STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G557	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 12/14/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARDINAL SERVICES INC OF INDIANA	617 LOON CT PLYMOUTH, IN 46563

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W0000	This visit was for an annual fundamental recertification and state licensure survey. Dates of Survey: December 11, 12, 13 and 14, 2012 Facility number: 001071 Provider number: 15G557 AIM number: 100245470 Surveyor: Tracy Brumbaugh, Medical Surveyor III These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality review completed December 26, 2012 by Dotty Walton, Medical Surveyor III.	W0000		

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

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

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W0149	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 for 7 of 47 incident reports reviewed, for 3 of 8 clients (clients #1, #6 and #7) who lived in the home, to ensure the abuse/neglect policy was implemented and clients were free from client to client aggressions and verbal abuse from direct care staff (DCS). Findings include: On 12-11-12 at 12:30 p.m. a review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted. The BDDS reports indicated the following: -A BDDS report dated 2-25-12 for client #7 indicated he was in the living room and he went to give client #6 a hug and bit her on her cheek. No injuries were noted. -A BDDS report dated 7-26-12 for client #7 indicated he was hit by [his former roommate] on his shoulder. No injuries were noted. -A BDDS report dated 10-9-12 for client #7 indicated he bit client #6's hand. Client #6's hand could show bruising from the bite.	W0149	**W149** The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Cardinal Services is committed to ensuring the safety, dignity, and protection of person served. Facility staff are trained on the agency's Incident/Abuse/Neglect Policy upon new hire and yearly thereafter. Furthermore, all staff are required to take abuse recertification, an online test demonstrating competency on the policy and reporting guidelines. More specifically, on 12/31/12 staff were trained that all consumers have the right to be free from abuse/neglect/mistreatment from their peers and direct care staff. Staff were reminded of the reporting guidelines and how to report abuse/neglect/mistreatment. (See attachments A-F)	01/13/2013

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	-A BDDS report dated 1-24-12 for client #7 indicated he bit client #6 on her face in four locations. Each location ranged in size from dime size to quarter size. Client #6 received an HIV (human immunodeficiency virus) screening. Client #6 was prescribed Augmentin (antibiotic) 875 milligrams for 7 days. The results of client #6's testing were negative. -A BDDS report dated 8-15-12 for client #6 indicated DCS #25 told client #6, "If you're just doing this for attention, this is just outrageous." "You aren't working with us, you're making our job even harder than it is," and "Your (sic) fine, quit whining." DCS #24 stated DCS #25's tone was "rude." DCS #25 was suspended pending the outcome of the investigation. The comments by DCS #25 were substantiated and DCS #25 chose to end her employment. -A BDDS report dated 2-20-12 at 8:00 a.m. for client #6 indicated DCS #26 had been suspended for telling client #6 "If you hit me, I'll hit you back." DCS #26 was terminated for threatening client #6. -A BDDS report dated 2-20-12 at 11:30 a.m. for client #1 indicated DCS #26 told client #1 to "Shut up, we don't want to hear your rambling." The allegation of staff verbal abuse was substantiated and DCS #26 was terminated.		Additionally, on 12/31/12 staff were retrained on client #7's behavior plan which specifically states that client #7 must be kept within line of sight at all times and closely monitored when in the presence of his peers. Failure to follow client #7's plan could be deemed as neglect and appropriate disciplinary action will be sought. (See attachments A, G-M) The Residential Manager and QDP will conduct weekly observations in the group home until staff competency is demonstrated. More specifically, the Residential Manager and QDP will observe staff following the Incident/Abuse/Neglect Policy and client #7's behavior plan. When consistent competency is demonstrated, the Residential Manager and QDP will resume their regular observation schedules. The QDP is required to complete a written observation on the AM, day, and evening shifts on a monthly basis. The Residential Manager is required to complete a written AM, day, and evening observation each month. The Residential Manager and QDP rotate monthly weekend observations. **QDP and Residential Manager**	

