

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G730	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/03/2014
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NAME OF PROVIDER OR SUPPLIER IN-PACT INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1487 W 4TH ST HOBART, IN 46342
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W000000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: June 25, 26, 27, 30 and July 3, 2014</p> <p>Facility number: 011241 Provider number: 15G730 AIM number: 200837460</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 7/17/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000125	<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, for 1 of 3 sampled clients (client #3), the facility failed to ensure the client's rights by not obtaining a legally sanctioned decision maker to</p>	W000125	In-Pact is rep-payee over their Social Security money for client #3. He receives \$30 a month SSI spending money a month, which is not above his spending needs. He also has a money goal to	08/02/2014

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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

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	<p>assist in financial decisions.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 6/25/14 from 5:00 P.M. until 6:30 P.M.. During the observation client #3 was non-verbal in communication in that the client did not speak.</p> <p>A morning observation was conducted at the group home on 6/27/14 from 5:30 A.M. until 7:20 A.M.. During the observation client #3 was non-verbal in communication in that the client did not speak.</p> <p>A review of client #3's record was conducted at the facility's administrative office on 6/30/14 at 1:30 P.M.. Client #3's Individual Support Plan (ISP) dated 8/20/13 indicated: "Legal Status: Adjudicated Incompetent....Brother/Advocate...Currently needs assistance with identifying money...Will learn to exchange money for an item." Review of client #3's record indicated an ISP dated 8/27/12 which indicated: "Family Involvement-[Client #3]'s mother/guardian, passed away unexpectedly in November 2010. [Client #3]'s brother, contacted InPact about possibly stepping in as guardian for</p>		<p>teach him money skills, as do all clients. Responsible person: Patti Harris, QDDP. We have provide guardianship information to client #3's family member(s) following the passing of client #3's mother/guardian and annually there after. Responsible person: Patti Harris, QDDP and Sandra Kimbrough, admin. assist. We will continue to explore to find options available for guardianship services. Responsible person: Patti Harris, QDDP. To ensure future compliance, annually we will continue to review their legal status, give information and encourage a legally sanctioned decision maker to be obtained to assist in medical and financial decisions for clients #3. Responsible person: Patti Harris, QDDP and Sandra Kimbrough, admin. assist. To ensure future compliance, we will continue to increase their skills and knowledge to exercise their rights as citizens of the United States. Responsible person: Sandy Phillips, Group Home Manager and Patti Harris, QDDP.</p>		

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	<p>[client #3]. [Brother's name] took [client #3] home for an overnight visit on Christmas but has not seen him since. Multiple calls have been placed to [Brother's name] and we have not heard back from him." The "Assessing and Exercising Consumer Rights Decision Making/Critical Skills Inventory" dated 7/27/12 indicated client #3 could not exchange money for an item of service, could not understand individual value of coins or currency, could not spend according to priority, could not understand the purpose of saving money and did not understand the purpose of budgeting money. Further review of the record indicated: "Order Appointing of Guardian Over Person and Estate of Incapacitated Person" dated 7/15/05 which indicated: "[Client #3] was not served notice of these guardianship proceedings because he is unable to read, speak, understand or sign such waiver...is incapable of handling his person and property and is hereby found to be incapacitated under Indiana Law...is unable to care for this person and estate and is therefore adjudicated to be an incapacitated person, and the appointment of a guardian over his person and estate is necessary."</p> <p>An interview with the Qualified Intellectual Disabilities Professional</p>			

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W000140	<p>(QIDP) was completed at the facility's administrative office on 6/30/14 at 2:45 P.M.. The QIDP indicated client #3 did not have a legally sanctioned decision maker to assist him with financial decisions since his mother's passing in 2010. The QIDP further indicated client #3 could not independently manage his finances and was unable to independently make financial decisions. The QIDP indicated client #3's brother has not had any contact with him and client #3 has no family members who are active in his life.</p> <p>9-3-2(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients.</p> <p>Based upon record review and interview, the facility failed to maintain an accurate accounting system for 6 of 6 clients who reside at the group home (clients #1, #2, #3, #4, #5 and #6), for whom the facility managed their personal funds accounts.</p> <p>Findings include:</p>	W000140	<p>A new form/ledger was put into place mid month of June for staff to ensure the balance of each client's petty cash balance. Responsible person: Sandy Phillips, Group Home Manager. Staff will be trained on the ledger and to accurately account for all client's personal funds. Responsible person: Sandy Phillips, Group Home</p>	08/02/2014			

