

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G343	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/10/2015
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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4312 W HUMMINGBIRD WAY MUNCIE, IN 47304
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W 0000 Bldg. 00	<p>This visit was for an annual recertification and state licensure survey. This visit included the investigation of complaint #IN00175284.</p> <p>Complaint #IN00175284: Substantiated, no deficiencies related to the allegation were cited.</p> <p>Dates of Survey: June 22, 23, 24, 25, 30, July 1, 2, 6, 7, 8, 9 and 10, 2015.</p> <p>Facility number: 000859 Provider number: 15G343 AIM number: 100244170</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p>	W 0000		
W 0100 Bldg. 00	<p>440.150(c) ICF SERVICES OTHER THAN IN INSTITUTIONS "Intermediate care facility services" may include services in an institution for the mentally retarded (hereafter referred to as intermediate care facilities for persons with mental retardation) or persons with related conditions if: (1) The primary purpose of the institution is to provide health or rehabilitative services for mentally retarded individuals or persons with</p>			

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

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

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	<p>related conditions; (2) The institution meets the standards in Subpart E of Part 442 of this Chapter; and (3) The mentally retarded recipient for whom payment is requested is receiving active treatment as specified in §483.440. Based on observation, interview and record review, the facility failed to meet the Condition of Participation of Active Treatment Services for four of four sampled clients. (clients #1, #2, #5 and #8).</p> <p>Findings include:</p> <p>The facility failed to meet the Condition of Participation: Active Treatment Services. The facility failed to functionally assess skills and training needs for four of four sampled clients (clients #1, #2, #5 and #8). The facility failed to develop training plans to address assessed needs. The facility failed to consistently implement individual support plans and failed to collect data as required by those plans. The facility failed to assure the active treatment services and supports were monitored, coordinated and revised by a Qualified Intellectual Disabilities Professional based on accurate analysis of data. Please see W195.</p>	W 0100	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Functional Assessments updated by QIDP for Clients 1, 2, 5 and 8. · Day Service functional assessments will be completed for clients attending IN Mentor's day program. · ISP updated based on updated functional assessment by QIDP for Clients 1, 2, 5 and 8. · Programming revised and implemented based on updated functional assessments and updated ISPs by QIDP for Clients 1, 2, 5 and 8. · Data collected on current programs and necessary revisions completed by QIDP for Clients 1, 2, 5 and 8. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · Functional assessments of all clients at site reviewed and updated by QIDP. · Day Service functional assessments will be completed for clients 1, 3, 5 and 8. · ISPs of all clients at site 	08/09/2015			

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			<p>reviewed and updated by QIDP.</p> <ul style="list-style-type: none"> · Programming of all clients at site reviewed and revised as necessary for all clients at site by QIDP. · Data collection of all clients completed by QIDP. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with QIDP regarding ISP process, including completing functional assessment, creating outcomes in ISP consistent with assessed needs, implementation of programs/goals based on outcomes from the ISP, collecting data and revision of programs/goals based on client success. · Development and Implementation of Active Treatment Checklist for QIDP to ensure all components of annual ISP are accomplished within time frames identified. · Development and Implementation of Monthly Checklist for QIDP to track that all monitoring of programs/goals has been completed. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Area Director will review all monthly checklists regarding monitoring of programs to ensure 	

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W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met. Based on observation, interview and record review, the facility failed to meet the Condition of Participation: Governing Body and Management by failing to exercise operating direction over the facility and by not meeting the requirements for the Condition of Participation: Active Treatment Services. This failure potentially affected 4 of 4 sampled clients (clients #1, #2, #5 and #8) and 4 of 4 additional clients (clients #3, #4, #6 and #7) who lived in the facility.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general direction in a manner which</p>	W 0102	<p>that programs are implemented and consistent with needs of clients.</p> <ul style="list-style-type: none"> Program Director/QIDP will complete monthly supervisory visits and review of documentation for the site. This review includes review of the formal programming and ISP. <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 9, 2015</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> Protocol developed for assessment of maintenance needs of site. Maintenance form created and implemented for communication with maintenance department regarding maintenance needs of the site. Daily duty sheet developed for on-site staff to utilize as a checklist for cleaning expectations of site. Development and Implementation of Active Treatment Checklist for QIDP to ensure all components of annual ISP are accomplished within time frames identified. Development and Implementation of Monthly Checklist for QIDP to track that all 	08/09/2015	

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	<p>resulted in the facility being clean and well maintained for 4 of 4 sampled clients (clients #1, #2, #5 and #8) and 4 of 4 additional clients (clients #3, #4, #6 and #7) who lived in the facility. Please see W104.</p> <p>2. The governing body failed to meet the Condition of Participation: Active Treatment Services for 4 of 4 sampled clients (clients #1, #2, #5 and #8). The governing body failed to functionally assess skills and training needs. The governing body failed to develop training plans to address assessed needs. The governing body failed to consistently implement individual support plans and did not collect data as required by those plans. The governing body did not assure the active treatment services and supports were monitored, coordinated and revised by a Qualified Intellectual Disabilities Professional based on accurate analysis of data. Please see W195.</p> <p>9-3-1(a)</p>		<p>monitoring of programs/goals has been completed.</p> <ul style="list-style-type: none"> · Functional Assessments updated by QIDP for Clients 1, 2, 5 and 8. · Day Service functional assessments will be completed for clients 1, 2, 5 and 8. · ISP updated based on updated functional assessment by QIDP for Clients 1, 2, 5 and 8. · Programming revised and implemented based on updated functional assessments and updated ISPs by QIDP for Clients 1, 2, 5 and 8. · Data collected on current programs and necessary revisions completed by QIDP for Clients 1, 2, 5 and 8. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All clients have been affected by this deficient practice. · Functional assessments of all clients at site reviewed and updated by QIDP. · Day Service functional assessments will be completed for clients 1, 3, 5 and 8. · ISPs of all clients at site reviewed and updated by QIDP. · Programming of all clients at site reviewed and revised as necessary for all clients at site by QIDP. 	

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			<ul style="list-style-type: none"> · Data collection of all clients completed by QIDP. · Daily duty sheet developed for on-site staff to utilize as a checklist for cleaning expectations of site. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with QIDP regarding ISP process, including completing functional assessment, creating outcomes in ISP consistent with assessed needs, implementation of programs/goals based on outcomes from the ISP, collecting data and revision of programs/goals based on client success. · Training with Program Coordinator regarding oversight of environment needs of the house. · Training with Program Coordinator and Program Director Maintenance Protocol and reporting of maintenance concerns as well as follow-up maintenance concerns not addressed. · Training with support staff regarding reporting of maintenance needs and ensuring cleanliness of house. · Training with support staff regarding daily duty sheet and documentation of tasks completed. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p>		

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			<ul style="list-style-type: none"> · Area Director will review all monthly checklists regarding monitoring of programs to ensure that programs are implemented and consistent with needs of clients. · Program Coordinator will perform daily walk-throughs in house to ensure cleanliness of site and to ensure all maintenance issues have been addressed; and to assess if any new maintenance issues need to be addressed. · Program Director will perform and document and environmental assessment of site. · Area Director will review all documentation regarding environmental assessments of Program Director. · Quarterly Health and Safety Assessments of site will be completed and reviewed by Program Director and Program Coordinator. · Quality Assurance Specialist will review all Quarterly Health and Safety Assessments to ensure all environmental and maintenance issues have been addressed. · Area Director will review all monthly checklists regarding monitoring of programs to ensure that programs are implemented and consistent with needs of clients. <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 9, 2015</p>	

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W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, interview and record review, the governing body failed to provide operating direction, oversight and training which resulted in the group home being maintained in good condition and staff having access to the resources needed to assure the provision of active treatment based on individually assessed needs and interests. The governing body failed to develop and implement a system which reported, recorded and resolved maintenance issues, including van maintenance, to assure individuals were provided transportation to day programs, medical appointments and community activities. These failures potentially affected 4 of 4 sampled clients (clients #1, #2, #5 and #8) and 4 of 4 additional clients (clients #3, #4, #6 and #7) who lived in the facility.</p> <p>Findings include: During observations at 3:10 P.M. on 6/22/15, many areas of the group home were noted to be in need of repair. The overall condition of the facility appeared unkempt. At 4:45 PM, the House Manager was asked to contact the Qualified Intellectual Disabilities Professional #1 and Area Residential</p>	W 0104	<p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Protocol developed for assessment of maintenance needs of site. · Maintenance form created and implemented for communication with maintenance department regarding maintenance needs of the site. · Protocol developed for ensuring clients are able to access transportation during maintenance and repairs of vehicle assigned to site. · Daily duty sheet developed for on-site staff to utilize as a checklist for cleaning expectations of site. · Development and Implementation of Active Treatment Checklist for QIDP to ensure all components of annual ISP are accomplished within time frames identified. · Development and Implementation of Monthly Checklist for QIDP to track that all monitoring of programs/goals has been completed. · Replace chipped tiles in all areas of house. · Strip and wax floors in all areas of house. · Replace and repair siding on front of house. · Repair and paint front door of 	08/09/2015			

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	<p>Director and request that they come to the facility.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) #1 arrived at the facility at 5:15 P.M. on 6/22/15. The Area Residential Director arrived at the facility at 5:21 P.M. on 6/22/15, at which time the Area Residential Director (ARD) and the Qualified Intellectual Disabilities Professional (QIDP) #1 accompanied the surveyors on a room by room review of the status of the home as well as a review of the outside areas of the home. The ARD indicated the floors throughout the house had not been stripped and waxed in over a year. After going through the house and having the concerns pointed out, the ARD provided instruction to staff and resources to begin to address the concerns including replacing the covers over the electrical outlets and removing the oxygen cylinders and the broken bed frame and torn recliner from the residence to reduce the risk to clients.</p> <p>The Front of the Home and the Front Door:</p> <p>There was a piece of siding, twelve feet long, which had come off of the boards leading to the gable on the front of the house. The piece of siding was lying on</p>		<p>house.</p> <ul style="list-style-type: none"> · Replace light fixture in front entryway of house. · Replace or repair carpet in living room of house. · Clean all appliances in house. · Clean all cabinets, drawers, etc. in house. · Replace damaged ceiling tiles in half bath. · Assess roof for any leaks. · Clean window sills in all rooms. · Replace or repair any closet doors that need to be replaced or repaired. · Clean all air vents in house. · Replace commode seat in north bathroom. · Replace caulking in south bathroom. · Ensure vent line to dryer is secured and is in good working order (no gaps or holes, tears, etc.). · Repair door on laundry room to ensure that it closes properly. · Medication administration will be relocated to a room where humidity is not an issue in terms of medication storage. · Repair the wall in the laundry room that has a hole present. · Repair the wall in Client 1 and 7's bedroom. · Replace door trim on the door of Client 1 and 8's bedroom. · Repair mopboard in Client 6 and 8's bedroom. · Paint back door. · Clean up back yard area and ensure that all trash is removed. 		

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	<p>the ground in front of the home.</p> <p>The front door paint was chipped and peeling in several places. The bottom of the front door was damaged. There were dirt and debris present in and around the concrete slab which led to the front door.</p> <p>Front Entrance and Living Room:</p> <p>The floor covering in the front entrance hallway was twelve inch tiles. The floor was dull in appearance and there were dirt and debris which appeared to be bits of paper, particles of a substance which appeared to be Styrofoam-like and significant amounts of dust and what appeared to be hair along the edges of the floor. The tiles butting up to the threshold were chipped. The light fixture in the entryway ceiling was a bare bulb with the glass cover missing.</p> <p>The floor covering in the living room was a dark green carpet. The carpet had a visible line which appeared to be a seam which had come loose resulting in fraying along the length of the carpet seam near the west wall of the living room.</p> <p>Dining Room/Kitchen:</p> <p>The floor covering in the dining room</p>		<p>Ensure that any items impeding evacuation process are removed and placed in a place that does not impede the evacuation of clients from the home during an emergency situation.</p> <ul style="list-style-type: none"> · Ensure hand soap is present in all bathrooms. · A vehicle was brought to the home to use for transport until the van for the site was repaired. · The van for the site has been repaired. · The routine vehicle maintenance was reviewed with the Program Coordinators. · Clients #1, 4, 6, and 8 are all attending day services again. · Client #2's pulmonary appointment was rescheduled. · Client #3's gynecologist appointment was rescheduled. · Client #5's ENT appointment was rescheduled. · Client #6's ENT appointment was rescheduled. <p>2. How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All clients have been affected by this deficient practice. · Training with Program Coordinator regarding oversight of environment needs of the house. · Training with Program Coordinator and Program Director Maintenance Protocol and reporting 		

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	<p>and kitchen was twelve inch tiles. The floor was dull in appearance and there was dirt and debris which appeared to be food particles, dust and bits of what appeared to be paper along the edges of the wall. The floor had three places where the tiles were damaged and cut. The damaged areas were black in color. The interior of the refrigerator had evidence of spills, including pieces of shredded cheese. The air flow grate attached to the bottom of the refrigerator was clogged with dust and other debris. The drawer used to store the silverware had visible particles of what appeared to be dried food and other substances which had been spilled and had dried on the bottom of the drawer. The electric stove top had significant amounts of dark brown dried substance which appeared to be grease around all four coil-type burners which resulted in smoke being produced when a cooking pot was placed on a burner to heat. The oven had evidence of significant spills which had dried and appeared to be burned onto the metal surface of the oven. There was what appeared to be particles of cereal present on all shelves used as a food pantry.</p> <p>Half-Bath Adjacent to Kitchen:</p> <p>The ceiling in the half-bath had evidence</p>		<p>of maintenance concerns as well as follow-up maintenance concerns not addressed.</p> <ul style="list-style-type: none"> · Training with support staff regarding reporting of maintenance needs and ensuring cleanliness of house. · Training with support staff regarding daily duty sheet and documentation of tasks completed. · The routine vehicle maintenance was reviewed with the Program Coordinators. · Development and Implementation of Active Treatment Checklist for QIDP to ensure all components of annual ISP are accomplished within time frames identified. · Development and Implementation of Monthly Checklist for QIDP to track that all monitoring of programs/goals has been completed. <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with Program Coordinator regarding oversight of environment needs of the house. · Training with Program Coordinator and Program Director Maintenance Protocol and reporting of maintenance concerns as well as follow-up maintenance concerns not addressed. 				

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	<p>of water damage above the sink. The damaged part of the ceiling was discolored and appeared to have mold and/or mildew present. The trash can in the bathroom had a step-on opener which was not functional. The trash can was rusty and had significant amounts of debris stuck to the sides.</p> <p>The floor covering in the half-bath was twelve inch tiles. The floor was dull in appearance and there was dirt and debris particularly in the corners and behind the door. The area around the commode was discolored and darker in color than the rest of the floor.</p> <p>The Bedroom Used By Client #3 and Client #5:</p> <p>Client #5's bed frame was leaning against the north wall of her bedroom. Her mattress, which had a noticeable smell of urine, was atop the bedsprings sitting on the floor. Direct support staff #2 reported on 6/22/15 at 3:50 P.M. the bed frame was broken "a few months ago" and had been leaning in the corner at least since January 2015.</p> <p>The left arm of the large recliner belonging to Client #5 had a tear approximately six inches wide with visible stuffing sticking up from the</p>		<ul style="list-style-type: none"> · Training with support staff regarding reporting of maintenance needs and ensuring cleanliness of house. · Training with support staff regarding daily duty sheet and documentation of tasks completed. · The routine vehicle maintenance was reviewed with the Program Coordinators. · Development and Implementation of Active Treatment Checklist for QIDP to ensure all components of annual ISP are accomplished within time frames identified. · Development and Implementation of Monthly Checklist for QIDP to track that all monitoring of programs/goals has been completed. <p>4. How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Program Coordinator will perform daily walk-throughs in house to ensure cleanliness of site and to ensure all maintenance issues have been addressed; and to assess if any new maintenance issues need to be addressed. · Program Director will perform and document and environmental assessment of site. · Area Director will review all documentation regarding environmental assessments of Program Director. · Quarterly Health and Safety 				

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	<p>fabric.</p> <p>There were three broken electrical outlet covers which had missing pieces of plastic.</p> <p>At the foot of the bed used by Client #3 there was an oxygen cylinder leaning against the wall. The cylinder was covered with dust and debris and the direct support staff #2 working in the home reported on 6/22/15 at 3:55 P.M. "It came with her when she moved." The oxygen cylinder was not secured in any fashion.</p> <p>Client #3's oxygen tubing and nasal cannula were laying on the floor under client #3's bed. There was a significant amount of debris and dust on the floor under the bed.</p> <p>Significant amounts of dust and debris including dead flies and other insects were present on the window sills and in the window tracks in this bedroom.</p> <p>One of the closet doors had been replaced and did not match the other closet door. This resulted in the closet doors being very tight and difficult to open and shut.</p> <p>The ceiling return air vent was obstructed with significant amounts of dust and</p>		<p>Assessments of site will be completed and reviewed by Program Director and Program Coordinator.</p> <ul style="list-style-type: none"> · Quality Assurance Specialist will review all Quarterly Health and Safety Assessments to ensure all environmental and maintenance issues have been addressed. · Area Director will review all monthly checklists regarding monitoring of programs to ensure that programs are implemented and consistent with needs of clients. <p>5. What is the date by which the systemic changes will be completed?</p> <p>August 9, 2015</p>		

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	<p>other debris.</p> <p>The floor covering in this bedroom was twelve inch tiles. The floor was dull in appearance and there was dirt and debris particularly in the corners of the room, under the beds, inside the closet and behind the door.</p> <p>The Bedroom Used By Client #2 and Client #4:</p> <p>The floor covering in this bedroom was twelve inch tiles. The floor was dull in appearance and there was dirt and debris particularly in the corners of the room, under the beds, inside the closet and behind the door.</p> <p>Significant amounts of dust and debris including dead flies and other insects were present on the window sills and in the window tracks in this bedroom.</p> <p>The return air vent installed in the ceiling of this room was obstructed with significant amounts of dust and other debris.</p> <p>An oxygen cylinder was on the floor under Client #4's bed. The oxygen canister was covered with dust and not secured in any manner. Also under the bed was a foam wedge pillow covered</p>			
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	<p>with dust and other debris including hair. There were articles of clothing such as socks as well as bits of paper, and what appeared to be pieces of art and craft items underneath the bed.</p> <p>Client #2's and client #4's CPAP (continuous positive airway pressure) masks were laying on the floor beside/under their beds. There was dirt and debris on the floor and under the beds. Both CPAP masks were darkened in color and visibly soiled as indicated on 6/22/15 at 5:20 P.M. by the QIDP stating "doesn't appear to be clean," and the ARD stating "they are to be cleaned daily and recorded on the MAR (medication administration record)."</p> <p>North Bathroom:</p> <p>This bathroom had twelve inch ceramic tiles installed on the walls of the roll-in shower, on the floor and four inch tiles were installed where the walls met the floor to create a tile edge near the floor. The tile edge piece adjacent to the floor nearest the shower was missing and the sheet rock to which the tile had been affixed was wet and discolored with what appeared to be mold, mildew and other debris of unknown dark substance. There was no hand soap at the hand washing sink. There were smears of a dark brown</p>			

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	<p>substance on the base of the commode and the tile behind the commode had significant amounts of dust and other debris including what appeared to be bits of toilet tissue and substances in the corner that could not be identified. The surface of the commode seat was scratched and there was brown and yellow substance on the underneath side of the commode seat. The commode seat was not fastened securely and moved when touched.</p> <p>South Bathroom:</p> <p>This bathroom had twelve inch ceramic tiles installed on the floor and smaller tiles installed where the walls met the floor. There was a bathtub in this room. The caulking around the tub was missing in two places, one of which was approximately six inches in length. There was dark brown substance around the edge of the tub where the caulking was installed which appeared to be mold and/or mildew. The caulking around the base of the tub, between the tub and the tile, was discolored and appeared to have mold and/or mildew particularly at the corners of the tub.</p> <p>The commode in this bathroom was not secured resulting in the commode moving approximately two to three</p>			

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	<p>inches to the right and/or to the left.</p> <p>There were smears of a dark brown substance on the base of the commode and the tile behind the commode had significant amounts of dust and other debris including what appeared to be bits of toilet tissue and substances in the corner which could not be identified. The commode seat was not fastened securely and moved when touched. Significant amounts of what appeared to be feces and dried urine were present on the underneath side of the commode seat. The plastic "stops" on the underneath side of the commode seat were broken.</p> <p>The exhaust vent in the ceiling appeared to have significant amounts of rust and was obstructed with dust and other debris of unknown substance.</p> <p>Laundry/Medication Room:</p> <p>The Laundry Room included a washer and dryer. There was significant amount of dryer lint on the wall behind the washer and dryer. The dryer was vented through the ceiling via a series of aluminum pipes secured together. The portion of the vent system immediately above the dryer had a narrow gap in the back identified by the ARD as the possible source of the significant amount of lint on the walls.</p>			

