

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G353	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/16/2015
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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012
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W 0000  Bldg. 00	<p>This visit was for the investigation of complaint #IN00186502.</p> <p>This visit was in conjunction with a post certification revisit to the investigation of complaint #IN00175282 and #IN00185516.</p> <p>Complaint #IN00186502: Substantiated. Federal and State deficiencies related to the allegation(s) are cited at W104 and W149.</p> <p>Dates of Survey: December 8, 9 and 16, 2015.</p> <p>Facility number: 000869 Provider number: 15G353 AIM number: 100244230</p> <p>The following federal deficiencies also reflect state findings under 460 IAC 9. Quality Review of this report completed by #15068 on 12/23/15.</p>	W 0000		
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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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W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review, observation and interview, the Governing Body failed to provide oversight and direction to ensure implementation of its policy and procedures which prohibited abuse, neglect and mistreatment for 1 of 4 sampled clients (client B). The governing body failed to provide oversight and direction to ensure the home was maintained in good condition for 4 of 4 sampled clients (clients A, B, C and D) and 4 additional clients (clients E, F, G and H).</p> <p>Findings include:</p> <p>1. Observations were completed at the group home on 12/8/15 from 6:40 PM until 7:30 PM and again on 12/9/15 from 6:35 AM until 7:30 AM. There was a hole in the closet door of clients B and H's bedroom closet door and a hole in client A and C's closet door. The holes were visible from the hallways of the</p>	W 0104	<p><b>W 104 Governing Body</b> The facility must exercise general policy, budget, and operating direction over the facility.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· An environmental inspection will be completed by the Area Director.</li> <li>· The Program Director will complete a monthly supervisory visit. This visit includes an environmental inspection of the home.</li> <li>· Quarterly Health and Safety inspections are completed by the Program Director or Program Coordinator. Maintenance needs are also addressed during this inspection.</li> <li>· The Program Coordinator will complete a daily walk through when in the home. Any maintenance needs found will be documented and addressed with the maintenance director to have repaired.</li> <li>· The Program Coordinator and Program Director will be retrained on completing environmental inspections and the process notifying maintenance of the maintenance</li> </ul>	01/15/2016

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	<p>group home used by clients A, B, C, D, E, F, G and H.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 12/9/15 at 7:20 AM and indicated the maintenance staff had been in the house yesterday, but had not repaired the closet doors. The QIDP indicated there was only one maintenance person for homes located in two cities.</p> <p>2. The governing body failed to implement its policy and procedures to protect 1 of 4 sampled clients (client B) from neglect and mistreatment. The governing body failed to ensure implementation of its procedures to ensure adaptive equipment was in good working condition causing a possible contributing factor to a fall with injury involving client B. Please see W149.</p> <p>This federal tag relates to complaint #IN00186502.</p> <p>9-3-1(a)</p>		<p>needs of the home.</p> <ul style="list-style-type: none"> <li>· The Program Coordinator will check adaptive equipment weekly to ensure that it is in good working order.</li> <li>· The hole in the closet door for Client's A, B, C and H have been repaired.</li> <li>· Client B's wheelchair arm has been repaired.</li> <li>· Checking the adaptive equipment to ensure that it is in good working order has been added to Client B's MAR.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The Program Coordinator and Program Director will be retrained on completing environmental inspections and notifying maintenance of the maintenance needs of the home.</li> <li>· The adaptive equipment for the residents will be checked to ensure that it is in good working order. Any concerns will be identified and repairs will be made.</li> <li>· The IDT is completing monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and</li> </ul>				

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			<p>adaptive equipment. Concerns with adaptive equipment will be addressed during this meeting.</p> <ul style="list-style-type: none"> <li>· The Program Coordinator will check adaptive equipment weekly to ensure compliance.</li> <li>· The Program Coordinator will monitor the cleanliness of the environment daily when they are in the home.</li> <li>· The Program Coordinator will monitor the maintenance needs of the environment daily when they are in the home. Maintenance needs will be reported to the Maintenance Director as they are found.</li> <li>· Quarterly Health and Safety inspections will be completed by the Program Director or Program Coordinator quarterly.</li> <li>· Monthly supervisory visits will be completed by the Program Director.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator and Program Director will be retrained on completing environmental inspections and notifying maintenance of the maintenance needs of the home.</li> <li>· The adaptive equipment for the residents will be checked to ensure that it is in good working order. Any concerns will be identified and repairs will be made.</li> <li>· The IDT is completing</li> </ul>	

