9:50am. Client #2's 3/12/12 CFA and 3/13/12 IHP (Individual Habilitation Plan) did not include an assessment of his independent living skill to participate in laundry, cooking, or housekeeping.</p>						

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	<p>Interview was conducted on 9/26/12 at 5pm, with QMRP (Qualified Mental Retardation Professional) #63 and QMRP #65. Both QMRP #63 and QMRP #65 indicated client #2 was not assessed for his independent living skill to participate in laundry, cooking, or housekeeping.</p> <p>3.1-31(c)(10)</p>			

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W0225	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include, as applicable, vocational skills.</p> <p>Based on record review and interview, the facility failed for 10 of 10 sampled clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10) to assess each clients vocational skill to include work interest skills and opportunities.</p> <p>Findings include:</p> <p>1. On 9-26-12 at 10:00 a.m. a record review for client #5 was conducted. Client #5's CFA (Comprehensive Functional Assessment) was the same as the "Professional Assessment Summary (PAS)" dated 9-25-12 which did not assess his vocational skills or work interests and opportunities.</p> <p>On 9-26-12 at 8:00 a.m. a record review for client #6 was conducted. Client #6's CFA was the same as the PAS dated 9-25-12 which did not assess his vocational skills, work interests and opportunities.</p> <p>On 9-26-12 at 2:30 p.m. a record review for client #8 was conducted. Client #8's CFA was the same as the PAS dated 7-12-12 which did not assess his vocational skills, work interests, and</p>	W0225	<p>For clients # 1-10 and all other clients, comprehensive functional assessments will include newly revised Adaptive Skills Assessments that will include assessments of client's vocational interests, history and skill levels commensurate with their developmental level. Each client will be reassessed using a newly revised Adaptive Skills Assessment. Should clients reveal the need for vocational training, formal or informal training opportunities will be integrated into their active treatment program. The QMRP is responsible. The IDT will monior through quarterly meetings.</p>	11/04/2012			

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	<p>opportunities.</p> <p>On 9-26-12 at 5:00 p.m. an interview with facility staff #63 indicated there were no vocational assessments for clients #1, #2, #3, #4, #5, #6, #7, #8, #9, or #10 available for review. Facility staff #63 indicated the PAS assessment document was the same as a CFA used to assess each clients' skills, work interests, and opportunities.</p> <p>2. Client #2's record was reviewed on 9/25/12 at 9:50am. Client #2's 3/13/12 CFA and 3/13/12 IHP (Individual Habilitation Plan) did not include the an assessment of his vocational skills, work interest, and work opportunities.</p> <p>Interview was conducted on 9/26/12 at 5pm, with QMRP (Qualified Mental Retardation Professional) #63 and QMRP #65. Both QMRP #63 and QMRP #65 indicated client #2 was not assessed for client #2's vocational skill, work interest, and work opportunities.</p> <p>3. Client #4's records were reviewed on 09/26/12 at 8:30 AM. The IHP dated 02/21/12 failed to provide a vocational assessment.</p> <p>Client #7's records were reviewed on 09/26/12 at 9:46 AM. The IHP dated 06/27/12 failed to provide a vocational</p>						

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	<p>assessment.</p> <p>Client #9's records were reviewed on 09/26/12 at 11:00 AM. The IHP dated 05/10/12 failed to provide a vocational assessment.</p> <p>On 09/26/12 at 11:56 AM an interview with the QMRP #65(Qualified Mental Retardation Professional) was conducted. The QMRP indicated what areas were assessed were in the IHP.</p> <p>4. Client #1's record was reviewed on 9/26/12 at 1:30 PM. Client #1's CFA dated 7/30/12 did not include an assessment of specific vocational skills.</p> <p>Client #3's record was reviewed on 9/26/12 at 9:06 AM. Client #3's CFA dated 10/4/11 did not include an assessment of specific vocational skills.</p> <p>Client #10's record was reviewed on 9/25/12 at 1:50 PM. Client #10's 7/19/12 Comprehensive Functional Assessment (CFA) did not include an assessment of specific vocational skills.</p> <p>The Qualified Mental Retardation Professional (QMRP) #63 and the Program Director were interviewed on 9/26/12 at 6:30 PM and indicated there were no additional assessments for clients.</p> <p>3.1-31(c)(10)</p>				

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W0247	<p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management.</p> <p>Based on observation, record review, and interview, the facility failed for 3 of 10 sample (clients #1, #2, and #3) and 10 additional clients (clients #21, #28, #31, #38, #42, #44, #48, #50, #51, #55) to provide opportunities for choice of clothing wear, dining room times, and the choice of when to leave the program room.</p> <p>Findings include:</p> <p>1. On 9-24-12 at 3:45 p.m. client #55 asked facility staff #32 what was for supper. Facility staff #55 called the kitchen to find out what was for supper. Facility staff #32 did not encourage client #55 to go to his kitchen to see what was for supper or to use the phone to call and see what was for supper. At 4:30 p.m. client #55 asked facility staff #32 if he could go to supper. Facility staff #32 told him he had to wait until he was told before he could go to his dining room. At 5:00 p.m. client #38 went to the door in room 6, facility staff #71 told him it wasn't time to eat yet, client #38 laid on the floor and attempted to bang his head on the floor. At 5:25 p.m. client #38</p>	W0247	<p>For clients # 1, 2, 3, 21, 28, 31, 38, 42, 44, 48, 50, 51, 55 and all other clients, program plans do include opportunities for client choice and self-management. While specific observations may not have reflected such choices during dining times, clothing selection and self-selection of programming items, opportunities for client preferences and self-management are provided. However, to promote increased opportunities of choice and independence, language will be added to objectives that provide additional data for staff. This additional data will be implemented to assist staff to recognize levels of independence for individual clients. Staff will be provided client information in regards to client preferences for mealtimes, opportunities to leave the program room with or without supervision as assessed, clothing preferences and opportunities for self-selection of clothing items, desire leisure items and preferences for training opportunities. Staff will be inserviced regarding this data and where to access necessary information to facilitate these interactions. (Reviewed and Revised) 1. <i>Staff will promote opportunities of choice and</i></p>	11/04/2012			

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	<p>attempted to leave room 6 and facility staff #32 told him he had to stay in room 6. Client #38 dropped to the floor and banged his head on the floor 2 times.</p> <p>On 9-24-12 at 4:05 p.m. an interview with facility staff #53 stated the door to room 6 remained closed so "the kids didn't run out."</p> <p>On 9-25-12 at 9:45 a.m. client #31 attempted to leave room 6. Facility staff #47 indicated to him that he needed to stay in the room.</p> <p>On 9-25-12 at 11:05 a.m. a voice came over the loud speaker and announced the dining room was now open. At 11:20 a.m. client #31 became upset because he wanted to go to the dining room. At 11:30 a.m. an interview with FC #55 indicated client #31 was still mad because he wanted to go down to the dining room first. FC #55 indicated clients did not get to choose when they went to their dining room to eat. At 11:45 a.m. client #6 laid on the floor in the hallway and was prompted by facility staff #55 to come back into room 6. An interview with facility staff #47 on 9-25-12 at 11:45 a.m. indicated client #6 was mad and laying on the floor because he wanted go to his dining room to eat.</p>		<p><i>independence for clients #1, 2, 3, 21, 28, 31, 38, 42, 48, 50, 51, 55, and all other clients through individual assessment and staff training. All clients will be assessed for client choice, preference and independence and relevant data associated with these disciplines will be provided to staff for their reference. Client choice for mealtimes was reviewed and revised to accommodate those clients who voice a desire for early mealtime opportunities. The facility has modified family style dining opportunities to recognize those clients who prefer early meals are now scheduled for this opportunity. Should these same identified clients voice/express their desires to wait to eat a given meal; those clients will be afforded the opportunity to do so. Additionally, those clients who inquire about mealtime menus will be afforded the opportunity to go to the kitchen to inquire about a meal or will be assisted to read the menu located outside the kitchen door if dietary staff is not available during these times. 2. Clients #2, 28, 42, 48, 50 and all other clients will be provided a choice of desired clothing within their assessed ability to perform this task. Depending on individual assessments, these opportunities may include, but are not limited to, going to their own rooms to select desired clothing,</i></p>				

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			<p><i>select clothes from a variety of choices and opportunities to obtain desired selections of clothing appropriate for the day.</i></p> <p><i>3. All clients will be afforded choice and independent selection through client choice of training and programmatic supplies that are chronologically age appropriate and client preferred selections. Client preferences will be provided to staff in designated programming areas as displayed through individual leisure assessments. Client preferred activities and chronologically age appropriate items will be introduced to entice skill acquisition at an interest rate that promotes active participation. Additionally, activities provided during morning assembly will reflect leisure-based activities that accommodate active play, client interest and training friendly opportunities. Additionally, those clients who are preparing for school will be encouraged to participate by encouraging them to select their own coats and backpacks. School-age clients will also assist with outerwear application within their assessed abilities. Describe the systemic changes the facility has made or will make to ensure the deficient practices do not recur. The facility will promote continuous active treatment that promotes personal growth, independence, client choice and exposure to</i></p>		

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	<p>2. During observations on 9/25/12 from 5:50am until 7:03am, clients #2, #28, #42, #48, and #50 were inside program room #4. Clients #2, #42, #48, and #50 were in their pajamas. Client #28 was dressed in street clothing. At 5:58am, Facility Staff (FS) #31 exited the bathroom with client #42, client #42 was dressed in street clothing. At 6:20am, FS #31 exited the bathroom with client #2 who was dressed in street clothing. At 6:20am, FS #31 assisted client #50 to stand, client #50's pants were wet, and FS #31 indicated client #50 had been incontinent of urine. At 6:25am, QMA #97 entered the room, asked FS #31 "Do you need clothes?" and FS #31 responded "No, I already picked them (the clothing) out." At 7:15am, FS #31 stated "I get the clothes for the day" gathered inside a trash bag and indicated clients #2, #28, #42, #48, and #50 did not choose their daily clothing on 9/25/12.</p> <p>QMRP (Qualified Mental Retardation</p>		<p><i>programming materials representative of client age group, domestic related tasks and preferred activity items. Random weekly audits will be completed by the staff trainer to further ensure that these strategies are practiced and understood. The QMRP's are responsible. The IDT will monitor</i></p>		