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	On 12-11-12 at 12:15 p.m. a review of the facility's Abuse/Neglect policy was conducted. The Abuse/Neglect policy dated 9-12 indicated physical abuse, mental abuse, and neglect would not be tolerated. Verbal abuse was defined as gestured language which included derogatory remarks. Mental abuse was defined as making belittling remarks or verbal activity which may cause damage to an individual's self respect or dignity. Neglect was defined as depriving a client of a necessary support. On 12-12-12 at 11:30 a.m. a record review for client #7 was conducted. The Behavior Management Plan (BMP) dated 9-11 indicated when client #7 became aggressive towards others he should be told "No" in a firm voice and moved a safe distance away from others. On 12-13-12 at 2:00 p.m. an interview with the Coordinator indicated the Abuse/Neglect policy should be implemented at all times and staff should attempt to intervene when clients aggress upon each other. The Coordinator indicated DCS should not speak in an unprofessional manner to the clients at any time. 9-3-2(a)		**Responsible**	

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W0214	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 record review and interview, the facility failed for 1 of 4 sampled clients (client #3), to ensure a visual assessment was completed by a professional to assist him with deficits due to his visual impairment. Findings include: On 12-11-12 from 3:30 p.m. until 6:00 p.m. client #3 was observed in his home. Client #3 used a wheelchair for mobility and went in circles as he used his feet to move his wheelchair. Client #3 did not assist with making his own dinner plate and placed his hand in his food. On 12-12-12 at 11:15 a.m. a record review for client #3 was conducted. The Physician's Orders dated 10-1-12 indicated client #3's diagnosis included, but was not limited to, legal blindness. The review indicated no visual assessment for client #3's visual impairment needs. On 12-12-12 at 11:45 a.m. a review of client #3's Comprehensive Functional Assessment (CFA) was conducted. The	W0214	**W214** The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. The agency is currently in progress of searching for a place to take client #3 for a visual assessment to be completed by a professional. On 10/15/2012 client #3 received an Occupational Therapy Evaluation through Saint Joseph Medical Center which includes the types of support client #3 needs based on his evaluation and capabilities, including support with his meal set up and other programming areas. (See attachments RR-TT) The QDP will update client #3's plan based on the evaluation if there is an identified need.	01/13/2013

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	CFA dated 1-12 did not include a visual assessment for client #3's visual impairment needs which may include adaptive equipment, mobility, and/or other deficits due to the impairment. On 12-13-12 at 2:00 p.m. an interview with the Coordinator indicated client #3 was visually impaired and there was no visual assessment to assist him with the use of adaptive equipment for someone with visual impairment. 9-3-4(a)		The QDP is responsible for ensuring appropriate programming is in place based on the individual's need. The IDT monitors the program plans on a yearly basis or as needed. **QDP and Coordinator responsible**	

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W0227	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. Based on observation, record review, and interview for 1 of 4 sampled clients (client #3), the facility failed to ensure a plan was in place to address client #3's hitting of his hand and head on the wooden furniture. Findings include: On 12-11-12 from 3:30 p.m. until 6:00 p.m. an observation at the home of client #3 was completed. Client #3 hit his head 48 times on the wooden frame of the chairs and couch. On 12-12-12 from 6:45 a.m. until 8:15 a.m. an observation at the home of client #3 was conducted. Client #3 hit the back of his hand 6 times on the wooden frame of the couch. On 12-12-12 at 11:15 a.m. a record review for client #3 was conducted. The Individualized Support Plan dated 1-12 did not indicate client #3 had a goal to assist him with hitting his head and hand on the furniture. Client #3's record indicated he did not have a Behavior	W0227	**W227** The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment. On 12/31/12 the QDP updated and trained staff on client #3's intervention strategies. The updated intervention strategies include immediate staff intervention when client #3 begins hitting his head and ask him to stop. Staff will engage client #3 in conversation and ask if he is in pain, upset, or frustrated about anything. (See attachments N-P) In the event that client #3 continues to hit his head staff will offer a replacement activity. During redirection staff will place a pillow beneath client #3's head for protection until redirection is successful.	01/13/2013