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	<p>The door to this room did not close properly and there was a round hole in the wall which appeared to have been caused by a door knob. There was no evidence a repair had been attempted to close the hole that went completely through the sheet rock.</p> <p>The floor covering in this room was twelve inch tiles. The floor was dull in appearance. A floor drain was present in the middle of the room and appeared to have mold and/or mildew around the metal drain cap. There was lint and dust on all walls and baseboards of this room.</p> <p>There was no device installed which identified the temperature and/or humidity in this room although typical kitchen cabinets and a typical metal filing cabinet were used to store medications given to clients. The provider did not maintain a record of heat and humidity in this room and it was, therefore, impossible to determine if the medications given to clients were stored under proper heat and humidity parameters.</p> <p>The Bedroom Used By Client #1 and Client #7:</p> <p>The floor covering in this bedroom was</p>			

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	<p>twelve inch tiles. The floor was dull in appearance and there was dirt and debris particularly in the corners of the room, under the beds, and behind the door. The tiles were broken next to the wall at the foot of Client #7's bed.</p> <p>The surface of the wall adjacent to the closet was damaged especially at the corners and the metal corner protectors installed over the sheet rock were exposed.</p> <p>The exhaust vent in the ceiling appeared to have significant amounts of rust and appeared obstructed with dust and other debris of unknown substance.</p> <p>Significant amounts of dust and debris including dead flies and other insects were present on the window sills and in the window tracks in this bedroom.</p> <p>The Bedroom Used By Client #6 and Client #8:</p> <p>The floor covering in this bedroom was twelve inch tiles. The floor was dull in appearance and there was dirt and debris particularly in the corners of the room, under the beds, and behind the door. One side of the door trim on the bedroom entrance door was broken and missing approximately 30 inches from the floor.</p>			

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	<p>The inside of one of the hollow core doors used as closet doors had two round holes which created a splinter hazard.</p> <p>The mopboard affixed to the wall near the closet was loose and pulled away from the wall.</p> <p>The exhaust vent in the ceiling appeared to have significant amounts of rust and appeared obstructed with dust and other debris of unknown substance.</p> <p>Significant amounts of dust and debris including dead insects were present on the window sills and in the window tracks in this bedroom.</p> <p>Back Door, Patio and Back Yard:</p> <p>The tiles butted up to the interior threshold of the back door were broken in at least three places. The back door had visible rust near the bottom of the door.</p> <p>Immediately outside the back door was a wooden chair. One of the planks of the wooden chair was not secured and was approximately six inches forward from the back of the chair seat.</p> <p>There was a mop bucket and wringer on the concrete patio slab. The mop bucket</p>			

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	<p>was turned upside down and placed near the glider on the northeast corner of the patio. A protective mat, generally used to protect chairs by people with incontinence, was over the top of the mop bucket. A string mop leaned against the back of the house with the mop string on the concrete. The mop head appeared to be wet as evidenced by the water mark on the concrete. There were two wet towels on the concrete slab. There were two propane grills, one placed on the concrete patio slab and one placed behind the grill located on the patio slab.</p> <p>There was a brick pathway leading from the concrete patio slab to a partially fenced area designated as the "safe area" when evacuation drills were practiced. There were discarded mops and brooms, a large rolling cooler with a broken lid and a large plastic tub with a cracked lid in the area identified as the "safe area." The cup holders on the large cooler held standing water. The large tub, used to store "ice melt," was half full of water and the ice melt product was half submerged.</p> <p>During an interview at 1:53 PM on 6/23/15, the ARD indicated the system in place to identify, report and resolve maintenance and cleanliness issues had failed at this group home. The ARD</p>			

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	<p>stated, "the system hinged on the House Manager identifying and reporting the concerns so they could be addressed." The ARD indicated there was no system consistently used to record, report and resolve maintenance issues. According to the ARD, sometimes the concerns were "called in" and sometimes emails were written identifying the concerns. The ARD indicated the facility had not developed and implemented a system which resulted in this home being clean and well maintained.</p> <p>During observations beginning at 3:10 P.M. on 6/22/15, upon arrival to the home clients #1, #4, #6 and #8 were at the home. They were seated in the living room; the TV was on in the room, but none of the ladies appeared to be interested or involved in the show. The Home Manager (HM) indicated the ladies had been home that day due to home's van not being available due to maintenance issues. Client #1 was seated in her wheelchair without activity. Client #4 was seated in a recliner with her feet elevated and she had her eyes closed. Client #8 was seated tailor fashion (yoga position with legs crossed) on the sofa. She had a Frisbee which she manipulated from mouthing it to tapping it on her head, face, thigh and the floor. Client #6 was able to ambulate and move freely</p>			

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	<p>around the home independently.</p> <p>The HM was interviewed on 6/22/15 at 3:18 P.M. The HM stated "The group home van is in the shop. It has been there for awhile. The part was due in on Wednesday (6/17/15). The ladies who attend workshop are picked up by another group home van and transported each day, but the ladies who attend the day program in [name of town] can't get to day services (clients #1, #4, #6 and #8). We really haven't been able to do any thing, a lot of company vans are down."</p> <p>Client #4 was interviewed on 6/22/15 at 3:20 P.M. When asked what she did today, client #4 stated "Nothing."</p> <p>The HM stated on 6/22/15 at 3:21 P.M. "[client #4] would prefer to go to the day program, but my hands are really tied due to the van."</p> <p>During a confidential interview it was indicated clients had been missing medical appointments due to the group home not having access to a van.</p> <p>An interview was conducted with the Area Residential Director (ARD) on 6/24/15 at 10:00 A.M. The ARD indicated the van had been out of use since 6/11/15. The ARD indicated the</p>				

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W 0111 Bldg. 00	<p>facility provided routine preventative maintenance on the group home vans, but no longer had any extra vans which could be allocated when/if a van was in need of repairs. The ARD indicated some of the client's medical appointments had been missed in addition to clients #1, #4, #6 and #8 not being able to attend their day programing since the van had been out of use (6/11/15).</p> <p>The schedule for the current medical appointments including the appointments for the past month was reviewed on 6/24/15 at 10:00 A.M. The schedule indicated client #2 had missed a pulmonary appointment, client #3 had missed an appointment with her gynecologist, client #5 had missed an appointment with the ENT (ear nose and throat) and client #6 had missed an appointment with an ENT. The ARD indicated the clients had missed the appointments as scheduled.</p> <p>9-3-1(a)</p> <p>483.410(c)(1) CLIENT RECORDS</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>Based on interview and record review,</p>	W 0111	1.What corrective action will be	08/09/2015	

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	<p>the facility failed to maintain a record keeping system that documented the clients' information and was functionally accessible for their employees and did not impede the survey process for four of four sampled clients. (clients #1, #2, #5 and #8)</p> <p>Findings include:</p> <p>The facility utilized an electronic record keeping system (Therap). Employees in the home pass medications via an EMAR (electronic medication administration record), wrote daily notes (meaningful day and end of shift reports, and documented incident and accidents GERS (general event reports). These documents were not accessible for the survey process at the group home.</p> <p>On 6/22/15 at 12:50 P.M. at the opening of the survey, the following items, in addition to other needed items were requested, including Bureau of Developmental Disabilities Services Reports (BDDS) for the past three months, Incident and accident reports (GERs) for the past six months, and all investigations from the past year for any allegations of abuse, neglect, mistreatment and exploitation.</p> <p>The GER reports for the month of March</p>		<p>accomplished?</p> <ul style="list-style-type: none"> · System will be implemented to create easier access for staff in regard to client records and documentation. · Surveyor Profile for Therap will be updated to allow easier access for electronic files. · Paper files will be organized and accessible for the survey process. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All clients have been affected by this deficient practice. · Development of protocol regarding accessing electronic files. · Development of training protocol for staff's access to client files. · System will be implemented to create easier access for staff in regard to client records and documentation. · Surveyor Profile for Therap will be updated to allow easier access for electronic files. · Paper files will be organized and accessible for the survey process. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Development of protocol regarding accessing electronic files. 				

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	<p>2015 was received shortly. The remaining months of GER reports were not received until 6/24/15 at 9:00 A.M. One investigation report was received. The remaining investigation reports were not received until 6/24/15 at 9:00 A.M.</p> <p>Numerous items for client record reviews were requested on 6/25/15 and were not available for review for clients #1, #2, #5 and #8 or not available at all during the survey process.</p> <p>Throughout the survey process the surveyors repeatedly requested the items. Explaining if they could not have direct access to the Therap system, then it would be acceptable for a staff to sit with the surveyors and locate the forms on the computer for the surveyors to review. All items received were printed off by the facility at their discretion and by their choice. This process delayed the survey and did not insure the surveyors complete access to client records.</p> <p>The QIDP (qualified intellectual disabilities professional) indicated on 6/24/15 at 9:00 A.M. that the facility preferred to print off any documentation needed, and they did not have the manpower to allocate a staff to sit with the surveyors to locate the needed documentation.</p>		<ul style="list-style-type: none"> · Development of training protocol for staff's access to client files. · System will be implemented to create easier access for staff in regard to client records and documentation. · Surveyor Profile for Therap will be updated to allow easier access for electronic files. · Paper files will be organized and accessible for the survey process. · All current staff (DSPs, Program Director, Program Coordinator) will be trained on new protocols for access of client files. · All new staff (DSPs, Programs Directors, Program Coordinators) will be trained on protocol for access of client files. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · The Program Director, Program Coordinator and Nurse will monitor the client files to ensure they are complete and organized. · The Quality Assurance Specialist will monitor as they complete their survey audits to ensure the files are complete and organized. <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 9, 2015</p>				

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W 0136 Bldg. 00	<p>9-3-1(a)</p> <p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>Based on interview and record review, the facility failed to develop and implement a system which assured clients were involved in community activities based on interests and choices. This affected four of four clients in the sample and potentially all clients living at the group home (Clients #1, #2, #5 and #8).</p> <p>Findings include: During an interview on 6/22/15 at 4:09 P.M., the House Manager stated Client #8 and Client #1 had not participated in community activities "in a while." The House Manager indicated there had recently been mechanical issues with the van and, coupled with staff shortages, the clients did not often get to participate in community-based activities. The House Manager indicated Client #1 used a</p>	W 0136	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Clients 1, 2, 5 and 8's ISPs will be updated to reflect community interests. · Clients 1, 2, 5 and 8 will be provided opportunities in the community in accordance with interests identified in ISP. · An activity calendar will be posted in the home to reflect planned activities for the month. · All community activities will be documented in the Meaningful Day Log for the clients. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · ISPs for all clients at this site will be reviewed by the QIDP to ensure that they reflect community interests of those clients. · Activity calendar in home will reflect the interests and planned activities of all clients in the home. 	08/09/2015

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	<p>wheelchair for mobility at all times, and, while on shopping or recreational trips in the community, Client #8 and Client #4 also used wheelchairs. According to the House Manager, the residence was often "covered" with minimal level staffing, which the House Manager defined as two staff on duty. The House Manager indicated there was no way to take the eight clients living at the residence on group activities with only two staff due to the high level of their support needs. When asked if the clients were taken shopping individually or attended other community activities based on interest, the House Manager indicated although Client #2 sometimes attended events or ate a meal at a restaurant with a friend who also received supports from the provider but who lived in a different residence, the other clients did not. When asked if there was documentation of what activities Client #2 and/or the other clients attended in the past three months, the House Manager indicated there was not any documentation.</p> <p>An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 6/24/15 at 11:53</p>		<p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with QIDP regarding ISP process and components of the ISP to include identification of community interest for each client. · Training with Program Coordinator regarding implementation of activity calendar to reflect interests and activities of all clients. · Training with DSPs regarding community involvement as identified in each client's ISP. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · QIDP will review Meaningful Day Logs of each client weekly to ensure that activities are being offered and completed. · QIDP will review activity calendar for each month to ensure that activities are appropriate as outlined in each client's ISP. <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 9, 2015</p>		

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	<p>A.M. The QIDP stated the group home used an "activity calendar" to schedule upcoming events, however, information entered on the calendar did not include documentation of which clients attended the events listed on the calendar. The QIDP stated "the clients have a house meeting every month and [clients #2, #3 and #7] are able to tell the staff what they want to do." The QIDP stated, "They have to have three staff on weekends to have outings because the home has two to three people who are in wheelchairs." The QIDP indicated community outings had not been occurring regularly for the sampled clients (clients #1, #2, #5 and #8).</p> <p>During an interview on 6/24/15 at 9:00 A.M. the Area Residential Director indicated the facility did not have a system in place which documented each client's involvement in community-integrated activities.</p> <p>Record review for Client #1 was conducted at 3:50 P.M. on 6/23/15. The record did not include information about community-integrated activities attended by Client #1.</p> <p>Record review for Client #8 was</p>			

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W 0140 Bldg. 00	<p>conducted at 2:40 P.M. on 6/23/15. The record did not include information about community-integrated activities attended by Client #8.</p> <p>Record review for Client #2 was conducted at 2:54 P.M. on 6/23/15. The record did not include information about community-integrated activities attended by Client #2.</p> <p>Record review for Client #5 was conducted at 3:51 P.M. on 6/23/15. The record did not include information about community-integrated activities attended by Client #5.</p> <p>9-3-2(a)</p> <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. Based on record review and interview, the facility failed to maintain a system that assured a full and complete accounting of clients' personal funds for 4 of 4 sampled clients (clients #1, #2, #5 and #8) and 4 of 4 additional clients living in the home (clients #3, #4, #6 and #7).</p> <p>Findings include:</p>	W 0140	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Implementation of financial protocol during transition times (when someone responsible for finances leaves the home or is off work). · Training with the Program Director and Program Coordinator regarding the expectations of recording finances, ensuring they are kept current and auditing finances. 	08/09/2015

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	<p>Facility documentation including the internal investigation reports for abuse, neglect, exploitation and mistreatment for the past year were reviewed on 6/24/15 at 10:12 A.M. and indicated the following:</p> <p>"[Program Director (PD) #2], was completing August finance review for the [home name] on 10/7/14 when she found there was missing money." The facility's investigation summary indicated client #1 was missing \$10.00, client #2 was missing \$41.00, client #3 was missing \$40.00, client #4 was missing \$20.00, client #5 was missing \$8.98, client #6 was missing \$115.00, client #7 was missing \$39.73 and client #8 was missing \$110.00. The investigation conclusion indicated "Evidence does not support location of missing client funds. Evidence does not support any current staff have access to in-house client funds. Evidence does not support Program Directors [name of PD #3] and [name of PD #2] followed process of verifying count of residential funds. Evidence supports count of resident funds was not confirmed at times of supervisory transitions (Home Manager leaving, PD leaving, etc)."</p> <p>An interview was conducted with the Area Residential Director (ARD) on</p>		<ul style="list-style-type: none"> · Training with Program Director and Program Coordinator in regard to assuring finances are transitioned from one supervisor to another. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · All clients were affected by this deficient practice. · Implementation of financial protocol during transition times (when someone responsible for finances leaves the home or is off work). · Training with the Program Director and Program Coordinator regarding the expectations of recording finances, ensuring they are kept current and auditing finances. · Training with Program Director and Program Coordinator in regard to assuring finances are transitioned from one supervisor to another. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with Program Director and Program Coordinator in regard to assuring finances are transitioned from one supervisor to another. · Implementation of financial 				

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W 0149 Bldg. 00	6/24/15 at 1:10 P.M. The ARD stated "The financial process was not followed at each supervisory transition. The clients were paid back their missing funds within a week." The ARD indicated the staff did not follow the facility's protocol for exchanging responsibility of resident funds during several staff changes. 9-3-2(a) 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, the facility failed to ensure the staff followed their policy to maintain a system that assured a full and complete	W 0149	protocol during transition times (when someone responsible for finances leaves the home or is off work). · Training with the Program Director and Program Coordinator regarding the expectations of recording finances, ensuring they are kept current and auditing finances. 1.How will the corrective action be monitored to ensure the deficient practice does not recur? · During transition times, Program Director will review finances with Program Coordinator to ensure that balances are correct and match cash on hand and savings account balance. · Documentation of this balancing will be forwarded immediately to the Area Director for review. 1.What is the date by which the systemic changes will be completed? August 9, 2015 1.What corrective action will be accomplished? · Implementation of financial protocol during transition times (when someone responsible for	08/09/2015	

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	<p>accounting of clients' personal funds for 4 of 4 sampled clients (clients #1, #2, #5 and #8) and 4 of 4 additional clients living in the home (clients #3, #4, #6 and #7) for an allegation of financial exploitation.</p> <p>Findings include:</p> <p>Facility documentation including the internal investigation reports for abuse, neglect, exploitation and mistreatment for the past year were reviewed on 6/24/15 at 10:12 A.M. and indicated the following:</p> <p>"[Program Director (PD) #2], was completing August finance review for the [home name] on 10/7/14 when she found there was missing money." The facility's investigation summary indicated client #1 was missing \$10.00, client #2 was missing \$41.00, client #3 was missing \$40.00, client #4 was missing \$20.00, client #5 was missing \$8.98, client #6 was missing \$115.00, client #7 was missing \$39.73 and client #8 was missing \$110.00. The investigation conclusion indicated "Evidence does not support location of missing client funds. Evidence does not support any current staff have access to in-house client funds. Evidence does not support Program Directors [name of PD #3] and [name of PD #2] followed process of verifying</p>		<p>finances leaves the home or is off work).</p> <ul style="list-style-type: none"> Training with the Program Director and Program Coordinator regarding the expectations of recording finances, ensuring they are kept current and auditing finances. Training with Program Director and Program Coordinator in regard to assuring finances are transitioned from one supervisor to another. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All clients were affected by this deficient practice. Implementation of financial protocol during transition times (when someone responsible for finances leaves the home or is off work). Training with the Program Director and Program Coordinator regarding the expectations of recording finances, ensuring they are kept current and auditing finances. Training with Program Director and Program Coordinator in regard to assuring finances are transitioned from one supervisor to another. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p>				

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W 0159	<p>count of residential funds. Evidence supports count of resident funds was not confirmed at times of supervisory transitions (Home Manager leaving, PD leaving, etc)."</p> <p>An interview was conducted with the Area Residential Director (ARD) on 6/24/15 at 1:10 P.M. The ARD stated "The financial process was not followed at each supervisory transition. The clients were paid back their missing funds within a week." The ARD indicated the staff did not follow the facility's protocol for exchanging responsibility of resident funds during several staff changes.</p> <p>The facility's April 2013 policy entitled Operating Practices-Supervised Group Living Services was reviewed on 6/25/15 at 10:00 A.M. and indicated "...It is the policy of Indiana Mentor to protect the individuals being served who, because of physical or mental disabilities, are particularly vulnerable to abuse, exploitation, or neglect. It is also the intent of the company to take steps needed to ensure the health, safety, and welfare of the individuals served"</p> <p>9-3-2(a)</p> <p>483.430(a)</p>		<ul style="list-style-type: none"> · Training with Program Director and Program Coordinator in regard to assuring finances are transitioned from one supervisor to another. · Implementation of financial protocol during transition times (when someone responsible for finances leaves the home or is off work). · Training with the Program Director and Program Coordinator regarding the expectations of recording finances, ensuring they are kept current and auditing finances. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · During transition times, Program Director will review finances with Program Coordinator to ensure that balances are correct and match cash on hand and savings account balance. · Documentation of this balancing will be forwarded immediately to the Area Director for review. <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 9, 2015</p>		

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Bldg. 00	<p>QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on interview and record review, the facility failed to assure program plans were reviewed and monitored by a Qualified Intellectual Disabilities Professional based on data from program implementation. The facility failed to assure individual plans were based on functional assessment of skills and programs to teach the skills which were prioritized to address the clients ' greatest needs. The facility failed to assure plans included strategies to teach desirable outcomes to replace or lessen the frequency and intensity of behavioral challenges. The facility failed to assure individual training plans were available to all staff and were consistently implemented with enough frequency and consistency to assure the provision of active treatment. These failures affected clients #1, #2, #3, #5 and #8. Findings include: The Qualified Intellectual Disabilities Professional (QIDP) failed to assure each client's Individual Support Plan was based on the functional assessment of</p>	W 0159	<p>1. What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Functional Assessments updated by QIDP for Clients 1, 2, 3, 5 and 8. · Day Service functional assessments will be completed for clients attending IN Mentor's day program. · ISP updated based on updated functional assessment by QIDP for Clients 1, 2, 3, 5 and 8. · Programming revised and implemented based on updated functional assessments and updated ISPs by QIDP for Clients 1, 2, 3, 5 and 8. · Data collected on current programs and necessary revisions completed by QIDP for Clients 1, 2, 3, 5 and 8. · Formal programming for Client 8 to eat at a slow pace. · Formal programming for Client 8 to eat only edible items. · Formal programming for Client 8 to engage in leisure activity of choice. · Revise dining plan for Client 8 to meet current needs. · Implement a seating arrangement for Client 8 that ensures safety and enables her to participate at meal time with other clients. · Revise Choking Risk Plan for client 8 to reflect dining plan 	08/09/2015
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	<p>skills and skill deficits on which to base an individually determined active treatment plan for 4 of 4 sampled clients (clients #1, #2, #5, and #8). Please See W214.</p> <p>The QIDP failed to assure training objectives were based on prioritized needs for 4 of 4 sampled clients (clients #1, #2, #5, and #8). Please See W227.</p> <p>The QIDP failed to assure individual support plans included instructions to staff about services and supports staff were to provide for 3 of 4 sampled clients (clients #1, #2 and #8), and for 1 of 4 additional clients (client #3). Please See W240.</p> <p>The QIDP failed to assure individual support plans were consistently implemented for 2 of 4 sampled clients (clients #1 and #8). Please See W249.</p> <p>The QIDP failed to make revisions to the individual support plans based on analysis of data maintained on training objectives for 4 of 4 sampled clients (clients #1, #2, #5, and #8). Please See W255.</p> <p>The QIDP failed to assure dignity, growth, development and independence were promoted for 2 of 4 sampled clients</p>		<p>revisions.</p> <ul style="list-style-type: none"> · Revise behavior plan for Client 8 in regard to staff intervention when Client 8 is plopping down and refuses to get up; and when Client 8 is eating non-edible items. · Ensure that day program is implementing programming to encourage Client 8 to participate in activities offered and ensure that day program has choices of activities for Client 8 to participate in. · Reassessment of wheelchair for Client 1 in regard to her current needs. · Formal programming for Client 1 to learn to tolerate features on her wheelchair (foot straps, bolster and harness). · Formal programming for Client 1 for utilization of napkin during mealtime. · Implement positioning schedule for Client 1. · Formal programming for Client 2 for washing hair. · Formal programming for Client 2 for exercising for 30 minutes daily. · Formal programming for Client 2 for brushing teeth twice daily. · Formal programming for Client 5 for washing hair. · Formal programming for Client 5 for exercising for 30 minutes daily. · Formal programming for Client 5 for brushing teeth twice daily. 				