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	<p>Professional) #65 was interviewed on 9/26/12 at 11:30 A.M.. QMRP #65 indicated facility staff should have implemented client #2's IHP and/or provide choice activities which included for clients #2, #28, #42, #48, and #50 to choose their own clothing.</p> <p>Client #2's record was reviewed on 9/25/12 at 9:50am. Client #2's 3/13/12 IHP (Individual Habilitation Plan) indicated client #2 was non verbal. Client #2's IHP indicated objectives/goals to wash his hands after toileting, to unbutton his pants, to pull up his pants, and to fold own underwear.</p> <p>3. During the observation periods in program room 5 on 9/24/12 the following was observed: From 2:55 PM until 3:15 PM, clients #1 and #10 were in program room 5 where coloring activity was offered and a cartoon video was playing. Client #1 watched the video periodically, and client #10 sat without activity. From 3:55 PM until 5:05 PM, staff #25 asked client #10 to hit a "Little Tykes" toy drum with a drum stick client #10 had in his mouth. Client #10 hit the drum once with the stick and was later offered stacking juvenile cups and prompted by staff #25 to identify which was bigger. Client #10 was then offered wire and beads to string, but he did not string the beads. Client #3 was prompted to engage in rolling Play Doh while sitting on the floor. Client #1</p>						

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	<p>used children's coloring markers to make a flower, then colored pictures in a coloring book. There were no additional activities or materials offered as alternative choices.</p> <p>During the observation periods on 9/25/12: From 6:14 AM until 7:14 AM, clients were in a large room adjacent to the dining room in an activity called "assembly." Activities on the tables included alphabet and color matching using juvenile materials, toy cars and adult magazines. Client #1 was offered a magazine during the observation, but refused. From 2:55 PM until 3:06 PM in room 5, client #10 and client #3 were offered toy maracas to shake and a barrel of toy monkeys to hold. There were no additional activities or materials offered as alternative choices. During the observation period, staff (unidentified) brought a bag of clothes for client #55 to put on and was instructed to go to the restroom and change into the clothing to prepare for school without involving client #55 in selecting his clothing. At 6:51 AM, staff #33 brought a plastic bag of coats to the area and put the coats on and fastened them for clients #3, #55, #14, #21 without encouraging the clients to participate in selecting their coat for the day.</p>						

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	<p>During the observation period on 9/26/12 from 3:50 PM to 4:20 PM in group 5, client #10 had a monkey from a barrel of monkeys in his mouth, and client #3 was asked to pick up a purple children's marker. Staff #25 indicated client #10 was to hold the monkeys up in the air in a connected line. Client #1 was asked if she wanted to color, but she declined. There were no additional activities or materials offered as alternative choices.</p> <p>During the observation period in program room 5 on 9/26/12 from 4:50 PM until 5:25 PM, client #10 sat with a monkey stuffed in his mouth without intervention from staff #25 and #45 until the surveyor brought it to their attention. Client #10 continued to hold or put a monkey into his mouth, or to put his hands in his pants during the remainder of the observation. The Director of Nursing #1 came into the room at 5:07 PM and indicated to staff to offer a choice of another activity to client #10. Staff #45 then made a bracelet from pipe cleaner type of material and placed it on client #10's wrist without engaging him in making the bracelet or offering client #10 a choice of activities to participate in. Client #10 was then given stacking cups and placed one of them in his mouth. During the observation period, client #47 made a mask out of construction paper and yarn. There were</p>						

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	<p>no additional activities or materials offered for clients #1, #3, and #10.</p> <p>The Qualified Mental Retardation Professional #63 and the Activities Director were interviewed on 9/26/12 at 6:30 PM and indicated clients should be offered choice during time in program areas.</p> <p>3.1-3(u)(3)</p>						

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based upon record review, interview and observation for 10 of 10 clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10), the facility failed to ensure clients' objectives were implemented and failed to ensure active treatment was provided during formal and informal opportunities.</p> <p>Findings included:</p> <p>1. During the observation periods in program room 5 on 9/24/12 the following was observed: From 2:55 PM until 3:14 PM, clients #1, and #10 were in program room 5 where coloring activity was offered and a cartoon video was playing. Client #1 watched the video periodically. Staff #70 called the kitchen, and client #1 asked dietary staff what was for dinner. Client #10 sat at a table in his wheelchair, and staff #70 wiped his hands with a wipe without encouraging client #10 to assist. From 3:55 PM until 5:05 PM, staff #25 asked client #10 to hit a "Little Tykes" toy drum with a drum stick client #10 had in</p>	W0249	<p>For clients # 1-10 and all other clients, staff will be trained in the appropriate techniques to facilitate client participation as designed in the active treatment program. Staff interviews concerning objective implementation, both formally and informally, reflected that staff required additional training in the areas of objective implementation. Recognizing the need for additional training, small group staff training has been implemented to address the outcome of these interviews. Topic areas and techniques to address training includes: defining active treatment, training materials appropriate to client chronological age, teaching strategies, review of the individual data sheet, review of behavior management programs and their purpose, alternative training interventions, providing opportunities for client choice and active participation to mesh active treatment with everyday events. Small group training will be provided to all direct care staff. As a result of this training, staff</p>	11/04/2012			

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	<p>his mouth. Client #10 hit the drum once with the stick and was later offered stacking juvenile cups and prompted by staff #25 to identify which was bigger. Client #10 grabbed all of the cups, but did not interact with them. Client #10 was then offered wire and beads to string, but he did not string the beads. Client #10 was given his medication by staff #7 in a food medium and asked to "take a bite of it" without other training offered. Client #10 was not offered a choice of other activities. Client #3 sat at the table with no activity offered and rocked periodically, then moved to the floor where she rocked. Client #3 was then asked to roll Play Doh while sitting on the floor. She participated in rolling Play Doh on the floor, but staff did not prompt her to sit in a chair or at a table. Client #3 did not wear glasses or was prompted to wear her glasses. Staff painted client #1's nails with polish, and client #1 used children's coloring markers to make a flower, then colored pictures in a coloring book. Client #3 periodically asked what she should ask Santa Claus for Christmas. There were no additional activities or materials offered during the observation periods.</p> <p>During dinner observations from 5:05 PM until 6:20 PM, staff #70 passed out pre-poured chocolate milk and juice to</p>		<p>will be better informed and possess increased ability to implement developed objectives through activities that promotes client participation and inclusion of their identified meds, interests and completing custodial tasks. Staff will be provided with small group inservice training to assist them with assessment strategies and training. This will increase their ability to better recognize their conduct, modeling skills and implementation strategies for active treatment. The QMRP's and the staff trainer are responsible for in-service training. The IDT will monitor.</p>				

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	clients #1 and #3. Client #3 was prompted to use a spoon by the Speech Language Pathologist (SLP). Clients #1 and # used a spoon throughout the remainder of the meal. Staff #70 served the dessert with tongs and failed to encourage clients #1 and #3 to serve themselves. Client #3 put 2 two inch slices of bread into her mouth which protruded from her mouth as she chewed them and was not prompted to take smaller bites or slow down her rate of eating. Client #3 went to the window and was given more spaghetti dished into a bowl by dietary staff. Client #10 was brought to the dining room in a wheelchair and staff turned on the water and assisted him hand over hand to rub his hands together, then staff turned the water off and dried his hands with a paper towel. Client #1 was asked to get a high sided divided plate and a bowl from a stack of them on a tray placed in front of him. Client #1 was given built up handled utensils to use during the meal. Staff #53 applied dressing to client #10's salad, wiped client #10's mouth with a clothing protector without encouraging client #10 to use a napkin, then took client #10 in his wheelchair to the sink to wash his hands and face. Staff #53 wet a washcloth and assisted client #10 to wipe his face at the sink.						

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	<p>Staff #53 was interviewed on 9/24/12 at 5:53 PM. When asked if client #10 was to use a napkin, she stated, "If he uses his napkin that's OK, but we have him wipe his mouth at the sink. I try to get most of it at the table. He gets the rest." Client #10 then was wheeled from the dining room in his wheelchair.</p> <p>During the observation periods on 9/25/12: From 6:14 AM until 7:14 AM, clients were in a large room adjacent to the dining room in an activity called "assembly." Activities on the tables included alphabet and color matching using juvenile materials, toy cars and adult magazines. Client #1 sat in a chair and staff (unidentified) tied her shoes. At 6:50 AM, client #1 screamed that she didn't want to stay in the area and was escorted out by staff #33. At 6:51 AM, staff #33 brought a plastic bag of coats to the area and put the coats on and fastened them for clients #3, #55, #14, #21 without encouraging the clients to participate in selecting their coat for the day or putting the coat on. Client #3 rocked and didn't engage in activity during the observation except to independently finish zipping the coat after staff partially zipped it up for client #3 and to go with staff to the restroom where she was to brush her teeth. She was offered a magazine during the observation, but refused. Client #3 did</p>						

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	<p>not wear glasses or was prompted to wear her glasses. From 2:55 PM until 3:06 PM in room 5, clients #10 and client #3 were offered toy maracas to shake and a barrel of toy monkeys to hold.</p> <p>During observations at the school on 9/25/12 from 10:10 AM until 11:45 AM, clients #1, #3, and #10 engaged in math activities, and ate lunch. During lunch, clients #1, 33, #10 ate lunch using a fork, no adaptive equipment and had minimal spillage from their utensils. Client #3 wore her glasses during the observation.</p> <p>The teacher was interviewed on 9/25/12 at 11:20 AM She indicated clients were encouraged to eat with regular silverware and the schools' occupational therapist had evaluated the clients and approved their use.</p> <p>During the observation period on 9/26/12 from 3:50 PM to 4:20 PM in group 5, client #10 had a monkey from a barrel of monkeys in his mouth, and client #3 was asked to pick up a purple children's marker. Staff #25 indicated client #10 was to hold the monkeys up in the air in a connected line. Client #3 wore her glasses during the observation. Client #1 was asked if she wanted to color, but she declined. There were no additional activities or materials offered.</p>			

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	<p>During the dinner observation 9/26/12 from 4:20 PM until 4:50 PM, clients #1, and #3 ate their meals with spoons without direction from staff to use a fork. Client #3 ate large bites of food which protruded from her mouth without being prompted to take smaller bites. Client #3 wore her glasses while at the dining room expect for a period of less than 5 minutes in duration in which she laid the glasses on the table.</p> <p>Staff #99 was interviewed on 9/26/12 at 4:31 PM. When asked about client #1 and #3's use of spoons instead of forks, he stated it was client choice and preference.</p> <p>During the observation period in program room 5 from 4:50 PM until 5:25 PM, client #10 sat with a monkey stuffed in his mouth without intervention from staff #25 and 45 until the surveyor brought it to their attention. Client #10 continued to hold or put a monkey into his mouth, or to put his hands in his pants during the remainder of the observation. Client #3 sat without activity until she reached for a harmonica and held it walking to the door. Client #3 was taken to the restroom by staff #45 when staff noticed a wet spot at the back of her pants. The Director of Nursing #1 came into the room at 5:07</p>						