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	Support Plan to address the head and hand hitting. On 12-13-12 at 2:00 p.m. an interview with the House Manager indicated there was nothing in place to assist client #3 with his head and hand hitting or to assist direct care staff on how to prompt a replacement behavior for the hitting. 9-3-4(a)		QDP and Residential Manager will ensure ongoing compliance with client #3's plan through monthly observations in the group home. The QDP and Residential Manager each complete three written observations per month observing each shift. **QDP and Residential Manager responsible**	

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W0249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. Based on observation, record review, and interview, the facility failed for 3 of 4 sampled clients (clients #2, #3, and #4), to ensure communication goals were implemented per their Individualized Support Plans (ISP) and for 1 additional client (client #7), to ensure his Behavior Management Plan (BMP) was implemented at meal times as written. Findings include: 1. On 12-11-12 from 2:00 p.m. until 3:30 p.m. an observation at the home based day program for clients #2, #3, and #4 was conducted. Client #3 lay on the couch, listened to a Christmas story, pulled his shirt over his face, and colored a picture. Client #3 was not prompted to use more than one word to communicate. Client #2 walked around with her coat on, pulled her pants down, walked around with no socks on and her coat on, changed her pants, looked out the front door windows, walked around with her pants on backwards and wrong side out, and	W0249	**W249** 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. Direct Support Professionals were retrained on 12/31/12 on client #2, 3, and 4's communication goals and that all goals should be attempted during all training opportunities. (See attachments Q-W) Furthermore, Direct Support Professionals were retrained on client #7's choking plan and behavior management plan. More specifically, staff were retrained that	01/13/2013

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	looked in the kitchen cabinets. Client #2 was not prompted to explain what she wanted by touching, pointing or showing staff. Client #4 lay in his bed, sat on the couch, put his socks on, identified a penny, vocalized loudly and walked around his living room. Client #4 was not prompted to make a choice from pictures. On 12-11-12 from 3:30 p.m. until 6:00 p.m. an observation at the home of clients #2, #3, and #4 was conducted. Client #3 maneuvered himself into his wheelchair, sat in a chair with his shirt over his face, hit his head on the wooden frame of the furniture, listened to a Christmas story, ate a prepared snack, lay on the couch, used the restroom, pressed the button on the food processor and ate his prepared supper. Client #3 was not prompted to increase his communication skills by using his voice or using more than one word to communicate. Client #2 walked around, listened to a Christmas story, changed her clothes, ate a prepared snack, sat in a chair, and ate her prepared supper. Client #2 was not prompted to increase her communication skills by explaining to staff what she wanted by touching, pointing or showing staff what she wanted. Client #4 vocalized loudly, ate a prepared snack, washed his hands, walked around and ate his custodially prepared supper. Client #4 was not prompted to		they need to encourage client #7 to eat slowly, wait between bites and put his hands in his lap while he's chewing. At no time should client #7 be refused his meal. (See attachments Q-R, and G-L) The Residential Manager and QDP will conduct weekly observations in the group home until staff competency is demonstrated. More specifically, the Residential Manager and QDP will observe staff following the all programming goals and client #7's behavior plan and choking plan. When consistent competency is demonstrated, the Residential Manager and QDP will resume their regular observation schedules. The QDP is required to complete a written observation on the AM, day, and evening shifts on a monthly basis. The Residential Manager is required to complete a written AM, day, and evening observation each month. The Residential Manager and QDP rotate monthly weekend observations. **Residential Manager and QDP responsible**	