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	<p>(clients #1 and #8). Please See W268.</p> <p>The QIDP failed to assure active treatment programs to address inappropriate client behavior included mechanisms to teach desired behavioral outcomes for 1 of 4 sampled clients (client #8). Please See W288.</p> <p>9-3-3(a)</p>		<ul style="list-style-type: none"> · Ensure MAR reflects cleaning of CPAP machine for Client 2. · Develop written protocol for use of CPAP machine for Client 2. · Ensure MAR reflects cleaning of CPAP machine for Client 4. · Develop written protocol for use of CPAP machine for Client 4. · Ensure MAR reflects of cleaning oxygen equipment for Client 5. · Develop written protocol for use of oxygen for Client 5 while she is sleeping. · Obtain appropriate clothing for Client 8 that fits, and ensure clothing is clean to allow her to present herself in a clean and positive way. · Formal programming for Client 1 in regard to morning hygiene. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · Functional assessments of all clients at site reviewed and updated by QIDP. · ISPs of all clients at site reviewed and updated by QIDP. · Programming of all clients at site reviewed and revised as necessary for all clients at site by QIDP. · Data collection of all clients completed by QIDP. · Behavior plans will be 	

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			<p>reviewed on a quarterly basis by the behavior clinician or sooner as the needs arise.</p> <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with QIDP regarding ISP process, including completing functional assessment, creating outcomes in ISP consistent with assessed needs, implementation of programs/goals based on outcomes from the ISP, collecting data and revision of programs/goals based on client success. · Development and Implementation of Active Treatment Checklist for QIDP to ensure all components of annual ISP are accomplished within time frames identified. · Development and Implementation of Monthly Checklist for QIDP to track that all monitoring of programs/goals has been completed. · Training with DSPs in regard to overall presentation of clients. · Training with DSPs in regard to new programming, updated protocols and risk plans, behavior plans for all clients. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Area Director will review all 	

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W 0186 Bldg. 00	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation and interview, the facility failed to organize and deploy sufficient staff to assure four of four clients in the sample were provided a consistently implemented active treatment program including participation in community activities(Clients #1, #2, #5 and #8).</p>	W 0186	<p>monthly checklists regarding monitoring of programs to ensure that programs are implemented and consistent with needs of clients.</p> <ul style="list-style-type: none"> Program Director/QIDP will complete monthly supervisory visits and review of documentation for the site. This review includes review of the formal programming and ISP. Behavior plans will be reviewed on a quarterly basis by the behavior clinician or sooner as the needs arise. <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 9, 2015</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> Clients 1, 2, 5 and 8's ISPs will be updated to reflect community interests. Clients 1, 2, 5 and 8 will be provided opportunities in the community in accordance with interests identified in ISP. An activity calendar will be posted in the home to reflect planned activities for the month. All 	08/09/2015

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	<p>Findings include:</p> <p>During observations at 3:10 P.M. on 6/22/15, upon arrival to the home clients #1, #4, #6 and #8 were at the home. They were seated in the living room; the TV was on in the room, but none of the ladies appeared to be interested or involved in the show. The Home Manager (HM) indicated on 6/22/15 at 3:18 P.M. the ladies had been home that day due to the home's van not being available due to maintenance issues. Client #1 was seated in her wheelchair without activity. Client #4 was seated in a recliner with her feet elevated and she had her eyes closed. Client #8 was seated on the sofa with her legs pulled up and crossed underneath her. She was holding a Frisbee and tapping it against different parts of her body (head, face, arm, thigh) and the floor. Client #6 was able to ambulate and move freely around the home independently.</p> <p>During a confidential interview it was stated, "The home is usually short staffed. More than two staff are needed to provide sufficient care for the clients. The activities (games, puzzles, etc.) you have seen the clients doing rarely happens. A lot of the staff are just plain lazy and do as little as possible."</p>		<p>community activities will be documented in the Meaningful Day Log for the clients. · Program Coordinator will schedule staff in accordance to activity calendar for the month. · Rec/leisure programming will be implemented for Clients 1, 2, 5 and 8. · The staffing pattern for the home will be reviewed to ensure there are sufficient staff to meet the needs of the residents within the home.</p> <p>· Program Coordinator will schedule staff to ensure that sufficient staff is available for community activities.</p> <p>· Program Coordinator will reference activity calendar in schedule of staff to ensure that community activities occur.</p> <p>· The Program Coordinator will forward the two week schedule to the Program Director one week prior to the start of the new pay period to ensure that proper staffing coverage is in place.</p> <p>· The Program Coordinator will be expected to ensure staff coverage for all scheduled shifts. In the event that the coverage cannot be found, the Program Coordinator will cover the shift.</p> <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>· ISPs for all clients at this site will be reviewed by the QIDP to ensure that they reflect</p>		

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	<p>During an interview on 6/22/15 at 4:09 P.M., the House Manager stated Client #8 and Client #1 had not participated in community activities "in a while." The House Manager indicated there had recently been mechanical issues with the van and that, coupled with staff shortages, the clients did not often get to participate in community-based activities. The House Manager indicated Client #1 used a wheelchair for mobility at all times, and, while on shopping or recreational trips in the community, Client #8 and Client #4 also used wheelchairs. According to the House Manager, the home often worked with minimal level staffing, which was defined as two people on duty. There was no way to take the eight clients living at the group home on group activities.</p> <p>An interview was conducted with the Qualified Intellectual Disabilities Professional (QIDP) on 6/24/15 at 11:53 A.M. the QIDP stated "the group home used an 'activity calendar' to schedule upcoming events." The QIDP stated, "The clients have a house meeting every month and [clients #2, #3 and #7] tell the staff what they want to do." The QIDP stated, "They have to have three staff on weekends to have outings because the</p>		<p>community interests of those clients. · Activity calendar in home will reflect the interests and planned activities of all clients in the home. · The staffing pattern for the home will be reviewed to ensure there are sufficient staff to meet the needs of the residents within the home. · The QIDP will review the programming for all of the residents to ensure there are rec/leisure programs in place.</p> <p>· Program Coordinator will schedule staff to ensure that sufficient staff is available for community activities.</p> <p>· Program Coordinator will reference activity calendar in schedule of staff to ensure that community activities occur.</p> <p>· The Program Coordinator will forward the two week schedule to the Program Director one week prior to the start of the new pay period to ensure that proper staffing coverage is in place.</p> <p>· The Program Coordinator will be expected to ensure staff coverage for all scheduled shifts. In the event that the coverage cannot be found, the Program Coordinator will cover the shift.</p> <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>· Training with QIDP regarding ISP process and components of the ISP to include identification of community interest for each</p>				

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	home has two to three people who are in wheelchairs." 9-3-3(a)		<p>client. · Training with Program Coordinator regarding implementation of activity calendar to reflect interests and activities of all clients. · Training with DSPs regarding community involvement as identified in each client's ISP. · Staff schedule of the home will be reviewed by Program Director (QIDP) and compared to activity calendar to ensure proper amount of staff are available for community outings.</p> <p>· The staffing pattern for the home will be reviewed to ensure there are sufficient staff to meet the needs of the residents within the home.</p> <p>· Program Coordinator will schedule staff to ensure that sufficient staff is available for community activities.</p> <p>· Program Coordinator will reference activity calendar in schedule of staff to ensure that community activities occur.</p> <p>· The Program Coordinator will forward the two week schedule to the Program Director one week prior to the start of the new pay period to ensure that proper staffing coverage is in place.</p> <p>-The Program Coordinator will be expected to ensure staff coverage for all scheduled shifts. In the event that the coverage cannot be found, the Program Coordinator will cover the shift.</p> <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p>		

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W 0194 Bldg. 00	483.430(e)(4) STAFF TRAINING PROGRAM Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for		<ul style="list-style-type: none"> · QIDP will review Meaningful Day Logs of each client weekly to ensure that activities are being offered and completed. · QIDP will review activity calendar for each month to ensure that activities are appropriate as outlined in each client's ISP. · Staff schedule of the home will be reviewed by Program Director (QIDP) and compared to activity calendar to ensure proper amount of staff are available for community outings. · The Program Coordinator will turn in their staff schedule to the Program Director to review every two weeks. · The Program Director will review the staff schedule to ensure all scheduled shifts are covered and enough staff are scheduled based on the planned activities within the community. · The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations. · The Program Coordinator will monitor to ensure the clients plans and needs are being met during their daily observations when at the site. <p>1.What is the date by which the systemic changes will be completed? August 9, 2015</p>		

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	<p>whom they are responsible.</p> <p>Based on observation, interview and record review, the facility failed to develop and implement a training program which resulted in staff consistently demonstrating skills and techniques to implement active treatment programs and provide needed services and supports for three of four clients in the sample (Clients #1, #5 and #8).</p> <p>Findings include:</p> <p>Observations were conducted from 3:10 P.M. through 6:45 P.M. on 6/22/15. Upon arrival to the home clients #1, #4, #6 and #8 were at the home. They were seated in the living room; the TV was on in the room, but none of the ladies appeared to be interested or involved in the show. The Home Manager (HM) stated at 3:18 P.M. on 6/22/15 "The ladies have been home today day due to the home's van not being available due to maintenance issues." Client #1 was seated in her wheelchair without activity. Client #4 was seated in a recliner with her feet elevated and she had her eyes closed. Client #8 was seated on the sofa with her legs pulled up and crossed underneath her. Client #6 was able to ambulate and move freely around the home independently. After the clients who had attended workshop (clients #2,</p>	W 0194	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Competency based training with DSPs, Program Coordinator and Program Director (QIDP) regarding formal programming, adaptive equipment needs, risk plans, dining plans and behavior plans for Client 1, 5 and 8. · Client specific training will be completed with staff regarding the needs of the residents within the home. · Knives will be available on the table during meals. · Formal programming on how to use a knife will be implemented for clients #1, 5 and 8. · Programming for client #1 to use a napkin. · Programming for client #4 on proper eating positioning. · OT/PT evaluation for client #8 and 6 to determine if there is a need for additional supports for their foot positioning while eating. · Client #8's dining plan will be reviewed and revised as necessary. · Client #8 will have programming in place to slow down while eating. · New drinking glasses will be purchased for the site. · Training with staff on how to properly secure and use the oxygen tanks will be completed. · Training with the staff on how to assist client #1 in the shower will be completed. · Hoyer lift training will be completed with the staff. · Training on client dignity will be completed with staff. <p>1.How will we identify other</p>	08/09/2015	

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	#3, #5 and #7) arrived home they emptied and wiped out their lunch boxes. At 3:29 P.M. client #5 sat on the living room floor and put puzzles together with the HM. Client #8 was now placing the Frisbee in her mouth. Client #4 was asked if she would like to play the game connect four with client #5. Client #4 stated, "No." Clients #1, #4, #6 and #8 continued to sit in the living room without activity. Client #1 was observed leaning to the right over her wheelchair with her right arm through the straps of the hoier sling beneath her. At 3:59 P.M. clients #2, #5 and #6 began to play a game of "crazy pins" in the kitchen with staff assisting them. After two rounds of the game the ladies were then asked if they would like to work on puzzles. Staff had the ladies identify the pictures of the animals on each puzzle piece. Clients #1, #4 and #8 continued to sit in the living room without activity other than when client #8 needed to be assisted to the bathroom three times to change her clothing after incidents of incontinence and digging at her brief underneath her wrestling suit. At 6:11 P.M. the ladies were assisted with washing their hands at the kitchen sink or with hand sanitizer and then seated at the dinner table. Clients #2, #3, #4 and #7 were each asked if they wanted staff to assist them with cutting their pork chops. The clients		residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · All clients have the potential to be affected by this deficient practice. · Competency based training with DSPs, Program Coordinator and Program Director (QIDP) regarding formal programming, adaptive equipment needs, risk plans, dining plans and behavior plans for all clients in the home. · Client specific training will be completed with staff regarding the needs of the residents within the home. · Hoyer lift training will be completed with the staff. · Training on client dignity will be completed with staff. · New drinking glasses will be purchased for the site. · Training with staff on how to properly secure and use the oxygen tanks will be completed. · The Program Director/QIDP will review the programming that is currently in place and ensure that there is programming that is reflective of the ISP and the client's needs. 1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: · Training with Program Coordinator and Program Director (QIDP) regarding training of new staff and on-going training with current staff. · Competency based training with DSPs,				

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	<p>did not have knives at their place settings. Each of the ladies indicated they wanted the staff to assist them with cutting their meat. At 6:40 P.M. clients #2, #3, #4 and #7 indicated they knew how to cut their own meat. Client #4 was observed to eat her evening meal with her head bent low over her plate. Clients #8 and #6 when seated at the table were unable to touch the floor with their feet. Client #1 was assisted with eating her meal by the HM. The HM would give her a bite of food and then used the spoon to scrape any excess food from around client #1's mouth. Client #1 was not encouraged to utilize her napkin to wipe her face. Client #8 ate at a rapid pace. Staff removed her plate of food from in front of her. Client #8 then drank two of her three drinks at a rapid pace. The drinking glasses on the table were marked with the initials of each of the ladies.</p> <p>During observations of the group home on 6/22/15 at 3:10 P.M., at the foot of the bed used by Client #3 there was an oxygen cylinder leaning against the wall. The cylinder was covered with dust and debris and the direct support staff #2 working in the home reported on 6/22/15 at 3:55 P.M. "It came with her when she moved." The oxygen cylinder was not secured in any fashion. An oxygen cylinder was on the floor under Client</p>		<p>Program Coordinator and Program Director (QIDP) regarding formal programming, adaptive equipment needs, risk plans, dining plans and behavior plans for all clients in the home. · Client specific training will be completed with staff regarding the needs of the residents within the home. · Hoyer lift training will be completed with the staff. · Training on client dignity will be completed with staff. · New drinking glasses will be purchased for the site. · Training with staff on how to properly secure and use the oxygen tanks will be completed. · The Program Director/QIDP will review the programming that is currently in place and ensure that there is programming that is reflective of the ISP and the client's needs.</p> <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <p>· Program Director will review monthly staff meeting notes to ensure that all training occurs in regard to training of current staff.</p> <p>· Program Director will review new hire in-house orientation documentation to ensure that all new hires have received client-specific training before working with clients. · The Area Director will review the client specific training tracking monthly to ensure staff are trained who are currently working at the home.</p>		

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	<p>#4's bed. The oxygen canister was covered with dust and not secured in any manner.</p> <p>An interview conducted with the HM on 6/22/15 at 5:29 P.M. The HM and the direct care staff had not been in serviced and trained on how to use the unsecured oxygen tanks. They were trained on how to utilize the shower chair for client #1 by watching other staff complete three transfers of client #1 from her wheelchair to her shower chair, before they can do the transfer by themselves. The HM indicated staff needed to put a towel down on the shower chair seat to assist client #1 from falling through the chair. The HM stated "She (client #1) had an incident with the shower chair...her bottom went through the hole in the seat of the chair. Staff were unable to get her unstuck. The fire department, EMT's and the rescue people had to come and had to cut the chair to get her out." The HM indicated client #1 had been fortunate to not have received any injuries from the incident. The HM stated, "A new shower chair had to be purchased after the rescue people had to cut [client #1] out of the old one."</p> <p>The Director of Quality Assurance was interviewed at 10:05 A.M. on 6/24/15. The Director of Quality Assurance</p>		<ul style="list-style-type: none"> · The Program Coordinator will monitor the active treatment needs of the home daily when at the site to ensure that the staff is meeting the active treatment needs of the residents. · The Program Director will consult with the Program Coordinator regarding her observations on the active treatment needs of the residents as the observations are completed. · The Program Director will complete observations within the home as the active treatment needs of the residents indicates. <p>1.What is the date by which the systemic changes will be completed? August 9, 2015</p>				

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W 0195 Bldg. 00	<p>indicated all staff received initial training of a general nature and client specific training related to each client ' s individualized needs. When asked if the provider had a system in place to have staff demonstrate competency to implement the active treatment programs for clients, the Director of Quality Assurance stated "although there was no formal system in place, it was the responsibility of the House Manager and the Qualified Intellectual Disabilities Professional to assure direct support professional staff consistently implemented the individual support plans for each client." When told of the observation where the House Manager used a spoon to scrape food from Client #1's face and then feed the food scraped from her face to her, the Director of Quality Assurance stated that was "unacceptable."</p> <p>9-3-3(a)</p> <p>483.440 ACTIVE TREATMENT SERVICES The facility must ensure that specific active treatment services requirements are met. Based on observation, interview and record review, the facility failed to consistently implement active treatment plans based on functionally assessed</p>	W 0195	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Functional Assessments updated by QIDP for Clients 1, 2, 3, 5 and 8. · Day Service 	08/09/2015

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	<p>needs which honored individual client choice. The facility failed to assure the individual support plans were current and amended as needed based on a thorough review of program implementation data analyzed by a Qualified Intellectual Disabilities Professional. The facility failed to prioritize training programs based on functional assessment of skills and skill deficits. The facility failed to develop written instruction to staff related to services and supports, for 4 of 4 sampled clients (clients #1, #2, #5 and #8).</p> <p>These failures resulted in the Condition of Participation of Active Treatment Services to be not met.</p> <p>Findings include:</p> <p>Please See W214: Based on observation, interview and record review, the facility failed to functionally assess skills, skill deficits and individualized needs and develop and prioritize training programs designed to meet assessed needs for four of four clients in the sample (Clients #1, #2, #5 and #8).</p> <p>Please See W227: Based on interview and record review, the facility failed to assure training objectives were based on</p>		<p>functional assessments will be completed for those that attending IN Mentor's day program. · ISP updated based on updated functional assessment by QIDP for Clients 1, 2, 3, 5 and 8. · Programming revised and implemented based on updated functional assessments and updated ISPs by QIDP for Clients 1, 2, 3, 5 and 8. · Data collected on current programs and necessary revisions completed by QIDP for Clients 1, 2, 3, 5 and 8. · Formal programming for Client 8 to eat at a slow pace. · Formal programming for Client 8 to eat only edible items. · Formal programming for Client 8 to engage in leisure activity of choice. · Revise dining plan for Client 8 to meet current needs. · Implement a seating arrangement for Client 8 that ensures safety and enables her to participate at meal time with other clients. · Revise Choking Risk Plan for client 8 to reflect dining plan revisions. · Revise behavior plan for Client 8 in regard to staff intervention when Client 8 is plopping down and refuses to get up; and when Client 8 is eating non-edible items. · Ensure that day program is implementing programming to encourage Client 8 to participate in activities offered and ensure that day program has choices of activities for Client 8 to participate in. · Reassessment of wheelchair for Client 1 in regard to her current</p>				

