

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G435		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/29/2013	
NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 4155 RAY ST INDIANAPOLIS, IN 46241			
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W000000	<p>This visit was for an extended recertification and state licensure survey. This visit resulted in an Immediate Jeopardy.</p> <p>Dates of survey: April 16, 17, 18, 19, 22, 23, 24 and 29, 2013.</p> <p>Facility Number: 000949 Provider Number: 15G435 AIMS Number: 100244680</p> <p>Surveyors: Claudia Ramirez, RN-TC Keith Briner, QIDP (04/19/13)</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 5/2/13 by Ruth Shackelford, QIDP.</p>	W000000					

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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W000104	<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 record review and interview, the governing body failed to exercise general policy and operating direction over the facility in a manner to ensure adequate supervision for 1 of 3 sampled clients (client #2) to prevent her from placing foreign objects in her ears which required examination and removal of objects under anesthesia four times in the past year. The governing body failed for 1 additional client (client #8), to ensure timely medical services were received according to her medical needs.</p> <p>Findings include:</p> <p>1. Please see W149. The facility failed to implement the facility's written policy and procedure to prevent neglect by failing to protect client #2 from placing foreign objects in her ears. The facility neglected to ensure client #2's safety and to provide adequate supervision to prevent her from placing foreign objects in her ears which required examination and removal of objects under anesthesia four times in the past year.</p> <p>2. Please see W331. The facility nursing</p>	W000104	<p>1:1 Supervision was implemented on 4/18/13 for immediately protective measure for prevention of placing foreign objects in client #2 ears. IDT meeting was held on 4/22/13 to discuss behavior and develop alternative interventions; as well as methods to determine cause of behavior.</p> <p>Behaviorist will amend BSP to include interventions created through IDT meeting held on 4/22/13.</p> <p>Program Director will receive Human Rights and guardian approval for BSP.</p> <p>Program Nurse will update client #2 protocols to include the frequency of checking of the ear for foreign objects.</p> <p>Program Nurse and Program Director will retrain staff on client #2 medical protocol and amended Behavior Support Plan.</p> <p>Program Director will retrain staff on reporting and documentation procedures related to client health status changes.</p> <p>Program Director and Home Manager will complete observations 3 times weekly for 30 days to ensure accurate implementation of protocols and BSP.</p> <p>Ongoing, Program Director and Home Manager will complete</p>	05/29/2013

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	<p>services failed for 1 additional client (client #8) by not ensuring the client received timely medical services according to her medical needs. The facility neglected to ensure timely notification and nursing assessment of client #8 who had a change in medical status.</p> <p>9-3-1(a)</p>		<p>observations per established frequency of observations. Responsible Party: Behaviorist, Program Nurse, Program Director, Home Manager</p>	

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W000122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met.</p> <p>Based on interview and record review, the facility failed to meet the Condition of Participation: Client Protections for 1 of 3 sampled clients (client #2). The facility failed to implement its written policies and procedures to prevent neglect by failing to protect client #2 from placing foreign objects in her ears. The facility neglected to ensure client #2's safety and to provide adequate supervision to prevent her from placing foreign objects in her ears which required examination and removal of objects under anesthesia four times in the past year. This noncompliance resulted in an Immediate Jeopardy. The Immediate Jeopardy was identified on 04/18/13 at 4:26 PM. The Area Director and the Program Director (QIDP) were notified of the Immediate Jeopardy on 04/18/13 at 4:26 PM. The Immediate Jeopardy began on 04/09/13.</p> <p>On 04/19/13, the Area Director (AD) submitted a plan to remove the Immediate Jeopardy. The Plan indicated, "The following actions and protective measures are in place or in process to abate the Immediate Jeopardy in regards to client protections for [client #2].</p>	W000122	<p>Program Director will retrain Home Manager on oversight related to checking client's personal financial records weekly for accuracy.</p> <p>Program Director will retrain staff on cash on hand recording and accurate documentation.</p> <p>Consumer financial records are submitted monthly to the Program Director for review and reconciliation. The records are then submitted to the Client Finance Specialist for further review and checked for accuracy.</p> <p>Area Director will retrain Program Director on completing thorough investigations.</p> <p>Area Director will retrain Program Director on completing reports for BDDS reportable incidents; including medical procedures under anesthesia.</p> <p>Area Director will track daily BDDS report submissions; including the completion of investigations for applicable reports.</p> <p>1:1 Supervision was implemented on 4/18/13 for immediately protective measure for prevention of placing foreign objects in client #2 ears.</p> <p>IDT meeting was held on 4/22/13 to discuss behavior and develop alternative interventions; as well as methods to determine cause of behavior.</p> <p>Behaviorist will amend BSP to</p>	05/29/2013			

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	<p>Program Director will be retrained on review of QDDP (Qualified Developmental Disability Professional) responsibilities related to recognizing behavioral and medical patterns and ensuring effective corrective action is taken to prevent future occurrences.</p> <p>1:1 (one staff to one client) protocol implemented for client protections. IDT (Inter-disciplinary Team) meeting will convene on 4/19/13 to review 1:1 protocol to determine if any revisions are needed. IDT will review and update Behavior Development plan, develop alternative activities and alternative plans for behavior prevention.</p> <p>The Facility nurse has updated the ear problems protocol to include external assessment of the ear per MAR (Medication Administration Record).</p> <p>Environmental assessments will be completed by the 1:1 staffing in the home environment as well as on the van prior to transport to watch for and remove small objects within reach. Day Program will be included in IDT on 4/19/13 to evaluate current environment and assess whether the supervision protocol can be implemented as required.</p> <p>Obtain 2nd opinion from an Ear, Nose</p>		<p>include interventions created through IDT meeting held on 4/22/13.</p> <p>Program Director will receive Human Rights and guardian approval for BSP.</p> <p>Program Nurse will update client #2 protocols to include the frequency of checking of the ear for foreign objects.</p> <p>Program Nurse will retrain staff on client #2 medical protocol and amended Behavior Support Plan.</p> <p>Program Director will retrain staff on reporting and documentation procedures related to client health status changes.</p> <p>Program Director and Home Manager will complete observations 3 times weekly for 30 days to ensure accurate implementation of protocols and BSP.</p> <p>Ongoing, Program Director and Home Manager will complete observations per established frequency of observations.</p> <p>Responsible Party: Behaviorist, Program Nurse, Program Director, Home Manager, Consumer finance Specialist.</p>				

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	<p>and Throat doctor to determine if there is a medical reason for placing foreign objects in her ears; also, to determine if there is any treatment available should a medical reason be determined.</p> <p>Each staff responsible for the implementation on of the 1:1 protocol will be trained prior to assuming that responsibility.</p> <p>Staff will be retrained on Behavioral Development Plan, alternative activities and protective measures that may be determined during IDT meeting. Staff will be retrained on the updated ear problems protocol to include an external assessment of the ears per Nursing Measures identified on the Medication Administration.</p> <p>Observations for the implementation of plan as prescribed by Indiana Mentor Administrative staff will occur as follows: 5 days per week on week 1; 4 days a week on week 2; 3 days per week on week 3; 2 days per week on week 4; until we have reached 1 day observation. Assessment by the Area Director will occur at the end of each week to determine if further observation needs (sic).</p> <p>Home Manager and Program Director will complete observations 3 times per</p>				