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	increase his communication skills by making a choice from pictures. On 12-12-12 at 10:00 a.m. a record review for client #2 was conducted. The Individualized Support Plan (ISP) dated 4-12 indicated client #2 had a communication goal to explain what she wanted by touching, pointing, or showing staff. On 12-12-12 at 11:15 a.m. a record review for client #3 was conducted. The ISP dated 1-12 indicated client #3 had a communication goal to use more than one word. On 12-12-12 at 11:50 a.m. a record review for client #4 was conducted. The ISP dated 3-12 indicated client #4 had a communication to make a choice from pictures. 2. On 12-11-12 from 3:30 p.m. until 6:00 p.m. an observation at the home of client #7 was conducted. Client #7 ate his supper as direct care staff (DCS) #6 prompted him to keep his hands in his lap. DCS #6 would take client #7's plate away from him and prompt him to take a drink. DCS #6 held her hand over client #7's spoon and would not allow him to pick up his spoon. DCS #6 prompted client #7 62 times in 15 minutes to			

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	swallow his food, put his hands down, let go of his spoon, and pushed his hands down to his lap. On 12-12-12 at 11:30 a.m. a review of client #7's BMP was conducted. The BMP dated 9-11 did not indicate DCS #6 could withhold his plate and spoon during meal times to ensure slow eating. The BMP indicated for staff to sit with client #7 at meal times, to ask him to wait between bites and put his hands in his lap while chewing. The BMP stated staff my use a "gentle touch" to guide his hands to his lap. The BMP indicated not to refuse client #7 food. On 12-13-12 at 2:00 p.m. an interview with the Coordinator indicated client #7's BMP should be implemented at meal times as written and clients #2, #3, and #4's communication goals should be implemented at all times of opportunity. 9-3-4(a)			

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W0368	483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview the facility failed for 5 of 8 clients (clients #1, #2, #4, #7, and #8) who lived in the home, to ensure medications were administered in compliance with the physician's orders. Findings include: On 12-11-12 at 12:30 p.m., a review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports indicated the following: -A BDDS report dated 3-31-12 for client #7 indicated direct care staff (DCS) #30 administered client #7's Furosemide 40 milligrams (mg) and it was not ordered to be passed on this date. Staff was retrained on the proper medication administration procedure and disciplinary actions were taken. -A BDDS report dated 6-19-12 for client #7 indicated he received his Pradaxa although it was to be discontinued from 6-17-12 through 6-20-12 due to a procedure being completed. DCS #32 was retrained and disciplinary action was taken. -A BDDS report dated 6-23-12 for client	W0368	**W 368** The system for drug administration must assure that drugs are administered in compliance with the physician's order. On 12/31/12 Direct Support Professionals were trained on the agency's Medication Policy – more specifically, the six rights of passing medication, following physician's orders, and comparing the medication label to the order to ensure accurate administration. (See attachments Y, AA-FF) Furthermore, on 12/31/12 staff were trained on the Procedure for Recording a Medication Change on the Medication Administration Record (MAR). The agency nurse will review and approve all of the medication changers on the MAR to ensure the changes were documented correctly. (See attachments Y-Z)	01/13/2013

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	#7 indicated he did not receive his 8:00 p.m. dose of Pradaxa 150 mg on 6-21-12 and 6-22-12. DCS #33 will be retrained at appropriate disciplinary action was taken. -A BDDS report dated 7-10-12 for client #7 indicated he did not receive his 8:00 p.m. dose of Pradaxa 150 mg. DCS #34 received disciplinary action. -A BDDS report dated 8-15-12 for client #7 indicated on 8-12-12 and 8-13-12 DCS #35 had administered Lanoxin and the medication had been discontinued on 8-10-12. DCS #25 received disciplinary action and retraining on medication administration. -A BDDS report dated 9-22-12 for client #7 indicated DCS #36 did not administer client #7's 8:00 a.m. medication Metoprolol Tartrate 50 mg. DCS #36 received corrective action and retraining on medication administration. -A BDDS report dated 6-11-12 for client #4 indicated during his afternoon medication administration client #4 received 2 doses of his afternoon vitamins Child Chew plus iron and B-Complex 300 mg. The medication was passed by 2 different DCS. Both DCS were retrained on medication administration and disciplinary action was taken. -A BDDS report dated 12-1-12 for client		Additionally, on 12/31/12 the agency nurse created mock medication orders, including a discontinue order, a new medication order and a temporary order, and tested direct support professionals on competency in correctly documenting medication changes in the MAR (example of training attached.) (See attachments GG-NN) The Nurse, QDP, and Residential Manager will monitor that medications are passed correctly during observations in the home. The QDP and Residential Manager observe medication passes as part of their observation requirements. The QDP and Residential Manager individually complete observations on each shift on a monthly basis. The Residential Nurse will monitor that all medication changes are documented correctly on the MAR. **Nurse, QDP, and Residential Manager responsible**	