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	<p>PM and indicated to staff to offer a choice of another activity for client #10 as he wasn't engaging with the plastic monkeys. Staff #25 indicated they had completed client #10's coin activity already. Staff #45 then made a bracelet from pipe cleaner type of material and placed it on client #10's wrist without engaging him in making the bracelet. Client #10 was then given stacking cups and placed one of them in his mouth. No other activity was offered.</p> <p>Staff #25 was interviewed on 9/26/12 at 5:10 PM. When asked what client #10 was to do with the monkeys, he indicated he was to pick them up to join together.</p> <p>During the dining room observation on 9/26/12 from 5:25 PM until 5:55 PM, client #10 was brought to and from the dining room in his wheelchair. Client #10 picked up a spoon and divided plate which were provided to him at the beginning of the meal. Client #10 had a built handled rocker knife and built up handled fork at his place setting, but did not use it or was prompted to use it during his meal.</p> <p>Staff #70 was interviewed on 9/26/12 at 5:40 PM. She indicated client #10 used a fork when he chose to do so, and indicated he did not often chose to use a</p>						

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	<p>fork. When asked if staff encouraged him to use a fork or knife, she stated "When the food calls for it," and indicated she had cut client #10's liver up with up with a spoon.</p> <p>Client #1's record was reviewed on 9/26/12 at 1:30 PM. Client #1's 7/20/12 formal goals included, will obtain appropriate amount of toilet paper for wiping, will place pants/shorts on in proper orientation with a monthly average of independence, will brush front upper teeth, will adjust water temperature, will apply shaving cream to underarms prior to shaving, will identify 3 common community signs, will count change up to .50, will shampoo hair with a monthly average of demonstration prompts, will cut appropriate food item with a knife and fork, will complete a fine-motor activity such as coloring, 10 piece puzzle, connect 4, will participate in a small group activity. Client #1's IEP 4/26/12 to 11/10/12 indicated client #1 had goals to address functional reading, functional math, person information (name, address, phone number) and vocational and household chores to vacuum, dust and clean surfaces. The IEP indicated client #1 had difficulty holding utensils and would be seen by the occupational therapist 20 minutes once every 6 weeks, but indicated client #1 was not in need of</p>						

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	<p>adaptive equipment. The IEP indicated the agency would work on the same goals as the school over the summer.</p> <p>Client #3's record was reviewed on 9/26/12 at 9:06 AM. Her record included September, 2012 goals to flush toilet after toileting, remove shoes and socks, brush front upper teeth, apply shaving cream to her legs, brush/comb own hair, identify need to wash hands, identify the need to wipe mouth during/after meals, with identify 5 letters of the alphabet (A,B, C, D, E), match sets of pennies, grasp beads, identify her printed name, tolerate wearing her glasses for 1 minute, participate in a small group activity with 3/5 peers. Client #3's most recent IEP in the record dated 10/28/10 indicated a goal to participate in a variety of school jobs to acquire vocational goals (uses household appliances independently, cleans surfaces), participate in functional curriculum (math, reading science, and community). A progress on goal report dated 10/20/11 indicated a goal to "perform basic household chores (vacuuming, dusting, cleaning windows, laundry, etc.)." A 10/4/11 CFA indicated "Continue to align home based goals to school based goals listed in IEP. "</p> <p>Client #10's record was reviewed on 9/26/12 at 1:50 PM. Client #10's record</p>						

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	<p>included a June, 2012 QMRP (Qualified Mental Retardation Professional) #63 review of his objectives that included the following objectives: sit on toilet for 3 minutes three times each shift, remove his shirt, bring toothbrush to his mouth, apply underarm deodorant, completely dry hands with a paper towel, wipe mouth with a napkin after eating, wash upper body, identify a coin, maintain eye contact with staff for 10 seconds, look at pictures in a magazine, grasp an object of interest, walk to and from the dining room with a gait trainer. Client #10's 7/19/12 CFA (comprehensive functional assessment) indicated "integrate IEP (Individual Education Program) objectives with ADL (adult daily living) and academics goals at home to ensure continued development." Client #10's IEP dated 12/7/11 indicated client #10 was resistant to pre-vocational goals, had a goal to increase strength and stamina as evidenced by increased time/rate of speed through daily mobility exercises. A progress notes indicated on 3/21/12, client #10 ambulates to any areas requested, and is maintaining his time at 5 minutes. A progress note dated 6/1/12 indicated a "rapid and dramatic decrease in endurance and stamina when performing even basic mobility tasks. It is our hope that this setback is temporary and that [client #10] regains his strength and mobility over the summer." A goal to</p>						

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	<p>complete a vocational task (wiping surfaces) included a progress noted dated 3/21/12 indicating client #10 was resistive to completing the task. A communication goal included client #10 was to indicate needs/choices via pictures and schedule board options. A speech language assessment dated 7/10/12 indicated client #10 was to "identify an object as big from a field of 2 objects, participate in social activities such as listening to stories, looking at/naming pictures, UNO, go fish, memory/concentration, puzzles, etc...."</p> <p>The Qualified Mental Retardation Professional (QMRP) #63, and the Program Director were interviewed on 9/26/12 at 6:30 PM. The QMRP indicated client's #1, #3, #10 objectives should have been implemented, and clients should be offered a choice of activities during scheduled times in program rooms. She indicated client #10 should be encouraged to walk with gait trainer back and forth to the dining room.</p> <p>2. Observations were conducted in group room #3 on 09/24/12 from from 2:15 PM until 3:15 PM. At 2:15 PM there were 2 staff (staff #19 and #45) to 10 clients present in the room who remained during the observation time. During the observation time Client #4 was observed to sit in his wheelchair without activity.</p>				

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	<p>Observations were conducted in group room #3 on 09/25/12 from 9:37 AM until 11:38 AM. At 9:37 AM there were two staff (staff #14 and #17) to 10 clients in the classroom. Client #4 had the following activities during the observation: sat in a recliner; placed in wheelchair and taken to bathroom; went out of group room to receive a scheduled breathing treatment;</p> <p>Observations were conducted in group room #3 on 09/25/12 from 1:24 PM until 3:24 PM. At 1:24 PM there were three staff (staff #23, #30 and #70) to 10 clients in the classroom. Client #4 had the following activities during the observation: sat in his wheelchair; held a plastic ball with but out holes in it and threw the ball to the floor; sat in a recliner; placed in wheelchair and taken to bathroom; went out of group room to receive a scheduled breathing treatment and was placed on a mat on the floor.</p> <p>Client #4's records were reviewed on 09/26/12 at 8:30 AM. Client #4's undated active treatment schedule indicated the following for the specified time frames: 5:00-7:30 AM - "Get up, toileting, dressing for the day, structured leisure activity (sorting, coloring, sensory stim[ulation] activity, playing ball,</p>						

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	<p>identify colors/shapes, look at pictures in books/magazines, blocks, shape sorters, etc), medication goal, breakfast, eating goal"</p> <p>7:30-8:00 AM - "Toothbrushing, toileting, etc"</p> <p>8:00-9:00 AM - "Money Management, Academics"</p> <p>9:00-10:00 AM - "Communication, Interaction"</p> <p>10:00-10:30 AM - "Choice of Activity (trucks, TV, puzzles, magazines, radio, leisure item, games, switch devices, items for manipulation, etc."</p> <p>10:30-11:00 AM - "Toileting, Group Activity"</p> <p>11:00-12:30 PM -" Lunch, Eating Goal, Structured Leisure Time (sorting, coloring, sensory stim activity, playing ball, identify colors/shapes, look at pictures in books/magazines, blocks, shape sorters, etc.)"</p> <p>12:30-1:00 PM - "Recreation, Group Activity"</p> <p>1:00-1:30 PM - "Toileting, Group Activity"</p> <p>1:30-2:30 PM - "Leisure, Attending"</p> <p>2:30-3:30 PM - "Communication"</p> <p>3:30-4:00 PM - "Toileting, Group Activity"</p> <p>4:00-5:30 PM - "Dinner, Eating Goals, Structure Recreation (sorting, coloring, sensory stim activity, playing ball, identify colors/shapes, look at pictures in</p>			

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	<p>books/magazines, blocks, shape sorters, etc."</p> <p>5:30-7:00 PM - "Recreation, Leisure, Choice of Activity, TV, Parties If Scheduled, Movies, Group Activity"</p> <p>7:00-8:30 PM - "Snack Time, Shower/Bath, Dressing For Bed, Toothbrushing, Choice Of Recreation, Toileting, etc..."</p> <p>Facility staff did not follow and/or implement client #4's active treatment schedule as written.</p> <p>Client #4's Individual Habilitation Plan (IHP) was dated 02/21/12 and contained but was not limited to the following goals: will stand with 2 person assist for 30 seconds; will focus on coin for 5 seconds; will look at speaker when name is called; will grasp object with right hand (hoh) (hand-over-hand).</p> <p>On 09/26/12 at 11:56 AM an interview was conducted with the Qualified Mental Retardation Professional #65 (QMRP). The QMRP indicated client #4's goals should have been implemented and indicated staff should have been prompting the clients every 15 minutes and given them a choice of activities.</p> <p>3. Observations were conducted in group room #3 on 09/24/12 from from 2:15 PM until 3:15 PM. At 2:15 PM there were 2</p>						

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	<p>staff (staff #19 and #45) to 10 clients present in the room who remained during the observation time. During the observation time client #7 held a box of crayons and attempted to put a crayon in the box.</p> <p>Observations were conducted in group room #3 on 09/25/12 from 9:37 AM until 11:38 AM. At 9:37 AM there were two staff (staff #14 and #17) to 10 clients in the classroom. Client #7 had the following activities during the observation: sat in a recliner; went to the bathroom; received medications</p> <p>Observations were conducted in group room #3 on 09/25/12 from 1:24 PM until 3:24 AM. At 1:24 PM there were three staff (staff #23, #30 and #70) to 10 clients in the classroom. Client #7 had the following activities during the observation: sat in recliner with feet over arm; held 3 wooden blocks; walked up to table by staff #23, turned and sat back in recliner; given a pop up toy by staff #23 who pushed the buttons and toy animals popped up; walked to bathroom, held crocodile xylophone and hit keys with mallet; given a magazine by staff #70 and tore pages out and threw them on the floor and touched shaving cream.</p>				