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	<p>A review of the facility's records was conducted at the group home on 6/27/14 at 5:35 A.M.. A review of client #1, #2, #3, #4, #5 and #6's personal petty cash financial records was conducted.</p> <p>Direct Support Professional (DSP) #4 counted a balance of \$10.00 in each of clients #1, #2, #3, #4, #5 and #6's personal petty cash financial pouches. The financial ledger to indicate the facility kept track of how much money was available for clients #1, #2, #3, #4, #5 and #6's use at the group home and to indicate the facility was retaining an individual financial record, reconciliations and receipts of their personal funds for the month of 6/14 had no documentation for the dates of 6/1, 6/2, 6/3, 6/4, 6/5, 6/6, 6/7, 6/8, 6/9, 6/12, 6/14 and 6/15/14. Review of the ledger indicated staff are to document every day when they report to work what each client's balance is in their petty cash wallet.</p> <p>An interview with DSP #4 was conducted on 6/27/14 at 5:45 A.M.. DSP #4 indicated staff are to count and document every day to ensure the facility is keeping an accurate accounting system of each client's personal petty cash funds kept at the group home.</p>		<p>Manager. The Manager will review ledger and sign off weekly that it is being done. Responsible person: Sandy Phillips, Group Home Manager. To ensure future compliance, monthly upper management will review ledger assure it is being done.</p> <p>Responsible person: Patti Harris, QDDP and Sheila O'Dell, Group Home Director.</p>	

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W000149	<p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/30/14 at 2:45 P.M.. The QIDP indicated the facility managed clients #1, #2, #3, #4, #5 and #6's finances and further indicated the facility was to keep an accurate account of their finances at all times. The QIDP further indicated staff should count and document on each client's financial ledger daily and should reflect the clients' expenditures and balances to ensure they kept an accurate accounting of their petty cash funds by staff at the group home.</p> <p>9-3-2(a)</p> <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. Based on record review and interview for 1 additional client (client #5), the facility failed to implement written policy and procedures in regards to preventing/reporting staff abuse/mistreatment of a client.</p> <p>Findings include:</p>	W000149	All staff will be re-trained on the abuse/neglect policy. Responsible person: Sandi Phillips, Group Home Director. A reliability will be completed to ensure competency. Responsible person: Sandy Phillips, Group Home Manager. To ensure future compliance, Manager will review all internal reports daily.	08/02/2014

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	<p>A review of the facility's Bureau of Developmental Disabilities Services reports (BDDS) was conducted on 6/27/14 at 9:50 A.M. and indicated the following:</p> <p>-BDDS report dated 5/12/14 involving client #5 indicated: "[Staff #13] called the manager at approximately 10:20 A.M. on 5/13/14 and stated she had put an incident report under the desk tablet regarding what she said was mistreatment of one of our consumers-[client #5]. She felt that [Staff #14] was aggravating [client #5] on 5/12/14 during the 4 P.M. to 8 P.M. shift. She stated that she was teasing, and taunting [client #5] and provoking him to have behaviors....After a thorough investigation with interviewing consumers and staff, it is concluded that the allegation of verbal abuse and mistreatment by [Staff #14] is substantiated. [Staff #14] was terminated from employment at [Facility name] on 5/15/14."</p> <p>A review of the facility's records was conducted at the facility's administrative office on 6/27/14 at 10:30 A.M.. Review of the facility's "28. POLICY ON REPORTING AND INVESTIGATING INCIDENTS AND ALLEGATIONS OF ABUSE AND NEGLECT", no date</p>		Responsible person: Sandy Phillips, Group Home Manager.				