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	#8 indicated he was not given the full amount of his 9:00 p.m. medication. During the dates of 11-26-12 through 11-30-12, client #8 was to receive 3 tablets of Calcium/D 500-200 mg and he only received 2. DCS #34 received disciplinary action and retraining on medication administration. -A BDDS report dated 11-12-12 for client #1 indicated she received Haldol (for mood disorder) 5 mg twice a day at 7:00 a.m. and 8:00 p.m. She also received Haldol 2 mg. at noon. On 1-9-12 at 8:00 p.m. DCS #31 administered 2 mg Haldol to client #1. Client #1's total Haldol dosage was 9 mg for the day and it should have been 12 mg. for the day. On 11-10-12 and 11-11-12 DCS #31 gave client #7 5 mg of Haldol at noon and 2 mg of Haldol in the evening. Her total Haldol mg intake was correct but the bubble packs for 8:00 p.m. and noon had been switched. Through investigation it was found that the noon and 8:00 p.m. pill bubble packs were switched which caused the wrong mg to be given at the wrong time. DCS #31 received corrective action and was retrained on medication administration. -A BDDS report dated 6-4-12 indicated client #2 did not receive her prescribed dose of Clozaril for depression from			

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	5-24-12 through 6-4-12 and she did not receive her Seroquel for behaviors from 5-19-12 through 5-21-12 because it was not in the home. Client #2's psychiatrist was notified of the errors. DCS #38 will be retrained on medication administration and corrective action was taken. -A BDDS report dated 7-3-12 for client #2 indicated she did not receive her 8:00 p.m. dose of Clozapine 100 mg. DCS #39 received corrective action. A BDDS report dated 10-5-12 for client #2 indicated she did not receive her 8:00 p.m. dose of Mirtazapine 30 mg (for depression) because it was not available in the home. DCS #34 received disciplinary action and was retrained on medication administration. On 12-12-12 at 11:30 a.m. a review of the facility's medication policy dated 11-12 indicated physician's orders were to be implemented and medications were to be passed using the 6 "rights" of administering medications which included the right: person, medication, time, dose, route, and documentation. On 12-12-12 at 10:45 a.m. a record review for client #1 was conducted. The Physician's Orders (PO) dated 10-1-12 indicated client #1 was prescribed Haldol for mood disorder.			

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	On 12-12-12 at 10:00 a.m. a record review for client #2 was conducted. The PO dated 4-1-12, 7-1-12 and 10-1-12 indicated client #2 was prescribed Clozapine, Seroquel, and Mirtazapine. On 12-12-12 at 11:50 a.m. a record review for client #4 was conducted. The PO dated 4-1-12 indicated client #4 was prescribed a children's vitamin and a vitamin B-Complex. On 12-12-12 at 11:20 a.m. a record review for client #8 was conducted. The PO dated 11-1-12 indicated client #8 was prescribed Oyster Shell 500 mg with vitamin D 3 tablets daily. On 12-12-12 at 11:15 a.m. a record review for client #7 was conducted. The PO dated 4-1-12, 7-1-12, and 10-1-12 indicated client #7 was prescribed Furosemide, Pradaxa, Metoprolol Tartrate and Lanoxin (discontinued 8/10/12). On 12-13-12 at 2:00 p.m., an interview with the Coordinator indicated the PO should be followed at all times by DCS. 9-3-6(a)			