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	<p>Client #7's record was reviewed on 09/26/12 at 9:46 AM. Client #7's undated active treatment schedule indicated the following for the specified time frames:</p> <p>5:00-7:30 AM - "Get up, toileting, dressing for the day, independent leisure activity, medication goal, breakfast, eating goal"</p> <p>7:30-8:00 AM - "Toothbrushing, toileting, dressing, etc"</p> <p>8:00-9:00 AM - "Economics, Initiation, Attending"</p> <p>9:00-10:00 AM - "Communication, Attending, Initiation"</p> <p>10:00-10:30 AM - "Choice of Activity (trucks, TV, puzzles, magazines, radio, leisure item, games, table activities, socializing, etc."</p> <p>10:30-11:00 AM - "Toileting, Large Group Activity"</p> <p>11:00-12:30 PM -" Lunch, Eating Goals, Structured Leisure"</p> <p>12:30-1:30 PM - "Recreation, Group Activities"</p> <p>1:30-3:30 PM - "Leisure, Communication"</p> <p>3:30-4:00 PM - "Toileting, Handwashing, Choice of Activity, Socializing"</p> <p>4:00-5:00 PM - "Dinner, Eating, Goals, Structure Recreation"</p> <p>5:00-7:00 PM - "Recreation, Leisure, Communication, Choice of Activities, TV, Parties If Scheduled, Movies, Group Activity, Bathing, Special Events, Outing</p>			

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	<p>If Applicable, Etc" 7:00-8:30 PM - "Snack Time, Dressing For Bed, Toothbrushing, Choice Of Recreation, Toileting, Medication Goal, etc" Facility staff did not follow and/or implement client #7's active treatment schedule as written.</p> <p>Client #7's Individual Habilitation Plan (IHP) was dated 06/27/12 and contained but was not limited to the following goals: place her hand on the doorknob to the bathroom; remain seated at table act[ivity] for 6 minutes independently; begin task within 15 seconds of selecting; take 1 coin from staff shown 3 coins and named independently and appropriately manipulate the selected switch device.</p> <p>On 09/26/12 at 11:56 AM an interview was conducted with the Qualified Mental Retardation Professional #65 (QMRP). The QMRP indicated client #7's goals should have been implemented and indicated staff should have been prompting the clients every 15 minutes and given them a choice of activities.</p> <p>4. Observations were conducted in group room #3 on 09/24/12 from from 2:15 PM until 3:15 PM. At 2:15 PM there were 2 staff (staff #19 and #45) to 10 clients present in the room who remained during</p>						

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	<p>the observation time. During the observation time client #9 sat in a recliner with her eyes closed.</p> <p>Observations were conducted in group room #3 on 09/25/12 from 9:37 AM until 11:38 AM. At 9:37 AM there were two staff (staff #14 and #17) to 10 clients in the classroom.</p> <p>Client #9 had the following activities during the observation: sat in a recliner; was given a plastic toy which contained 4 large plastic bolts which was laid on her lap by staff #14 and she did not interact with and sat in a recliner with her closed eyes.</p> <p>Observations were conducted in group room #3 on 09/25/12 from 1:24 PM until 3:24 AM. At 1:24 PM there were three staff (staff #23, #30 and #70) to 10 clients in the classroom. Client #7 had the following activities during the observation: sat in recliner with feet over arm; held 3 wooden blocks; walked up to table by staff #23, turned and sat back in recliner; given a pop up toy by staff #23 who pushed the buttons and toy animals popped up; walked to bathroom, held crocodile xylophone and hit keys with mallet; given a magazine by staff #70 and tore pages out and threw them on the floor and touched shaving cream.</p>						

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	<p>Client #9's record was reviewed on 09/26/12 at 11:00 AM. Client #9's undated active treatment schedule indicated the following for the specified time frames:</p> <p>5:00-7:30 AM - "Get up, toileting, dressing for the day, independent leisure activity, medication goal, breakfast, eating goal"</p> <p>7:30-8:00 AM - "Toothbrushing, toileting, dressing, etc"</p> <p>8:00-9:00 AM - "Economics, Initiation, Attending"</p> <p>9:00-10:00 AM - "Communication, Attending, Initiation"</p> <p>10:00-10:30 AM - "Choice of Activity (trucks, TV, puzzles, magazines, radio, leisure item, games, table activities, socializing, etc."</p> <p>10:30-11:00 AM - "Toileting, Large Group Activity"</p> <p>11:00-12:30 PM -" Lunch, Eating Goals, Structured Leisure"</p> <p>12:30-1:30 PM - "Recreation, Group Activities"</p> <p>1:30-3:30 PM - "Leisure, Communication"</p> <p>3:30-4:00 PM - "Toileting, Handwashing, Choice of Activity, Socializing"</p> <p>4:00-5:00 PM - "Dinner, Eating, Goals, Structure Recreation"</p> <p>5:00-7:00 PM - "Recreation, Leisure, Communication, Choice of Activities, TV, Parties If Scheduled, Movies, Group</p>						

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	<p>Activity, Bathing, Special Events, Outing If Applicable, Etc" 7:00-8:30 PM - "Snack Time, Dressing For Bed, Toothbrushing, Choice Of Recreation, Toileting, Medication Goal, etc"</p> <p>Facility staff did not follow and/or implement client #7's active treatment schedule as written.</p> <p>Client #9's Individual Habilitation Plan (IHP) was dated 06/10/12 and contained but was not limited to the following goals: place her hand on switch to activate a desired device; remove one item place in her lap; take 2 steps toward staff independently; maintain attention to selected task x 15 seconds without interruption; look toward staff when her name is called with 1 verbal prompt and track a sensory device right to left by moving her head.</p> <p>On 09/26/12 at 11:56 AM an interview was conducted with the Qualified Mental Retardation Professional #65 (QMRP). The QMRP indicated client #9's goals should have been implemented and indicated staff should have been prompting the clients every 15 minutes and given them a choice of activities.</p> <p>5. On 9-24-12 from 3:45 p.m. until 5:45 p.m. client #6 slept in room 6, client #5</p>						

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	<p>chewed on a washcloth and was prompted to play with children's toys, and client #8 looked out the window, sniffed stuffed animals, and was prompted to use children's activities to occupy his time.</p> <p>On 9-24-12 at 2:30 p.m. facility staff #72 was observed to place the condiments, napkins, diet cards, plates, and adaptive equipment on the tables in the dining room. No clients were observed to assist facility staff #72 in setting the tables.</p> <p>On 9-24-12 at 2:30 p.m. an interview with facility staff #72 indicated he set the dining room tables up for family style dining.</p> <p>On 9-25-12 from 6:15 a.m. until 7:40 a.m. an observation at the home of clients #5, #6, and #8 was conducted. In the recreation room from 6:15 a.m. until 7:15 a.m. client #8 had children's activities (legos, busy box, spin tops) to use to occupy his time. At 7:15 a.m. in room 6 a tote full of children's activities (a giraffe spinner, musical toys) was offered to clients #5, #6, and #8. Client #6 slept in a chair in room 6 during this observation.</p> <p>On 9-25-12 from 9:45 a.m. until 12:15 p.m. an observation at the home of client #5, #6, and #8 was conducted. In room 6 clients #5, #6, and #8 were prompted to</p>				

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	<p>use children's activities (see and say, playing in shaving cream, children's books). Clients #6 and #8 slept or played with children's activities during this observation.</p> <p>On 9-25-12 from 1:30 p.m. until 2:35 p.m. an observation at the home of clients #5, #6, and #8 was conducted. In room 6 a tote of children's activities was available for clients #5, #6, and #8 to use to occupy their time. Clients #5, #6, and #8 slept in straight back chairs when not prompted to use children's activities to occupy their time. Clients #5, #6, and #8 were not prompted to use their bedroom if they needed to rest.</p> <p>On 9-25-12 at 11:30 a.m. an interview with facility staff #55 indicated room 6 was open from approximately 7:00 a.m. until 8:30 p.m. and this was where clients spent the majority of their day.</p> <p>On 9-26-12 at 11:00 a.m. an observation of clients #2, #28, #42, #48, and #50 at their recreational kitchen was conducted. During this cooking class client #48 attempted to get out of his chair 15 times but was prompted by facility staff #70 and #41 to stay in his seat. Facility staff #70 took out the pans from the cabinet, got the food out of the refrigerator, turned on the stove, put the trash in the trash can and</p>				

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	<p>turned on the oven as clients #2, #42, #48, and #50 sat and watched. Client #2 was prompted to stay in his seat 16 times while FS #70 prepared for the meal.</p> <p>On 9-26-12 at 10:00 a.m. a record review for client #5 was conducted. The Individualized Program Plan (IPP) dated 2-14-12 indicated client #5 had objectives to pull down his pants, place his arm in his shirt sleeve, remove toothbrush from his mouth, rinse soap from his hands, brush his hair, scoop 5 bites, make 5 washing motions, place 2 objects into an empty container, hand a quarter to staff, participate in a 1 on 1 activity, listen as staff reads, manipulate a chosen item, and walk to the dining room using his adaptive gait trainer.</p> <p>On 9-26-12 at 8:00 a.m. a record review for client #6 was conducted. The IPP dated 4-26-12 indicated client #6 had objectives to pull down his pants, remove pants, bring toothbrush to mouth, dry hands, bring deodorant to armpit, use spoon for 75% of meal, rinse shampoo from hair, sort 6 items of different colors into 2 piles, place 5 coins into empty container, and sit at table with 2-3 peers for group activity.</p> <p>On 9-26-12 at 2:30 p.m. a record review for client #8 was conducted. The IPP</p>						

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	<p>dated 7-12-12 indicated client #8 had objectives to flush the toilet, pull up his pants, hold his toothbrush, rinse his hands, apply deodorant, return 1 soiled dish to window, rinse body, separate 2 different shapes, hand coin to staff, and interact with a make peer.</p> <p>6. During observations on 9/25/12 from 5:50am until 7:03am, clients #2, #28, #42, #48, and #50 were inside program room #4 and no activity was observed. From 5:50am until 6:25am, no staff was present inside program room #4 with clients. At 5:50am, clients #2, #28, #48 and #50 sat inside program room #4 without activity and no facility staff were present. Clients #28, #48, and #50 sat in chairs asleep. Client #2 rolled his body on the tile floor. At 5:58am, Facility Staff (FS) #31 exited the bathroom with client #42, client #42 sat in a chair without activity, and FS #31 prompted client #2 to leave the program room and enter the bathroom. From 5:58am until 6:17am, clients #28, #42, #48, and #50 were inside the program room and no staff were present. From 5:58am until 6:07am, client #28 left the program room, walked into the hallway, returned inside the program room, walked to client #50 who sat asleep in a chair, hit and then punched client #50 three (3) different times. Each time client #50 was struck in his left chest</p>				