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			<p>monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. Concerns with adaptive equipment will be addressed during this meeting.</p> <ul style="list-style-type: none"> <li>· The Program Coordinator will check adaptive equipment weekly to ensure compliance.</li> <li>· The Program Coordinator will monitor the cleanliness of the environment daily when they are in the home.</li> <li>· The Program Coordinator will monitor the maintenance needs of the environment daily when they are in the home. Maintenance needs will be reported to the Maintenance Director as they are found.</li> <li>· Quarterly Health and Safety inspections will be completed by the Program Director or Program Coordinator quarterly.</li> <li>· Monthly supervisory visits will be completed by the Program Director.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. Adaptive</li> </ul>	

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W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility failed to implement its policy and procedures to protect 1 of 4 sampled clients (client B) from neglect and mistreatment. The facility failed to implement its procedures to ensure adaptive equipment was in good working condition causing a possible contributing factor to a fall with injury involving client B.</p> <p>Findings include:</p>	W 0149	<p>equipment concerns will be addressed during this meeting.</p> <ul style="list-style-type: none"> <li>Monthly supervisory visit check sheets to be completed by the QIDP. These will be forwarded to the Area Director for review.</li> <li>Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or the Program Director and forwarded to the Quality Improvement department. These assessments include a review of the environmental needs for the home. These will be forwarded to the Area Director and the Quality Improvement Specialist for review.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> January 15th, 2016</p> <p><b>W 149 Staff Treatment of Clients</b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> </ul>	01/15/2016

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	<p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 12/9/15 at 10:43 AM. A report dated 11/9/15 indicated client B fell from his wheelchair after experiencing tremors. Client B was taken to the ER (emergency room) and required glue to close a cut over his right eye. Corrective action indicated staff would be retrained on using a gait belt and transfers by the nurse.</p> <p>An investigation dated 11/10/15 was reviewed on 12/9/15 at 12:15 PM. Client #1 fell out of the right side of his wheelchair after "shaking as he does often." The Program Coordinator (PC) indicated in an undated interview that when he checked the wheelchair arm it was loose. The wheelchair was taken for repair. The conclusion indicated staff had intervened appropriately.</p> <p>Client B's records were reviewed on 12/9/15 at 12:45 PM. A fall risk plan dated 6/15 indicated to prevent falls client B's wheelchair was to be checked to ensure it was in good condition.</p> <p>The group home nurse was interviewed on 12/9/15 at 1:00 PM. She indicated all staff had been retrained on the use of gait</p>		<ul style="list-style-type: none"> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training will be completed with the staff regarding: <ul style="list-style-type: none"> <li>o How to properly secure Client B in his wheelchair.</li> <li>o Importance of checking the adaptive equipment to ensure there are no concerns.</li> <li>o How to complete transfers and use of the gait belt.</li> </ul> </li> <li>· The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. Concerns with the adaptive equipment will be addressed in this meeting.</li> <li>· The Program Coordinator will check adaptive equipment weekly to ensure that it is in good working order.</li> <li>· Client B's wheelchair arm has been repaired.</li> <li>· Checking the adaptive equipment to ensure that it is in good working order has been added to Client B's MAR.</li> <li>· A wheelchair evaluation is being requested for Client B to determine if there is a better way to properly secure him in his chair.</li> </ul> <p><b>2. How will we identify other residents having the potential to be</b></p>				

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	<p>belts and performing transfers. She indicated staff were instructed to check the condition of all adaptive equipment and report concerns.</p> <p>The Area Director was interviewed on 12/9/15 at 1:45 PM and indicated the investigation concluded staff had performed their duties appropriately during the incident of client B's falls and client B used a gait belt as needed.</p> <p>The facility's policy Quality and Risk Management dated 4/2011 was reviewed on 12/16/15 at 10:30 AM and indicated "Indiana Mentor promotes a high quality of service and seeks to protect individuals receiving Indiana Mentor services through oversight of management procedures and company operations, close monitoring of service delivery and through a process of identifying evaluating and reducing risk to which individuals are exposed... B.1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported...as applicable. The provider shall suspend staff involved in an incident from duty pending investigation by the provider.</p> <p>This federal deficiency relates to complaint #IN00186502.</p>		<p><b>affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The adaptive equipment for the residents will be checked to ensure that it is in good working order. Any concerns will be identified and repairs will be made.</li> <li>· The IDT is completing monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment. Concerns with adaptive equipment will be addressed during this meeting.</li> <li>· The Program Coordinator will check adaptive equipment weekly to ensure compliance.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· The adaptive equipment for the residents will be checked to ensure that it is in good working order. Any concerns will be identified and repairs will be made.</li> <li>· The IDT is completing monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed,</li> </ul>	