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W0369	483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Based on observation, record review and interview, the facility failed 1 of 26 medications observed, for 1 of 4 sampled clients (client #1), to ensure her medication was given before breakfast per her physician's orders (PO). Findings include: On 12-12-12 at 6:45 a.m. until 8:27 a.m. an observation at the home of client #1 was conducted. At 8:05 a.m. client #1 ate her breakfast. At 8:17 a.m. client #1 was administered her Levothyroxine for hypothyroidism. The bubble medication pack label indicated to take the Levothyroxine before breakfast. On 12-12-12 at 8:28 a.m. an interview with DCS #10 indicated the bubble pack for Levothyroxine for client #1 indicated to give it before breakfast but she had administered it to client #1 after client #1 had already eaten her breakfast. On 12-12-12 at 10:45 a.m. a record review for client #1 was conducted. The PO dated 12-1-12 indicated client #1 was to be administered her Levothyroxine	W0369	**W 369** They system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. Direct Support Professionals were retrained on the agency's Medication Policy on 12/31/12. More specifically, DSPs were retrained that all medications must be passed using the six rights of administering medications: right person, medication, time, dose, route and documentation. In this particular case, client #1 refused her medication prior to breakfast, however she was willing to take the medication after she had eaten. Staff failed to receive permission from the agency nurse before administering the medication due to the specifics of the order. The agency nurse received	01/13/2013

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	before breakfast. On 12-13-12 at 2:00 p.m. an interview with the Coordinator indicated client #1's Levothyroxine should have been administered before she ate her breakfast per the PO. 9-3-6(a)		permission from client #1's physician that in the event client #1 refuses her Levothryroxine before breakfast that it is okay to administer the medication after she has eaten. Client #1 does not typically refuse her medications. (See attachments AA-FF) The Residential Manager and QDP will conduct weekly observations in the group home until staff competency is demonstrated. More specifically, the Residential Manager and QDP will observe staff properly administering medications. When consistent competency is demonstrated, the Residential Manager and QDP will resume their regular observation schedules. The QDP is required to complete a written observation on the AM, day, and evening shifts on a monthly basis. The Residential Manager is required to complete a written AM, day, and evening observation each month. The Residential Manager and QDP rotate monthly weekend observations. The Residential Nurse will complete weekly medication pass observations at the group home until consistent competency is demonstrated. Once competency is demonstrated the Residential Nurse will resume ensuring compliance	

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			through quarterly med pass observations. **Residential Manager, QDP, and Residential Nurse Responsible**	

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W0460	483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, record review, and interview, for 4 of 4 sampled clients (clients #1, #2, #3, and #4), and 4 additional clients (clients #5, #6, #7, and #8), the facility failed to ensure clients received milk per the posted menu. Findings include: On 12-11-12 from 3:30 p.m. until 6:00 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. Clients #1, #2, #3, #4, #5, #6, #7, and #8 had water and kool-aid offered to them for their supper meal. Milk was not offered per the menu dated fall/winter week 3. On 12-11-12 at 5:45 p.m. a review of the menu for clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. The menu dated fall/winter week 3 indicated milk was to be offered for the supper meal. On 12-13-12 at 2:00 p.m. an interview with the Coordinator indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 should have milk with their supper meal per the posted menu.	W0460	**W460** Each client must receive a nourishing, well-balanced diet including modified and specially prescribed. On 12/31/12 Direct Support Professionals were retrained that all menu items must be offered. In the event a consumer does not want that particular meal item, an alternative meal item can be substituted per the substitution guidelines. (See attachment OO) Direct Support staff maintained that they served milk with the evening meal on 12/11/12. The Residential Manager and QDP will conduct weekly observations in the group home until staff competency is demonstrated. More specifically, the Residential Manager and QDP will observe staff following the menu and substitution guidelines. When consistent	01/13/2013