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	<p>week to observe implementation of plan as prescribed above for 30 days. Ongoing, Home Manager and Program (sic) will complete observations once weekly.</p> <p>Area Director will review monthly all BDDS reports and complete analysis and make recommendations for trends/patterns or repeated incidents...."</p> <p>Observations were conducted at the group home on 04/18/13 from 5:15 PM until 6:15 PM, from 04/19/13 from 6:50 AM until 7:50 AM and on 04/22/13 from 4:30 PM until 6:00 PM. During all observation periods client #2 had 1:1 staff. Client #2 was not observed to place any objects in her ears during the observation times. Training schedules in the home indicated all staff had been trained on the 1:1 with client #2.</p> <p>Interviews conducted in the group home on 04/18/13 at 6:00 PM with staff #1 and #2 and on 04/19/13 at 7:45 AM with staff #3 and #4, indicated they had been trained on the 1:1 staffing with client #2.</p> <p>The Immediate Jeopardy was removed on 04/23/13 at 9:51 AM, when through observation, interview and record reviews, it was determined the facility had implemented the plan of action to remove the Immediate Jeopardy and the steps</p>						

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	<p>taken removed the immediacy of the problem. Even though the facility's corrective actions removed the Immediate Jeopardy, the facility remained out of compliance at a Condition level (Client Protections).</p> <p>Based on record review and interview for 3 of 3 sampled clients (clients #1, #2 and #3), the facility failed to implement policy and procedures to prevent neglect of client #2. The facility failed to provide an accurate accounting of client funds. The facility failed to ensure investigations/or thorough investigations were conducted in regards to all allegations of abuse, neglect and/or injuries of unknown source for 1 of 3 sampled clients (client #2) and 1 additional client (client #8). The facility failed to put in place corrective actions/measures for client #2 to protect her from placing foreign objects in her ears, which required surgical intervention for removal.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility failed for 3 of 3 sample clients (clients #1, #2 and #3), to maintain an accurate accounting system for each client's personal fund account. Please see W140. 2. The facility failed to implement the 			

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	<p>facility's written policy and procedure to prevent neglect by failing to protect client #2 from placing foreign objects in her ears. The facility neglected to ensure client #2's safety and to provide adequate supervision to prevent her from placing foreign objects in her ears which required examination and removal of objects under anesthesia four times in the past year. Please see W149.</p> <p>3. The facility failed for 4 of 20 allegations of abuse, neglect and/or injuries of unknown source reviewed, to conduct an investigation and/or conduct thorough investigations in regard to client neglect, by failing to supervise client (client #2) to protect and prevent her from placing foreign objects in her ears which required surgical removal and by failing to conduct a thorough investigation regarding client #8's decline in health and subsequent death. Please see W154.</p> <p>4. The facility failed for 2 of 20 BDDS (Bureau of Developmental Disabilities Services) reports regarding allegations of abuse, neglect and/or injuries of unknown source reviewed, to initiate and document effective corrective action to protect and prevent client neglect, by failing to supervise client (client #2) to protect and prevent her from placing foreign objects in her ears which required surgical</p>			

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	removal. Please see W157. 9-3-2(a)				

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W000140	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>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 on observation, record review and interview, for 3 of 3 sample clients (clients #1, #2 and #3), the facility failed to maintain an accurate accounting system for each client's personal fund account.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On 04/17/13 at 7:53 AM client #1's personal funds accounts were reviewed with the QIDP (Qualified Intellectual Disabilities Professional). Client #1's current petty cash balance indicated client #1 had a balance of \$10.94. A money count with the QIDP indicated client #1 had \$8.86. Client #1's petty cash funds were off a total of \$2.08. The QIDP indicated client #1's funds did not balance. <p>Client #1's records were reviewed on 04/17/13 at 10:11 AM. Client #1's ISP (Individual Support Plan) dated 09/02/12 indicated client #1 was not able to independently handle her money and required assistance.</p> <ol style="list-style-type: none"> On 04/17/13 at 7:53 AM client #2's 	W000140	<p>Program Director will retrain Home Manager on oversight related to checking client's personal financial records weekly for accuracy.</p> <p>Program Director will retrain staff on cash on hand recording and accurate documentation.</p> <p>Home Manager will complete weekly checks of client's financial records for completion and accuracy.</p> <p>Consumer financial records are submitted monthly to the Program Director for review and reconciliation. The records are then submitted to the Client Finance Specialist for further review and checked for accuracy.</p> <p>Responsible Party: Program Director, Home Manager, Client Finance Specialist</p>	05/29/2013

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	<p>personal funds accounts were reviewed with the QIDP. Client #2's current petty cash balance indicated client #2 had a balance of \$18.85. A money count with the QIDP indicated client #2 had \$18.86. Client #2's petty cash funds were off a total of \$0.01. The QIDP indicated client #2's funds did not balance.</p> <p>Client #2's records were reviewed on 04/17/13 at 12:30 PM. Client #2's ISP (Individual Support Plan) dated 02/08/13 indicated client #2 was not able to independently handle her money and required assistance.</p> <p>3. On 04/17/13 at 7:53 AM client #3's personal funds accounts were reviewed with the QIDP. Client #3's current petty cash balance indicated client #3 had a balance of \$2.75. A money count with the QIDP indicated client #3 had \$2.89. Client #3's petty cash funds were off a total of \$0.14. The QIDP indicated client #3's funds did not balance.</p> <p>Client #3's records were reviewed on 04/17/13 at 2:41 PM. Client #3's ISP (Individual Support Plan) dated 08/10/12 indicated client #3 was not able to independently handle her money and required assistance.</p> <p>On 04/24/13 at 3:30 PM an interview was</p>						

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	<p>conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated the agency was responsible for assisting clients #1, #2 and #3 with their funds as they were not independent with their money and required assistance. She further indicated client funds should balance.</p> <p>9-3-2(a)</p>			

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Based on record review and interview for 1 of 3 sampled clients (client #2) and 1 additional client (client #8), the facility neglected to implement the facility's written policy and procedure to prevent neglect by failing to protect client #2 from placing foreign objects into her ears. The facility neglected to ensure client #2's safety and to provide adequate supervision to prevent her from placing foreign objects in her ears which required examination and removal of objects under anesthesia four times in the past year. The facility neglected to ensure client #8 received timely medical services according to her medical needs.</p> <p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 04/16/13 at 10:15 AM. The BDDS reports indicated the following:</p> <p>A BDDS report dated 04/10/13 for an incident dated 04/09/13 at 11:15 AM indicated: "[Client #2] had bilateral ear exam/removal of foreign bodies under</p>	W000149	<p>1:1 Supervision was implemented on 4/18/13 for immediately protective measure for prevention of placing foreign objects in client #2 ears. IDT meeting was held on 4/22/13 to discuss behavior and develop alternative interventions; as well as methods to determine cause of behavior.</p> <p>Behaviorist will amend BSP to include interventions created through IDT meeting held on 4/22/13.</p> <p>Program Director will receive Human Rights and guardian approval for BSP.</p> <p>Program Nurse will update client #2 protocols to include the frequency of checking of the ear for foreign objects.</p> <p>Program Nurse and Program Director will retrain staff on client #2 medical protocol and amended Behavior Support Plan.</p> <p>Program Director will retrain staff on reporting and documentation procedures related to client health status changes.</p> <p>Program Director and Home Manager will complete observations 3 times weekly for 30 days to ensure accurate implementation of protocols and BSP.</p> <p>Ongoing, Program Director and Home Manager will complete</p>	05/29/2013	