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Bldg. 00	<p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (client C), the facility failed to ensure his plan to prevent falls was implemented.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 12/9/15 from 6:35 AM until 7:30 AM. Client C was left alone in the kitchen without staff within eyesight to eat his breakfast and stood by himself without assistance and walked 2 feet while holding on to the table without staff assistance.</p> <p>Client C's records were reviewed on 12/9/15 at 10:55 AM. A risk plan dated 12/4/15 indicated client C was at risk for falls and used a wheelchair as needed, gait belt when ambulating and was to be within line of sight of staff.</p> <p>The Area Director was interviewed on 12/9/15 at 12:05 PM and indicated client C was to be within the line of sight of staff at all times and should not have</p>	W 0249	<p><b>W 249 Program Implementation</b></p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training will be completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client C's risk plan</li> </ul> </li> </ul> <p><b>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?</b></p>	01/15/2016

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	<p>been left alone in the kitchen out of staff's eyesight.</p> <p>The group home nurse was interviewed on 12/9/15 at 1:00 PM and indicated client C could stand and walk unassisted, but needed to be within eyesight at all times.</p> <p>9-3-4(a)</p>		<ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training will be completed with the staff regarding: <ul style="list-style-type: none"> <li>o Client's risk plans</li> </ul> </li> <li>· The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the</li> </ul>		

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			<p>staff regarding:</p> <ul style="list-style-type: none"> <li>o Client's risk plans <ul style="list-style-type: none"> <li>· The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment.</li> </ul> </li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations.</li> <li>· The Program Coordinator will monitor to ensure the clients plans and needs are being met during their weekly observations.</li> <li>· New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, BSP's, programming, and medication review.</li> <li>· The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment.</li> <li>· Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or the</li> </ul>	

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W 0331 Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based upon observation, record review and interview for 1 of 4 sampled clients (client C), the facility's nursing services failed to ensure client C's adaptive equipment was stored appropriately to maintain its cleanliness as indicated in the risk plan.</p> <p>Findings include:</p> <p>Observations were completed at the group home on 12/8/15 from 6:40 PM until 7:30 PM and again on 12/9/15 from 6:35 AM until 7:30 AM. Client C's face mask and head gear was on the floor.</p> <p>Client C's records were reviewed on 12/9/15 at 10:55 AM. A risk plan dated</p>	W 0331	<p>Program Director and forwarded to the Quality Improvement department. These assessments include a review of the environmental needs for the home, review of risk plans, ISP, BSP and client specific training for the residents. The assessment also includes an interview of staff to ensure competency.</p> <p><b>5. What is the date by which the systemic changes will be completed?</b> January 15th, 2016</p> <p><b>W 331 Nursing Services</b> The facility must provide clients with nursing services in accordance with their needs.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o How to ensure Client C's Cpap mask and head gear are properly stored.</li> </ul> </li> </ul>	01/15/2016

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NAME OF PROVIDER OR SUPPLIER  REM OCCAZIO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARKWAY DR ANDERSON, IN 46012
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	<p>12/4/15 indicated client C used a CPAP machine (continuous positive airway pressure) to address sleep apnea. The plan indicated the mask and head gear was to be kept off the floor at all times and stored in a plastic bag when not in use to prevent dust collection/exposure to dirt.</p> <p>The group home nurse was interviewed on 12/16/15 at 2:55 PM and indicated head gear and mask of the CPAP machine should not be stored on the floor.</p> <p>9-3-6(a)</p>		<ul style="list-style-type: none"> <li>· Client C's MAR will be updated to include a prompt for the staff to ensure the Cpap equipment is properly stored.</li> <li>· The Program Coordinator will monitor the adaptive equipment when in the home to ensure that it is present, in good working order and stored properly.</li> <li>· The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o How to ensure Cpap equipment is properly stored.</li> </ul> </li> <li>· The IDT has implemented</li> </ul>	