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	9-3-8(a)		competency is demonstrated, the Residential Manager and QDP will resume their regular observation schedules. The QDP is required to complete a written observation on the AM, day, and evening shifts on a monthly basis. The Residential Manager is required to complete a written AM, day, and evening observation each month. The Residential Manager and QDP rotate monthly weekend observations. **Residential Manager and QDP Responsible**	

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W0488	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review, and interview, the facility failed for 4 of 4 sampled clients (clients #1, #2, #3 and #4), and 4 additional clients (clients #5, #6, #7, and #8), to ensure the clients assisted with the supper meal preparation consistent with their developmental levels. Findings include: On 12-11-12 from 3:30 p.m. until 6:00 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. The House Manager poured applesauce into bowls for clients #2, #3, #4, #5, #6, #7, and #8. The House Manager gave clients #2, #3, #4, #5, #6, #7, and #8 spoons. The House Manager placed the bowls of applesauce on the table for clients #2, #3, #4, #5, #6, #7, and #8. Direct care staff (DCS) #1 added a thickening substance to clients #2, #5, #6, and #7's drinks. DCS #1 poured juice into cups and placed them on the table for clients #2, #3, #4, #5, #6, #7, and #8. DCS #1 fed client #3 his applesauce and held his cup for him. DCS #6 took client #6's dishes to the sink for her. DCS #4 took client #7's dishes to the sink for him.	W0488	**W488** The facility must assure that each client eats in a manner consistent with his or her developmental level. On 12/31/12 Direct Support Professionals were retrained on active treatment during meal preparation. More specifically staff were retrained that meal preparation and clean up tasks must involve the consumer based on their developmental level. Direct Support Staff were retrained on initiating the task with a verbal prompt – t hen move through the prompt levels until physical assistance is needed. (See attachment PP-QQ) The Residential Manager and QDP will conduct weekly observations in the group home until staff competency is demonstrated. More specifically, the Residential Manager and QDP will observe staff	01/13/2013

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	DCS #1 took client #3's dishes to the sink for him. DCS #6 fixed client #2 a cup of coffee. DCS #6 took 3 cans of salmon from the cabinet. DCS #2 got the eggs and celery out of the refrigerator. DCS #6 got out a mixing bowl, opened the cans of salmon and got out an onion. Client #8 smashed crackers. DCS #6 picked the bones from the salmon. DCS #3 got the green beans and peaches out of the cabinet. DCS #6 placed the salmon cans in the trash. DCS #6 cut up the celery and placed it into the mixing bowl. Client #1 opened a can of peaches. DCS #6 cut up an onion. DCS #2 placed the left over onion into a baggie. DCS #6 cracked the eggs into the mixing bowl. DCS #3 got a pan out of the cabinet. Client #1 opened the green beans and poured them into the pan. DCS #6 added the crackers to the mixing bowl. DCS #6 got the milk from the refrigerator and added it to the mixture. DCS #3 placed the green beans on the stove. DCS #6 added lemon juice to the salmon in the mixing bowl. Client #3 took the trash bag out of the trash can. DCS #6 placed foil on cookie sheets and made salmon patties. DCS #2 preheated the oven and made some dishwater. DCS #2 placed the salmon patties into the oven. DCS #3 got the brown rice out of the lower cabinet. DCS #6 got out a pan, measured the rice, measured the water, and poured it all into the pan. DCS #3		encouraging consumer participation during meal times. When consistent competency is demonstrated, the Residential Manager and QDP will resume their regular observation schedules. The QDP is required to complete a written observation on the AM, day, and evening shifts on a monthly basis. The Residential Manager is required to complete a written AM, day, and evening observation each month. The Residential Manager and QDP rotate monthly weekend observations. **Residential Manager and QDP responsible**	