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	<p>prioritized needs identified through comprehensive functional assessment of skills and skill deficits. This affected four of four clients in the sample (Clients #1, #2 #5 and #8).</p> <p>Please See W240: Based on observation, interview and record review, the facility failed to develop comprehensive written instruction to staff about mealtime supports to be provided for one of one client in the sample who was at risk of choking due to eating rapidly, overstuffing her mouth and taking food from the plates of others (Client #8.) The facility failed to develop written instruction to staff related to positioning for one of one client in the sample who used a wheelchair for mobility (Client #1).</p> <p>Please See W249: Based on interview and record review, the facility failed to assure the individual support plans were consistently implemented four of four clients in the sample(Clients #1, #2, #5 and #8).</p> <p>Please See W255: Based on interview and record review, the facility failed to assure the revisions were made to the individual plans for four of four clients in the sample based on data related to</p>		<p>needs. · Formal programming for Client 1 to learn to tolerate features on her wheelchair (foot straps, bolster and harness). · Formal programming for Client 1 for utilization of napkin during mealtime. · Implement positioning schedule for Client 1. · Formal programming for Client 2 for washing hair. · Formal programming for Client 2 for exercising for 30 minutes daily. · Formal programming for Client 2 for brushing teeth twice daily. · Formal programming for Client 5 for washing hair. · Formal programming for Client 5 for exercising for 30 minutes daily. · Formal programming for Client 5 for brushing teeth twice daily. · Ensure MAR reflects cleaning of CPAP machine for Client 2. · Develop written protocol for use of CPAP machine for Client 2. · Ensure MAR reflects cleaning of CPAP machine for Client 4. · Develop written protocol for use of CPAP machine for Client 4. · Ensure MAR reflects of cleaning oxygen equipment for Client 5. · Develop written protocol for use of oxygen for Client 5 while she is sleeping. · Obtain appropriate clothing for Client 8 that fits, and ensure clothing in clean to allow her to present herself in a clean and positive way. · Formal programming for Client 1 in regard to morning hygiene.</p> <p>1.How will we identify other residents having the potential to be affected by the same</p>				

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	<p>training objectives (Clients #1, #2, #5 and #8).</p> <p>Please See W268: Based on observation and interview the facility failed to promote dignity, growth, development and independence for two of four sampled clients (clients #1 and #8).</p> <p>Please See W288: Based on observation, interview and record review, the facility failed to develop and implement an active treatment program which addressed inappropriate client behaviors and included mechanisms to teach and support desired behavioral outcomes one of four clients in the sample (Client #8). 9-3-4(a)</p>		<p>deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · Functional assessments of all clients at site reviewed and updated by QIDP. · ISPs of all clients at site reviewed and updated by QIDP. · Programming of all clients at site reviewed and revised as necessary for all clients at site by QIDP. · Data collection of all clients completed by QIDP. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with QIDP regarding ISP process, including completing functional assessment, creating outcomes in ISP consistent with assessed needs, implementation of programs/goals based on outcomes from the ISP, collecting data and revision of programs/goals based on client success. · Development and Implementation of Active Treatment Checklist for QIDP to ensure all components of annual ISP are accomplished within time frames identified. · Development and Implementation of Monthly Checklist for QIDP to track that all monitoring of programs/goals has been completed. · Training with DSPs in regard to overall presentation of clients. · Training with DSPs in regard to new programming, updated protocols and risk plans, behavior plans for all clients. 		

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			<p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Area Director will review all monthly checklists regarding monitoring of programs to ensure that programs are implemented and consistent with needs of clients. · Program Director/QIDP will complete monthly supervisory visits and review of documentation for the site. This review includes review of the formal programming and ISP. · Behavior plans will be reviewed on a quarterly basis by the behavior clinician or sooner as the needs arise. · The Program Coordinator will monitor the active treatment needs of the home daily when at the site to ensure that the staff is meeting the active treatment needs of the residents. · The Program Director will consult with the Program Coordinator regarding her observations on the active treatment needs of the residents as the observations are completed. · The Program Director will complete observations within the home as the active treatment needs of the residents indicates. · The Area Director will review the programmatic reviews and programming implemented by the Program Director on a monthly basis. <p>1.What is the date by which the systemic changes will be</p>		

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W 0196 Bldg. 00	<p>483.440(a)(1) ACTIVE TREATMENT</p> <p>Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>Based on observation, interview and record review, the facility failed to provide continuous and aggressive active treatment consistent with the individualized support plans at all formal and informal opportunities for four of four sampled clients (#1, #2, #5 and #8).</p> <p>Findings include:</p> <p>Observations were conducted from 3:10 P.M. through 6:45 P.M. on 6/22/15, upon arrival to the home clients #1, #4, #6 and #8 were at the home. They were seated in the living room; the TV was on in the room, but none of the ladies appeared to be interested or involved in the show. The Home Manager (HM) stated on 6/22/15 at 3:18 P.M. "The ladies have</p>	W 0196	<p>completed? August 9, 2015</p> <p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Functional Assessments updated by QIDP for Clients 1, 2, 3, 5 and 8. · Functional assessments will be completed for clients attending IN Mentor day program. · Formal programming will be implemented for the clients who attend the IN Mentor day program. · ISP updated based on updated functional assessment by QIDP for Clients 1, 2, 3, 5 and 8. · Programming revised and implemented based on updated functional assessments and updated ISPs by QIDP for Clients 1, 2, 3, 5 and 8. · Data collected on current programs and necessary revisions completed by QIDP for Clients 1, 2, 3, 5 and 8. · Formal programming for Client 	08/09/2015
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	<p>been home today day due to the home's van not being available due to maintenance issues." Client #1 was seated in her wheelchair without activity. Client #4 was seated in a recliner with her feet elevated and she had her eyes closed. Client #8 was seated on the sofa in the tailor fashion (yoga position with legs crossed). Client #8 had a Frisbee she was hitting against different parts of her body and/or the floor. Client #6 was able to ambulated and moved freely around the home independently. After the clients who had attended workshop (clients #2, #3, #5 and #7) arrived home they emptied and wiped out their lunch boxes. Client #2 utilized a seated roller walker to assist her with ambulation. On 6/22/15 at 3:20 P.M. client #2 left her walker in the hallway and walked into the kitchen with out use of the walker. Client #2 indicated to this surveyor that the brake on her walker was not working. At 3:29 P.M. client #5 sat on the living room floor and put puzzles together with the HM. Client #8 was now placing the Frisbee in her mouth. Client #4 was asked if she would like to play the game "connect four" with client #5. Client #4 stated, "No." Clients #1, #4, #6 and #8 continued to sit in the living room without activity. Client #1 was observed leaning to the right over her wheelchair with her right arm through the straps of the hoyer sling beneath her. At</p>		<p>8 to eat at a slow pace. · Formal programming for Client 8 to eat only edible items. · Formal programming for Client 8 to engage in leisure activity of choice. · Revise dining plan for Client 8 to meet current needs. · Implement a seating arrangement for Client 8 that ensures safety and enables her to participate at meal time with other clients. · Revise Choking Risk Plan for client 8 to reflect dining plan revisions. · Revise behavior plan for Client 8 in regard to staff intervention when Client 8 is plopping down and refuses to get up; and when Client 8 is eating non-edible items. · Ensure that day program is implementing programming to encourage Client 8 to participate in activities offered and ensure that day program has choices of activities for Client 8 to participate in. · Reassessment of wheelchair for Client 1 in regard to her current needs. · Formal programming for Client 1 to learn to tolerate features on her wheelchair (foot straps, bolster and harness). · Formal programming for Client 1 for utilization of napkin during mealtime. · Implement positioning schedule for Client 1. · Formal programming for Client 2 for washing hair. · Formal programming for Client 2 for exercising for 30 minutes daily. · Formal programming for Client 2 for brushing teeth twice daily. · Formal programming for Client 2</p>				

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	<p>3:59 P.M. clients #2, #5 and #6 began to play a game of "crazy pins" in the kitchen with staff assisting them. After two rounds of the game the ladies were then asked if they would like to work on puzzles. Staff had the ladies identify the pictures of the animals on each puzzle piece. Clients #1, #4 and #8 continued to sit in the living room without activity other than when client #8 needed to be assisted to the bathroom three times to change her clothing after incidents of incontinence and digging at her brief underneath her wrestling suit. At 6:11 P.M. the ladies were assisted with washing their hands at the kitchen sink or with hand sanitizer and then seated at the dinner table. Clients #2, #3, #4 and #7 were each asked if they wanted staff to assist them with cutting their pork chops. The clients did not have knives at their place settings. Each of the four ladies indicated they wanted the staff to assist them with cutting their meat. At 6:40 P.M. clients #2, #3, #4 and #7 indicated they knew how to cut their own meat. Client #4 was observed to eat her evening meal with her head bent low over her plate. Clients #8 and #6 when seated at the table were unable to touch the floor with their feet. Client #1 was assisted with eating her meal by the HM. The HM would give her a bite of food and then used the spoon to scrape any excess food</p>		<p>for using her walker. · Formal programming for Client 5 for washing hair. · Formal programming for Client 5 for exercising for 30 minutes daily. · Formal programming for Client 5 for brushing teeth twice daily. · Ensure MAR reflects cleaning of CPAP machine for Client 2. · Develop written protocol for use of CPAP machine for Client 2. · Ensure MAR reflects cleaning of CPAP machine for Client 4. · Develop written protocol for use of CPAP machine for Client 4. · Ensure MAR reflects of cleaning oxygen equipment for Client 5. · Develop written protocol for use of oxygen for Client 5 while she is sleeping. · Obtain appropriate clothing for Client 8 that fits, and ensure clothing in clean to allow her to present herself in a clean and positive way. · Formal programming for Client 1 in regard to morning hygiene. · Client #2's walker will be replaced or repaired. · Formal programming for Client 1 to assist with feeding herself.</p> <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>· Functional assessments of all clients at site reviewed and updated by QIDP. · ISPs of all clients at site reviewed and updated by QIDP. · Programming of all clients at site reviewed and revised as</p>				

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	<p>from around client #1's mouth. Client #1 was not encouraged to utilize her napkin to wipe her face. Client #8 ate at a rapid pace. Staff removed her plate of food from in front of her. Client #8 then drank two of her three drinks at a rapid pace.</p> <p>Observations were conducted at the group home on 6/23/15 from 6:55 A.M. through 9:19 A.M. Client #1 was in her wheelchair in the kitchen. Staff was feeding her bites of food. She was not encouraged to feed herself with a hand over hand method. Client #8 was sitting on the living room sofa. Client #8 reached under her clothing and into the wrestling singlet she wears underneath. She grabbed part of the brief she was wearing and placed the white absorbent material into her mouth. Staff did a finger sweep to remove the material from her mouth but was unable to get all of it. Staff assisted Client #8 to the bathroom and assisted her in changing her clothing. Client #8 returned to the living room with staff assistance. At 8:22 A.M. client #8 once again was able to get material from her brief and place it into her mouth. Staff again did a finger sweep, then again assisted her with changing her clothing, and returned to sit on the sofa. At 8:15 A.M. client #8 was lying down on the sofa and fell asleep. At 7:24 A.M. clients #1, #2, #3, #4, #5, #6, #7 and #8 were</p>		<p>necessary for all clients at site by QIDP. · Data collection of all clients completed by QIDP. · Protocols for the use of oxygen will be developed. · Protocols for the use of the CPAP machine will be developed. · Behavior plans will be reviewed and revised as needed on a quarterly basis or sooner by the behavior clinician.</p> <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>· Training with QIDP regarding ISP process, including completing functional assessment, creating outcomes in ISP consistent with assessed needs, implementation of programs/goals based on outcomes from the ISP, collecting data and revision of programs/goals based on client success. · Development and Implementation of Active Treatment Checklist for QIDP to ensure all components of annual ISP are accomplished within time frames identified. · Development and Implementation of Monthly Checklist for QIDP to track that all monitoring of programs/goals has been completed. · Training with DSPs in regard to overall presentation of clients. · Training with DSPs in regard to new programming, updated protocols and risk plans, behavior plans for all clients.</p> <p>1.How will the corrective action be monitored to ensure</p>	

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	<p>seated in the living room waiting for the van from another group home to arrive and transport clients #2, #3, #5 and #7 to the workshop. All of the ladies remained in the living room waiting until the van arrived at 8:55 A.M. The ladies were not involved in activities. The TV was on in the room, but clients #1, #3, #5, #6 and #8 did not watch the TV or appear to be involved in the TV shows.</p> <p>Client #8: At approximately 7:19 A.M. on 6/23/15, Client #8 was observed sitting on the couch in the living room. She had what appeared to be a large volume of white substance in her mouth as evidenced by her inability to close her mouth without pieces of the white substance falling from her lips.</p> <p>At 7:20 A.M. on 6/23/15, a direct support professional (DSP), DSP #1, indicated the white substance was the moisture absorbing material from the disposable brief worn by Client #8.</p> <p>Client #8 was observed at 8:30 A.M. on 6/23/15. She was seated on the vinyl covered couch in the living room. From 8:30 A.M. to 11:15 A.M., Client #8 remained on the couch. The only activity provided to her was a Frisbee which she alternately placed on the floor, picked up and, from time to time, banged against</p>		<p>the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Area Director will review all monthly checklists regarding monitoring of programs to ensure that programs are implemented and consistent with needs of clients. · Program Director/QIDP will complete monthly supervisory visits and review of documentation for the site. This review includes review of the formal programming and ISP. · Behavior plans will be reviewed on a quarterly basis by the behavior clinician or sooner as the needs arise. · The Program Coordinator will monitor the active treatment needs of the home daily when at the site to ensure that the staff is meeting the active treatment needs of the residents. · The Program Director will consult with the Program Coordinator regarding her observations on the active treatment needs of the residents as the observations are completed. · The Program Director will complete observations within the home as the active treatment needs of the residents indicates. · The Area Director will review the programmatic reviews and programming implemented by the Program Director on a monthly basis. <p>1.What is the date by which the systemic changes will be completed? August 9, 2015</p>				

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	<p>her head.</p> <p>Client #8 was observed at her day program, operated by the residential provider, beginning at 8:45 A.M. on 6/24/15. She was seated in a recliner with her feet underneath her and positioned in a way which resulted in her pants falling down and her blouse riding up exposing the wrestling singlet worn by Client #8. She was not engaged in any type of activity.</p> <p>The day program direct support staff (DPSS), DPSS #2, assigned to work with Client #8, was interviewed at 9:00 A.M. on 6/24/15. DPSS #2 indicated it was difficult to engage Client #8 in any type of activity due to Client #8's preference to sit in the recliner sometimes manipulating a Frisbee.</p> <p>Record review for Client #8 was conducted at 2:40 P.M. on 6/23/15. Her record included a documented titled "Individual Plan of Protective Oversight - General Information" (Assessment) identified as the documented used by the provider as the Comprehensive Functional Assessment when combined with assessment information from clinicians such as nutritionists, speech therapists, etc. The "Other Significant Information" section of the Assessment</p>			

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	<p>documented, "[Client #8] is diagnosed with Pica. It is important to try to keep her hands busy to deter Pica (eating or putting non-edible items into mouth) behavior. She will tear her depend and try to eat it..."</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed at 11:05 A.M. on 6/24/15. The QIDP indicated it was the expectation to keep Client #8 actively engaged in activities to lessen to likelihood of her engaging in Pica behavior. When asked to describe the level of Client #8's participation in activities at her residence and at her day program, the QIDP indicated Client #8 was highly resistive to programming attempts and rarely participated for more than a few seconds. When the two hour and forty-five minute observation on 6/23/15 was described, the QIDP stated "[Client #8] should have been offered a variety of things to do rather than being allowed to sit on the couch sometimes playing with a Frisbee."</p> <p>Client #1: Client #1 was observed eating breakfast at 7:00 A.M. on 6/23/15. She was seated in her wheelchair. Client #1 was fed breakfast by the House Manager. There was no attempt to have Client #1 feed herself with hand over hand assistance.</p>			

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	<p>During an interview at 7:10 A.M. on 6/23/15, the House Manager stated "[Client #1] was always fed by staff because she was resistive to hand over hand assistance and would refuse to eat if staff insisted on providing that level of support."</p> <p>Client #1 was observed at her day program, operated by the residential provider, beginning at 8:45 A.M. on 6/24/15. The day program direct support staff (DPSS), DPSS #1, assigned to work with Client #1, stated "[Client #1] was always fed by staff." DPSS #1 stated "hand over hand guidance was not used with [Client #1] during mealtime."</p> <p>Record review for Client #1 was conducted at 3:50 P.M. on 6/23/15. Her record included an Individual Support Plan (ISP) dated as last reviewed on 6/23/15. Her record included a "Dining Plan" dated 3/5/15. The "Eating" section of the Dining Plan documented, "Staff must assist her hand over hand when she is eating...."</p> <p>The QIDP was interviewed at 11:05 A.M. on 6/24/15. The QIDP indicated the individual plan for Client #1 required staff to provide hand-over-hand assistance during mealtime. The QIDP</p>			

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	<p>stated she was "unaware the day program staff and the residential staff were not providing that level of support."</p> <p>Client #2: Record review for Client #2 was conducted on 6/23/15 at 2:54 P.M. Her record included an Individual Support Plan (ISP) dated as last reviewed on 9/30/14. Her ISP indicated she required hand over hand assistance from staff when washing her hair to rinse all the soap out. Her ISP indicated she had doctor's orders to exercise 30 minutes daily and for staff to assist her with brushing her teeth twice a day. Her ISP did not include objectives or goals for these needs. During observation she was not encouraged to exercise, and did not have assistance from staff with tooth brushing. Her record included a "Fall Risk Plan" dated 5/26/15 indicating "Staff are to ensure that any adaptive devices are in good repair, broken equipment should be reported to the [HM] immediately. The environment should be kept clear of hazards. Staff are to assist [client #2] as needed with ambulation."</p> <p>Client #5:</p>			

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W 0206 Bldg. 00	<p>Record review for Client #5 was conducted on 6/23/15 at 3:51 P.M. Her record included an Individual Support Plan (ISP) dated as last reviewed on 9/30/14. Her ISP indicated she needed assistance with brushing her teeth twice a day, to exercise for 30 minutes daily, and to wash her hair. Client #5's ISP did not include any objectives/goals for these areas. During the observation periods client #5 was not observed to be encouraged to exercise, or brush her teeth with assistance.</p> <p>The QIDP was interviewed on 6/24/15 at 1:45 P.M. The QIDP indicated clients #2 and #5 did not have goals to exercise daily, or to wash their hair. The QIDP indicated clients #2 and #5 should have been involved in active treatment and learning and acquiring new skills.</p> <p>9-3-4(a)</p> <p>483.440(c)(1) INDIVIDUAL PROGRAM PLAN Each client must have an individual program plan developed by an interdisciplinary team that represents the professions, disciplines or service areas that are relevant to: (i) Identifying the client's needs, as described by the comprehensive functional assessments required in paragraph (c)(3) of this section; and</p>			

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	<p>(ii) Designing programs that meet the client's needs.</p> <p>Based on interview and record review, the facility failed to assure the interdisciplinary team included persons with expertise in functionally assessing skills, identifying needs, developing plans, training staff, and monitoring and making changes to the individual support plan for one of one client in the sample who used a wheelchair for mobility and who was consistently observed seated in poor body alignment (Client #1).</p> <p>Findings include:</p> <p>Client #1 was first observed in her home beginning at 3:08 P.M. on 6/22/15. She was seated in her tilt-in-space wheelchair. Although foot straps and a bolster were attached to her wheelchair they were not in use. Client #1 sat with her left leg crossed over her right leg which was beyond the right leg rest of the wheelchair. Although wearing a butterfly harness, the harness was fastened in a way which allowed her to lean to her right resulting in her head and her right shoulder beyond the right armrest of her wheelchair. During all subsequent observations throughout the survey, she was in much the same position. The foot straps and the bolster were not in use during any survey observation. Client #1</p>	W 0206	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Wheelchair reassessment for Client 1. · Implement positioning schedule for Client 1. · Update protocols and risk plans to include positioning schedule for Client 1. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · QIDP will review adaptive equipment and needs of all clients to ensure that proper protocols are in place. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with Program Director (QIDP) and Program Coordinator regarding ensuring that adaptive equipment needs of each client is met. · Training with DSPs regarding updated protocols, risk plan and positioning schedule for Client 1. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p>	08/09/2015	