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	<p>noted, indicated, in part, the following: "... Consumers must not be subjected to abuse by anyone, including, but not limited to, facility staff, other consumers...Until the incident is reported and investigated, one may not be able to determine whether it is abuse (willful), neglect, or mistreatment but the incident must be treated as an allegation of abuse, neglect or mistreatment and follow the regulations for reporting, responding, investigating and correcting... The term 'willful' does not have to do with 'competence' but with 'intent' to cause harm. Someone with a mental illness or mental retardation can willfully inflict harm to someone who has been bothering them, even though they may not be considered 'competent'... It is mandatory in all situations involving abuse, neglect, exploitation, mistreatment of an individual or the violation of an individual's rights that there is notification made to legal representative, guardian/parent, if applicable, Case Manager, if applicable, BDDS (Bureau of Developmental Disabilities Services), APS/CPS (Adult Protection Services/Child Protection Services) and other person the (sic) designated by the consumer...Physical-includes willful infliction of injury, unnecessary physical or chemical restraints or isolation, and punishment with resulting physical harm</p>			

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	<p>or pain....b. Neglect-includes failure to provide appropriate care, food, medical care or supervision....Incident Reporting: In-Pact requires that all staff immediately verbally report all incidents as defined in this policy to their Program Director/Administrator. Under no conditions may an employee leave the work site without reporting and documenting any incident which occurred during his/her shift or for which an allegation was communicated to him/her during his/her shift."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/27/14 at 2:45 P.M.. The QIDP indicated all staff are trained upon hire and annually in regards to the facility's abuse and neglect policy and should follow the policy to prevent abuse and neglect of clients. The QIDP indicated staff #14 was found to be verbally abusive and mistreated client #5 in regards to the incident and was terminated from employment after an investigation was conducted. The QIDP indicated all staff who work with the clients should immediately report all incidents of abuse and neglect. The QIDP indicated staff should document an internal incident report and call the Group Home Manager or QIDP</p>			

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W000249	<p>immediately when incidents of alleged abuse of a client occur.</p> <p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review, and interview, the facility failed to implement written communication objectives during times of opportunity for 3 of 3 sampled clients (clients #1, #2 and #3).</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 6/25/14 from 5:00 P.M. until 6:30 P.M.. During the entire observation period, clients #1, #2 and #3 did not communicate and were not prompted to communicate in their home. Direct Support Professionals (DSP) #1, #2 and #3 did not offer communication training objectives. Client #1 did not use a picture schedule, client #2 did not use sign language and client #3 did not use a</p>	W000249	<p>Staff will be retrained on program implementation, which includes that each consumer must receive continuous active treatment programming (communication). Responsible person: Sandy Phillips, Group Home Manager. All programs are scheduled on each client's activity schedule to meet the frequency to support the achievement of the objectives, which includes communication. This document and the data sheets are done at least daily. We have a manager and a Data Specialist that are on site 5 days a week that will review this document, so it is monitored on site daily. Responsible person: Sandy Phillips, Group Home Manager and Kelli Patrick, Data Specialist. At least weekly for one month, an additional</p>	08/02/2014	

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	<p>communication device.</p> <p>A morning observation was conducted at the group home on 6/27/14 from 5:30 A.M. until 7:20 A.M.. During the entire observation period, clients #1, #2 and #3 did not communicate and were not prompted to communicate in their home. DSPs #4 and #5 did not offer communication training objectives. Client #1 did not use a picture schedule, client #2 did not use sign language and client #3 did not use a communication device.</p> <p>A review of client #1's records was conducted on 6/30/14 at 12:15 P.M.. A review of the client's 12/12/13 Individual Support Plan indicated the following communication objective which could have been implemented during the morning and evening observation periods: "Will use his picture schedule."</p> <p>A review of client #2's records was conducted on 6/30/14 at 12:45 P.M.. A review of the client's 11/26/13 ISP indicated the following communication objective which could have been implemented during the morning and evening observation periods."Will use sign language."</p> <p>A review of client #3's records was</p>		<p>observation will be completed to ensure that the scheduled programs are being completed. During these observations, we will also be specifically looking to see if there were any missed opportunities. Responsible person: Sandy Phillips, Group Home Manager and Patti Harris, QDDP. To ensure future compliance, active treatment reliabilities will be completed at least monthly. Responsible person: Sandy Phillips, group home manager & Patti Harris, QDDP.</p>		