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	<p>area by client #28's fist, client #50 would make a sound and open his eyes. At 6:08am, client #28 walked up to client #50 again and punched client #50 in his left chest area with a fist and a "thump" was heard. Client #28 left the program room #4 again without supervision and went into the hallway. At 6:14am, an unidentified facility staff opened the program room door, looked inside at clients #42, #48, and #50, the unidentified staff left the area, and closed the door without entering. At 6:14am, client #28 left the room again and a second unidentified facility staff person brought him back into program room #4, looked inside, and left the program room #4. At 6:20am, FS #31 exited the bathroom with client #2 and the surveyor notified FS #31 that client #28 had struck client #50. When asked by FS #31 client #28 stated he had struck client #50 "five (5) times" and FS #31 asked client #28 to apologize to client #50. At 6:20am, FS #31 stated client #50 was non verbal and expressed pain by "moaning." From 6:20am until 7:03am, clients #2, #28, #42, and #50 sat inside the program room with one staff. At 6:20am, FS #31 assisted client #50 to stand, client #50's pants were wet, and FS #31 indicated client #50 had been incontinent of urine. FS #31 assisted client #50 to the bathroom and closed the door. From 6:25am until 7:03am, QMA</p>			

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	<p>#97 entered the room, prompted the clients to "wake up," and QMA #97 talked with clients about looking outside and it was dark outside the window. QMA #97 was the one staff present in program room #4 with four clients. No activity was observed and no communication books/devices were observed.</p> <p>QMRP (Qualified Mental Retardation Professional) #65 was interviewed on 9/26/12 at 11:30 A.M.. QMRP #65 stated "two (2) staff" should have been inside program room #4 to supervise clients when clients were present. QMRP #65 stated "clients should never be left alone." QMRP #65 stated client #28 "is physically aggressive" with staff and other clients. QMRP #65 indicated facility staff should have implemented client #2's IHP and provided activities according to the active treatment daily schedule for clients #2, #28, #42, #48, and #50 inside program room #4 to participate.</p> <p>Client #2's record was reviewed on 9/25/12 at 9:50am. Client #2's 3/13/12 IHP (Individual Habilitation Plan) indicated client #2 was non verbal, required twenty-four (24) hour supervision. Client #2's IHP indicated objectives/goals to wash his hands after toileting, to identify quarters from dissimilar objects, to complete a 10 piece puzzle, to place napkin on lap before the meal, and to point to pictures to communicate. Client #2's undated "Daily Activity Schedule" indicated:</p>						

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	<p>"...5:00-7:30am, Get up, toileting, bath/shower, dressing for the day, structured leisure activity sorting, coloring, sensory stim activity, playing ball, identify colors/shapes, look at pictures in books/magazines, blocks, shape sorters, etc..., Breakfast, eating goal, medication goal...."</p> <p>On 9/25/12 at 7:30am, FS #31 provided an undated "Daily Activity Schedule" for Program Room (PR) #4 which indicated: 5:00-7:30 AM - "Get up, Toileting, Bath/Shower, Dressing for the day, Structured Leisure Activity (Sorting, coloring, sensory stim (Stimulation) activity, playing ball, identify colors/shapes, look at pictures in books/magazines, blocks, shape sorter, etc...), Breakfast, Eating Goal, Medication Goal" 7:30-8:00 AM - "Toothbrushing, toileting, dressing, etc" 8:00-9:00 AM - "Money Management Academics" 9:00-10:00 AM - "Communication, Economics" 10:00-10:30 AM - "Choice of Activity (TV, puzzles, magazines, radio, leisure item of choice, games, switch devices, items for manipulation, etc." 10:30-11:00 AM - "Toileting, Group Activity" 11:00-12:30 PM -" Lunch, Eating Goals, Structured Leisure (Sorting, coloring, sensory stim (Stimulation) activity, playing ball, identify colors/shapes, look</p>				

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	<p>at pictures in books/magazines, blocks, shape sorter, etc..."</p> <p>12:30-1:00 PM - "Recreation, Group Activities"</p> <p>1:00-1:30 PM - "Toileting, Group Activity"</p> <p>1:30- 2:30 PM - "Leisure, Manipulation"</p> <p>2:30-3:30 PM - "Communication, Interaction"</p> <p>3:30-4:00 PM - "Toileting, Large Group Activity"</p> <p>4:00-5:30 PM - "Dinner, Eating, Goals, Structure Recreation sorting, coloring, sensory stim activity, playing ball, identify colors/shapes, look at pictures in books/magazines, blocks, shape sorter, etc..."</p> <p>5:30-7:00 PM - "Recreation, Leisure, Choice of Activities, TV, Parties If Scheduled, Movies, Group Activity"</p> <p>7:00-8:30 PM - "Snack Time, Dressing For Bed, Toothbrushing, Choice Of Recreation, Toileting, etc"</p> <p>3.1-23(a) 3.1-32(a) 3.1-33(a) 3.1-37(a)</p>				

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W0264	<p>483.440(f)(3)(iii) PROGRAM MONITORING & CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>Based on observation, interview, and record review, for 57 of 57 clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, and #57) who lived in the facility, the facility's HRC (Human Rights Committee) failed to review, monitor, and approve the restrictive practices of: 1. door alarms, 2. Failed for 5 of 5 clients (clients #2, #28, #42, #48, and #50) who were restricted from the use of the dining room, to review, monitor, and approve the blanket restriction from using the dining room, and 3. failed to review client #28's restriction from the use of a fork and a knife.</p> <p>Findings include:</p>	W0264	<p>For all clients, the facility's Human Rights Committee does review restrictive or potentially restrictive practices that may affect individual rights. The door alarm policy was reviewed and assessed by the Human Rights Committee prior to implementation in 2006. Parent, guardian, client and/or advocate approval for door alarms was obtained for all clients prior to admission thereafter. However, the Door Alarm policy was discussed and reviewed by Resident Council on 8-8-2012 (Att. G) The Door Alarm policy has been sent to all member of the Human Rights Committee for their individual review. Additionally, the Door Alarm policy will be submitted for review to the Human Rights Committee during their scheduled meeting in November. Further, the facility policy for door alarms is designed to assist in monitoring and ensuring the safety of all clients. While some clients have been assessed to have vacating behavior, the intended purpose</p>	11/04/2012			

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	<p>1. On 9-26-12 from 8:00 a.m. until 4:00 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, and #57 was conducted. During this time frame the front entrance alarm (north west exit) sounded more than 5 times.</p> <p>On 9-26-12 at 10:00 a.m. a record review for client #5 was conducted. The Professional Assessment Summary (PAS) dated 9-25-12 did not indicate he had an assessed need for door alarms. The Behavior Management Plan dated 1-17-12 did not have vacating as a targeted behavior.</p> <p>On 9-26-12 at 8:00 a.m. a record review for client #6 was conducted. The PAS dated 9-25-12 did not indicate he had an assessed need for door alarms. The Behavior Management Plan (BMP) dated 3-23-12 did not indicate client #6 had a targeted behavior of vacating. The BMP did indicate the last time client #6 vacated was 4-5-06.</p> <p>On 9-26-12 at 2:30 p.m. a record review for client #8 was conducted. The PAS</p>		<p>for the policy is client safety from the general public, and a method of safety from the elements and traffic. Clients # 2, 28, 42, 50 were served their meals in program room 4 as a measure to reduce social anxiety and increase mealtime success. Group member's level of social anxiety sometimes resulted in documented behavioral episodes, reducing mealtime success. However, as a measure to increase client #2, 28, 42, 48, and 50's success for social interaction during meals, modifications have been implemented for the dining experience. In this respect, the dining experience will include, but is not limited to, dining room placement; restricted use of utensils or other restrictive practices will be reviewed by Human Rights Committee and/or Resident Council prior to implementation. In the future, any modifications made to the clients dining experience will be reviewed by respective policing committees prior to implementation. Human Rights Committee and Resident Council will review and assess the Door Alarm policy at least annually or more frequently as deemed necessary. Meeting minutes for both committee meetings will be reviewed by the Interdisciplinary Team and modifications implemented as suggested. Reviewed and Revised HRC members are</p>				

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	<p>dated 7-12-12 did not indicate he had an assessed need for door alarms. Client #8 did not have a Behavior Management Plan or a history of vacating.</p> <p>On 9-26-12 at 11:50 a.m. an interview with facility staff #98 indicated there were door alarms on every door which exited the building. She also indicated appropriate staffing levels were not a problem for the facility and there had been no elopements since 2006.</p> <p>On 9/26/12 at 9:25am, the facility's HRC minutes from 9/2011 through 9/2012 were reviewed and did not indicate a review of the facility's restriction of the facility's door alarms for clients #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, and #57.</p> <p>2. On 9/24/12 from 4:15pm until 5:50pm, clients #2, #28, #42, #48, and #50 were inside program room #4 with QMA (Qualified Medication Aide) #97, Facility Staff (FS) #32, and FS #40. At 4:15pm, the dietary cart was brought into the program room and QMA #97 and FS #32 placed the table cloth on the table, passed</p>		<p>provided with education and training opportunities as they identified. Training for the previous year included medical restraint, Abuse and Neglect and DNR status. The meeting scheduled for November, 2012 will include education opportunities for resident rights, restriction/blanket restrictions and requests for future opportunities for committee education and training (Att. I and Att. I-1). The facility's social service designee will document these requests and create training/education opportunities for each HRC meeting planned for the future. Scheduled education opportunities will include, but are not limited to: resident rights, abuse and neglect, restrictions, state and federal regulations associated with facility practices and other identified needs as they are identified. Restrictions or blanket restrictions will be identified through assessed needs and through re-assessed needs during quarterly review meetings, objective review, Behavior Management meetings and IDT review. Should areas of restriction, potential restriction or blanket restrictions be assessed, training objectives and a plan to restore any restricted right will be developed prior to submission for HRC review. The social services designee will be responsible for presentation to the HRC committee. The social services</p>				