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	<p>anesthesia. The Residential RN (Registered Nurse) evaluated [client #2] upon her return home...Staff will continue to monitor the client's health and safety."</p> <p>A BDDS report dated 09/19/12 for an incident dated 09/18/12 at 12:15 PM indicated: "[Client #2] had an ear exam/removal foreign bodies (FB) from both ears under anesthetic (sic). She was evaluated by the Residential RN upon her return to the group home. The RN stated that she was awake, alert, skin warm, dry, pink...[Client #2] had a BMP (Behavior Management Plan) that addresses sticking foreign bodies in her ears, this behavior has improved and she has not required removal of foreign bodies for over a year."</p> <p>Client #2's records were reviewed on 04/17/13 at 12:30 PM. Client #2's record contained the following dated documents:</p> <p>02/21/12: Behavior Support Plan (BSP) with targeted behaviors which included, "Sticking FB in ears. Sticking objects, such as: twigs, cheese crackers, plastic blocks etc. in her ears...Reinforcement and checks for sticking foreign objects in ears. During Medication times, ask [client #2] to look into her ears to ensure that there are no foreign objects in her ears. Staff should also do site checks</p>		<p>observations per established frequency of observations. Responsible Party: Behaviorist, Program Nurse, Program Director, Home Manager</p>	

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	<p>around home first thing in morning, when she returns from workshop and after dinner to ensure that there are no objects that she might place in her ears. [Client #2's] purse should also be checked daily to ensure that there are no small objects in her purse, such as twigs or crackers that she could stick in her ears...."</p> <p>04/25/12: ENT (Ears, Nose and Throat) exam - right ear bleeding - MD (Medical Doctor) to schedule client for EUA (Exam Under Anesthesia).</p> <p>05/08/12: Operative Report - EUA. Client had portions of crayons in ears bilaterally (both ears) which were removed.</p> <p>06/20/12: ENT follow-up from OR. Client exam revealed client had FBs bilaterally.</p> <p>08/20/12: ENT exam - bilateral FB scheduled to be removed EUA on 09/18/12.</p> <p>09/18/12: Operative Report - EUA. Client had crayons & vegetable debris removed bilaterally.</p> <p>10/02/12: PCP (Primary Care Physician) evaluation - client with FBs noted. Referred to ENT.</p>			

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	<p>10/05/12: ENT exam - pus in ear and objects, treated with antibiotic and to return for follow-up office visit.</p> <p>10/22/12: ENT exam - infection resolved and FBs remain, to follow-up in 6 weeks with ENT.</p> <p>12/03/12: ENT exam - bilateral FB - recommend EUA.</p> <p>12/2013: Monthly Health Review indicated: "to ENT for exam of ears with foreign bodies noted both ears and exam/removal of foreign bodies under anesthesia scheduled for mid December, but appointment rescheduled because group home van was in repair shop for 1 week and no transportation available."</p> <p>01/08/13: Operative Report - EUA. Client had "crayons vs colored pencils" bilaterally which were removed.</p> <p>01/28/13: Annual Physical Examination indicated, "Foreign Objects in L (left) ear canal, needs ENT follow-up. No signs of infection."</p> <p>02/2013: Monthly Health Review indicated, "Client to see ENT 02/28/13 for evaluation of foreign body in Lt (left) ear...An appointment has been scheduled</p>			

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	<p>for F/U (follow-up) ENT end of February, 2013...Client's Mother feels that client may have tinnitus which causes her to push items in her ear, in an attempt to stop ringing in ears. She requests that ENT perform ABR (Auditory Brainstem Response) testing to confirm tinnitus (ringing in the ears). Staff will relay message to ENT and request ABR testing, if appropriate."</p> <p>03/11/13: ENT exam - "patient with bilateral ear foreign bodies. Plan future exam under anesthesia (EUA)."</p> <p>04/09/13: Operative Report - EUA. Client had "portions of crayons" bilaterally which were removed.</p> <p>04/18/13: Psychiatric Exam indicated, "...compulsive bx (behavior) stuffing ears with foreign objects. ENT R/O'd (ruled out) tinnitus. Mother has repeatedly refused recommendation for med[ication] changes...1. Cont (continue) current meds; 2. 1:1 staffing for safety (one-to-one) for safety."</p> <p>On 04/16/13 at 11:30 AM, a review of the facility's 04/2011 Policy of Quality and Risk Management indicated, "Indiana MENTOR promotes a high quality of service and seeks to protect individuals receiving Indian MENTOR services</p>				

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	<p>through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying, evaluation and reducing risk to which individuals are exposed. Indiana MENTOR follows the BDDS Incident Reporting policy as outlined in the Provider Standards. An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS: 1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual...iii. Cause the individual to experience emotional distress...e. Failure to provide appropriate supervision, care or training...Indiana MENTOR is committed to ensuring the individuals we serve are provided with a safe and quality living environment...."</p> <p>An interview with the QIDP (Qualified Intellectual Disabilities Professional) on 04/17/13 at 5:30 PM was conducted. The QIDP indicated no interventions have been changed in the client's BSP. The QIDP indicated the agency was changing companies that do the BSPs and many of the plans including client #2's are behind. She indicated client #2 has a known history of placing objects in ears, has required EUA four times in the past year and continues the behavior. She indicated staff checked client #2's purse</p>			

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	<p>daily and were to check her ears at medication pass times. She indicated client #2 enjoys her time alone in her bedroom and no monitoring is provided when she is in there. The QIDP also indicated client #2 did not have any 1:1 monitoring currently or staff assigned for constant visual monitoring.</p> <p>An interview with the QIDP on 04/18/13 at 8:00 AM was conducted. The QIDP indicated client #2 had a psych (psychiatric) appointment on 04/18/13 around 10:00 AM and the QIDP would be attending.</p> <p>An interview with the QIDP on 04/18/13 at 12:30 PM was conducted. The QIDP reported client #2 went to the psych appointment this morning and was seen by the nurse practitioner (NP) and the NP thinks the behavior may be anxiety related. She indicated the NP wanted to increase the client's medications but client #2's mom refuses. She indicated at the current time she was looking at arranging additional staffing for client #2, but no interventions have been changed with her plan and no additional measures were in place to ensure the client's safety to prevent her from placing foreign bodies in her ears.</p> <p>2. On 04/16/13 at 10:15 AM a record</p>			

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	<p>review of the BDDS (Bureau of Developmental Disabilities Services) reports was completed and indicated the following:</p> <p>12/23/12: A BDDS report for an incident dated 12/23/12 at 6:15 PM indicated, "[Client #8] was not feeling well and the nurse instructed staff to take her to ER (Emergency Room). While there at the hospital she was admitted for dehydration...."</p> <p>12/26/12: A BDDS report for an incident dated 12/25/12 at 4:30 PM indicated, "[Client #8] was admitted at [hospital name] on 12/23/12 due to her refusing to eat or drink anything at the group home. [Client #8] was diagnoses (sic) with pneumonia and dehydration at the time of her admission...Dr's (doctors) at [hospital name] recommended...[client #8's] sister and guardian refused the treatments the Drs were recommending for [client #8] requesting that only comfort measures be taken with her. [Client #8] was made comfortable - however her condition continued to deteriorate and she passed away on 12/25/12 at 4:30 PM...."</p> <p>Client #8's records were reviewed on 04/23/13 at 10:01 AM and contained the following dated documents:</p>			