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	<p>was not observed to be in midline position during any survey observation.</p> <p>During an interview conducted at 3:22 P.M. on 6/22/15, the House Manager stated the wheelchair used by Client #1 "did not meet her needs" and indicate how she had made an appointment for the upcoming Friday to have Client #1 "evaluated for a new wheelchair." The House Manager stated she was "not sure how long it would take to get [Client #1] a new wheelchair since the current wheelchair was only about a year old." According to the House Manager, there were no written instructions about the use of the bolster or the foot straps and they were rarely used because Client #1 did not like them. The House Manager indicated there were no pictures or written instructions included in Client #1's record which provided instruction related to how the butterfly straps were to be fastened and/or how Client #1 was to be positioned in her wheelchair. When asked if a physical therapist or an occupational therapist had assessed Client #1's positioning in the wheelchair, the House Manager stated "the person who assessed fit of the wheelchair was a vendor who worked for the company who provided the wheelchair."</p> <p>Record review for Client #1 was</p>		<ul style="list-style-type: none"> · Program Coordinator will review adaptive equipment and document any concerns. · Program Director (QIDP) will review documentation of adaptive equipment concerns weekly. <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 9, 2015</p>		

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W 0214 Bldg. 00	<p>conducted at 3:50 P.M. on 6/23/15. Her record included an ISP (individual support plan) dated as last reviewed on 6/23/15. There was no documented evidence of a physical therapist or an occupational therapist in attendance at her annual planning meeting. There was no evidence of an assessment done by a physical and/or occupational therapist in the past twelve months.</p> <p>An interview was conducted with the Area Residential Director (ARD) on 6/25/15 at 10.00 A.M. The ARD indicated there was no known positioning expert for client #1. The ARD indicated client #1 was scheduled to be seen by a physical therapist for a wheelchair evaluation.</p> <p>9-3-4(a)</p> <p>483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. Based on observation, interview and record review, the facility failed to functionally assess skills, skill deficits and individualized needs and develop and prioritize training programs designed to</p>	W 0214	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Functional Assessments updated by QIDP for Clients 1 and 8. · ISP updated based on updated functional assessment by QIDP for Clients 1 and 8. 	08/09/2015			

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	<p>meet assessed needs for two of four clients in the sample (Clients #1 and #8).</p> <p>Findings include:</p> <p>Client #8: Client #8 was observed eating a snack at 3:50 P.M. on 6/22/15. She ate a small container of chocolate pudding rapidly using a small bowled spoon with significant spillage on her blouse.</p> <p>At 7:19 A.M. on 6/23/15, Client #8 was observed sitting on the couch in the living room. She had what appeared to be a large volume of white substance in her mouth as evidenced by her inability to close her mouth without pieces of the white substance falling from her lips.</p> <p>At 7:20 A.M. on 6/23/15, a direct support professional (DSP), DSP #1, indicated the white substance was the moisture absorbing material from the disposable brief worn by Client #8.</p> <p>Client #8 was observed at 8:30 A.M. on 6/23/15. She was seated on the vinyl covered couch in the living room. Client #8 sat tailor fashion (yoga position with legs crossed) in the middle of the couch and leaned forward until her face was on the seat of the couch. Client #8 licked and opened her mouth against the seat</p>		<ul style="list-style-type: none"> · Programming revised and implemented based on updated functional assessments and updated ISPs by QIDP for Clients 1 and 8. · Formal programming for Client 8 to eat at a slow pace. · Formal programming for Client 8 to eat only edible items. · Formal programming for Client 8 to engage in leisure activity of choice. · Revise dining plan for Client 8 to meet current needs. · Implement a seating arrangement for Client 8 that ensures safety and enables her to participate at meal time with other clients. · Revise Choking Risk Plan for client 8 to reflect dining plan revisions. · Revise behavior plan for Client 8 in regard to staff intervention when Client 8 is plopping down and refuses to get up; and when Client 8 is eating non-edible items. · Ensure that day program is implementing programming to encourage Client 8 to participate in activities offered and ensure that day program has choices of activities for Client 8 to participate in. · Reassessment of wheelchair for Client 1 in regard to her current needs. · Formal programming for Client 1 to learn to tolerate features on her wheelchair (foot straps, bolster and harness). · Formal programming for Client 1 for utilization of napkin 		

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	<p>cushions of the couch. She made a variety of noises as she alternated from having her hands near her mouth and having her mouth on the couch cushion. From 8:30 A.M. to 11:15 A.M., Client #8 remained on the couch. The only activity provided to her was a Frisbee which she alternately placed on the floor, picked up and, from time to time, banged against her head.</p> <p>Client #8 was observed at her day program, operated by the residential provider, at 8:45 A.M. on 6/24/15. She was seated in a recliner with her feet underneath her and positioned in a way which resulted in her pants falling down and her blouse riding up exposing the wrestling singlet worn by Client #8.</p> <p>The day program direct support staff (DPSS), DPSS #2, assigned to work with Client #8, was interviewed at 9:00 A.M. on 6/24/15. DPSS #2 stated it was "difficult to engage [Client #8] in any type of activity due to [Client #8's] preference to sit in the recliner manipulating a Frisbee which sometime included hitting herself in the head with the Frisbee." When asked if Client #8 participated in any type of exercise program, DPSS #2 indicated the only thing she was successful in getting Client #8 to do was to walk to and from the</p>		<p>during mealtime.</p> <ul style="list-style-type: none"> · Implement positioning schedule for Client 1. · Formal programming for Client 1 in regard to morning hygiene. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · Functional assessments of all clients at site reviewed and updated by QIDP. · ISPs of all clients at site reviewed and updated by QIDP. · Programming of all clients at site reviewed and revised as necessary for all clients at site by QIDP. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with QIDP regarding ISP process, including completing functional assessment, creating outcomes in ISP consistent with assessed needs, implementation of programs/goals based on outcomes from the ISP, collecting data and revision of programs/goals based on client success. · Development and Implementation of Active Treatment Checklist for QIDP to ensure all components of annual ISP are 				

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	<p>bathroom. When asked what types of data were maintained related to Client #8's progress on objectives, DPSS #2 indicated she documented food consumption and information about things such as bowel movements. DPSS #2 indicated she did not believe Client #8 had objectives related to her day program.</p> <p>Record review for Client #8 was conducted at 2:40 P.M. on 6/23/15. Her record included a document titled "Individual Plan of Protective Oversight - General Information " (Assessment) identified as the documented used by the provider as the Comprehensive Functional Assessment when combined with assessment information from clinicians such as nutritionists, speech therapists, etc. The "Personal Hygiene " section of the Assessment documented, "Total staff assist in bathing, oral hygiene, applying deodorant, brushing hair. Needs total staff assistance for all aspects of personal hygiene. [Client #8] is not able to regulate her water temperature, therefore, she need total staff assistance with regulating her water temperature." The "Nutrition" section of the Assessment documented, " ...Staff to encourage to eat at a slow pace due to eating at a fast pace. [Client #8] needs to feed herself. Needs consistent</p>		<p>accomplished within time frames identified.</p> <ul style="list-style-type: none"> · Development and Implementation of Monthly Checklist for QIDP to track that all monitoring of programs/goals has been completed. · Training with DSPs in regard to overall presentation of clients. · Training with DSPs in regard to new programming, updated protocols and risk plans, behavior plans for all clients. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Area Director will review all monthly checklists regarding monitoring of programs to ensure that programs are implemented and consistent with needs of clients. · Program Director/QIDP will complete monthly supervisory visits and review of documentation for the site. This review includes review of the formal programming and ISP. · Behavior plans will be reviewed on a quarterly basis by the behavior clinician or sooner as the needs arise. <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 9, 2015</p>				

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	<p>observation, encourage [Client #8] to eat at a slow pace and feed herself." The "Money Management " section of the Assessment documented, "Total assistance with money management. Difficulty with judgment/vulnerability." "Does not carry money. Guardian makes major financial decisions." The "Other Significant Information " section of the Assessment documented, "[Client #8] is diagnosed with Pica (putting non-edible items in mouth). It is important to try to keep her hands busy to deter Pica behavior. She will tear her depend and try to eat it. She targets most things cloth with her Pica behavior, but doesn't mean she will not put something that isn't cloth in her mouth. She has no gag reflex which makes it possible for her to swallow larger things that most people would not be able to swallow."</p> <p>Client #8's record included a Behavior Support Plan updated on 1/21/15 by the Program Director. Data were maintained on the target behaviors of "plopping " on the floor and "eating 'depend.' "Her record included an Individual Support Plan (ISP) dated as reviewed on 9/15/14. Data were maintained on objectives involving counting pennies, mixing water temperature and hand washing.</p> <p>The Qualified Intellectual Disabilities</p>			

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	Professional (QIDP) was interviewed at 11:05 A.M. on 6/24/15. When asked to explain how the objectives designed to teach skills to Client #8 were based on assessment data, the QIDP indicated people who knew Client #8 best submitted suggestions for objectives and the team accepted or rejected those suggestions. When asked how the objectives were prioritized, based on assessment data, the QIDP indicated she did not recall the objectives being prioritized, but rather written to comply with predetermined expectations for things such as mixing water temperatures, money management, and self-administration of medication. When asked to describe the level of Client #8's participation in activities at her residence and at her day program, the QIDP indicated Client #8 was highly resistive to programming attempts and rarely participated for more than a few seconds. When asked if the team assessed activities she preferred, the QIDP indicated it was difficult to assess what Client #8 liked and did not like due to the limited number of activities in which she would participate. When asked if the team assessed strengths Client #8 had and built programs focusing on her strengths, the QIDP stated, "No." When asked if Client #8 was offered a variety of activities to assess her interests, the QIDP			

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	<p>indicated the provider's ability to take Client #8 to a wide variety of activities to determine interests was limited due to transportation issues and insufficient staff ratios. When asked how the team identified counting pennies as one of Client #8's highest assessed needs, the QIDP indicated it did not but was a "required" money management objective. When asked if the team for Client #8 functionally assessed the behavior of placing the absorbent material from her disposable brief in her mouth, the QIDP indicated she was not aware of an assessment of the function of that behavior. When asked if the team for Client #8 had functionally assessed the rapid pace of Client #8's eating, the QIDP indicated she was not aware of an assessment of the function of that behavior. When asked to identify what skills Client #8 was taught, based on assessment data, which might lead to a lessening of the behavior of placing the absorbent material from her disposable brief in her mouth, the QIDP indicated the program was designed to prevent the behavior rather than to teach skills which might lessen the behavior .The QIDP stated this behavior was considered "dangerous" due to Client #8's risk for choking. The QIDP indicated although Client #8 did not engage in the behavior of placing the absorbent material in her</p>			

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	<p>mouth for approximately one month, the team had not assessed environmental factors or other factors which may have led to the temporary absence of this challenging behavior. When asked to identify what skills, based on assessment data, were taught to Client #8 related to slowing the pace of her eating, the QIDP stated the program was for staff to prompt her to "slow down," not to teach skills. The QIDP indicated the function of the behavior of rapid eating was not assessed and strategies were not developed based on assessment data to teach strategies to Client #8 such as "spoon down" between bites, which might lessen her rate of eating. The QIDP indicated Client #8 was at risk of choking due to the rate of eating and stuffing her mouth with food and other non-food items.</p> <p>Client #1:</p> <p>Client #1 was observed in her home at 3:08 P.M. on 6/22/15. She was seated in her tilt-in-space wheelchair. Although foot straps and a bolster were attached to her wheelchair they were not in use. Client #1 sat with her left leg crossed over her right leg which was beyond the right leg rest of the wheelchair. Although wearing a butterfly harness, the harness was fastened in a way which allowed</p>			

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	<p>Client #1 to lean to her right resulting in her head and her right shoulder being beyond the right armrest of her wheelchair. During all subsequent observations throughout the survey, she was in much the same position. The foot straps and the bolster were not in use during any survey observation. Client #1 was not observed to be in midline position during any survey observation.</p> <p>During an interview at 3:22 P.M. on 6/22/15, the House Manager indicated the bolster and the foot straps were rarely used because Client #1 did not like them. The House Manager indicated there was no active treatment program included in Client #1's plan to teach her to use and tolerate the foot straps and the bolster to help improve her alignment in her wheelchair.</p> <p>Record review for Client #1 was completed at 3:50 P.M. on 6/23/15. Her record included an ISP dated as last reviewed on 6/23/15. Her record also included a BSP dated 3/17/15. Neither the ISP nor the BSP included strategies to teach skills to Client #1 about the proper use of her adaptive equipment. Although a copy of the document used by the provider as the Comprehensive</p>						

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W 0227 Bldg. 00	<p>Functional Assessment was requested, it was not provided. Therefore, it was not possible to determine if the ISP and/or the BSP were based of the functional assessment of support needs related to the use of her adaptive equipment.</p> <p>9-3-4(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on interview and record review, the facility failed to assure training objectives were based on prioritized needs identified through comprehensive functional assessment of skills and skill deficits. This affected four of four clients in the sample (Clients #1, #2, #5 and #8).</p> <p>Findings include:</p> <p>Client #8:</p> <p>Rate of Eating</p> <p>Client #8 was observed eating a snack at 3:50 P.M. on 6/22/15. She ate a small container of chocolate pudding rapidly using a small bowled spoon with</p>	W 0227	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Functional Assessments updated by QIDP for Clients 1, 2, 3, 5 and 8. · ISP updated based on updated functional assessment by QIDP for Clients 1, 2, 3, 5 and 8. · Programming revised and implemented based on updated functional assessments and updated ISPs by QIDP for Clients 1, 2, 3, 5 and 8. · Data collected on current programs and necessary revisions completed by QIDP for Clients 1, 2, 3, 5 and 8. · Formal programming for Client 8 to eat at a slow pace. · Formal programming for Client 8 to eat only edible items. · Formal programming for 	08/09/2015

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	<p>significant spillage on her blouse.</p> <p>At 6:11 P.M. the ladies were assisted with washing their hands at the kitchen sink or with hand sanitizer and then seated at the dinner table. Clients #8 and #6 when seated at the table were unable to touch the floor with their feet. Client #8 ate at a rapid pace. Staff removed her plate of food from in front of her. Client #8 then drank two of her three drinks at a rapid pace.</p> <p>At 3:50 P.M. on 6/22/15, the House Manager stated Client #8 ate rapidly and frequently "overstuffed" her mouth while eating. The House Manager indicated Client #8's "Risk Plan" identified Client #8 at risk for choking. When asked what skills staff were teaching related to a safe pace and volume of food to eat, the House Manager indicated staff prompted Client #8 to slow down. When asked if there was a "spoon down between bites program " or a similar program designed to teach skills which might lead to safer eating, the House Manager stated, "No."</p> <p>Pica</p> <p>At approximately 7:19 A.M. on 6/23/15, Client #8 was observed sitting on the couch in the living room. She had what appeared to be a large volume of white</p>		<p>Client 8 to engage in leisure activity of choice.</p> <ul style="list-style-type: none"> · Revise dining plan for Client 8 to meet current needs. · Implement a seating arrangement for Client 8 that ensures safety and enables her to participate at meal time with other clients. · Revise Choking Risk Plan for client 8 to reflect dining plan revisions. · Revise behavior plan for Client 8 in regard to staff intervention when Client 8 is plopping down and refuses to get up; and when Client 8 is eating non-edible items. · Ensure that day program is implementing programming to encourage Client 8 to participate in activities offered and ensure that day program has choices of activities for Client 8 to participate in. · Reassessment of wheelchair for Client 1 in regard to her current needs. · Formal programming for Client 1 to learn to tolerate features on her wheelchair (foot straps, bolster and harness). · Formal programming for Client 1 for utilization of napkin during mealtime. · Implement positioning schedule for Client 1. · Formal programming for Client 2 for washing hair. · Formal programming for Client 2 for exercising for 30 minutes daily. · Formal programming for 				

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	<p>substance in her mouth as evidenced by her inability to close her mouth without pieces of the white substance falling from her lips.</p> <p>At 7:20 A.M. on 6/23/15, the direct support professional (DSP), DSP #1, who assisted Client #8 upon discovery of the substance in her mouth, indicated the white substance was the moisture absorbing material from the disposable brief worn by Client #8. When asked what skills were taught to Client #8 to lessen the likelihood of her placing in her mouth and possibly ingesting the absorbent material from her brief, DSP #1 indicated there was no specific program to teach skills. DSP #1 indicated Client #8's program included the use of modified clothing and staff interruption of the behavior through the use of verbal and physical prompts.</p> <p>"Plopping" Down:</p> <p>During an interview on 6/22/15 at 4:09 P.M., the House Manager stated Client #8 had not participated in community activities "in a while." The House Manager described an event when Client #8 had "plopped down" in the drive through lane at a local fast food establishment causing a huge delay for customers wanting to order via the drive</p>		<p>Client 2 for brushing teeth twice daily.</p> <ul style="list-style-type: none"> · Formal programming for Client 5 for washing hair. · Formal programming for Client 5 for exercising for 30 minutes daily. · Formal programming for Client 5 for brushing teeth twice daily. · Ensure MAR reflects cleaning of CPAP machine for Client 2. · Develop written protocol for use of CPAP machine for Client 2. · Ensure MAR reflects cleaning of CPAP machine for Client 4. · Develop written protocol for use of CPAP machine for Client 4. · Ensure MAR reflects of cleaning oxygen equipment for Client 5. · Develop written protocol for use of oxygen for Client 5 while she is sleeping. · Obtain appropriate clothing for Client 8 that fits, and ensure clothing is clean to allow her to present herself in a clean and positive way. · Formal programming for Client 1 in regard to morning hygiene. · OT/PT evaluation to be obtained for Client # 6 and 8 to determine proper foot positioning while eating. · Formal programming for Client #1 to assist in feeding herself. · Formal programming for Client #2 to use her walker. 				

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	<p>through. According to the House Manager, it took staff approximately twenty minutes to get Client #8 up from the drive through lane which created a safety issue for Client #8 and agency staff. When asked if this behavior was addressed in Client #8's plan, the House Manager stated "the Behavior Support Plan (BSP) addressed the behavior". When asked what skills were taught to Client #8 to lessen the likelihood of her plopping down, the House Manager stated "the event of plopping down in the drive through lane resulted in securing a wheelchair for [Client #8] to use on community outings and limiting [Client #8's] involvement in community outings." The House Manager indicated there were no objectives related to teaching skills which might lessen the likelihood of the behavior.</p> <p>Record review for Client #8 was conducted at 2:40 P.M. on 6/23/15. Her record included a documented titled "Individual Plan of Protective Oversight - General Information " (Assessment) identified as the documented used by the provider as the Comprehensive Functional Assessment when combined with assessment information from clinicians such as nutritionists, speech therapists, etc. The "Nutrition" section of the Assessment documented, "...Staff to</p>		<p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · Functional assessments of all clients at site reviewed and updated by QIDP. · ISPs of all clients at site reviewed and updated by QIDP. · Programming of all clients at site reviewed and revised as necessary for all clients at site by QIDP. · Data collection of all clients completed by QIDP. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with QIDP regarding ISP process, including completing functional assessment, creating outcomes in ISP consistent with assessed needs, implementation of programs/goals based on outcomes from the ISP, collecting data and revision of programs/goals based on client success. · Development and Implementation of Active Treatment Checklist for QIDP to ensure all components of annual ISP are accomplished within time frames identified. · Development and Implementation of Monthly Checklist for QIDP to track that all 		

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	<p>encourage to eat at a slow pace due to eating at a fast pace. [Client #8] needs to feed herself. Needs consistent observation, encourage [Client #8] to eat at a slow pace and feed herself. " The "Other Significant Information " section of the Assessment documented, "[Client #8] is diagnosed with Pica. It is important to try to keep her hands busy to deter Pica behavior. She will tear her depend and try to eat it" The "Other" section of the Assessment documented, "[Client #8] wears a wrestling singlet during waking and sleeping hours to keep her from ingesting the depend she is wearing" The "Wheelchair" section of the Assessment documented, "May use a wheelchair for transport due to easily tiring and sitting down on floor in public places"</p> <p>Client #8's record also include a "Risk Plan" updated on 5/26/15. The "Health Status Change" section of the Risk Plan documented, "Aspiration - High Risk Plan." In addition to instruction on what to do in the event Client #8 choked, the Health Status Change section of the Risk Plan included the following information: "During Mealtime: 1. Make sure [Client #8] has proper positioning during mealtime (sit upright, bottom at back of chair); 2 Meal/Drinks are to be proper consistency [Client #8] is on a pureed</p>		<p>monitoring of programs/goals has been completed.</p> <ul style="list-style-type: none"> · Training with DSPs in regard to overall presentation of clients. · Training with DSPs in regard to new programming, updated protocols and risk plans, behavior plans for all clients. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Area Director will review all monthly checklists regarding monitoring of programs to ensure that programs are implemented and consistent with needs of clients. · Program Director/QIDP will complete monthly supervisory visits and review of documentation for the site. This review includes review of the formal programming and ISP. · Behavior plans will be reviewed on a quarterly basis by the behavior clinician or sooner as the needs arise. <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 9, 2015</p>				