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	<p>out the prepared foods, and clients #2, #28, #42, #48, and #50 consumed their meal inside the program room. At 5pm, FS #32 and QMA #97 both stated clients #2, #28, #42, #48, and #50 did not attend meals in the dining room because of behaviors and consumed "all" meals inside program room #4.</p> <p>On 9/25/12 at 7:22am, clients #2, #28, #42, #48, and #50 consumed their pre set breakfast meals inside program room #4 served by QMA #97 and FS #31 and clients were not permitted to attend the meal in the dining room.</p> <p>Client #2's record was reviewed on 9/25/12 at 9:50am. Client #2's 3/13/12 IHP (Individual Habilitation Plan) did not include the restriction from attending meals in the dining room. Client #2's 9/4/12 "Dietary Progress Notes" did not indicate the restriction from the use of the dining room for meals. Client #2's record did not indicate his dining room restriction was reviewed by the HRC.</p> <p>On 9/26/12 at 9:25am, the facility's HRC minutes from 9/2011 through 9/2012 were reviewed and did not indicate a review of the facility's restriction of clients #2, #28, #42, #48, and #50 from the use of the dining room.</p>		<p>designee is a member of the quarterly review and behavior management committees which will afford them the opportunity for direct access to information, discussion and questions regarding any restrictions for accurate presentation. Data and issue review are presented to the committee dependent upon the content of review. Behavior management programs are presented in their entirety with the name of the client removed. Client names are not presented to the committee, but they are presented with a descriptor of the client, their history and/or topic of review for the committee's review, suggestions and/or approval. The data is presented with open discussion among and between all members whether they are present or attending via conference calls. No client reviewed during the survey was assessed to be at risk for elopement behavior. There are seven identified and assessed clients that do pose themselves at risk for elopement behavior. Social Service Designee is responsible. The IDT will monitor.</p>				

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	<p>Interview was conducted on 9/26/12 at 5pm, with QMRP (Qualified Mental Retardation Professional) #63 and QMRP #65. Both QMRP #63 and QMRP #65 indicated the facility's HRC had not reviewed or approved clients #2, #28, #42, #48, and #50 restriction from the use of the dining room because of behaviors.</p> <p>3. During cooking class on 9/26/12 at 11:30 AM, client #28 was given a divided plate during his meal.</p> <p>Client #28's 9/4/12 nutritional assessment was reviewed on 9/26/12 at 6:40 PM and indicated "No fork or knife on tray."</p> <p>The Qualified Mental Retardation Professional (QMRP) #63 and Program Director were interviewed on 9/26/12 at 6:30 PM and indicated client #28 had restricted use of his utensils because of his physically aggressive behavior. They indicated the restriction was not in client #28's behavior plan and had not been reviewed by the facility's Human Rights Committee.</p> <p>Client #28's 12/15/11 Behavior Management Plan was reviewed on 9/27/12 at 7:20 AM and failed to include the restriction of client #28's utensils.</p> <p>3.1-31(d)(2)</p>						

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W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, record review and interview, the facility failed for 2 of 10 sampled clients (clients #2 and #4) and one additional client (client #24), to provide nursing services according to each client's identified need: 1 Failed to timely evaluate and document a reddened inflamed area on client #4's right forearm; 2. Failed to follow the facility's medication administration policy and procedure for client #2 and #24's insulin administration.</p> <p>Findings include:</p> <p>1. Observations were conducted at the facility on 09/24/12 from 2:15 PM until 3:15 PM. Client #4 sat in his wheelchair. At 2:50 PM client #4 raised his right arm and on the bottom side of his right forearm were 2 red areas. One of the red areas was the size of a dime, less red than the other which was more red, the size of a 50 cent piece, swollen, with a raised area in the center that looked to be infected. Staff #19 stated she had "I told [LPN (Licensed Practical Nurse) #9] on 09/22/12." Staff #19 indicated both client #4's red areas were swollen, red, and had a raised center.</p>	W0331	<p>For client #4 and all other clients the nursing staff will be in-serviced on timely evaluation and appropriate documentation of medical assessments. The nursing staff will be in-serviced on the continued and appropriate use of 48 hour monitoring sheets and documentation of the original assessment in the nurse's notes when an assessment of a medical concern does not indicate any treatment at the time of the initial assessment. An interview conducted with LPN #9 was conducted by the ADON on 9/24/12 at approximately 4:00 PM following an interview with surveyor #1 in which LPN #9 stated that staff member #19 had reported the reddened area on client #4's forearm on 9/22/12 and she had completed and assessment and filled out a body buddy and placed it in client #4's chart. LPN #9 stated that the area was pink and non-raised at the time of her assessment and did not require medical intervention. LPN #9 also stated that she had noted the area had become red and raised on the afternoon of 9/24/12 when client #4 had received his breathing treatment. LPN #9 had measured the area of concern and was in the process of contacting the primary care</p>	11/04/2012			

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	<p>Client #4's records were reviewed on 09/24/12 at 3:30 PM. The record did not contain any nursing notes related to the red areas.</p> <p>An interview was conducted on 09/24/12 at 3:55 PM with the ADON (Assistant Director of Nursing) #66. She indicated there was nothing in the nursing notes regarding the area and she could not find an incident/accident report on his arm. The ADON indicated an incident/accident report should have been filled out and the nursing notes should have contained information on the forearm so the area could be treated and monitored. She indicated the arm was not receiving any treatment or monitoring at the current time.</p>		<p>physician at the time of the interview. An audit of the chart on 9/24/12 conducted by the ADON following the interview with LPN #9 did show a body buddy dated 9/22/12 in client #4's chart describing the area of concern and signed by LPN #9. The chart audit also noted that the client was currently on an antibiotic for bilateral otitis media. This information was given to surveyor #1 by the ADON following the chart audit of client #4's chart. The primary care physician ordered bacitracin ointment to be applied to the area of concern for 7 days. For clients #2, #24 and all other clients the nursing staff will be in-serviced on the six rights of medication administration, which include Right Medication, Right Dose, Right Client, Right Route, Right Time and Right Documentation, and the facility policy for the administration of medication focusing on the area of insulin administration and the practice of having the MAR present at the time of administration to ensure proper dose. The nursing staff will also be in-serviced on verifying the prescription label on the insulin container to determine that all orders including the sliding scale are present when receiving insulin from the pharmacy and if the labeling is incorrect or does not contain the entire order the nursing staff will refuse the medication and return it to the</p>		

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			<p>pharmacy for proper labeling. The pharmacy was contacted by the ADON and informed that the sliding scale was not printed on the insulin bottle along with the standing insulin orders. The pharmacy is working to find a way to place all of the insulin orders on the prescription bottle as the orders are too lengthy to print on one label. The Quality Assurance Director at the pharmacy stated that a change in direction label should be placed on the bottle to ensure the order is checked on MAR before administration until it is determined if the labeling issue can be resolved. He stated that if the pharmacy was unable to place the entire order on the prescription bottle that a change in direction sticker will need to be placed on the bottle each time it is received in order to ensure the order is checked on MAR before administration. The nursing staff will be in-serviced on timely evaluation and appropriate documentation of medical assessments upon hire and at least yearly. The nursing staff will be in-serviced on the continued and appropriate use of 48 hour monitoring sheets and documentation of the original assessment in the nurse's notes when an assessment of a medical concern does not indicate any treatment at the time of the initial assessment upon hire and at least yearly. The nursing staff will be in-serviced on</p>	

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	2. During medication administration to client #24 on 9/24/12 at 4:20 PM, nursing staff #9 administered 11 units of Novolog (diabetes) after testing client #24's blood sugar level at 148. The label indicated client #24 was to receive 10 units of Novolog at supper.		the six rights of medication administration and the facility policy for the administration of medication focusing on the area of insulin administration and the practice of having the MAR present at the time of administration to ensure proper dose upon hire and at least yearly. The nursing staff will also be in-serviced on verifying the prescription label on the insulin container contains all orders including the sliding scale when receiving insulin from the pharmacy and if the labeling is incorrect or does not contain the entire order the nursing staff will refuse the medication and return it to the pharmacy for proper labeling upon hire and at least yearly. The charge nurse is responsible. The DON or her designee will audit the client charts when an area of concern is reported to ensure proper documentation is completed. The DON or her designee will conduct periodic audits during insulin administration to ensure the six rights of administration are being followed.		

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	<p>On 9/24/12 at 4:21 PM, a review of client #24's Medication Administration Record (MAR) for September, 2012 indicated client #24 was to receive 10 units of Novolog at 4:00 PM for supper and per sliding scale of a blood sugar reading of 120-150 was to receive an additional unit. The instructions regarding the sliding scale were not included on the label for client #24's medication.</p> <p>Nursing staff #9 was interviewed on 9/24/12 at 4:25 PM and upon review of the bottle label indicated there were no instructions regarding client #24's dosage including the sliding scale, and indicated the instructions were usually on the label of the medications.</p> <p>3. On 9/25/12 at 7:03am, client #2 was escorted from the program room by QMA (Qualified Medication Aide) #97 to the nurses station in the hallway. At 7:03am, client #2 walked inside the nurses station with QMA #97 and LPN (Licensed Practical Nurse) #7 and the nurse took client #2's blood sugar. At 7:03am, LPN #7 selected client #2's Novalog medication for Diabetes Mellitus, drew ten (10) units into a syringe, and administered the medication into client #2's stomach. At 7:15am, LPN #7</p>						

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	<p>indicated client #2's medication administration record was kept in the main nurses station and indicated she did not have client #2's insulin medication and the insulin orders in the same room before administering. At 7:15am, client #2, QMA #97, and LPN #7 left the nurses station in the hallway. At 7:15am, LPN #7 went into the main nurses station, located client #2's 9/2012 MAR (Medication Administration Record), compared the medication given to client #2's orders, and documented his insulin medication as given. LPN #7 indicated she did not compare client #2's medication bottle to his physician orders before administering his insulin medication.</p> <p>On 9/26/12 at 5pm, the facility's 11/17/2009 "Protocol: Medication Administration" indicated "...3. The licensed/certified personnel will read the medication administration record and verify the physician order. 4. The licensed/certified personnel will then read the label on the medication package for: Resident name, Medication name, Medication strength, and Route of administration. 5. The licensed/certified personnel will compare the medication label order with medication administration to verify the order is correct. 6. The licensed/certified</p>						

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	<p>personnel will prepare the medication as ordered. 7. The licensed/certified personnel will then verify the order again to ensure proper administration....9. The licensed/certified personnel will then assist the resident with administration of medication as ordered."</p> <p>On 9/26/12 at 5pm, an interview was conducted with ADON (Assist Director of Nursing) #66. ADON #66 indicated the facility staff should have followed the policy and procedure for administering insulin.</p> <p>3.1-17(a)</p>			