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	<p>12/14/12: Nurses notes indicated, "To group home to assess client's wound Rt (right) heel...."</p> <p>12/18/12: Nurses notes at 1:00 PM indicated, "TC (telephone call) to group home to check on client's status. RM [name] states that no change noted to client's heel wound...No other changes in client status per [HM]."</p> <p>12/18/12: Staff notes indicated, "[Client #8] very lethargic and cried lowly most of night...concern of dehydration - she's drinking very little. Lips & skin very dry & tenting (slow reaction of skin to return to normal position when pinched and released, indication of dehydration)...."</p> <p>12/19/12: Staff notes indicated, "[Client #8] was really tired and crying (although not loudly, more moaning)...rejected most goals...she's drinking very little. Expressed concern to RM (Residential Manager) when coming on shift."</p> <p>12/20/12: Nurses notes at 11:00 AM indicated, "TC to group home re: (regarding) status of client's wound and progress made to repair of W/C (wheelchair) lift....No changes in appearance of wound noted."</p> <p>12/20/12: Staff notes indicated, "[Client</p>						

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	<p>#8] whined most of the night...wouldn't sit up or open her eyes all night again...still not drinking much if any & little urine output - called RM & left message. She's been crying most of night."</p> <p>12/21/12: Staff notes indicated, "[Client #8] did not sleep all night. She slept at 2 AM...Rejected goals...Crying, moaning...seemed to be in discomfort... [Client #8] has been sleeping or sitting with eyes closed most of the week in the evening, very abnormal behavior I think."</p> <p>12/22/12: Nurses notes at 10:00 AM indicated, "TC received from [name], staff at group home, to report that client has a red area noted on her coccyx during shower this AM. She was instructed to keep client clean and dry...notify program nurse with any other issues or if area becomes open...."</p> <p>12/22/12: Staff notes indicated, "[Client #8] finally slept at 1 AM. She was whining...[Client #8] crying, moaning...not energy again today...rejected most goals...."</p> <p>12/23/12: Nurses notes at 3:00 PM indicated, "TC received from [name], staff at [group home], to report that clients slow to respond, staff having</p>			

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	<p>difficulty with getting client to eat/drink/respond and they are sending her to [hospital name] for evaluation...."</p> <p>12/23/12: Staff notes indicated, "...Refused to open her mouth for any food...[Client #8] did not have a very good day, she was whining a lot, was not eating or drinking and acting very abnormal, was running a fever when it was decided to take her to ER at [hospital name]. She was very dehydrated & was running a fever & they could not get a good pulse & blood pressure was dropping while we were there & they...said there was fluid on the lungs from either pneumonia or asperation (sic)...She was admitted to the hospital."</p> <p>12/23/12: Nurses notes at 6:00 PM indicated, "TC received from [name], staff at [group home], to report that client has been admitted to [hospital name] for dehydration and treatment of heel ulcer. TC made call to client's sister, [name], to inform her of client status. She was at the hospital and had spoken with the physician...She was informed of difficulty staff has been having with getting client to eat and drink (sic)...."</p> <p>12/23/12: Hospital Record upon arrival to the ER indicated client #8's Temperature was 99.9, Blood Pressure</p>			

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	<p>was 101/61, Pulse was 100/minute and Respiratory Rate was 26/minute. The record indicated, "...hypotension (low blood pressure), shock/hypoxia (low oxygen to the body)...Impression and Plan: Sepsis (severe infection that has spread via the bloodstream), Pneumonia, Hypotension...."</p> <p>12/25/12: Hospital Record Death Summary indicated, "Date of Admission: 12/23/12. Date of Death: 12/25/12. Discharge Diagnoses: 1. Septic shock with pneumonia, acute renal failure, acute respiratory failure, hypernatremia (high sodium level)...2. Down syndrome with Alzheimer's dementia. 3. Seizure disorder. 4. Hypothyroidism (low thyroid). 5. Right heel and foot wounds...The patient is a [year-old] female with a past medical history significant for Down syndrome and Alzheimer's dementia, had become less responsive and had a fever at their extended-care facility. The patient was brought to [hospital] for further evaluation and was admitted for further care...The patient's sister decided that she would not wish to continue aggressive medical care. Since there had been no improvement and actually worsening clinical status, the decision was made to proceed with comfort care...The Chaplain was consulted, and the patient's sister</p>			

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	<p>called other family members to be at the bedside. The patient passed away on 12/25/12 with her family at bedside...."</p> <p>12/25/12: Staff notes indicated, "[Client #8] passed away at hospital."</p> <p>Client #8's record contained a Dehydration Protocol dated 04/02/12 which indicated, "Dehydration occurs when the client does not have adequate liquid intake. [Client #8] is at increased risk for dehydration because she has a decreased liquid intake, is not able to recognize that she is thirsty, is not able to get up and get herself a drink and is unable to request something to drink...If dehydration is suspected, keep a record of her fluid intake and a record of her urinary output. There are forms in the home for this purpose. She should be drinking at least 6-8 glasses of fluids every 24 hours. Notify the program nurse if she is not taking in at least 48 ounces of fluids every 24 hours, if she has a temperature elevation greater than 100 degrees, if she has nausea and vomiting, and/or diarrhea, if she is not voiding at least 5-6 times daily, change in level of consciousness, is difficult to arouse, and/or you suspect she has any other problems...." Client #8's record did not contain any Intake and Output records for the month of December 2012.</p>			

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	<p>On 04/24/13 at 3:30 PM an interview was conducted with the AD (Area Director). The AD indicated she had recently spoken to the RN (Registered Nurse) (who was not currently available). She indicated the RN's notes contained the information which the staff had relayed to her. The AD indicated staff failed to inform the RN of client #8's medical decline regarding her intake of food and fluids, nor did the staff communicate to the RN client #8's decreased amount of urine or their concerns which they documented in their staff notes. The AD indicated the RN was only advised as to client #8's foot ulcer. The AD indicated in her conversation with the RN, the RN became aware of client #8's change in condition when she was notified on 12/23/12 the day client #8 was taken to the hospital. The AD indicated staff failed to timely notify the RN of client #8's medical condition and client #8 should have received medical care prior to the date she was admitted to the hospital.</p> <p>9-3-2(a)</p>			

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on interview and record review for 5 of 20 allegations of abuse, neglect and/or injuries of unknown source reviewed (clients #2 and #8), the facility failed to conduct an investigation and/or conduct thorough investigations in regard to client #2 putting foreign bodies in her ears and client #8's decline in health status.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, incident reports and investigations were reviewed on 04/16/13 at 10:15 AM. The reports indicated the following:</p> <p>1. 05/08/12: Operative Report - EUA (Exam Under Anesthesia). Client #2 had portions of crayons in ears bilaterally (both ears) which were removed. There was no investigation available for review of this incident.</p> <p>2. A BDDS report dated 09/19/12 for an incident dated 09/18/12 at 12:15 PM indicated: "[Client #2] had an ear</p>	W000154	<p>Area Director will retrain Program Director on completing thorough investigations.</p> <p>Area Director will retrain Program Director on completing reports for BDDS reportable incidents; including medical procedures under anesthesia.</p> <p>Regional Director will retrain Quality Assurance Specialist on thorough completion of client death investigation including staff interviews.</p> <p>Responsible Party: Area Director, Program Director, Regional Director, Quality Assurance Specialist.</p>	05/29/2013			