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	<p>diet; 3. Encourage slow pace eating/drinking; 4. Encourage fluid between bites/bites no larger than 1 teaspoon." The "Choking (dining plans)" section of the Risk Plan documented, [Client #8] is at a high risk for choking due to her fast paced eating habits, decreased gag reflex and pica diagnosis" The section of the Risk Plan referred to as "Risk Plan for Pica" documented, "...Co-existing developmental disabilities can make treatment difficult. [Client #8] has a diagnosis of Pica. [Client #8] will ingest her Depends undergarment which causes an increased risk for choking. [Client #8] wears a wrestling suit daily to protect her from gaining access to her Depends. [Client #8] needs careful attention to eating habits and close supervision to help catch the disorder before complications can occur."</p> <p>Client #8' s record included a BSP updated on 1/21/15. The BSP identified noncompliance, excessive food seeking, and Pica as three "target behaviors." The BSP included seven "Teaching Methods." Teaching Method 1 documented, "[Client #8] will eat the depend she is wearing if she is able to easily access it. This is a choking risk and an overall risk to [Client #8's] health, therefore, [Client #8] wears a wrestling singlet during waking and sleeping hours to prevent her from</p>			

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	<p>accessing her depend and eating it." Teaching Method 2 documented, "[Client #8] will walk more successfully from one place to another if pathway to area is clear from obstruction (such as people, chairs, boxes, etc.). If her pathway is not clear this could cause her to be noncompliant with request (coming to dinner table, going to medication room, going to the shower, bathroom, etc.)." Teaching Method 3 addressed the likelihood of client to client aggression which was not observed during the survey. Teaching Method 4 provided instruction to staff about giving "instructions a simple and direct manner" and avoiding "open ended questions." Teaching Method 5 documented, "[Client #8] will, at times, reach out to staff as a way to communicate.... " Teaching Method 6 documented, "[Client #8] does not have a diagnosis of autism, but she displays many autistic behaviors such as rocking back and forth, hand flapping, and trouble engaging in social activities...." Teaching Method 7 documented, "[Client #8] has no gag reflex. This means she can stick fairly large items in her mouth and swallow them. Historically it is reported that she can stick a whole roll of toilet paper in her mouth. It is important not to discredit an object that [Client #8] can ingest due to its size." The BSP did not include</p>			

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	<p>information about the function of the target behaviors nor did it include "Teaching Methods" designed to teach skills to Client #8 which might lessen the likelihood of the target behaviors.</p> <p>Client #8's record included an Individual Support Plan (ISP) updated on 12/13/14. The section of the ISP titled, "The Person's Valued Outcome " included "Value Outcome 6 " which documented, "Improve socialization (participation in outings, games, etc.)" The "Natural Supports and Community Resources section of the ISP documented, "[Client #8] enjoys going on many outings with her peers such as going out to eat, holiday parties and on walks...." Her ISP included objectives related to hand washing and water temperature regulation. Data were maintained on "Plopping" on floor, "eating' Depend', " and counting five pennies. The ISP did not include information which identified Client #8's prioritized needs and did not include active treatment strategies to teach skills which might lessen Client #8's risk of choking. The ISP did not include active treatment strategies to teach skills which might lessen the frequency of the "plopping down" behavior. The ISP did not include active treatment strategies to teach skills which might lessen the frequency of the Pica behavior.</p>			

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	<p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed at 11:05 A.M. on 6/24/15. When asked to explain how the objectives designed to teach skills to Client #8 were based on assessment data, the QIDP indicated people who knew Client #8 the best, submitted suggestions for objectives and the team accepted or rejected those suggestions. When asked how the objectives were prioritized, based on assessment data, the QIDP stated she "did not recall the objectives being prioritized, but rather written to comply with predetermined expectations for things such as mixing water temperatures, money management, and self-administration of medication." The QIDP indicated Client #8's plan did not include strategies to teach skills which might lead to Client #8 acquiring safe eating habits. The QIDP indicated Client #8's plan did not include strategies to teach skills which might lessen the frequency of the plopping down behavior. The QIDP indicated Client #8's plan did not include strategies to teach skills which might lessen the frequency of the Pica behavior.</p> <p>Client #1</p> <p>Position in Wheelchair</p>			
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	<p>Client #1 was observed in her home beginning at 3:08 P.M. on 6/22/15. She was seated in her tilt-in-space wheelchair. Although foot straps and a bolster were attached to her wheelchair they were not in use. Client #1 sat with her left leg crossed over her right leg which was beyond the right leg rest of the wheelchair. Although wearing a butterfly harness, the harness was fastened in a way which allowed her to lean to her right resulting in her head and her right shoulder positioned beyond the right armrest of her wheelchair. During all subsequent observations throughout the survey, she was in much the same position. The foot straps and the bolster were not in use during any survey observation. Client #1 was not observed to be in midline position during any survey observation.</p> <p>During an interview at 3:22 P.M. on 6/22/15, the House Manager stated "the wheelchair used by [Client #1] did not meet her needs" and indicated Client #1 was to be evaluated for a new wheelchair next week. The House Manager stated she was "not sure how long it would take to get [Client #1] a new wheelchair since the current wheelchair was only about a year old." According to the House Manager, the bolster and the foot straps</p>			

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	<p>were rarely used because Client #1 did not like them. The House Manager indicated Client #1's plan did not include strategies to teach skills which might result in better body alignment for Client #1 when seated in her wheelchair.</p> <p>Drooling</p> <p>Client #1 was observed beginning at 8:00 A.M. on 6/23/15. There was saliva hanging from Client #1's chin and neither DSP #2 nor the House Manager prompted Client #1 to wipe the saliva from her chin or provided support to Client #1 to remove the saliva from her chin. By 8:15 A.M. the front of Client #1's blouse was wet from saliva. Throughout all subsequent survey observations, although Client #1 was observed to consistently have saliva hanging from her mouth, she was not prompted to wipe her mouth and staff did not consistently provide that support to her.</p> <p>At 6:11 P.M. on 6/22/15 the ladies were assisted with washing their hands at the kitchen sink or with hand sanitizer and then seated at the dinner table. Client #1 was assisted with eating her meal by the HM. The HM would give her a bite of food and then used the spoon to scrape any excess food from around client #1's</p>			

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	<p>mouth. Client #1 was not encouraged to utilize her napkin to wipe her face.</p> <p>During an interview at 8:28 A.M. on 6/23/15, the House Manager indicated Client #1 was resistive to holding anything in her hand. The House Manager indicated Client #1's plan did not include strategies to teach skills related to wiping the saliva from her chin.</p> <p>Record review for Client #1 was conducted at 3:50 P.M. on 6/23/15. Her record included an ISP dated as last reviewed on 6/23/15. Her record also included a BSP dated 3/17/15. Neither the ISP nor the BSP included strategies to teach skills to Client #1 about improving her body alignment while seated in her wheelchair. Neither the ISP nor the BSP included strategies to teach skills to Client #1 to wipe saliva from her chin. Although a copy of the document used by the provider as the Comprehensive Functional Assessment was requested, it was not provided. Therefore, it was not possible to determine if assessment data were prioritized to reflect Client #1 greatest needs.</p> <p>The QIDP was interviewed at 11:05 A.M. on 6/24/15. The QIDP indicated</p>			

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	<p>objectives designed to teach skills to Client #1 were based on suggestions from staff members and family members who knew Client #1 best. The QIDP indicated the ISP did not identify prioritized skill deficits and training needs to be addressed. The QIDP indicated Client #1's used her wheelchair consistently throughout the day and was not able to bear weight or walk. The QIDP indicated Client #1's plan did not include strategies to teach skills which might lead to better body alignment when seated in her wheelchair. The QIDP indicated Client #1's plan did not include strategies to teach skills related to holding an object with which she could wipe saliva from her chin.</p> <p>Client #2: Record review for Client #2 was initiated on 6/23/15 at 2:54 P.M. Her record included an Individual Support Plan (ISP) dated as last reviewed on 9/30/14. Her ISP indicated she required hand over hand assistance from staff when washing her hair to rinse all the soap out. Her ISP indicated she had doctor's orders to exercise 30 minutes daily and for staff to assist her with brushing her teeth twice a day. Her ISP did not include objectives or goals for these needs. During observation</p>			

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	<p>she was not encouraged to exercise, and did not have assistance from staff with tooth brushing. Her record included a "Fall Risk Plan" dated 5/26/15 indicating "Staff are to ensure that any adaptive devices are in good repair, broken equipment should be reported to the HM immediately. The environment should be kept clear of hazards. Staff are to assist [client #2] as needed with ambulation." Client #5: Record review for Client #5 was initiated on 6/23/15 at 3:51 P.M. Her record included an Individual Support Plan (ISP) dated as last reviewed on 9/30/14. Her ISP indicated she needed assistance with brushing her teeth twice a day, to exercise for 30 minutes daily, and to wash her hair. Client #5's ISP did not include any objectives/goals for these areas. During the observation periods client #5 was not observed to be encouraged to exercise, or brush her teeth with assistance. The QIDP was interviewed on 6/24/15 at 1:45 P.M. The QIDP indicated clients #2 and #5 did not have goals to exercise daily, or to wash their hair. The QIDP indicated clients #2 and #5 should have</p>			

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W 0240 Bldg. 00	<p>been involved in active treatment and learning and acquiring new skills. The QIDP indicated client #2's and #5's goals and objectives had not been developed around their prioritized identified needs. 9-3-4(a)</p> <p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence.</p> <p>Based on observation, interview and record review, the facility failed to develop written instructions to staff about mealtime supports to be provided for one of one client in the sample who was at risk of choking due to eating rapidly, overstuffing her mouth and taking food from the plates of others (Client #8). The facility failed to develop written instruction to staff related to positioning for one of one client in the sample who used a wheelchair for mobility (Client #1). The facility failed to have a CPAP (continuous positive airway pressure) protocol in place including documentation of usage compliance, cleaning and replacement of parts/filters, for 2 of 2 clients who utilized CPAP therapy (clients #2 and #4) and for 1 of 1 client who utilized oxygen therapy at night (client #3).</p> <p>Findings include:</p> <p>Client #8:</p> <p>At 6:11 P.M. the ladies were assisted with washing their hands at the kitchen sink or with</p>	W 0240	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Functional Assessments updated by QIDP for Clients 1, 2, 3, 5 and 8. · ISP updated based on updated functional assessment by QIDP for Clients 1, 2, 3, 5 and 8. · Programming revised and implemented based on updated functional assessments and updated ISPs by QIDP for Clients 1, 2, 3, 5 and 8. · Data collected on current programs and necessary revisions completed by QIDP for Clients 1, 2, 3, 5 and 8. · Formal programming for Client 8 to eat at a slow pace. · Formal programming for Client 8 to eat only edible items. · Formal programming for Client 8 to engage in leisure activity of choice. · Revise dining plan for Client 	08/09/2015

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	<p>hand sanitizer and then seated at the dinner table. Clients #8 and #6 when seated at the table were unable to touch the floor with their feet. Client #8 ate at a rapid pace. Staff removed her plate of food from in front of her. Client #8 then drank two of her three drinks at a rapid pace.</p> <p>Client #8 was observed eating a snack at 3:50 P.M. on 6/22/15. She ate a small container of chocolate pudding rapidly using a small bowled spoon with significant spillage. As Client #8 sat at the dining room table in the dining room chair, her feet dangled approximately twelve inches above the floor. There was no footstool or other adaptation provided for her feet while eating.</p> <p>At 3:50 P.M. on 6/22/15, the House Manager stated Client #8 ate rapidly and frequently "overstuffed" her mouth while eating. The House Manager indicated Client #8's "Risk Plan" identified Client #8 at risk for choking. When asked if Client #8's plan included written instruction to staff regarding Client #8's positioning during meals, including stabilization of her feet, the House Manager stated she "did not believe the dining plan was that specific." The House Manager indicated Client #8 ate meals with the other seven clients who lived at the residence. The House Manager stated the "dining plan did not include written instruction about the strategies staff were to use when [Client #8] was not responsive to verbal prompts to slow the pace of her eating and the size of the bites."</p> <p>Record review for Client #8 was conducted at 2:40 P.M. on 6/23/15. Her record included a documented titled "Individual Plan of Protective Oversight - General Information" (Assessment) identified as the documented used by the provider as the Comprehensive Functional Assessment when combined with assessment information from</p>		<p>8 to meet current needs.</p> <ul style="list-style-type: none"> · Implement a seating arrangement for Client 8 that ensures safety and enables her to participate at meal time with other clients. · Revise Choking Risk Plan for client 8 to reflect dining plan revisions. · Revise behavior plan for Client 8 in regard to staff intervention when Client 8 is plopping down and refuses to get up; and when Client 8 is eating non-edible items. · Ensure that day program is implementing programming to encourage Client 8 to participate in activities offered and ensure that day program has choices of activities for Client 8 to participate in. · Reassessment of wheelchair for Client 1 in regard to her current needs. · Formal programming for Client 1 to learn to tolerate features on her wheelchair (foot straps, bolster and harness). · Formal programming for Client 1 for utilization of napkin during mealtime. · Implement positioning schedule for Client 1. · Formal programming for Client 2 for washing hair. · Formal programming for Client 2 for exercising for 30 minutes daily. · Formal programming for Client 2 for brushing teeth twice daily. · Formal programming for 		

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	<p>clinicians such as nutritionists, speech therapists, etc. The "Nutrition " section of the Assessment documented, "...Staff to encourage to eat at a slow pace due to eating at a fast pace. [Client #8] needs to feed herself. Needs consistent observation, encourage [Client #8] to eat at a slow pace and feed herself."</p> <p>Client #8's record included a "Risk Plan" updated on 5/26/15. The "Health Status Change" section of the Risk Plan documented, "Aspiration - High Risk Plan." In addition to instruction on what to do in the event Client #8 choked, the Health Status Change section of the Risk Plan included the following information: "During Mealtime: 1. Make sure [Client #8] has proper positioning during mealtime (sit upright, bottom at back of chair); 2. Meal/Drinks are to be proper consistency. [Client #8] is on a pureed diet; 3. Encourage slow pace eating/drinking; 4. Encourage fluid between bites/bites no larger than 1 teaspoon." The "Choking (dining plans)" section of the Risk Plan documented, [Client #8] is at a high risk for choking due to her fast paced eating habits, decreased gag reflex and pica diagnosis...."</p> <p>Client #8's record included a Behavior Support Plan (BSP) updated on 1/21/15. The BSP identified excessive food seeking as a "target behavior." The BSP did not include written instruction to staff about the "food seeking" behavior or mealtime supports.</p> <p>Client #8's record included an Individual Support Plan (ISP) updated on 12/13/14. The "Profile" section of the ISP documented, "...[Client #8] is on a 1800 cal [calorie] diet of pureed food only. She does not chew, and swallows very quickly. She is very quick to grab at food and other non-edible items and attempt to swallow them.</p>		<p>Client 5 for washing hair.</p> <ul style="list-style-type: none"> · Formal programming for Client 5 for exercising for 30 minutes daily. · Formal programming for Client 5 for brushing teeth twice daily. · Ensure MAR reflects cleaning of CPAP machine for Client 2. · Develop written protocol for use of CPAP machine for Client 2. · Ensure MAR reflects cleaning of CPAP machine for Client 4. · Develop written protocol for use of CPAP machine for Client 4. · Ensure MAR reflects of cleaning oxygen equipment for Client 5. · Develop written protocol for use of oxygen for Client 5 while she is sleeping. · Obtain appropriate clothing for Client 8 that fits, and ensure clothing is clean to allow her to present herself in a clean and positive way. · Formal programming for Client 1 in regard to morning hygiene. · OT/PT evaluation to be obtained for Client # 6 and 8 to determine proper foot positioning while eating. · Formal programming for Client #1 to assist in feeding herself. · Formal programming for Client #2 to use her walker. <p>1.How will we identify other residents having the potential to be</p>				

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	<p>[Client #8] eats at a different time than her peers because of the high risk of her grabbing other's food. During mealtimes, one staff assists only [Client #8]. "</p> <p>Client #8's record included a "Nutritional Assessment" dated 12/5/14 and a "Quarterly Nutritional Review," dated 5/15/15. Neither the Nutritional Assessment nor the Quarterly Nutritional Review provided instruction to staff about having Client #8 eat at a different time from her peers. Neither the Nutritional Assessment nor the Quarterly Nutritional Review identified and addressed Client #8's feet dangling above the floor while seated at the dining table.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed at 11:05 A.M. on 6/24/15. The QIDP indicated the team had not identified and assessed modifications needed so Client #8's feet did not dangle above the floor during mealtime. The QIDP indicated Client #8 ate meals sitting at the table with peers. The QIDP indicated the instruction in the ISP to have her eat at different times was no longer in place .The QIDP indicated she had not amended the ISP to provide current written instructions to staff regarding mealtime supports for Client #8.</p> <p>Client #1:</p> <p>Client #1 was observed in her home beginning at 3:08 P.M. on 6/22/15. She was seated in her tilt-in-space wheelchair. Although foot straps and a bolster were attached to her wheelchair they were not in use. Client #1 sat with her left leg crossed over her right leg which was beyond the right leg rest of the wheelchair. Although wearing a butterfly harness, the harness was fastened in a way which allowed her to lean to her right resulting in her head and her right shoulder</p>		<p>affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · Functional assessments of all clients at site reviewed and updated by QIDP. · ISPs of all clients at site reviewed and updated by QIDP. · Programming of all clients at site reviewed and revised as necessary for all clients at site by QIDP. · Data collection of all clients completed by QIDP. · Hoyer lift training for staff regarding the needs for client #1. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with QIDP regarding ISP process, including completing functional assessment, creating outcomes in ISP consistent with assessed needs, implementation of programs/goals based on outcomes from the ISP, collecting data and revision of programs/goals based on client success. · Development and Implementation of Active Treatment Checklist for QIDP to ensure all components of annual ISP are accomplished within time frames identified. · Development and Implementation of Monthly Checklist for QIDP to track that all 				

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	<p>positioned beyond the right armrest of her wheelchair. During all subsequent observations throughout the survey, Client #1 was in much the same position as described. The foot straps and the bolster were not in use during any survey observation. Client #1 was not observed to be in midline position during any survey observation. During all survey observations, Client #1 was seated in her wheelchair on a sling used when transferred with a mechanical lift.</p> <p>During an interview at 3:22 P.M. on 6/22/15, the House Manager indicated the bolster and the foot straps were rarely used. The House Manager indicated there were no written instruction included in Client #1's plan regarding how she was to be positioned in her wheelchair including the application of the foot straps and the bolster. The House Manager indicated there were no written instructions to staff about the use of the tilt-in-space feature of Client #1's wheelchair. The House Manager indicated there were no written instructions included in Client #1's plan which addressed how snug the butterfly harness should be to help Client #1 maintain body alignment. The House Manager indicated there were no written instructions included in Client #1's plan about the practice of having Client #1 sit on the transfer sling used with the mechanical lift.</p> <p>Record review for Client #1 was conducted at 3:50 P.M. on 6/23/15. Her record included an ISP dated as last reviewed on 6/23/15. Her record included a BSP dated 3/17/15. Client #1's record included a "Risk Plan" dated 5/26/15. Neither the ISP, the BSP nor the Risk Plan included written instruction to staff about how Client #1 was to be positioned in her wheelchair. Neither the ISP, the BSP nor the Risk Plan included written instruction to staff about the practice of having Client #1 sit on the transfer sling used with the</p>		<p>monitoring of programs/goals has been completed.</p> <ul style="list-style-type: none"> · Training with DSPs in regard to overall presentation of clients. · Training with DSPs in regard to new programming, updated protocols and risk plans, behavior plans for all clients. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Area Director will review all monthly checklists regarding monitoring of programs to ensure that programs are implemented and consistent with needs of clients. · Program Director/QIDP will complete monthly supervisory visits and review of documentation for the site. This review includes review of the formal programming and ISP. · Behavior plans will be reviewed on a quarterly basis by the behavior clinician or sooner as the needs arise. <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 9, 2015</p>				

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	<p>mechanical lift.</p> <p>Client #2 and #4:</p> <p>During observations on 6/22/15 at 3:10 P.M. Client #2's and client #4's CPAP (continuous positive airway pressure) masks were laying on the floor beside/under their beds. There was dirt and debris on the floor and under the beds. Both CPAP masks were darkened in color, and the QIDP stating "doesn't appear to be clean." and the ARD stating "they are to be cleaned daily and recorded on the MAR (medication administration record)."</p> <p>Client #2's record was reviewed on 6/23/15 at 2:54 P.M. Client #2's physician's orders dated for June 2015 indicated she utilized a CPAP machine at night while sleeping to maintain her breathing. There was no documentation indicating client #2's compliance with her CPAP, if staff assisted her and monitored usage throughout the night, and how the mask should be stored and cleaned daily.</p> <p>Client #4's record was reviewed on 6/22/15 at 3:54 P.M. Client #4's physician's orders dated for June 2015 indicated she utilized a CPAP machine at night while sleeping to maintain her breathing. There was no documentation indicating client #4's compliance with her CPAP, if staff assisted her and monitored usage throughout the night, and how the mask should be stored and cleaned daily.</p> <p>Review of the APRIA web site (company supplying CPAP equipment) was conducted on 6/25/15 at 3:00 P.M. The recommendations for CPAP daily cleaning indicated: "empty remaining water, immerse humidifier tank into soapy water and fill with soapy water, shake vigorously, rinse, allow to dry. CPAP masks are to be cleaned daily, tubing, tank and mask are to be checked daily for</p>			