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W0369	<p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review, and</p>	W0369	<p>For client #2 and all other diabetic clients the nursing staff will be in-serviced on continuing to instruct the direct care staff to make sure that they have the client see a nurse prior to eating their meal. The direct care staff will be in-serviced on the diabetic routine, the importance of proper administration of insulin and the importance of notifying the nurse if there will be a change in meal time for any reason. The Dietary Manager will place a notation on the diet card that the client must see a nurse before eating a meal. The Dietary Manager will place a notation on the diet cards that the client must see a nurse before eating a meal. The nursing staff will continue to remind the direct care staff to have the client see a nurse prior to eating their meal and if there will be a change in meal times for any reason. The DON will perform periodic medication pass audits including insulin administration to ensure timely administration of insulin. The staff trainer will in-service all staff and all new staff of the importance of notification of diabetics receiving a meal for timely blood sugar levels.</p>	11/04/2012	

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	<p>interview, the facility failed to ensure medications were administered per physician's order for 1 of 10 sampled clients (client #2).</p> <p>Findings include:</p> <p>During cooking class on 9/26/12 at 11:30 AM, client #2 ate part of his meal of potatoes, sausage, and vegetables with milk until staff #8 came to get client #2 at 11:55 AM.</p> <p>During medication administration for client #2 on 7/25/12 at 11:58 PM, client #2 was given 11 units of Novolog (diabetes) after his blood sugar was tested at 209. Staff #8 indicated client #2's "carb count" (amount of carbohydrates) for his lunch meal was 9.23 and received 9 units plus an extra 2 units of Novolog as a result of his blood sugar reading of 209.</p> <p>Client #2's MAR (medication administration record) was reviewed on 9/25/12 at 12:00 PM and indicated client #2 was to receive 9 units of Novolog for every 15 gr (grams), and for a blood sugar reading of 181-220, he was to receive an extra 2 units. The MAR indicated he was to receive the Novolog before lunch.</p> <p>Staff #8 was interviewed on 9/25/12 at 12:00 PM and indicated client #2 was to</p>						

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	<p>have received his Novolog prior to eating his lunch, and indicated activity staff were to notify him before client #2 ate his lunch, but forgot.</p> <p>The Director of Nursing #1 was interviewed on 9/26/12 at 7:00 PM and indicated client #2 should have received his Novolog no more than 10 minutes prior to a meal, and the failure to give client his medication prior to his meal was a medication error.</p> <p>3.1-25(B)(9) 3.1-48(c)(1)</p>				

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W0436	<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 upon observation, record review, and interview for 3 of 10 sampled clients (clients #2, #3 and #10), the facility failed to ensure clients were encouraged to use adaptive equipment.</p> <p>Findings include:</p> <p>1. During the observation periods on 9/24/12 from 2:55 PM until 3:14 PM, clients #3 and #10 did not wear glasses. Clients #10 or #3 did not wear glasses or were prompted to wear their glasses.</p> <p>During dinner observations on 9/24/12 from 5:05 PM until 6:20 PM, clients #3 and #10 did not wear glasses. Clients #10 or #3 did not wear glasses or were prompted to wear their glasses.</p> <p>During the observation periods on 9/25/12: From 6:14 AM until 7:14 AM, Client #3 did not wear glasses or was prompted to wear her glasses. From 2:55 PM until 3:06 PM in room 5, clients #3 and #10 did not wear glasses. Clients #10</p>	W0436	<p>Client #3 and 10 and all other relevant clients will be afforded promotion of growth and independence by training staff in the craft of assessment strategies for the awareness to recognize opportunities for clients to wear personal eyeglasses, apply eyeglasses for those who display resistive behavior for wearing eyeglasses and the incremental times that staff should attempt to assist client with applying eyeglasses for those clients prescribed to wear them. Additionally, the facility will ensure that all necessary forms of communication books, charts or other specialized systems are available for client use. Client #3 and 10 and all other relevant clients will be afforded promotion of growth and independence by training staff in the craft of assessment strategies for and the awareness to recognize opportunities for clients to wear personal eyeglasses, apply eyeglasses for those who display resistive behavior for wearing eyeglasses and the incremental times that staff should attempt to assist client with applying</p>	11/04/2012			

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	<p>or #3 did not wear glasses or were prompted to wear their glasses.</p> <p>During observations at the school on 9/25/12 from 10:10 AM until 11:45 AM, client #10 did not wear his glasses.</p> <p>On 9/26/12 from 3:50 PM until 4:20 PM, in group 5, client #10 did not wear his glasses or was prompted to wear his glasses.</p> <p>During the dinner observation 9/26/12 from 4:20 PM until 4:50 PM, Client #3 wore her glasses while at the dining room expect for a period of less than 5 minutes in duration in which she laid the glasses on the table. Client #10 did not wear his glasses or was prompted to wear his glasses.</p> <p>During the observation period in program room 5 from 4:50 PM until 5:25 PM, client #10 did not wear his glasses or was prompted to wear his glasses.</p> <p>Client #10's record was reviewed on 9/25/12 at 1:50 PM. His vision exam dated 10/27/11 indicated he was given a new prescription for glasses.</p> <p>Client #3's record was reviewed on 9/26/12 at 9:06 AM. Her vision exam dated 11/30/11 indicated she was given a</p>		<p>eyeglasses for those clients prescribed to wear them. Additionally, the facility will ensure that all necessary forms of communication books, charts or other specialized systems are available for client use. The staff trainer will in-service staff initially and on-going as deemed necessary. The QMRP's will monitor.</p>				

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	<p>new prescription for glasses.</p> <p>The Qualified Mental Retardation Professional (QMRP) #63 and Program Director were interviewed on 9/26/12 at 6:30 PM. The QMRP indicated client #10's physician's orders indicated he was to wear his glasses as tolerated and staff should prompt client #3 to wear her glasses.</p> <p>2. On 9/25/12 from 5:50am until 7:03am, client #2 was inside program room #4 and no communication book was observed. From 5:50am until 6:25am, no staff was present inside program room #4 with clients. At 5:50am, client #2 sat inside program room #4 without activity and no facility staff were present. Client #2 rolled his body on the tile floor. At 5:58am, Facility Staff (FS) #31 exited the bathroom and prompted client #2 to leave the program room and enter the bathroom. At 6:20am, FS #31 exited the bathroom with client #2 and no communication book was observed. From 6:25am until 7:03am, QMA #97 entered the room, prompted the client #2 to "wake up," and QMA #97 talked with client #2 about looking outside and it was dark outside the window. At 7:15am, client #2 sat at the table, client #2 got up from the table walked from wall to wall then punched the wall, QMA #97 prompted client #2 to</p>						

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	<p>sit down. No communication books/devices were observed used for client #2 to express his wants/needs.</p> <p>QMRP (Qualified Mental Retardation Professional) #65 was interviewed on 9/26/12 at 11:30 A.M.. QMRP #65 stated client #2 used pictures and a communication book to communicate his wants/needs.</p> <p>Client #2's record was reviewed on 9/25/12 at 9:50am. Client #2's 3/13/12 IHP (Individual Habilitation Plan) indicated client #2 was non verbal. Client #2's IHP indicated an objective/goal to point to pictures to communicate.</p> <p>3.1-21(h) 3.1-39(a)</p>				

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W0447	<p>483.470(i)(2)(iii) EVACUATION DRILLS The facility must file a report and evaluation on each evacuation drill.</p> <p>Based on record review and interview, the facility failed 10 of 10 sampled clients (clients #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10) and 47 additional clients (#11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35,</p>	W0447	<p>However, evacuation drill forms have been modified to include a client roster format to include a key that provides individualized information identifying the level of client participation during drills (Att. H) Future evacuation drill forms will For all clients, the facility does complete documentation for evacuation drills. include information that identifies client's reaction to drills and any problems that may arise from the drills. All evacuation drills will be reviewed by the facility's Interdisciplinary Team as a measure to identify any problems from evacuating clients during drills. Any client that that has been identified with difficulties during evacuation drills will be provided with protocols or objectives to foster acquisition of needed skills to effectively evacuate during drills. Maintenance is responsible to conduct fire drills.The IDT will monitor for compliance.</p>	11/04/2012	

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	<p>#36, #37, #38, #39, #40, #41, #42, #43, #44, #45, #46, #47, #48, #49, #50, #51, #52, #53, #54, #55, #56, and #57) to ensure fire drill forms identified problems and actions taken for each client who participated.</p> <p>Findings include:</p> <p>On 9-24-12 at 2:00 p.m. a record review of the facility's emergency evacuation drills was conducted. The fire drill forms dated 10-12-11, 11-2-11, 12-14-11, 1-10-12, 2-14-12, 3-20-12, 4-11-12, 5-31-12, 6-5-12, 6-5-12, 7-23-12, 8-9-12, and 9-13-12 failed to identify any problems which may have occurred during the drill or actions taken to prevent reoccurrence.</p> <p>On 9-24-12 at 3:00 p.m. an interview with facility staff #93 indicated the form did not document if there were any problems noted during the drill. FS #93 stated they were used to "clients being combative," refusing to participate in drills, and these behaviors were not documented on the drill form.</p> <p>3.1-51(d)</p>						

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview, the facility failed for 9 of 10 sampled clients (clients #1, #2, #3, #5, #6, #7, #8, #9, and #10) and 7 additional clients (clients #23, #28, #31, #38, #42, #48, and #50) to ensure they participated in grocery shopping and with meal preparation consistent with their developmental level.</p> <p>Findings include:</p> <p>1. On 9-24-12 from 2:15 p.m. until 6:15 p.m. an observation at the home of clients #6, and #8 was conducted. At 5:35 p.m. client #8 put his silverware by his plate. Facility staff (FS) #53 brought the spaghetti and prepared tray of drinks to the table. Client #8's bread was already cut up for him, client #8 placed his spaghetti on his plate with assistance and fed himself independently. At 6:00 p.m. client #6 had his plate made for him by FS #67 and FC #70 put his salad dressing on his salad for him. Client #6 fed himself independently with his spoon and hands.</p> <p>On 9-25-12 from 9:45 a.m. until 12:10 p.m. an observation at the home of clients</p>	W0488	<p>Staff will be trained in the appropriate techniques to facilitate client's independent participation in their active treatment program. Independent participation will include opportunities of self-management during the dining process, choice and attainment of snacks and fluids, participating in grocery shopping when appropriate and assisting with the cooking process as appropriate. Clients will continue to participate in the mealtime process through formal and informal training opportunities commensurate with their assessed abilities. Staff will be provided with client information specific to client preferences for mealtimes, opportunities to access desired items from the main kitchen as assessed for their skills level to participate in meal preparation when appropriate. Staff will be inserviced regarding this data and where to access necessary information to facilitate these interactions and skills (Reviewed and Revised)</p> <p><i>Staff will be trained in the appropriate techniques to facilitate client's independent participation in their active treatment program. Independent participation will</i></p>	11/04/2012	