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	<p>exam/removal foreign bodies (FB) from both ears under anesthetic (sic). She was evaluated by the Residential RN upon her return to the group home. The RN stated that she was awake, alert, skin warm, dry, pink...[Client #2] had a BMP (Behavior Management Plan) that addresses sticking foreign bodies in her ears, this behavior has improved and she has not required removal of foreign bodies for over a year." There was no investigation available for review of this incident.</p> <p>3. 12/23/12: A BDDS report for an incident dated 12/23/12 at 6:15 PM indicated, "[Client #8] was not feeling well and the nurse instructed staff to take her to ER (Emergency Room). While there at the hospital she was admitted for dehydration...."</p> <p>12/26/12: A BDDS report for an incident dated 12/25/12 at 4:30 PM indicated, "[Client #8] was admitted at [hospital name] on 12/23/12 due to her refusing to eat or drink anything at the group home. [Client #8] was diagnoses (sic) with pneumonia and dehydration at the time of her admission...Dr's (doctors) at [hospital name] recommended...[client #8's] sister and guardian refused the treatments the Drs were recommending for [client #8] requesting that only comfort measures be taken with her. [Client #8] was made</p>			

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	<p>comfortable - however her condition continued to deteriorate and she passed away on 12/25/12 at 4:30 PM...." There was no investigation of the client's decline in health status and staff not contacting the nurse.</p> <p>4. 01/08/13: Operative Report - EUA. Client had "crayons vs colored pencils" bilaterally which were removed. There was no investigation available for review of this incident.</p> <p>5. A BDDS report dated 04/10/13 for an incident dated 04/09/13 at 11:15 AM indicated: "[Client #2] had bilateral ear exam/removal of foreign bodies under anesthesia. The Residential RN (Registered Nurse) evaluated [client #2] upon her return home...Staff will continue to monitor the client's health and safety." There was no investigation available for review of this incident.</p> <p>On 04/24/13 at 3:30 PM an interview was conducted with the Area Director (AD). The AD indicated there were no staff interviews regarding the investigation of client #8's death. She indicated it was only a paper review of the various agency documents regarding client #8. The AD indicated there were not any written investigations related to the incidents of client #2 putting foreign bodies in her</p>			

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	ears. 9-3-2(a)				

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W000157	<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 record review and interview for 4 of 20 BDDS (Bureau of Developmental Disabilities Services) reports and/or incident reports regarding allegations of abuse, neglect and/or injuries of unknown source reviewed, the facility failed to initiate and document effective corrective action to prevent neglect of client #2, by failing to supervise the client to prevent her from placing foreign objects in her ears which required surgical removal.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports, incident reports and investigations were reviewed on 04/16/13 at 10:15 AM. The reports indicated the following:</p> <p>1. 05/08/12: Operative Report - EUA (Exam Under Anesthesia). Client #2 had portions of crayons in ears bilaterally (both ears) which were removed. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #2 from repeating the behavior.</p>	W000157	<p>1:1 Supervision was implemented on 4/18/13 for immediately protective measure for prevention of placing foreign objects in client #2 ears. IDT meeting was held on 4/22/13 to discuss behavior and develop alternative interventions; as well as methods to determine cause of behavior.</p> <p>Behaviorist will amend BSP to include interventions created through IDT meeting held on 4/22/13.</p> <p>Program Director will receive Human Rights and guardian approval for BSP.</p> <p>Program Nurse will update client #2 protocols to include the frequency of checking of the ear for foreign objects.</p> <p>Program Nurse and Program Director will retrain staff on client #2 medical protocol and amended Behavior Support Plan.</p> <p>Program Director and Home Manager will complete observations 3 times weekly for 30 days to ensure accurate implementation of protocols and BSP.</p> <p>Ongoing, Program Director and Home Manager will complete observations per established frequency of observations.</p> <p>Responsible Party: Behaviorist, Program Nurse, Program Director, Home Manager.</p>	05/29/2013

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	<p>2. A BDDS report dated 09/19/12 for an incident dated 09/18/12 at 12:15 PM indicated: "[Client #2] had an ear exam/removal foreign bodies (FB) from both ears under anesthetic (sic). She was evaluated by the Residential RN upon her return to the group home. The RN stated that she was awake, alert, skin warm, dry, pink...[Client #2] had a BMP (Behavior Management Plan) that addresses sticking foreign bodies in her ears, this behavior has improved and she has not required removal of foreign bodies for over a year." No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to protect and prevent client #2 from repeating the behavior.</p> <p>3. 01/08/13: Operative Report - EUA. Client had "crayons vs colored pencils" bilaterally which were removed. No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to protect and prevent client #2 from repeating the behavior.</p> <p>4. A BDDS report dated 04/10/13 for an incident dated 04/09/13 at 11:15 AM indicated: "[Client #2] had bilateral ear exam/removal of foreign bodies under anesthesia. The Residential RN</p>			

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	<p>(Registered Nurse) evaluated [client #2] upon her return home...Staff will continue to monitor the client's health and safety." No record of documented effective corrective action was available for review in regard to staff monitoring or supervision to prevent client #2 from repeating the behavior.</p> <p>On 04/24/13 at 3:30 PM an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated client #2 had a history of placing foreign objects in her ears and continued to place objects in her ears. The QIDP indicated the agency neglected to implement and document effective corrective action for the incidents.</p> <p>9-3-2(a)</p>			

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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the facility failed to ensure the QIDP (Qualified Intellectual Disabilities Professional) reviewed and revised the clients' individual programs.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 04/17/13 at 10:11 AM. Client #1's ISP (Individual Support Plan) was dated 09/02/12. The ISP objectives were as follows: put toothpaste on her toothbrush; increase involvement during meals; identifying her wants, needs and feeling by using one to two words; participate in leisure activity; participate in community activity; rub body with soap; spoon her medications into her mouth and make a purchase in the community. Client #1's record contained a "Participant Status Monthly Summary" dated November 2012. The monthly summary contained client #1's progress of her goals. The summary was signed by the QIDP. The record did not contain any monthly summaries for the goals for the</p>	W000159	<p>Area Director will retrain Program Director on review and revision of client programming; including goal tracking and monthly reports. Program Director will review all consumer goals in the home and revise all goals as needed. Ongoing, Program Director will review goal tracking monthly and submit a monthly report summary to the Area Director by the 10 th of each month. Responsible Party: Area Director and Program Director</p>	05/29/2013			

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	<p>months of December 2012, January 2013, February 2013 or March 2013.</p> <p>2. Client #2's record was reviewed on 04/17/13 at 12:30 PM. Client #2's ISP was dated 02/08/13. The ISP objectives were as follows: prep side dish; do laundry; cross street safely; pop medication out of bubble pack; bathe thoroughly; trace name 3 times; brush teeth and make a purchase in the community. Client #2's record contained a "Participant Status Monthly Summary" dated November 2012. The monthly summary contained client #2's progress of her goals. The summary was signed by the QIDP. The record did not contain any monthly summaries for the goals for the months of December 2012, January 2013, February 2013 or March 2013.</p> <p>3. Client #3's record was reviewed on 04/17/13 at 2:41 PM. Client #3's ISP was dated 08/10/12. The ISP objectives were as follows: prep side dish; do laundry; leisure activity; shower daily; identify one medication; sort coins; clean room; write/say group home phone number and brush teeth. Client #3's record contained a "Participant Status Monthly Summary" dated November 2012. The monthly summary contained client #3's progress of her goals. The summary was signed by the QIDP. The record did not contain any</p>						

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	<p>monthly summaries for the goals for the months of December 2012, January 2013, February 2013 or March 2013.</p> <p>On 04/24/13 at 3:30 PM an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated she was behind in her reviews and she had not reviewed any of the goals or data, after the goals of November 2012.</p> <p>9-3-4(a)</p>			