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W 0249 Bldg. 00	<p>holes/cracks."</p> <p>Client #3:</p> <p>During observations conducted on 6/22/15 at 3:10 P.M. Client #3's oxygen tubing and nasal cannula were laying on the floor under client #3's bed. There was a significant amount of debris and dust on the floor under the bed.</p> <p>Client #3's record was reviewed on 6/22/15 at 3:58 P.M. Client #3's physician's orders dated for June 2015 indicated she utilized a oxygen at night while sleeping to maintain her breathing. There was no documentation indicating client #3's compliance with her oxygen, if staff assisted her and monitored usage through-out the night, and how the tubing and cannula should be stored and cleaned daily.</p> <p>An interview was conducted with the Area Residential Director (ARD) on 6/24/15 at 2:10 P.M. The ARD indicated there was no documentation available regarding compliance with CPAP and Oxygen and no protocols in place to insure proper cleaning and storage of the equipment.</p> <p>9-3-4(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p>			
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	<p>Based on interview and record review, the facility failed to assure the individual support plans were consistently implemented for two of four clients in the sample (Clients #1 and #8).</p> <p>Findings include:</p> <p>Client #8</p> <p>At approximately 7:19 A.M. on 6/23/15, Client #8 was observed sitting on the couch in the living room. She had what appeared to be a large volume of white substance in her mouth as evidenced by her inability to close her mouth without pieces of the white substance falling from her lips.</p> <p>At 7:20 A.M. on 6/23/15, a direct support professional (DSP), DSP #1, indicated the white substance was the moisture absorbing material from the disposable brief worn by Client #8.</p> <p>Client #8 was observed beginning at 8:30 A.M. on 6/23/15. She was seated on the vinyl covered couch in the living room. From 8:30 A.M. to 11:15 A.M., Client #8 remained on the couch. The only activity provided to her was a Frisbee which she alternately placed on the floor, picked up and, from time to time, banged against her head.</p>	W 0249	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Functional Assessments updated by QIDP for Clients 1 and 8. · ISP updated based on updated functional assessment by QIDP for Clients 1 and 8. · Programming revised and implemented based on updated functional assessments and updated ISPs by QIDP for Clients 1 and 8. · Formal programming for Client 8 to eat at a slow pace. · Formal programming for Client 8 to eat only edible items. · Formal programming for Client 8 to engage in leisure activity of choice. · Revise dining plan for Client 8 to meet current needs. · Implement a seating arrangement for Client 8 that ensures safety and enables her to participate at meal time with other clients. · Revise Choking Risk Plan for client 8 to reflect dining plan revisions. · Revise behavior plan for Client 8 in regard to staff intervention when Client 8 is plopping down and refuses to get up; and when Client 8 is eating non-edible items. · Ensure that day program is implementing programming to encourage Client 8 to participate in activities offered and ensure that day program has choices of activities for Client 8 to participate in. · Reassessment of wheelchair for Client 1 in regard to her current needs. · Formal programming for Client 1 to learn to tolerate features on her wheelchair (foot 	08/09/2015			

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	<p>Client #8 was observed at her day program, operated by the residential provider, beginning at 8:45 A.M. on 6/24/15. She was seated in a recliner with her feet underneath her and positioned in a way which resulted in her pants falling down and her blouse riding up exposing the wrestling singlet worn by Client #8. She was not engaged in any type of activity.</p> <p>The day program direct support staff (DPSS), DPSS #2, assigned to work with Client #8, was interviewed at 9:00 A.M. on 6/24/15. DPSS #2 said it was difficult to engage Client #8 in any type of activity due to Client #8's preference to sit in the recliner sometimes manipulating a Frisbee.</p> <p>Record review for Client #8 was conducted at 2:40 P.M. on 6/23/15. Her record included a documented titled "Individual Plan of Protective Oversight - General Information" (Assessment) identified as the documented used by the provider as the Comprehensive Functional Assessment when combined with assessment information from clinicians such as nutritionists, speech therapists, etc. The "Other Significant Information" section of the Assessment documented, "[Client #8] is diagnosed</p>		<p>straps, bolster and harness). · Formal programming for Client 1 for utilization of napkin during mealtime. · Implement positioning schedule for Client 1. · Formal programming for Client 1 in regard to morning hygiene. 1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? · Functional assessments of all clients at site reviewed and updated by QIDP. · ISPs of all clients at site reviewed and updated by QIDP. · Programming of all clients at site reviewed and revised as necessary for all clients at site by QIDP. 1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: · Training with QIDP regarding ISP process, including completing functional assessment, creating outcomes in ISP consistent with assessed needs, implementation of programs/goals based on outcomes from the ISP, collecting data and revision of programs/goals based on client success. · Development and Implementation of Active Treatment Checklist for QIDP to ensure all components of annual ISP are accomplished within time frames identified. · Development and Implementation of Monthly</p>				

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	<p>with Pica. It is important to try to keep her hands busy to deter Pica behavior. She will tear her depend and try to eat it...."</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed at 11:05 A.M. on 6/24/15. The QIDP indicated it was the expectation to keep Client #8 actively engaged in activities to lessen to likelihood of her engaging in Pica behavior. When asked to describe the level of Client #8's participation in activities at her residence and at her day program, the QIDP indicated Client #8 was highly resistive to programming attempts and rarely participated for more than a few seconds. When the two hour and forty-five minute observation on 6/23/15 was described, the QIDP indicated Client #8 should have been offered a variety of things to do rather than being allowed to sit on the couch sometimes playing with a Frisbee.</p> <p>Client #1:</p> <p>Client #1 was observed eating breakfast at 7:00 A.M. on 6/23/15. She was seated in her wheelchair. Client #1 was fed breakfast by the House Manager. There was no attempt to have Client #1 feed herself with hand over hand assistance.</p>		<p>Checklist for QIDP to track that all monitoring of programs/goals has been completed. · Training with DSPs in regard to overall presentation of clients. · Training with DSPs in regard to new programming, updated protocols and risk plans, behavior plans for all clients.</p> <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Area Director will review all monthly checklists regarding monitoring of programs to ensure that programs are implemented and consistent with needs of clients. · The Program Coordinator will monitor the active treatment needs of the home daily when at the site to ensure that the staff is meeting the active treatment needs of the residents. · The Program Director will consult with the Program Coordinator regarding her observations on the active treatment needs of the residents as the observations are completed. · The Program Director will complete observations within the home as the active treatment needs of the residents indicates. · The Area Director will review the programmatic reviews and programming implemented by the Program Director on a monthly basis. · The Program Director will consult with the Behavioral Clinician 				

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	<p>During an interview at 7:10 A.M. on 6/23/15, the House Manager indicated Client #1 was always fed by staff because she was resistive to hand over hand assistance and would refuse to eat if staff insisted on providing that level of support.</p> <p>Client #1 was observed at her day program, operated by the residential provider, beginning at 8:45 A.M. on 6/24/15. The day program direct support staff (DPSS), DPSS #1, assigned to work with Client #1, indicated Client #1 was always fed by staff. DPSS #1 indicated hand over hand guidance was not used with Client #1 during mealtime.</p> <p>Record review for Client #1 was initiated at 3:50 P.M. on 6/23/15. Her record included an Individual Support Plan (ISP) dated as last reviewed on 6/23/15. Her record included a "Dining Plan" dated 3/5/15. The "Eating" section of the Dining Plan documented, "Staff must assist her hand over hand when she is eating.... "</p> <p>The QIDP was interviewed at 11:05 A.M. on 6/24/15. The QIDP indicated the individual plan for Client #1 required staff to provide hand-over-hand assistance during mealtime. The QIDP stated she was "unaware the day program</p>		<p>regarding the behavioral concerns of the residents as the need indicates.</p> <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 9, 2015</p>	

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W 0255 Bldg. 00	<p>staff and the residential staff were not providing that level of support."</p> <p>9-3-4(a)</p> <p>483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>Based on interview and record review, the facility failed to assure the Qualified Intellectual Disabilities Professional made revisions to the individual plans for four of four clients in the sample based on data related to training objectives (Clients #1, #2, #5 and #8).</p> <p>Findings include:</p> <p>An interview was conducted with the qualified intellectual disabilities professional (QIDP) on 6/24/15 at 10:38 A.M. The QIDP indicated she did not monitor and analyze data maintained on training objectives and therefore there was no way to determine progress or lack of progress in clients meeting their objectives.</p> <p>Record review for Client #1 was conducted at 3:50 P.M. on 6/23/15. Her record did not include documented evidence of review of program data by the QIDP which analyzed progress or lack of progress on the objectives on which data were</p>	W 0255	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Functional Assessments updated by QIDP for Clients 1, 2, 5 and 8. · ISP updated based on updated functional assessment by QIDP for Clients 1, 2, 5 and 8. · Programming revised and implemented based on updated functional assessments and updated ISPs by QIDP for Clients 1, 2, 5 and 8. · Data collected on current programs and necessary revisions completed by QIDP for Clients 1, 2, 5 and 8. · The QIDP will be retrained on the expectations of program monitoring and revisions on 8-11-15. · The QIDP will participate in monthly meetings with other QIDP's and Area Directors to ensure that program revisions are made to individual's plans. · A review of the QIDP 	08/09/2015

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	<p>maintained.</p> <p>Record review for Client #8 was conducted at 2:40 P.M. on 6/23/15. Her record did not include documented evidence of review of program data by the QIDP which analyzed progress or lack of progress on the objectives on which data were maintained.</p> <p>Record review for Client #2 was conducted at 2:54 P.M. on 6/23/15. Her record did not include documented evidence of review of program data by the QIDP which analyzed progress or lack of progress on the objectives on which data were maintained.</p> <p>Record review for Client #5 was conducted at 3:51 P.M. on 6/23/15. Her record did not include documented evidence of review of program data by the QIDP which analyzed progress or lack of progress on the objectives on which data were maintained.</p> <p>9-3-4(a)</p>		<p>monthly checklist will be completed by peers and/or the Area Director at this monthly meeting to ensure revisions are taking place.</p> <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · Functional assessments of all clients at site reviewed and updated by QIDP. · ISPs of all clients at site reviewed and updated by QIDP. · Programming of all clients at site reviewed and revised as necessary for all clients at site by QIDP. · Data collection of all clients completed by QIDP. · The QIDP will be retrained on the expectations of program monitoring and revisions on 8-11-15. · The QIDP will participate in monthly meetings with other QIDP's and Area Directors to ensure that program revisions are made to individual's plans. · A review of the QIDP monthly checklist will be completed by peers and/or the Area Director at this monthly meeting to ensure revisions are taking place. · 1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: · Training with QIDP regarding ISP process, including completing functional assessment, creating 		

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			<p>outcomes in ISP consistent with assessed needs, implementation of programs/goals based on outcomes from the ISP, collecting data and revision of programs/goals based on client success. · Development and Implementation of Active Treatment Checklist for QIDP to ensure all components of annual ISP are accomplished within time frames identified. · Development and Implementation of Monthly Checklist for QIDP to track that all monitoring of programs/goals has been completed.</p> <p>· The QIDP will be retrained on the expectations of program monitoring and revisions on 8-11-15.</p> <p>· The QIDP will participate in monthly meetings with other QIDP's and Area Directors to ensure that program revisions are made to individual's plans.</p> <p>· A review of the QIDP monthly checklist will be completed by peers and/or the Area Director at this monthly meeting to ensure revisions are taking place.</p> <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <p>· Area Director will review all monthly checklists regarding monitoring of programs to ensure that programs are implemented and consistent with needs of clients.</p> <p>1.· The QIDP will be retrained on the expectations of</p>		

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W 0268 Bldg. 00	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 to promote dignity, growth, development and independence for two of four sampled clients (clients #1 and #8). Findings include: At 6:11 P.M. on 6/22/15 Client #1 was assisted with using hand sanitizer on her	W 0268	program monitoring and revisions on 8-11-15. · The QIDP will participate in monthly meetings with other QIDP's and Area Directors to ensure that program revisions are made to individual's plans. · A review of the QIDP monthly checklist will be completed by peers and/or the Area Director at this monthly meeting to ensure revisions are taking place. · The Quality Assurance department will complete audits to ensure completion of the QIDP responsibilities (i.e. programmatic data reviews, yearly assessments completed, programmatic revisions made, etc.). 2.What is the date by which the systemic changes will be completed? August 9, 2015 1.What corrective action will be accomplished? · Functional Assessments updated by QIDP for Clients 1 and 8. · ISP updated based on updated functional assessment by QIDP for Clients 1 and 8. · Programming revised and implemented based on updated functional assessments and updated ISPs by QIDP for Clients 1 and 8. · Formal programming for	08/09/2015	

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	<p>hands prior to her evening meal. Client #1 was assisted with eating her meal by the HM. The HM would give her a bite of food and then used the spoon to scrape any excess food from around client #1's mouth. Client #1 was not encouraged to utilize her napkin to wipe her face.</p> <p>Client #1 was observed at 8:00 A.M. on 6/23/15, after coming from her room accompanied by DSP #2 who announced she was "ready for her day. " She was seated in her wheelchair on a sling used when transferred by a mechanical lift. Client #1's long brown hair was in a ponytail and her bangs extended below her eyebrows. Many strands of her hair were hanging from her ponytail and the clothing she wore, although matching, appeared stained and faded. There was saliva hanging from Client #1's chin and neither DSP #2 nor the House Manager provided support to wipe the saliva from her chin. By 8:15 A.M. the front of Client #1's blouse was wet from saliva.</p> <p>Throughout the survey, Client #1's hair appeared messy with strands of her long brown hair hanging into her face from her pony tail. Although the clothing worn by Client #1 appeared to fit properly, many of the blouses had stains. Although staff wiped the saliva from Client #1's face from time to time, there were no efforts</p>		<p>Client 8 to eat at a slow pace.</p> <ul style="list-style-type: none"> · Formal programming for Client 8 to eat only edible items. · Formal programming for Client 8 to engage in leisure activity of choice. · Revise dining plan for Client 8 to meet current needs. · Implement a seating arrangement for Client 8 that ensures safety and enables her to participate at meal time with other clients. · Revise Choking Risk Plan for client 8 to reflect dining plan revisions. · Revise behavior plan for Client 8 in regard to staff intervention when Client 8 is plopping down and refuses to get up; and when Client 8 is eating non-edible items. · Ensure that day program is implementing programming to encourage Client 8 to participate in activities offered and ensure that day program has choices of activities for Client 8 to participate in. · Reassessment of wheelchair for Client 1 in regard to her current needs. · Formal programming for Client 1 to learn to tolerate features on her wheelchair (foot straps, bolster and harness). · Formal programming for Client 1 for utilization of napkin during mealtime. · Implement positioning schedule for Client 1. · Formal programming for Client 1 in regard to morning 				

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	<p>to keep the saliva from soaking her blouse and no attempts to teach client to wipe the saliva which often hung in a strand from her chin to her hand or from her chin to her blouse or butterfly harness.</p> <p>During an interview at 3:22 P.M. on 6/22/15, the House Manager indicated Client #1 constantly drooled causing stains to her clothing. The House Manager indicated Client #1 was resistive to holding things in her hands and therefore had not learned to wipe the saliva from her chin. The House Manager stated "[Client #1's] hair was difficult to keep looking neat because of her constant movement."</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed at 11:05 A.M. on 6/24/15. The QIDP indicated Client #1 consistently had saliva on her chin, her hands, her butterfly harness and her clothing due to her inability to swallow effectively. The QIDP stated although there was a "check and change " schedule every two hours for Client #1, there was no instruction to staff to assure her blouse was also changed if wet with saliva. The QIDP stated constant laundering of Client #1's clothing, and the stains associated with the clothing being saturated with saliva,</p>		<p>hygiene.</p> <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · Functional assessments of all clients at site reviewed and updated by QIDP. · ISPs of all clients at site reviewed and updated by QIDP. · Programming of all clients at site reviewed and revised as necessary for all clients at site by QIDP. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with QIDP regarding ISP process, including completing functional assessment, creating outcomes in ISP consistent with assessed needs, implementation of programs/goals based on outcomes from the ISP, collecting data and revision of programs/goals based on client success. · Development and Implementation of Active Treatment Checklist for QIDP to ensure all components of annual ISP are accomplished within time frames identified. · Development and Implementation of Monthly Checklist for QIDP to track that all 	

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	<p>sometimes resulted in Client #1's clothing appearing "worn out." The QIDP indicated she did not know if staff brushed and fixed Client #1's hair throughout the day.</p> <p>Client #8</p> <p>Client #8 was observed from at 8:30 A.M. to 11:15 A.M. on 6/23/15. She was seated on the vinyl covered couch in the living room with her legs crossed underneath her. As she leaned forward placing her mouth on the couch, her wrestling singlet showed when her pants pulled down below her buttocks and her blouse raised above her waist. The outline of her disposable brief was readily visible under the wrestling singlet. Her hair fell forward in her face. She was not wearing socks or shoes.</p> <p>Client #8 was observed at her day program, operated by the residential provider, at 8:45 A.M. on 6/24/15. She was seated in a recliner with her feet underneath her and positioned in a way which resulted in her pants falling down and her blouse riding up exposing the wrestling singlet worn by Client #8. The outline of her disposable brief was readily visible under the wresting singlet. Her hair was in her face. She was not wearing socks or shoes.</p>		<p>monitoring of programs/goals has been completed.</p> <ul style="list-style-type: none"> · Training with DSPs in regard to overall presentation of clients. · Training with DSPs in regard to new programming, updated protocols and risk plans, behavior plans for all clients. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Area Director will review all monthly checklists regarding monitoring of programs to ensure that programs are implemented and consistent with needs of clients. · Program Director/QIDP will complete monthly supervisory visits and review of documentation for the site. This review includes review of the formal programming and ISP. · Behavior plans will be reviewed on a quarterly basis by the behavior clinician or sooner as the needs arise. <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 9, 2015</p>		

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	<p>During an interview on 6/23/15 at 11:06 A.M., the House Manager indicated Client #8 always wore the wrestling singlet. The House Manager stated due to Client #8's weight and height, it was difficult to find clothing typically worn by other women her age. The House Manager indicated Client #8 did not like to wear shoes and socks even at the day program. According to the House Manager, clothing selections were also limited due to Client #8's Pica (putting non-edible items into mouth) behavior associated with cloth. The House Manager indicated it was difficult to keep Client #8 looking clean and well-groomed due to the behaviors she exhibited.</p> <p>The QIDP was interviewed at 11:05 A.M. on 6/24/15. The QIDP stated Client #8 wore the wrestling singlet "twenty-four seven." According to the QIDP, Client #8's clothing was intentionally tight to serve as a barrier to reaching her disposable brief and placing the absorbent material in her mouth. The QIDP indicated Client #8 did not like to wear shoes and socks and was not requested to do so at home. The QIDP stated she was "aware [Client #8] also removed her shoes and socks at the day program and sometimes when</p>			

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	<p>participating in community activities." The QIDP stated Client #8 was often "resistive to grooming efforts including having her hair styled." The QIDP indicated Client #8 often spilled food and/or beverages on her clothing causing stains. The QIDP indicated sometimes Client #8 appeared unkempt.</p> <p>The day program direct support staff (DPSS), DPSS #2, assigned to work with Client #8, was interviewed at 9:00 A.M. on 6/24/15. DPSS #2 indicated that frequently the clients who lived at the residence and attended the day program arrived with wet briefs which were thoroughly saturated with urine beyond what would be expected for the van ride of 25 minutes from their home. DPSS #2 stated "some clients arrived at the day program with dried feces present on their buttocks or perineal area although they had not had a bowel movement on the way from the residence to the day program." When asked if this concern had been addressed with the House Manager and/or the Qualified Intellectual Disabilities Professional, DPSS #2 stated there had been "emails sent with no results."</p> <p>9-3-5(a)</p>						