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	<p>#6 and #38 was conducted. At 10:00 a.m. FS #70 asked client #38 if he would like a drink. FC #70 left room 6 then came with a drink for client #38. At 10:30 a.m. FS #73 brought a tub full of adaptive cups into room 6. At 12:10 p.m. FC #39 went to the kitchen window and retrieved a prepared tray of food and drink for client #6. Client #6 fed himself independently.</p> <p>On 9-25-12 from 1:30 p.m. until 2:35 p.m. an observation at the home of clients #5, #6, #8, and #38 was conducted. At 1:30 p.m. FS #51 called the kitchen and asked them to bring some koolaid to room 6 as clients #5, #6, and #8 slept in straight back chairs, and client #38 sat on the floor. At 1:35 p.m. facility staff #78 brought a pitcher of koolaid to room 6. FS #32 placed the pitcher in the bathroom on the cabinet in room 6. At 1:45 p.m. FS #32 poured clients #23 and #31 a drink. At 1:50 p.m. FS #32 went into the bathroom and poured drinks for clients #38 and #31. At 2:05 p.m. client #31 finished his drink and FS #32 took his cup and put it in the trash for him. At 2:10 p.m. FS #32 poured another drink for client #38. At 2:30 p.m. FS #51 poured client #23 another cup of juice.</p> <p>On 9-25-12 at 10:00 a.m. an interview with FS #47 indicated clients did not leave room 6 when they wanted a drink.</p>		<p><i>include opportunities of self-management during the dining process, choice and attainment of snacks and fluids, participating in grocery shopping when appropriate and assisting with the cooking process as identified through their assessed needs. Clients will continue to participate in the mealtime process through formal and informal training opportunities commensurate with their assessed abilities.</i></p> <p><i>Staff will be provided with client information specific to client preferences for mealtimes, opportunities to access desired items from the main kitchen as assessed for their skills level to participate in meal preparation when appropriate. Staff will be inserviced regarding this data and where to access necessary information to facilitate these interactions and skills</i></p> <p>The staff trainer will in-service staff with client specific information as needed. The QMRP's will monitor.</p>				

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	<p>The FC kitchen staff brought a pitcher of water/juice to room 6.</p> <p>On 9-25-12 at 10:25 a.m. an interview with FS #55 indicated clients #5, #6, #8, and #38 did not go to their kitchen to get a drink or a snack but the FS kitchen staff would bring a snack or a drink to room 6 for them if FC paged them with a request.</p> <p>On 9-26-12 at 11:00 a.m. an observation of clients #2, #42, #48, and #50 at their recreational kitchen was conducted. Facility staff #70 took out the pans from the cabinet, got the food out of the refrigerator, turned on the stove, put the trash in the trash can and turned on the oven as clients #2, #42, #48, and #50 sat and watched. FC #70 opened the biscuits and had clients #2, #42, #48 and #50 place them on the pan. Clients #2, #43, #48, and #50 assisted in cutting up the onions and stirring the mixture. FS #70 went to the pantry and got baggies. At 11:30 a.m. FS #70 pulled out a prepared tray of drinks from the refrigerator and gave clients #2, #32, #42, #48, and #50 a drink. At 11:40 a.m. client #28 joined the group. FS #70 asked client #28 if he would like a cup of water client #28 responded "yes." FS #70 got him a glass of water from his refrigerator. At 11:45 a.m. FS #70 gave clients #2, #28, #42, #48, and #50 their plate and silverware as</p>						

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	<p>they sat at the table. Client #38 stirred the food. At 11:50 a.m. FS #71 served clients #2, #28, #42, #48, and #50 their potatoes. FS #71 took a prepared water from the refrigerator and gave it to client #28. At 11:55 a.m. FS #70 served client #48 his second helping of food.</p> <p>On 9-26-12 at 11:15 a.m. an interview with FS #71 indicated clients #2, #28, #42, #48, and #50 did not participate in the grocery shopping for the meal prepared in cooking class on 9-26-12.</p> <p>On 9-26-12 at 5:00 p.m. an interview with FS #65 indicated clients should participate in the buying of their groceries and participate formally and informally with meal preparation at times of opportunity within their abilities.</p> <p>On 9-26-12 at 10:00 a.m. a record review for client #5 was conducted. The Professional Assessment Summary (PAS) dated 9-25-12 did not indicate he could assist with meal preparation, have access to either of his kitchens for meals, drinks, and snacks or go to the grocery store.</p> <p>On 9-26-12 at 8:00 a.m. a record review for client #6 was conducted. The PAS dated 9-25-12 did not indicate he could assist with meal preparation, have access to either of his kitchens for meals, drinks,</p>			

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	<p>and snacks or go to the grocery store.</p> <p>On 9-26-12 at 2:30 p.m. a record review for client #8 was conducted. The PAS dated 7-12-12 did not indicate he could assist with meal preparation, have access to either of his kitchens for meals, drinks, and snacks or go to the grocery store.</p> <p>2. During general observations on 9/24/12 from 2:11 PM until 2:44 PM, dietary staff #72 was preparing the evening meal for the clients living at the facility including setting up tables with dining cards, salt and pepper and placing napkins in a lidded plastic box with latch. There was a sign posted on the kitchen door that indicated, "If you are not dietary staff or maintenance, stay out of the kitchen." Staff #72 unlocked the client kitchen area and indicated it was locked at all times except when staff #70 had cooking class for clients.</p> <p>During dinner observations on 9/24/12 from 5:05 PM until 6:20 PM, staff #70 passed out pre-poured chocolate milk, juice and silverware to clients #1, #3. Clients were served prepared food in serving bowls on the table. Staff #70 served dessert to clients #1 and #3 with tongs. Client #3 went to the kitchen serving window for second portions and was given a bowl of food. Client #10 was</p>						

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	<p>provided food in serving bowls and pre-poured beverages. Staff #53 wiped his face with a clothing protector after the meal.</p> <p>Staff #72 indicated client #3 asked for more food and indicated if clients wanted second servings they were to get them from the kitchen window.</p> <p>During the dinner observation 9/26/12 from 4:20 PM until 4:50 PM, clients #1, and #3 were served a bowel of prepared food and beverages that were pre-poured for them.</p> <p>During the dining room observation on 9/26/12 from 5:25 PM until 5:55 PM, client #10 was served prepared food in a serving bowl and pre-poured beverages after staff #70 passed out his plates. Staff #70 got an additional pre-poured beverage for client #10 from the kitchen window.</p> <p>The QMRP (Qualified Mental Retardation Professional #63 and Program Director were interviewed on 9/26/12 at 6:30 PM and indicated clients are provided opportunity to cook when they attend cooking class.</p> <p>3. On 9/24/12 from 4:15pm until 5:50pm, clients #2, #28, #42, #48, and #50 were inside program room #4 with QMA (Qualified Medication Aide) #97, Facility Staff (FS) #32, and FS #40. At 4:15pm,</p>						

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	<p>the dietary cart was brought into the program room and QMA #97 and FS #32 placed the table cloth on the table, passed out the prepared foods, and clients #2, #28, #42, #48, and #50 consumed their meal inside the program room. Client #2 did not use a napkin and FS #40 wiped his face with his clothing protector custodially. At 4:30pm, facility staff custodially cleared the dishes from the table, swept the floor, arranged the seats away from the table, wiped the table after the meal. At 5pm, FS #32 and QMA #97 both stated clients #2, #28, #42, #48, and #50 did not attend meals in the dining room because of behaviors and consumed "all" meals inside program room #4. At 5pm, FS #32 and FS #40 indicated clients #2, #28, #42, #48, and #50 did not assist with meal preparation, clearing their table service, nor cleaning the area after the meal. Client #42 was not served Coffee on his meal tray.</p> <p>On 9/25/12 at 7:22am, clients #2, #28, #42, #48, and #50 consumed their pre set breakfast meals inside program room #4 served by QMA #97 and FS #31 and clients were not permitted to attend the meal in the dining room. At 7:25am, FS #31 indicated clients #2, #28, #42, #48, and #50 did not assist with meal preparation nor clearing their dishes. FS #31 indicated clients #2, #28, #42, #48,</p>						

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	<p>and #50's meal trays were pre set and pre filled by the dietary department. FS #31 indicated clients did not have a choice of drink in program room #4. Client #42 was not served Coffee on his meal tray.</p> <p>Interview was conducted on 9/26/12 at 5pm, with QMRP (Qualified Mental Retardation Professional) #63 and QMRP #65. Both QMRP #63 and QMRP #65 stated clients #2, #28, #42, #48, and #50 who attended program room #4 were restricted from the dining room because of behaviors and each client "had not been assessed" for the restriction from the use of the facility dining room during meals. QMRP #63 indicated facility staff should have prompted clients for involvement in their dining preparation, meal service, and cleaning after each meal.</p> <p>4. Observations were conducted in the facility on 09/24/12 from 4:00 PM to 6:00 PM. At 5:08 PM client #9 was wheeled into the dining room to a table. In front of her was a divided plate. A built up padded spoon and fork were placed by her plate by staff #16. Staff #16 brought a tray of large bowls with food to the table. Staff #26 brought prepared drinks in cups to the table and sat the filled cups in front of client #9. Staff #16 spooned spaghetti, vegetables, bread and cheese cake on to her plate and into bowls by her plate</p>			

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	<p>without her assistance. Staff #16 was observed to spoon feed client #9 using her built up padded spoon. Client #9 made no attempt to get any of her food, drink or feed herself. Staff #16 did not seek client #9's assistance to prepare her food, serve it to her plates, or feed herself.</p> <p>Client #9's records were reviewed on 09/26/12 at 11:00 AM. Client #1's Comprehensive Functional Assessment (CFA) dated 05/10/12 indicated client #1 was able, "obtain her own glass of mile and bring it to her mouth for drinking without spillage."</p> <p>On 09/26/12 at 11:56 AM an interview with the QMRP #65 (Qualified Mental Retardation Professional) was conducted. The QMRP indicated client #9 should have been assisted to be as independent as she could and staff #16 should have used hand over hand assistance.</p> <p>3.1-20(a)</p>				