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W000218	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include sensorimotor development.</p> <p>Based on observation, record review, and interview, the facility failed for 1 of 3 sampled clients (client #3) to conduct a sensorimotor assessment of her ambulation needs.</p> <p>Findings include:</p> <p>Observations were conducted in the facility on 04/16/13 from 4:30 PM until 6:00 PM and on 04/17/13 from 6:40 AM until 8:30 AM. During the observation times client #3 was observed to be ambulating around the house without assistance.</p> <p>Client #3's record was reviewed on 04/17/13 at 2:41 PM. Client #3's record contained a Physical Therapy Evaluation (PT) dated 10/24/12. The PT evaluation indicated, "Please perform attached exercise with patient 1-2 times daily. Encourage walking throughout day. Please stay with pt (patient) during ambulation."</p> <p>Client #3's Fall Prevention Protocol dated 06/01/12 indicated, "Encourage use of her walker...."</p> <p>On 04/24/13 at 3:30 PM an interview was</p>	W000218	<p>Program nurse will reassess PT evaluation for client #3 and conduct assessment of ambulatory needs Program Nurse will update the fall protocol for client # 3 Program Director and Program Nurse will retrain staff on ambulatory protocols Home Manager will complete observation 3 times weekly for 30days to ensure accurate implementation for protocols Ongoing, Home Manager will complete observations per established frequency for observations. Responsible party: Program Nurse, Program Director, Home Manager</p>	05/29/2013			

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	<p>conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated the PT evaluation and Fall Prevention Protocol did not match for how client #3 was to ambulate safely. The QIDP indicated client #3 used her walker outside of the home and did not use it in the home. She indicated an updated PT evaluation should be obtained.</p> <p>9-3-4(a)</p>			

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W000250	<p>483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.</p> <p>Based on record review and interview, the facility failed for 3 of 3 sampled clients (clients #1, #2 and #3), to update and individualize the active treatment schedules (ATS).</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 04/17/13 at 10:11 AM. Client #1's ATS was dated 12/13/05.</p> <p>Client #2's record was reviewed on 04/17/13 at 12:30 PM. Client #2's ATS was dated 12/13/05.</p> <p>Client #3's record was reviewed on 04/17/13 at 2:41 PM. Client #3's ATS was dated 02/15/10.</p> <p>On 04/24/13 at 3:30 PM an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated the date at the bottom of the Active Treatment Schedule was the date of the form. She indicated there were no other dates on the form to indicated the ATS had been updated</p>	W000250	<p>Area Director will retrain Program Director on Annual completion of Active Treatment Schedules. Program Director will update the active treatment schedule to include the current annual date for all the consumers in the home. Ongoing, Program Director will complete active treatment schedules during Annual and include the date of the Annual Meeting. Responsible Party: Area Director, Program Director</p>	05/29/2013			

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	yearly along with the ISP (Individual Support Plan). 9-3-4(a)				

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W000312	<p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #1) who was on medications related to behaviors, by not ensuring the client's Behavior Support Plan (BSP) included the medication in the plan.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 04/17/13 at 10:11 AM. Client #1's April 2013 physician's orders indicated she was taking Aricept (dementia), Zoloft (antidepressant/treats OCD (Obsessive Compulsive Disorder and anxiety) and Remeron (antidepressant).</p> <p>Client #1's 11/14/12 BSP indicated client #1 had SIB (Self-Injurious Behaviors) related to repetitive behavior associated with the dementia. The BSP did not mention the Aricept, Zoloft or Remeron.</p> <p>On 04/24/13 at 3:30 PM an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional).</p>	W000312	<p>Behaviorist will create a Behavior Support Plan for client #1 to include behaviors associated with dementia and how staff is to respond to these behaviors.</p> <p>Program Director will obtain Human Rights and guardianship approval for the BSP.</p> <p>Program Director will train staff on the BSP for client #1.</p>	05/29/2013

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	The QIDP indicated client #1's BSP did not contain any mention of the medications or any reference to them. 9-3-5(a)				

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W000318	<p>483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met.</p> <p>Based on record review and interview, the Condition of Participation of Health Care Services is not met as the facility failed to assure 1 additional client (client #8) received timely health care services for her medical condition and failed for 1 of 3 sampled clients (client #1) and one additional client (client #5) to administer medications as ordered by the physician.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Please refer to W331 as the facility nursing services failed for 1 additional client (client #8), by not ensuring the client received timely medical services according to her medical needs. The facility neglected to ensure timely notification and nursing assessment of client #8 who had a change in medical status. Please refer to W368 as the facility failed for 1 of 3 sampled clients (client #1), who take medications prescribed by the physician, to administer medications as ordered. Please refer to W369 as the facility failed for 1 of 15 medication doses 	W000318	<p>Program Director will retrain staff on reporting and documentation procedures related to client health status changes. Program Nurse will retrain staff on medication administration procedures and following orders as prescribed. Program Director and Home Manager will complete medication administration observations 3 times weekly for the next 30 days. Ongoing, Home Manager will complete observations per established frequency for observations. If any issues are noted during medication pass, the Home Manager will report concerns to the Program Director and nurse and follow all instructions for retraining; which may be completed by Home Manager, Program Director or Program Nurse. Home Manager will complete documentation review 3 times weekly for the next 30 days. Ongoing, Home Manager will complete documentation review per established frequency. If any issues are noted in the notes/reports, the Home Manager will report concerns to the Program Director and Program Nurse and follow all instructions for follow-up. Responsible Party: Program Director, Program Nurse, Home Manager</p>	05/29/2013			

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	administered at the 5:00 PM medication administration, to ensure staff administered client medication (client #5), as ordered without error. 9-3-6(a)				

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W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility nursing services failed for 1 additional client (client #8), by not ensuring the client received timely medical services according to her medical needs.</p> <p>Findings include:</p> <p>On 04/16/13 at 10:15 AM a record review of the BDDS (Bureau of Developmental Disabilities Services) reports was completed and indicated the following:</p> <p>12/23/12: A BDDS report for an incident dated 12/23/12 at 6:15 PM indicated, "[Client #8] was not feeling well and the nurse instructed staff to take her to ER (Emergency Room). While there at the hospital she was admitted for dehydration...."</p> <p>12/26/12: A BDDS report for an incident dated 12/25/12 at 4:30 PM indicated, "[Client #8] was admitted at [hospital name] on 12/23/12 due to her refusing to eat or drink anything at the group home. [Client #8] was diagnoses (sic) with pneumonia and dehydration at the time of</p>	W000331	<p>Program Director will retrain staff on reporting and documentation procedures related to client health status changes. Home Manager will complete documentation review 3 times weekly for the next 30 days to include Daily support records and Medication administration records. Ongoing, Home Manager will complete documentation review per established frequency. If any issues are noted during medication pass, the Home Manager will report concerns to the Program Director and nurse and follow all instructions for retraining; which may be completed by Home Manager, Program Director or Program Nurse. If any issues are noted in the notes/reports, the Home Manager will report concerns to the Program Director and Program Nurse and follow all instructions for follow-up. Responsible Party: Program Director, Program Nurse, Home Manager Responsible Party: Program Director, Home Manager, Program Nurse</p>	05/29/2013			