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W 0288 Bldg. 00	<p>483.450(b)(3) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</p> <p>Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program.</p> <p>Based on observation, interview and record review, the facility failed to develop and implement an active treatment program which addressed inappropriate client behaviors and included mechanisms to teach and support desired behavioral outcomes for one of four clients in the sample (Client #8).</p> <p>Findings include:</p> <p>Client #8:</p> <p>PICA:</p> <p>At 7:19 A.M. on 6/23/15, Client #8 was observed sitting on the couch in the living room. She had what appeared to be a large volume of white substance in her mouth as evidenced by her inability to close her mouth without pieces of the white substance falling from her lips.</p> <p>At 7:20 A.M. on 6/23/15, a direct support professional (DSP), DSP #1, indicated the white substance was the moisture absorbing material from the disposable brief worn by Client #8. DSP #1 used</p>			W 0288	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Revise behavior plan for Client 8 in regard to staff intervention when Client 8 is plopping down and refuses to get up; and when Client 8 is eating non-edible items. · Ensure that day program is implementing programming to encourage Client 8 to participate in activities offered and ensure that day program has choices of activities for Client 8 to participate in. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · BC to review behavior plans of all clients to ensure appropriate active treatment and programming is in place for targeted behaviors. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · BC to train on updates in Client 8's behavior Plan. · BC will train on all clients behavior plans. 		08/09/2015

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	<p>verbal and physical prompts to remove two handfuls of the material from Client #8's mouth before prompting Client #8 to go to the bathroom. Once in the bathroom, DSP #1 assisted Client #8 to remove her wrestling singlet, her disposable brief and her pants. DSP #1 continued to provide physical and verbal prompts to remove the absorbent brief material from Client #8's mouth. After removing at least four handfuls of the absorbent material from Client #8's mouth, DSP #1 provided Client #8 with a small drink of water. DSP #1 then assisted Client #8 with brushing her teeth and assisted Client #8 to dress with a disposable brief, the wrestling singlet, clean pants and a clean blouse.</p> <p>At 7:30 A.M., on 6/23/15, DSP #1 indicated Client #8 frequently placed the absorbent material from the brief in her mouth. DSP #1 indicated Client #8's diagnoses included pica. DSP #1 stated "[Client #8] had a one-piece pant suit with a zipper down the back which prevented [Client #8] from accessing the brief with her hands but the zipper in the garment broke and it was no longer available for use." DSP #1 stated Client #8 was "very skillful and quick at getting inside the wrestling singlet due to the way in which the wrestling singlet was cut almost down to the waist under the</p>		<p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <p>· BC will monitor effectiveness of behavior plan including teaching methods for clients through monthly observation and data collection of behavioral programming.</p> <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 9, 2015</p>				

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	<p>arms."</p> <p>During an interview on 6/23/15 at 11:06 A.M., the House Manager indicated Client #8 had a history of eating the absorbent material from her brief. According to the House Manager, Client #8 had stopped the behavior for approximately one month "a while back" but the team had not determined what prompted the change in behavior. The House Manager indicated the behavior was frequent and explained Client #8 was able to get to the brief and place the absorbent material in her mouth even if staff were sitting next to her. According to the House Manager, although the wrestling singlet was intended to "slow her down," Client #8 was able to access the brief and put the absorbent material in her mouth essentially at will. When asked what proactive strategies were included in Client #8 's active treatment plan to address this behavior, the House Manager stated "[Client #8's] plan included the use of wrestling singlet and physical and verbal interruption of the behavior by staff."</p> <p>"Plopping Down" Behavior:</p> <p>During an interview on 6/22/15 at 4:09 P.M., the House Manager stated Client #8 had not participated in community</p>			

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	<p>activities "in a while." The House Manager described an event when Client #8 had "plopped down" in the drive through lane at a local fast food establishment causing a huge delay for customers wanting to order via the drive through. According to the House Manager, it had taken staff approximately twenty minutes to get Client #8 up from the drive through lane which had created a safety issue for Client #8 and agency staff. When asked if this behavior was addressed in Client #8's plan, the House Manager stated "the Behavior Support Plan described this behavior." When asked what proactive strategies were included in Client #8's active treatment plan to address this behavior, the House Manager stated the reaction to the event had "resulted in securing a wheelchair for [Client #8] to use on community outings and limiting [Client #8's] involvement in community outings."</p> <p>Record review for Client #8 was conducted at 2:40 P.M. on 6/23/15. Her record included a Behavior Support Plan updated on 1/21/15. The Behavior Support Plan identified noncompliance, excessive food seeking, and PICA as three "target behaviors." The Behavior Support Plan included seven "Teaching Methods " Teaching Method 1 documented, "[Client #8] will eat the</p>			

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	<p>depend she is wearing if she is able to easily access it. This is a choking risk and an overall risk to [Client #8's] health, therefore, [Client #8] wears a wrestling singlet during waking and sleeping hours to prevent her from accessing her depend and eating it." Teaching Method 2 documented, "[Client #8] will walk more successfully from one place to another if pathway to area is clear from obstruction (such as people, chairs, boxes, etc.). If her pathway is not clear this could cause her to be noncompliant with request (coming to dinner table, going to medication room, going to the shower, bathroom, etc.)." Teaching Method 3 addressed the likelihood of client to client aggression which was not observed during the survey. Teaching Method 4 provided instruction to staff about giving "instructions a simple and direct manner" and avoiding "open ended questions." Teaching Method 5 documented, "[Client #8] will, at times, reach out to staff as a way to communicate...." Teaching Method 6 documented, "[Client #8] does not have a diagnosis of autism, but she displays many autistic behaviors such as rocking back and forth, hand flapping, and trouble engaging in social activities. [Client #8] enjoys activities that will provide her with some sort of self-stimulation such as a massager, rocking in her rocking chair, and having</p>			

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	<p>items around her that are textile in nature." Teaching Method 7 documented, "[Client #8] has no gag reflex. This means she can stick fairly large items in her mouth and swallow them. Historically it is reported that she can stick a whole roll of toilet paper in her mouth. It is important not to discredit an object that [Client #8] can ingest due to its size."</p> <p>Client #8 record included an Individual Support Plan (ISP) updated on 12/13/14. The section of the ISP titled, "The Person's Valued Outcome" included "Value Outcome 6" which documented, "Improve socialization (participation in outings, games, etc.)" The "Natural Supports and Community Resources section of the ISP documented, "[Client #8] enjoys going on many outings with her peers such as going out to eat, holiday parties and on walks...." Her ISP included objectives related to hand washing and water temperature regulation. Data were maintained on "Plopping" on floor, "eating 'Depend', " Counting five pennies." Neither the BSP nor the ISP incorporated active treatment strategies to teach and support desirable behaviors.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed at</p>			

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	<p>11:05 A.M. on 6/24/15. The QIDP indicated Client #8 exhibited the behavior of eating the absorbent material in her disposal brief and the "plopping down" behavior. The QIDP indicated both behaviors were safety issues for Client #8. The QIDP stated the wrestling singlet was intended to help prevent Client #8 from ingesting the absorbent material in her disposal brief. The QIDP was not able to describe an active treatment program included in Client #8's plan designed to teach and reinforce desirable behaviors which might possibly reduce the incidents of PICA and teach and support desirable outcomes other than the use of the wrestling singlet and interruption of the behavior by staff.</p> <p>The QIDP stated the "use of a wheelchair during community activities and limiting [Client #8's] involvement in community activities reduced the likelihood of [Client #8] being injured or disrupting activities in the community due to the "plopping down" behavior." The QIDP was not able to describe an active treatment program included in Client #8's plan designed to teach and reinforce desirable behaviors which might possibly reduce the incidents of the 'plopping down' behavior and support desirable outcomes.</p>				

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W 0322 Bldg. 00	<p>9-3-5(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain preventive and general medical care.</p> <p>Based on interview and record review, the facility failed to ensure preventative and general medical care was provided for 2 of 4 sampled clients (clients #2 and #5) and 2 of 4 additional clients (clients #3 and #6). The facility failed for 1 of 4 sampled clients (client #2) to address repeated recommendations from the registered dietician with client #2's physician regarding a diet order change.</p> <p>Findings include:</p> <p>During a confidential interview it was indicated clients had been missing medical appointments due to the group home not having access to a van.</p> <p>An interview was conducted with the Area Residential Director (ARD) on 6/24/15 at 10:00 A.M. The ARD indicated the van had been out of use since 6/11/15. The ARD indicated the facility provided routine preventative maintenance on the group home vans, but no longer had any extra vans which could be allocated when/if a van was in need of</p>			W 0322	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Training with Program Coordinator regarding scheduling of nursing quarterlies with physician. · Schedule of necessary appointments provided to program coordinator to ensure appointments are completed in a timely manner. · Pulmonary appointment for client #2 has been rescheduled · Gyn appointment for client #3 has been rescheduled · ENT appointments for clients #5 and 6 have been rescheduled · Client #2's dietary order will be reviewed by her PCP and the dietician. Her dining plan and physicians orders will be updated as recommended. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · Nurse will review client files to ensure that all appointments are up to date and all follow-up appointments have been scheduled. 		08/09/2015

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	<p>repairs. The ARD indicated some of the client's medical appointments had been missed since the van had been out of use (6/11/15).</p> <p>The schedule for the current medical appointments including the appointments for the past month was reviewed on 6/24/15 at 10:00 A.M. The schedule indicated client #2 had missed a pulmonary appointment, client #3 had missed an appointment with her gynecologist, client #5 had missed an appointment with the ENT (ear nose and throat), client #6 had missed an appointment with an ENT. The ARD indicated clients had missed the appointments as scheduled.</p> <p>Client #2's record was reviewed on 6/23/15 at 2:54 P.M. Client #2's nutritional reviews dated for 12/2014, 2/2015, and 5/2015 indicated the registered dietician recommended client #2's diet be changed to a NAS (no added salt) diet due to client #2 having a diagnosis of hypertension, and taking medication for high blood pressure. Client #2's record did not indicate this diet change recommendation was ever addressed with client #2's physician. Client #2's Physician Order (PO) dated for 6/2015 indicated client #2 was prescribed a 1800 calorie regular diet, of</p>		<p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with Program Coordinator regarding appointment schedule and needs of clients in home. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Program Coordinator will be provided with tracking form to ensure that appointments are completed in a timely manner. · Program Director (QIDP) will review tracking form monthly to ensure that all appointments have been completed. · The nurse will complete chart audits to ensure recommendations are followed up on. <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 9, 2015</p>				

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W 0336 Bldg. 00	<p>regular texture.</p> <p>An interview with the facility RN and the Area Residential Director (ARD) on 6/24/15 at 2:11 P.M. The RN and the ARD both indicated client #2's physician had not been notified regarding client #2's recommended diet change.</p> <p>9-3-6(a)</p> <p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview, the facility's nursing services failed to complete nursing quarterly examination for 2 of 4 sampled clients (clients #1 and #2) who were not in need of a medical care plan.</p> <p>Findings include:</p> <p>Record review for Client #1 was conducted at 3:50 P.M. on 6/23/15. Client #1's record included documentation she was seen by her</p>	W 0336	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Training with Program Coordinator regarding scheduling of nursing quarterlies with physician. · Schedule of necessary appointments provided to program coordinator to ensure appointments are completed in a timely manner. <p>1.How will we identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p>	08/09/2015			

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	<p>primary medical care provider on 5/26/15, 2/23/15 and 8/19/14. There was no documented evidence Client #1 was seen for her "quarterly physical " in the month of November 2014.</p> <p>Client #2's record was reviewed on 6/23/15 at 2:54 P. M. Client #2's record indicated she was not in need of a medical plan of care. Client #2's record indicated quarterly examinations were completed on 8/20/14, 9/9/14, 12/8/14 and 5/8/15. Client #2 had her annual physical completed on 5/8/15.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed at 11:05 A.M. on 6/24/15. The QIDP indicated the facility used "quarterly physicals " conducted by the primary medical care provider (physician) rather than quarterly nursing assessments to meet the requirement of quarterly review of health status. The QIDP indicated there were some months during which appointments had been missed or not scheduled.</p> <p>An interview was conducted with the Area Residential Director (ARD) on 6/24/15 at 1:32 P.M. The ARD indicated both client #1 and client #2 were missing a nursing quarterly examination for the past year.</p>		<ul style="list-style-type: none"> · Nurse will review client files to ensure that all appointments are up to date and all follow-up appointments have been scheduled. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with Program Coordinator regarding appointment schedule and needs of clients in home. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Program Coordinator will be provided with tracking form to ensure that appointments are completed in a timely manner. · Program Director (QIDP) will review tracking form monthly to ensure that all appointments have been completed. · The nurse will complete chart audits to ensure recommendations are followed up on. <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 9, 2015</p>		

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W 0436 Bldg. 00	<p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation and interview, the facility failed to develop and implement a system to maintain wheelchairs in a clean and sanitary condition for one of one client who used a wheelchair for mobility (Client #1) and for one of two clients who used a wheelchair for long distances (Client #4). The facility failed to develop and implement a system to maintain the brakes on a walker used by one of one client who used a walker(Client #2). The facility failed for 1 of 1 sampled client (client #3) who required oxygen therapy and for 2 of 2 clients who utilized CPAP (continuous positive airway pressure) machines (client #2 and #4) to develop and implement systems to maintain the nasal cannula and CPAP machines in well maintained and sanitary conditions.</p> <p>Findings include:</p>	W 0436	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Ensure MAR reflects cleaning of CPAP machine for Client 2. · Develop written protocol for use of CPAP machine for Client 2. · Ensure MAR reflects cleaning of CPAP machine for Client 4. · Develop written protocol for use of CPAP machine for Client 4. · Ensure MAR reflects of cleaning oxygen equipment for Client 5. · Develop written protocol for use of oxygen for Client 5 while she is sleeping. · Ensure MAR reflects cleaning of wheelchair for Client 1 and 4. · Develop a written protocol for cleaning of wheelchairs for Client 1 and 4. · Purchase a new walker for Client 2. <p>1.How will we identify other residents having the potential to be affected by the same deficient</p>	08/09/2015

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	<p>During observations at 3:10 P.M. on 6/22/15, the anti-tipper bars on the wheelchair used by Client #1 were in the up position. During observations at 7:00 A.M. on 6/23/15, the anti-tipper bars on the wheelchair used by Client #1 were in the up position. When staff were asked about the anti-tippers, they were unaware of the function of the anti-tippers and did not know they were to be in the down position. The staff were unable to move the anti-tippers to the down position.</p> <p>The straps on the butterfly harness used to stabilize Client #1 had visible food particles and what appeared to be fluids which had dried on the fabric. The food particles and the dried fluids were present on both observations conducted on 6/22/15 and 6/23/15.</p> <p>During observations on 6/22/15 at 3:10 P.M. The right arm rest on the wheelchair used for long distances by Client #4 was missing. The missing arm rest was replaced by a styrofoam piece taped on the arm of the wheelchair. The Styrofoam piece appeared to be the product typically called a " noodle " used as a flotation aid in swimming pools. Although one wheelchair footrest was located in Client #4 ' s room, facility staff were unable to locate the other</p>		<p>practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> · QIDP will review adaptive equipment and needs of all clients to ensure that proper protocols are in place. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> · Training with Program Director (QIDP) and Program Coordinator regarding ensuring that adaptive equipment needs of each client is met. · Training with DSPs regarding updated protocols, risk plan and positioning schedule for Client 1. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> · Program Coordinator will review adaptive equipment and document any concerns. · Program Director (QIDP) will review documentation of adaptive equipment concerns weekly. <p>1.What is the date by which the systemic changes will be completed?</p> <p>August 9, 2015</p>		

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NAME OF PROVIDER OR SUPPLIER REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4312 W HUMMINGBIRD WAY MUNCIE, IN 47304
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	<p>footrest.</p> <p>The walker used by Client #2 was an extra wide walker with a seat. The walker used hand brakes which, when pushed to the down position, were intended to stabilize the walker so Client #2 could safely sit down and get up from the seat on the walker. Neither the right nor the left brake engaged with the wheels of the walker.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed at 11:05 A.M. on 6/24/15. The QIDP indicated she had not received training related to the use and function of the anti-tipper bars affixed to Client #1's wheelchair and was unaware of the added safety they provided. The QIDP indicated she had not realized the straps attached to the butterfly harness used by Client #1 were in need of cleaning. The QIDP stated she was "unaware staff were not able to locate the foot rest for [Client #4's] wheelchair." The QIDP stated she "had seen the styrofoam piece attached to the armrest of the wheelchair used by [Client #4] but had not recognized the need to have a proper arm rest attached to the wheelchair."</p> <p>During observations on 6/22/15 at 3:10 P.M. Client #3's oxygen tubing and nasal</p>			

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W 0448 Bldg. 00	<p>cannula was laying on the floor under client #3's bed. There was a significant amount of debris and dust on the floor under the bed.</p> <p>During observations on 6/22/15 at 3:10 P.M. Client #2's and client #4's CPAP masks were laying on the floor beside/under their beds. There was dirt and debris on the floor and under the beds. Both CPAP masks were darkened in color as stated by the QIDP "doesn't appear to be clean," and ARD "they are to be cleaned daily and recorded on the MAR (medication administration record)."</p> <p>9-3-7(a)</p> <p>483.470(i)(2)(iv) EVACUATION DRILLS</p> <p>The facility must investigate all problems with evacuation drills, including accidents. Based on interview and record review, the facility failed to develop and implement a system which resulted in the identification of and resolution of impediments for all evacuation routes from the residence for 4 of 4 sampled clients (clients #1, #2, #5 and #8) and 4 of 4 additional clients (clients #3, #4, #6 and #7).</p>	W 0448	<p>1.What corrective action will be accomplished?</p> <ul style="list-style-type: none"> · Remove all barriers to evacuation from evacuation route on the outside of the house. · Install an device on the gate on the privacy fence to ensure that clients can evacuate through this gate. <p>1.How will we identify other residents having the potential to be affected by the same</p>	08/09/2015

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	<p>Findings Include:</p> <p>The review of the reports of evacuation drills was initiated at 9:15 A.M. on 6/23/15. The reports, generated from the provider's computer system, were referred to as "Clinician Report." All reports documented the "total time" of the evacuation as less than three minutes, including the evacuation drills conducted during hours of sleep. Of the twelve reports reviewed, none indicated staff conducting the drill encountered difficulty in evacuating the eight residents, 4 of 4 sampled clients (clients #1, #2, #5 and #8) and 4 of 4 additional clients (clients #3, #4, #6 and #7). Of the twelve reports of evacuation drills, two indicated the "route" as secondary (back door).</p> <p>During observations conducted at 3:10 P.M. on 6/22/15, two glider-type swings with awnings were placed on the north side of the concrete patio slab .The Home Manager indicated the gliders had been on the porch and in that location for at least one year. The glider placed near the northwest corner of the concrete patio sat eighteen inches from the edge of the patio. A brick curved pathway had been constructed to an area located near the north fenced property line which was used as the "safe area" when practicing</p>		<p>deficient practice and what corrective action will be taken?</p> <ul style="list-style-type: none"> All clients were affected by this same deficient practice. Remove all barriers to evacuation from evacuation route on the outside of the house. Install an device on the gate on the privacy fence to ensure that clients can evacuate through this gate. <p>1.What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <ul style="list-style-type: none"> Training with Program Director, Program Coordinator and DSPs to ensure that all staff understand the importance of removing barriers that could cause issues during evacuation. <p>1.How will the corrective action be monitored to ensure the deficient practice does not recur?</p> <ul style="list-style-type: none"> Program Coordinator will assess any concerns and correct during daily walk-through of house. Program Director will address any concerns and correct during monthly assessment of environmental concerns of the house. <p>1.What is the date by which the systemic changes will be completed? August 9, 2015</p>				

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	<p>evacuation drills. The brick pathway was two inches lower than the concrete patio slab. The brick pathway was twenty-eight inches wide. Both the wheelchair used by Client #1 and the walker used by Client #2 were greater in width than eighteen inches. Neither of the evacuation drill reports indicating the back door was used to exit the facility, identified the challenge posed by the two inch drop down from the patio to the brick walkway for staff assisting Client #1 or for Client #2 who required the use of her walker for stability. Neither of the evacuation drill reports indicating the back door was used to exit the facility, identified the challenge posed by the placement of the glider swings.</p> <p>The back yard of the facility was enclosed by a six foot wooden fence. The only exterior gate in the fence was located on the west side of the house leading to the driveway. The fence gate was a " double gate " which opened widely enough for mowers, and repair vehicles. Although the fence latch could be disengaged from the back yard side, there were spikes that went into the ground on the street side of the gate which prohibited the gate from being opened from the back yard side. The inability of staff or clients to open the fence from the back yard side had not</p>			

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	<p>been identified as a possible safety issue on the evacuation drill reports indicating the back door was used to exit the facility.</p> <p>The Director of Quality Assurance was interviewed at 10:05 A.M. on 6/24/15. The Director of Quality Assurance indicated all evacuation drills were scheduled and pre-announced to the staff. The Director of Quality Assurance indicated it was the responsibility of the Home Manager and the Qualified Intellectual Disability Professional to identify and rectify issues with evacuation drills, including evacuation times exceeding three minutes. When the concerns described above were shared with the Director of Quality Assurance, she agreed the approximate two inch drop off from the patio to the brick sidewalk and the placement of the swings could impede the clients who used wheelchairs and walkers.</p> <p>9-3-7(a)</p>			