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	washed the food processor. DCS #6 stirred the rice. DCS #3 drained the juice from the peaches and poured them into the food processor. Client #3 pushed the button on the food processor. DCS #2 stirred the rice and turned on the burner under the green beans. DCS #3 added a thickening agent to the peaches. DCS #2 put the foil away and threw the rice box away. DCS #3 placed foil over the peaches. DCS #6 stirred the rice. DCS #3 placed the peaches in the refrigerator. DCS #3 got the cups out of the cabinet. DCS #6 got the plates and silverware out. Client #3 sat at the table with his shirt over his head. Client #2 walked around. Client #1 looked at magazines. DCS #6 took the salmon patties out of the oven. DCS #2 wiped the table off. DCS #4 placed the plates onto the table for clients #1, #2, #3, #4, #6, #7, and #8. DCS #6 placed the salmon patties onto a plate. DCS #3 placed the salt and pepper on the table. DCS #2 stirred the rice. DCS #6 placed salmon patties and broth into the food processor. DCS #6 poured the pureed food into a serving bowl. DCS #2 placed the cups on the table. DCS #3 poured water into cups for clients #5, #6, and #7. DCS #6 placed the rice into the food processor. DCS #3 added a thickening agent to water. DCS #2 poured water for client #4. DCS #6 placed the pureed rice in a serving bowl.			

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	DCS #2 poured kool-aid for client #1 and client #8. DCS #6 placed the green beans into the food processor. DCS #2 placed the rice into a serving bowl. DCS #3 poured kool-aid for clients #2, #3, #5, #6, and #7. DCS #6 pureed the green beans. DCS #3 brought the peaches to the table. DCS #4 placed the rice, green beans, and pureed salmon patties to the table. DCS #4 placed pureed bread and regular bread on the table. DCS #4 placed the butter onto the table. Client #4 walked around and client #2 sat in a chair. DCS #6 placed the salmon patties, green beans, peaches and rice onto clients #2, #3 and #7's plate. DCS #2 served clients #2, #3, and #7 bread. DCS #3 cut up client #5's food with scissors. DCS #4 poured client #7 another drink. DCS #6 stirred it for him. Client #4 reached for more kool-aid and DCS #3 told him he couldn't have anymore. On 12-12-12 at 10:45 a.m., a record review for client #1 was conducted. The Comprehensive Functional Assessment (CFA) dated 3-12 indicated client #1 could assist with meal preparation with verbal or physical prompts. On 12-12-12 at 10:00 a.m., a record review for client #2 was conducted. The CFA dated 4-12 indicated client #2 could assist with meal preparation with physical			

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	assistance. On 12-12-12 at 11:15 a.m., a record review for client #3 was conducted. The CFA dated 1-12 indicated client #3 could assist with meal preparation with verbal or physical assistance. On 12-12-12 at 11:50 a.m., a record review for client #4 was conducted. The CFA dated 3-12 indicated client #4 could assist with meal preparation with physical assistance. On 12-12-12 at 10:46 a.m., a record review for client #5 was conducted. The (CFA) dated 7-12 indicated client #5 could assist with meal preparation with physical assistance. On 12-12-12 at 11:12 a.m., a record review for client #6 was conducted. The CFA dated 4-12 indicated client #6 could assist with meal preparation with physical assistance. On 12-13-12 at 5:00 p.m., a record review for client #7 was conducted. The CFA dated 9-12 indicated client #7 could assist with meal preparation with physical assistance. On 12-13-12 at 5:15 p.m., a record review for client #8 was conducted. The			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G557	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 12/14/2012
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	CFA dated 6-12 indicated client #8 could assist with meal preparation with verbal prompts and minimal physical assistance. On 12-13-12 at 2:00 p.m. an interview with the Coordinator indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 were all able to assist with meal preparation and should assist DCS with meal preparation. 9-3-8(a)			