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	<p>her admission...Dr's (doctors) at [hospital name] recommended...[client #8's] sister and guardian refused the treatments the Drs were recommending for [client #8] requesting that only comfort measures be taken with her. [Client #8] was made comfortable - however her condition continued to deteriorate and she passed away on 12/25/12 at 4:30 PM...."</p> <p>Client #8's records were reviewed on 04/23/13 at 10:01 AM and contained the following dated documents:</p> <p>12/14/12: Nurses notes indicated, "To group home to assess client's wound Rt (right) heel...."</p> <p>12/18/12: Nurses notes at 1:00 PM indicated, "TC (telephone call) to group home to check on client's status. RM [name] states that no change noted to client's heel wound...No other changes in client status per [HM]."</p> <p>12/18/12: Staff notes indicated, "[Client #8] very lethargic and cried lowly most of night...concern of dehydration - she's drinking very little. Lips & skin very dry & tenting (slow reaction of skin to return to normal position when pinched and released, indication of dehydration)...."</p> <p>12/19/12: Staff notes indicated, "[Client</p>			

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	<p>#8] was really tired and crying (although not loudly, more moaning)...rejected most goals...she's drinking very little. Expressed concern to RM (Residential Manager) when coming on shift."</p> <p>12/20/12: Nurses notes at 11:00 AM indicated, "TC to group home re: (regarding) status of client's wound and progress made to repair of W/C (wheelchair) lift...No changes in appearance of wound noted."</p> <p>12/20/12: Staff notes indicated, "[Client #8] whined most of the night...wouldn't sit up or open her eyes all night again...still not drinking much if any & little urine output - called RM & left message. She's been crying most of night."</p> <p>12/21/12: Staff notes indicated, "[Client #8] did not sleep all night. She slept at 2 AM...Rejected goals...Crying, moaning...seemed to be in discomfort... [Client #8] has been sleeping or sitting with eyes closed most of the week in the evening, very abnormal behavior I think."</p> <p>12/22/12: Nurses notes at 10:00 AM indicated, "TC received from [name], staff at group home, to report that client has a red area noted on her coccyx during shower this AM. She was instructed to</p>			

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	<p>keep client clean and dry...notify program nurse with any other issues or if area becomes open...."</p> <p>12/22/12: Staff notes indicated, "[Client #8] finally slept at 1 AM. She was whining...[Client #8] crying, moaning...not energy again today...rejected most goals...."</p> <p>12/23/12: Nurses notes at 3:00 PM indicated, "TC received call from [name], staff at [group home], to report that clients slow to respond, staff having difficulty with getting client to eat/drink/respond and they are sending her to [hospital name] for evaluation...."</p> <p>12/23/12: Staff notes indicated, "...Refused to open her mouth for any food...[Client #8] did not have a very good day, she was whining a lot, was not eating or drinking and acting very abnormal, was running a fever when it was decided to take her to ER at [hospital name]. She was very dehydrated & was running a fever & they could not get a good pulse & blood pressure was dropping while we were there & they...said there was fluid on the lungs from either pneumonia or asperation (sic)...She was admitted to the hospital."</p> <p>12/23/12: Nurses notes at 6:00 PM</p>			

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	<p>indicated, "TC received call from [name], staff at [group home], to report that client has been admitted to [hospital name] for dehydration and treatment of heel ulcer. TC made to client's sister, [name], to inform her of client status. She was at the hospital and had spoken with the physician...She was informed of difficulty staff has been having with getting client to eat and drink (sic)...."</p> <p>12/23/12: Hospital Record upon arrival to the ER indicated client #8's Temperature was 99.9, Blood Pressure was 101/61, Pulse was 100/minute and Respiratory Rate was 26/minute. The record indicated, "...hypotension (low blood pressure), shock/hypoxia (low oxygen to the body)...Impression and Plan: Sepsis (severe infection that has spread via the bloodstream), Pneumonia, Hypotension...."</p> <p>12/25/12: Hospital Record Death Summary indicated, "Date of Admission: 12/23/12. Date of Death: 12/25/12. Discharge Diagnoses: 1. Septic shock with pneumonia, acute renal failure, acute respiratory failure, hypernatremia (high sodium level)...2. Down syndrome with Alzheimer's dementia. 3. Seizure disorder. 4. Hypothyroidism (low thyroid). 5. Right heel and foot wounds...The patient is a [year-old]</p>			

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	<p>female with a past medical history significant for Down syndrome and Alzheimer's dementia, had become less responsive and had a fever at their extended-care facility. The patient was brought to [hospital] for further evaluation and was admitted for further care...The patient's sister decided that she would not wish to continue aggressive medical care. Since there had been no improvement and actually worsening clinical status, the decision was made to proceed with comfort care...The Chaplain was consulted, and the patient's sister called other family members to be at the bedside. The patient passed away on 12/25/12 with her family at bedside...."</p> <p>12/25/12: Staff notes indicated, "[Client #8] passed away at hospital."</p> <p>Client #8's record contained a Dehydration Protocol dated 04/02/12 which indicated, "Dehydration occurs when the client does not have adequate liquid intake. [Client #8] is at increased risk for dehydration because she has a decreased liquid intake, is not able to recognize that she is thirsty, is not able to get up and get herself a drink and is unable to request something to drink...If dehydration is suspected, keep a record of her fluid intake and a record of her urinary output. There are forms in the</p>						

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	<p>home for this purpose. She should be drinking at least 6-8 glasses of fluids every 24 hours. Notify the program nurse if she is not taking in at least 48 ounces of fluids every 24 hours, if she has a temperature elevation greater than 100 degrees, if she has nausea and vomiting, and/or diarrhea, if she is not voiding at least 5-6 times daily, change in level of consciousness, is difficult to arouse, and/or you suspect she has any other problems...." Client #8's record did not contain any Intake and Output records for the month of December 2012.</p> <p>On 04/24/13 at 3:30 PM an interview was conducted with the AD (Area Director). The AD indicated she had recently spoken to the RN (Registered Nurse) (who was not currently available). She indicated the RN's notes contained the information which the staff had relayed to her. The AD indicated that staff failed to inform the RN of client #8's medical decline regarding her intake of food and fluids, nor did the staff communicate to the RN client #8's decreased amount of urine or their concerns which they documented in their staff notes. The AD indicated the RN was only advised as to client #8's foot ulcer. The AD indicated in her conversation with the RN, the RN became aware of client #8's change in condition when she was notified on 12/23/12 the</p>			

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	<p>day client #8 was taken to the hospital. The AD indicated staff failed to timely notify the RN of client #8's medical condition and client #8 should have received medical care prior to the date she was admitted to the hospital.</p> <p>9-3-6(a)</p>				

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W000368	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #1), who takes medications prescribed by the physician, to administer medications as ordered.</p> <p>Findings include:</p> <p>On 04/16/13 at 10:15 AM a record review of the BDDS (Bureau of Developmental Disabilities Services) reports was completed and included the following medication errors:</p> <p>06/05/12: "Received new orders today via fax. Ray St. (street) group home called by center nurse for clarification of faxed orders. Spoke with [House Manager] at [phone number], who informed center nurse of order dated 5/7/12. Nurse @ (at) center did not receive order dated 5/7/12 therefore medication was administered per physician order center had on file. Medication was Dilantin (seizures) 100MG (milligram) Tab (tablet), take one tab by mouth @ 1400 (2:00 PM) each day. There has been no negative outcome to client.</p>	W000368	<p>Program Nurse will retrain staff on medication administration procedures and following orders as prescribed. Program Director will retrain Home Manager on sending new medication orders for the clients to the pharmacy. Program Director and Home Manager will complete medication administration observations 3 times weekly for the next 30 days. Ongoing, Home Manager will complete medication administration observations per established frequency for observations. If any issues are noted during medication pass, the Home Manager will report concerns to the Program Director and nurse and follow all instructions for retraining; which may be completed by Home Manager, Program Director or Program Nurse. Home Manager will complete documentation review 3 times weekly for the next 30 days. Ongoing, Home Manager will complete documentation review per established frequency. If any issues are noted in the notes/reports, the Home Manager will report concerns to the Program Director and Program Nurse and follow all instructions for follow-up. Responsible Party: Program Director, Program</p>	05/29/2013