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			<p>monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment.</p> <ul style="list-style-type: none"> <li>· The Program Coordinator will monitor the adaptive equipment when in the home to ensure that it is present, in good working order and stored properly.</li> <li>· Resident's MAR's will be updated to include monitoring of equipment, proper cleaning and storage as necessary.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>○ How to ensure Cpap equipment is properly stored.</li> </ul> </li> <li>· The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed,</li> </ul>	

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			<p>family involvement, medical, workshop/day services, financial and adaptive equipment.</p> <ul style="list-style-type: none"> <li>· The Program Coordinator will monitor the adaptive equipment when in the home to ensure that it is present, in good working order and stored properly.</li> <li>· Resident's MAR's will be updated to include monitoring of equipment, proper cleaning and storage as necessary.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations.</li> <li>· The Program Coordinator will monitor to ensure the clients plans and needs are being met during their weekly observations.</li> <li>· New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication review.</li> <li>· The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment.</li> <li>· The Program Coordinator will monitor the adaptive equipment</li> </ul>	

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W 0368 Bldg. 00	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based upon record review and interview for 1 of 4 sampled clients (client C) and 1 additional client (client E), the facility failed to ensure medications were administered in accordance with physician's orders.</p> <p>Findings include:</p> <p>The facility's reportable incidents to the Bureau of Developmental Disabilities Services (BDDS) were reviewed on 12/9/15 at 10:43 AM. A report dated 11/14/15 indicated staff #11 gave client</p>	W 0368	<p>when in the home to ensure that it is present, in good working order and stored properly.</p> <ul style="list-style-type: none"> <li>Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or the Program Director and forwarded to the Quality Improvement department. These assessments include a review of the environmental needs for the home, review of risk plans, ISP, BSP and client specific training for the residents.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> January 15th, 2016</p> <p><b>W 368 Drug Administration</b></p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>Staff #11 has been suspended from passing medication.</li> <li>Additional med practicums will be completed with Staff #11 until she displays competency in medication administration.</li> <li>Staff #11 will complete Core A and B training again prior to passing medication.</li> </ul>	01/15/2016

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	<p>E's 8:00 PM of Abilify (antidepressant), Lipitor (cholesterol) and Metformin (diabetes) medications to another client "and she doesn't remember who." Corrective action indicated staff took vital signs and monitored all the clients that night and no side effects were noted.</p> <p>Client E's physician's orders dated 12/15 were reviewed on 12/16/15 at 2:46 PM and indicated client E was prescribed Metformin 500 mg (milligrams) twice daily, Abilify 2 mg daily, Lipitor 10 mg daily.</p> <p>An investigation dated 11/14/15 indicated staff #11 "stated she wasn't thinking and looked and (sic) [client C's] cup think (sic) she didn't give him all his meds medications)." Staff #11 indicated she "thinks she poured [client E's] meds in [client C's] cup and took it to [client C]."</p> <p>The group home nurse was interviewed on 12/9/15 at 1:00 PM and indicated staff #11 had been retrained with all staff on medication administration, but would be given more individualized training prior to administering medications again to prevent future errors.</p> <p>9-3-6(a)</p>		<ul style="list-style-type: none"> <li>· Training will be completed with the staff regarding: <ul style="list-style-type: none"> <li>o Medication administration</li> </ul> </li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The staff involved in making the error is receiving additional training including taking Core A and B again.</li> <li>· The Program Coordinator will complete random medication practicums with the staff at least monthly to ensure competency.</li> <li>· Staff involved in medication errors will receive disciplinary action and additional training including but not limited to: <ul style="list-style-type: none"> <li>o Additional med practicums</li> <li>o Attending Core A and B again</li> </ul> </li> <li>· Training will be completed with the staff regarding: <ul style="list-style-type: none"> <li>o Medication administration</li> </ul> </li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· The staff involved in making the error is receiving additional training including taking Core A and B again.</li> <li>· The Program Coordinator will complete random medication</li> </ul>		