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W000268	<p>conducted on 6/30/14 at 1:30 P.M.. A review of the client's 8/30/13 ISP indicated the following communication objective which could have been implemented during the morning and evening observation periods."Will learn to use his [Communication device name], a communication device."</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 6/30/14 at 2:45 P.M.. The QIDP stated client objectives should be implemented "daily." The QIDP indicated client objectives should be implemented at all times of opportunity. The QIDP indicated clients #1, #2 and #3 are nonverbal and further indicated staff should implement communication objectives at all times.</p> <p>9-3-4(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview, the facility failed for 1 of 3 sampled clients (client #1), to promote his dignity by not</p>	W000268	Client #1 has dark hair and he normally is shaven 3-5 times weekly. A shaving program will be put into place for him to shave.	08/02/2014

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	<p>ensuring he was shaven.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 6/25/14 from 5:00 P.M. until 6:30 P.M.. During the observation period, client #1's mustache and beard were unshaven.</p> <p>A morning observation was conducted at the group home on 6/27/14 from 5:30 A.M. until 7:20 A.M.. During the observation period, client #1's mustache and beard were unshaven.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/30/14 at 2:45 P.M.. The QIDP indicated client #1 was unable to keep himself groomed independently and staff should shave him when needed.</p> <p>9-3-5(a)</p>		<p>Responsible person: Patti Harris, QDDP. All staff will be trained on his shaving program. Responsible person: Patti Harris, QDDP. To ensure future compliance, shaving will be put on client #1's activity schedule daily. Responsible person: Sandy Phillips, Group Home Manager.</p>				
W000323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Based on record review and interview,</p>	W000323	Client #2's last vision exam was	08/02/2014			

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	<p>the facility failed for 1 of 3 sampled clients (client #2) to provide annual vision and hearing evaluations/assessments.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 6/30/14 at 12:45 P.M. Client #2's record did not contain evidence of an annual vision and hearing evaluation/assessment. Client #2's record further indicated a most current annual physical dated 12/13/13 which indicated the following: "Hearing acuity, Vision acuity done elsewhere." The most current hearing exam was dated 6/4/09. The most current vision exam was dated 11/13/12. Further review of the record failed to indicate client #2 had his vision and hearing evaluated/assessed annually.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/30/14 at 2:45 P.M.. The QIDP indicated there was no evidence client #2 an annual evaluation/assessment of his hearing and vision.</p> <p>9-3-6(a)</p>		<p>on 10-29-2014. Recommended vision exam is every 2 years. He is due again in 10/14. His last hearing eval was done on 4-14-10. He goes for routine hearing evals every 5 years. He is due again 4/15. Client #2 goes for routine annual physical exams, which includes checking the clients eyes and ears (this was checked normal on the physical from dated 12-13-13), but defers them else where for a more thorough examination as do all of our clients. Client #2 will return to the doctor to get a referral for a formal hearing evaluation and to assess his eyes/vision. Responsible person: Sandy Phillips, Group Home Manager. To ensure future compliance, annually all consumer during their routine annual physical exam will have their vision and hearing evaluated/assessed. Responsible person: Sandy Philips, QDDP. To ensure future compliance, the annual physical will be reviewed to assure that the vision/hearing were completed. Responsible person: Sandy Phillips, Group Home Manager and Patti Harris, QDDP.</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G730		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/03/2014	
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W000433	<p>483.470(f)(3) FLOORS</p> <p>The facility must have exposed floor surfaces and floor coverings that promote mobility in areas used by clients.</p> <p>Based on record review and interview for 1 additional client (client #6), who was at risk for falls, the facility failed to have floor coverings that promote mobility in areas used by clients.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS), Internal Reports (IRs) and investigation records was conducted on 6/27/14 at 9:50 A.M.. Review of the records indicated the following:</p> <p>BDDS report dated 9/26/13 indicated: "[Client #6] was walking towards the garage with his walker when he tripped over the metal strip at the edge of the stair. He fell forward over 2 stairs and onto his left side on the floor. He had a cut above his left eyebrow (approximately 2 centimeters long). It was open and bleeding. He also had a cut on his left cheek (approximately 3.5 centimeters long). It was open and bleeding. [Client #6]'s nose was also bleeding. Pressure was applied to his</p>	W000433	<p>All clients who have seizures, an unsteady gait or a history of fall have a fall risk assessment completed. Anyone who is at risk will then have a high risk management protocol in place. Responsible person: Patti Harris, QDDP and Sherri DiMarco, RN. Any client who has fallen, a state incident report is completed along with a thorough investigation. During this investigation two possible reasons for the fall came about. One was a metal strip that needed to be tighten and two was that Client #6 hurried down the steps/out the door. He was unable to tell how he actually fell. Maintenance fixed the loose metal strip and a check list was made to be completed weekly. This checklist is for risk of falls and things to check for in the environment and with client #6. It has been completed weekly since his fall back on 9/29/13. He has no other incident of falling. Responsible person: Sandy Phillips, Group Home Manager. To ensure future compliance, we will continue completing the fall risk assessments, put high risk management protocol in place if needed, train and follow high risk place. Responsible person:</p>	08/02/2014			