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	<p>Center nurse spoke to group home nurse [name]. Group home to fax future orders to nurse at Day Program. Nurse at day program to acknowledge receipt of orders via signature and fax back to Group Home."</p> <p>06/20/12: "It was reported on 6/25/12 by the Residential RN (Registered Nurse), [name], that there was a medication error on 6/21/12-6/24/12 of [client #1's] Dilantin. Lab results were faxed to the Neurologist on 6/20/12 showing that her Dilantin levels were low at current dosage of 100mg BID (twice daily). The Neurologist faxed back an order increase of 100mg BID and 60mg HS (bedtime), but sent it to a fax number that is not normally used to receive faxes for the group home. [Client #1] had a seizure 6/23/12 and it was reported to the Neurologist. The Neurologist responded via fax on 6/24/12 reporting that an increase was ordered 6/20/12 and still recommends that dosage. The residential RN varified (sic) that a change was made to the Dilantin dosage on 6/25/12. There were no injuries or concerns as a result of the seizure that occurred on 6/23/12. Fax sheets will be updated with the group home phone numbers so that further faxes are not mistakenly sent to the wrong location. Staff will continue to monitor the client's health and safety. All MD</p>		Nurse, Home Manager Responsible Party: Program Nurse, Program Director, Home Manager	

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	<p>(Medical Doctor) orders will be followed."</p> <p>07/02/12: "The Residential RN was completing a medication review when it was noted that there was a medication error for [client #1]. On 7/2/12, [client #1] did not receive her 8pm dose of Clanazapam (sic) 0.5mgHS (sic) which used (sic) to assist with agitation related to her dementia. Staff was retrained on medication administration. The prescribing MD will be notified. Staff will continue to monitor the client's health and safety."</p> <p>On 04/24/13 at 3:30 PM an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated medications that are not given as prescribed are considered medication errors as staff are not following the physician's orders.</p> <p>9-3-6(a)</p>				

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W000369	<p>483.460(k)(2) DRUG ADMINISTRATION</p> <p>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 interview for 1 of 15 medication doses administered at the 5:00 PM medication administration, the facility failed to ensure staff administered client medication (client #5), as ordered without error.</p> <p>Findings include:</p> <p>Observations were conducted in the facility on 04/16/13 from 4:30 PM until 6:00 PM. At 5:08 PM, staff #1 prepared and administered client #5's medications in applesauce. Staff #1 poured clear liquid from a pitcher and assisted client #5 to drink the liquid.</p> <p>On 04/16/13 at 5:10 PM a review of the April 2013 MAR (Medication Administration Record) was conducted. The MAR indicated the following order: "Thick-It Pow[der] Original; Mix with all fluids until honey consistency."</p> <p>On 04/16/13 at 5:12 PM an interview was conducted with staff #1. Staff #1 indicated the clear liquid in the pitcher was tap water. She indicated the MAR had an order for Thick-It and she failed to</p>	W000369	<p>Program Nurse will retrain staff on medication administration procedures and following orders as prescribed; including diet modifications. Program Director and Home Manager will complete medication administration observations 3 times weekly for the next 30 days. Ongoing, Home Manager will complete observations per established frequency for observations. If any issues are noted during medication pass, the Home Manager will report concerns to the Program Director and nurse and follow all instructions for retraining; which may be completed by Home Manager, Program Director or Program Nurse. Home Manager will complete documentation review 3 times weekly for the next 30 days. Ongoing, Home Manager will complete documentation review per established frequency. If any issues are noted in the notes/reports, the Home Manager will report concerns to the Program Director and Program Nurse and follow all instructions for follow-up. Responsible Party: Program Director, Program Nurse, Home Manager</p> <p>Responsible Party: Program</p>	05/29/2013

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	<p>thicken client #5's water to a honey consistency.</p> <p>On 04/24/13 at 3:30 PM an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated medications that are not given as prescribed are considered medication errors as staff are not following the physician's orders. She further indicated client #5 should always have her liquids thickened.</p> <p>9-3-6(a)</p>		Nurse, Home Manager, Program Director		

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, interview and record review for 1 of 2 clients (client #3), who wore glasses, the facility failed to ensure and/or train client #3 to use her eyeglasses. The facility also failed for 1 of 1 client (client #1) who wore a gait belt, to ensure client #1's gait belt was used when ambulating.</p> <p>Findings include:</p> <p>1. Observations were conducted in the facility on 04/16/13 from 4:30 PM until 6:00 PM and on 04/17/13 from 6:40 AM until 8:30 AM. During both observations client #3 was not wearing eyeglasses nor were any verbal prompts made to client #3 to put on her eyeglasses.</p> <p>Client #3's record was reviewed on 04/17/13 at 2:41 PM. Client #3's vision examination dated 01/13/13 indicated client #3 was prescribed an updated prescription for her glasses. Client #3's 08/10/12 ISP (Individual Support Plan) did not indicate a formal training</p>	W000436	<p>Area Director will retrain Program Director on creating training goals to address client needs. Program Director will create a goal for client #3 to address the use of glasses Program Director will retrain staff on client #3 adaptive equipment goal. Program Nurse will review and update ambulatory protocol for client #1 (if needed) to include the way the gait belt is to be used. Program Director will retrain staff on the ambulatory protocol for client #1. Home Manager will complete observations 3 times weekly for 30 days to ensure implementation of client protocols Ongoing, Home Manager will complete observations per establish frequency of observations. Responsible Party: Program Director, Program Nurse, Home Manager</p>	05/29/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G435	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/29/2013
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NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4155 RAY ST INDIANAPOLIS, IN 46241
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	<p>objective for wearing the eyeglasses.</p> <p>On 04/24/13 at 3:30 PM an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated client #3 often refused to wear her glasses. She indicated her ISP did not contain any formal training in this area.</p> <p>2. Observations were conducted in the facility on 04/16/13 from 4:30 PM until 6:00 PM and on 04/17/13 from 6:40 AM until 8:30 AM. During the observation times client #1 was observed to be wearing a gait belt and ambulated with staff by her side. During both observations staff (staff #1, #2 and #3) failed to hold onto the gait belt when they were assisting client #1 to ambulate.</p> <p>Client #1's record was reviewed on 04/17/13 at 10:11 AM. Client #1's record contained and Occupational Therapy (OT) Evaluation dated 08/17/12. The OT evaluation indicated, "...Hands on gait belt to walk..." Client #1's ISP dated 09/02/12 indicated client #1 was at risk for falls and her protocols included, but were not limited to the following: Gait Belt Protocol and Fall Risk Protocol dated 09/03/11. The Gait Belt Protocol dated 09/03/11 indicated, "Client unsteady, needs assistance with ambulation.</p>			

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	<p>Encourage and remind client that gait belt and assistance is needed. Always use gait belt when walking with, or transferring client...to provide a strong anchor for staff to grasp and to prevent client and staff injury while assisting client...PT evaluation as needed."</p> <p>On 04/24/13 at 3:30 PM an interview was conducted with the QIDP (Qualified Intellectual Disabilities Professional). The QIDP indicated client #1 was at risk for falls and staff were to use a gait belt to assist with her ambulation.</p> <p>9-3-7(a)</p>			