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W 0488 Bldg. 00	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 and interview, the facility failed to encourage 2 of 4 sampled clients (clients A and C) to participate in the preparation of meals.	W 0488	<p>practicums with the staff at least monthly to ensure competency.</p> <ul style="list-style-type: none"> <li>· Staff involved in medication errors will receive disciplinary action and additional training including but not limited to:                             <ul style="list-style-type: none"> <li>o Additional med practicums</li> <li>o Attending Core A and B again</li> </ul> </li> <li>· Training will be completed with the staff regarding:                             <ul style="list-style-type: none"> <li>o Medication administration</li> </ul> </li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will complete random medication practicums with the staff at least monthly to ensure competency. These will be turned into the nurse for her review.</li> <li>· Staff will not be allowed to pass medication independently until they are able to display competency in medication administration.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> January 15th, 2016</p> <p><b>W 488 Dining Areas and Service</b> The facility must ensure that each client eats in a manner consistent with his or her developmental level.</p>	01/15/2016

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	<p>Findings include:</p> <p>Observations were completed at the group home on 12/9/15 from 6:35 AM until 7:30 AM. During the observation, staff #8 prepared cereal and toast for clients A and C without involving them in the preparation of the meal. Clients A and C sat at the table and staff placed their prepared breakfast on the table in front of them.</p> <p>The Area Director was interviewed on 12/9/15 at 1:45 PM and indicated clients should be assisting in preparing their meals.</p> <p>9-3-8(a)</p>		<p><b>1. What corrective action will be accomplished?</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training will be completed with the staff regarding: <ul style="list-style-type: none"> <li>o Role modeling for active treatment during a meal and meal prep</li> <li>o Meal prep expectations</li> </ul> </li> <li>· The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment.</li> <li>· Formal programming will be implemented for Clients A and C regarding preparing a desired breakfast item.</li> </ul> <p><b>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?</b></p> <ul style="list-style-type: none"> <li>· All residents have the potential to be affected by the same deficient practice.</li> <li>· The Program Coordinator will do home observations weekly to</li> </ul>		

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			<p>ensure staff are implementing the plans of clients and the client's needs are being met.</p> <ul style="list-style-type: none"> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Role modeling for active treatment during a meal and meal prep</li> <li>o Meal prep expectations</li> </ul> </li> <li>· The Program Director/QIDP will ensure that there is formal programming in place for all residents that address identified needs.</li> <li>· The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment.</li> </ul> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <ul style="list-style-type: none"> <li>· The Program Coordinator will do home observations weekly to ensure staff are implementing the plans of clients and the client's needs are being met.</li> <li>· The Program Director will do home observations bi-weekly to ensure staff are implementing the</li> </ul>	

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			<p>plans of clients and the client's needs are being met.</p> <ul style="list-style-type: none"> <li>· Training completed with the staff regarding: <ul style="list-style-type: none"> <li>o Role modeling for active treatment during a meal and meal prep</li> <li>o Meal prep expectations</li> </ul> </li> <li>· The Program Director/QIDP will ensure that there is formal programming in place for all residents that address identified needs.</li> <li>· The IDT has implemented monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment.</li> </ul> <p><b>4. How will the corrective action be monitored to ensure the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>· The Program Director will monitor to ensure the clients plans and needs are being met during their bi-weekly observations.</li> <li>· The Program Coordinator will monitor to ensure the clients plans and needs are being met during their weekly observations.</li> <li>· New staff hired to work at the site will receive client specific training for each individual prior to working a shift. This training includes items such as: client's diets, risk plans, ISP's, programming, and medication review.</li> <li>· The IDT has implemented</li> </ul>	

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			<p>monthly staffings to ensure that the team discusses the needs of the residents in the following areas: home, behavior, IDT's needed, family involvement, medical, workshop/day services, financial and adaptive equipment.</p> <ul style="list-style-type: none"> <li>· Monthly supervisory visit check sheets to be completed by the QIDP. These will be forwarded to the Area Director for review.</li> <li>· The QIDP will monitor and review the resident's needs. As the needs arise, formal programming will be implemented.</li> <li>· Quarterly Health and Safety assessments will be completed by the Program Coordinator and/or the Program Director and forwarded to the Quality Improvement department. These assessments include a review of the environmental needs for the home, review of risk plans, ISP, BSP and client specific training for the residents. The assessment also includes an interview of staff to ensure competency.</li> </ul> <p><b>5. What is the date by which the systemic changes will be completed?</b> January 15th, 2016</p>		