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	<p>eyebrow and cheek, nose area while he was taken to [Hospital name] emergency room. He was seen by [Dr. name]. A CT scan (X-ray) was taken of his head, sinus area with a bone scan. He has a facial fracture and he received 3 stitches above his left eyebrow and 4 stitches on his left cheek. He was prescribed Augmentin 875-125 mg (milligrams) per tablet (antibiotic), 1 tablet twice daily for 10 days and ibuprofin (sic) 600 mg 1 tablet every 6 hours as needed for pain....A maintenance request was put in to tighten the metal strip at the edge of the stair."</p> <p>A review of client #6's record was conducted at the facility's administrative office on 6/30/14 at 2:00 P.M.. A review of client #6's record indicated a "Risk Management Plan...Risk Fall protocol" dated 3/1/14 and indicated he was at risk for falls.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/30/14 at 2:45 P.M.. The QIDP indicated the metal flooring strip was loose and caused client #6 to fall. The QIDP indicated the facility's maintenance department tightened the loose metal strip.</p> <p>9-3-7(a)</p>		Sandy Phillips, Group Home Manager, Patti Harris, QDDP and Sherri DiMarrco, RN. To ensure future compliance, monthly an environmental/health/safety inspection will be completed through our program status report. Responsible person: Patti Harris, QDDP and Sheila O'Dell, Group Home Services Director.				

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W000455	<p>483.470(l)(1) INFECTION CONTROL There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, the facility failed to maintain proper hygiene practices and prevent cross contamination, for 2 of 3 sampled clients and 1 additional client (clients #2, #3 and #5), during breakfast and medication administration.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 6/27/14 from 5:30 A.M. until 7:20 A.M.. At 6:07 A.M., client #5 sat at the dining table without washing his hands. Client #5 did not and was not prompted to wash his hands. Client #5 wiped his face with both of his hands and then ran both his hands through his hair. At 6:15 A.M., client #5 was prompted to get his toast off of the serving dish. Client #5 grabbed his toast and placed it on his plate, and then grabbed a piece of toast with his bare hands and placed it on client #2's plate and then grabbed a piece of toast with his bare hands and placed it on client #3's plate. At 6:42 A.M., Direct Support</p>	W000455	<p>A hand washing program will be put into place for client #5 to thorough wash his hands. Responsible person: Patti Harris, QDDP. All staff will be trained on this program and to assure that maintain proper hygiene practices to prevent cross contamination. Responsible person: Sandy Phillips, Group Home Manager. To ensure future compliance, wash hands will be put on the clients activity schedules before meals and meds. Responsible person: Sandy Phillips, Group Home Manager. To ensure future compliance, reliabilities will be completed during meal/meal prep and med pass times to assure that hands were thoroughly washed and that proper hygiene practices were used through out. Responsible person: Sandy Phillips, Group Home Manager and Patti Harris, QDDP.</p>	08/02/2014

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	<p>Professional (DSP) #5 prompted client #5 to the medication area for medication administration. DSP #5 prompted client #5 to wash his hands. Client #5 put his finger tips under the water. Client #5 was not prompted to use soap and did not wash his hands.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted at the facility's administrative office on 6/30/14 at 2:45 P.M.. The QIDP indicated staff should have prompted client #5 to wash his hands before handling the toast and further indicated client #5 should have been promoted to use soap and wash his hands.</p> <p>9-3-7(a)</p>			