

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G365	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/04/2014
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W000000	<p>This visit was for an extended annual recertification and state licensure survey.</p> <p>Dates of Survey: 7/29/14, 7/30/14, 7/31/14, 8/1/14 and 8/4/14.</p> <p>Facility Number: 000879 Provider Number: 15G365 AIMS Number: 100244310</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/11/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on observation, record review and interview for 1 of 4 sampled clients (#3), the facility failed to implement its policy and procedures to prevent emotional neglect of client #3.</p> <p>Findings include:  Observations were conducted at the</p>	W000149	<p><b>CORRECTION:</b> <i>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Specifically, for Client #3, the facility has employed a nurse who is proficient in American Sign Language. Additionally, after obtaining appropriate assessment data</i></p>	09/03/2014

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

TITLE

(X6) DATE

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

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	<p>group home on 7/29/14 from 4:30 PM through 5:30 PM. Client #3 was proficient in ASL (American Sign Language) to communicate her wants and needs. Staff working with client #3, not trained in ASL, attempted to use gestures and non verbal cues to communicate with client #3. Client #3 was not encouraged to utilize a communication device.</p> <p>Observations were conducted at the group home on 7/30/14 from 6:15 AM through 8:00 AM. Client #3 utilized ASL to communicate her wants and needs. Staff working with client #3, not trained in ASL, attempted to use gestures and non verbal cues to communicate with client #3. Client #3 was not encouraged to utilize a communication device.</p> <p>Client #3's record was reviewed on 7/30/14 at 10:19 AM. Client #3's BSP (Behavior Support Plan) dated 10/22/13 indicated, "[Client #3] has a history of Major Depressive Disorder and Conversion Disorder. [Client #3] has been hospitalized and received mental health services due to depression and suicidal ideation. Reports from [client #3's] mother indicate that she is at her best when she is active, and goes into a depressive state when there is no significant structure. [Client #3] has been totally deaf from birth and has shown</p>		<p>from a speech therapist, the interdisciplinary team will procure an electronic communication device to assist Client #3 with communicating with staff and other people in Client #3's environment. Staff will be trained on effective use of the adaptive device. Staff will provide Client #3 with ongoing emotional support as the interdisciplinary team takes aggressive action to meet Client #3's communication needs.</p> <p>Through review of current supports and training documentation, the governing body has determined that this deficient practice did not affect other clients.</p> <p><b>PERVENTION:</b> The QIDP has been retrained regarding the need to bring all elements of the interdisciplinary team together to assess and develop support that ensure the emotional well being of all clients. Members of the Operations Team will compare facility assessment data with current support documents as part of an ongoing audit process that occurs no less than quarterly and will conduct active treatment observations no less than monthly to assure staff provide supports as described in the program plans. Additionally, the Residential Manager and/or QIDP will conduct monthly Client Rights meetings to assure clients feel their emotional needs are met and to develop additional</p>		

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	<p>improvement over the past year with communicating her wants and needs to staff. However, at times, she becomes frustrated when others are unable to understand or communicate with ASL. When [client #3] becomes frustrated about not being able to communicate her wants and needs or not being able to complete a task due to her limited mobility behaviors arise." Client #3's BSP indicated, "[Client #3] will effectively communicate her wants and needs using verbal or non verbal gestures. Staff will give [client #3] their undivided attention in order to understand what she is trying to verbalize. Staff will provide [client #3] with her sidekick key board machine in order to communicate non verbally."</p> <p>Client #3's Counselor's ROV (Record of Visit) form dated 7/18/14 indicated, "[Client #3] expressed feeling isolated due to limited communication at the home. This contributes to feelings of depression." Client #3's Psychiatry ROV form dated 6/14/14 indicated, "Failure to provide ASL interpreter services continues to cause marked mental distress and social isolation which exacerbate depressive features. Recommendations: If ASL interpreter services cannot be provided at least part time then [client #3's] basic needs are not</p>		<p>supports as needed.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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	<p>being met and a more appropriate placement should be pursued." Client #3's Counselors ROV form dated 4/3/14 indicated, "[Client #3] is frustrated with logistical issues, i.e. not having an interpreter for medical appointments." Client #3's Psychiatry ROV form dated 3/26/14 indicated, "Significant clinical distress over lack of accommodations to address deafness. Recommendations: Mandate for ASL interpreter at least part time has been made and lack of follow through is highly concerning for a violation of standards of care." Client #3's Counselor's ROV form dated 3/13/14 indicated, "Continued depression, social isolation from disappointments in group home." Client #3's Counselor's ROV form dated 1/24/14 indicated, "[Client #3] continues to be depressed and isolated. Frustrated with lack of translation services..." Client #3's Psychiatry ROV form dated 12/11/13 indicated, "Impaired communication having negative impact on overall coping ability and mood which is clinically significant. Recommendations: [Client #3] requires assisted communication device or interpreter as mood is negatively affected by inability to communicate with newer staff working and other clients."</p> <p>QIDP (Qualified Intellectual Disability</p>			

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	<p>Professional) provided an electronic media correspondence dated 7/1/14. The electronic media correspondence was reviewed on 7/30/14 at 2:00 PM. The correspondence indicated, "On 6/30/14 [client #3's mother], CS (Clinical Supervisor) #1 and QIDP #1 met and discussed her concern about caring for [client #3]. [Client #3's mother's] major concern is that she wanted to know about other housing options available... for [client #3] to be around other individuals she can communicate with. [Client #3's mother] wanted ResCare to look into getting [client #3] a communication device and we informed her that we would look into that, we will look into cost, get three quotes and follow up with the appropriate people. [Client #3] currently has a video phone that she will use to call staff on the house phone when she feels that she's not being understood and the interpreter will translate what [client #3] is saying to the staff."</p> <p>HM (Home Manager) #1 was interviewed on 7/30/14 at 2:30 PM. HM #1 indicated client #3 utilized ASL to communicate. HM #1 indicated client #3 had a video phone that could be used to call a translator to communicate with staff. HM #1 indicated an ASL translator had not been obtained for client #3. HM #1 stated, "A few of the staff have learned</p>			

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	<p>some basic signs that [Client #3] has taught us. She mainly reads lips." HM #1 indicated the facility had not offered formal ASL training to staff working with client #3.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/30/14 at 2:45 PM. QIDP #1 indicated client #3 had access to a video phone translator. QIDP #1 indicated the facility had consulted regarding having an ASL interpreter come into the home. QIDP #1 indicated an ASL interpreter in the group home was cost prohibitive. QIDP #1 indicated facility staff had not received ASL training to effectively or efficiently communicate with client #3. QIDP #1 indicated the facility's abuse and neglect policy should be implemented.</p> <p>The facility's policy and procedures were reviewed on 8/1/14 at 1:23 PM. The facility's Reporting and Investigating Abuse/Neglect/Exploitation policy dated 6/1/13 indicated, "ResCare staff actively advocate for the rights and safety of all individuals." The 6/1/13 policy indicated, "Emotional/physical neglect: failure to provide goods and/or services necessary for the individual to avoid physical harm. Failure to provide the support necessary to an individual's psychological and social well being."</p>			

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W000159	<p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 2 of 4 sampled clients (#1 and #3), the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate, integrate and monitor clients #1 and #3's active treatment programs by failing to ensure client #1's day services was trained on and implemented client #1's Comprehensive High Risk Health Plan (CHRHP), to ensure facility staff were able to effectively and efficiently communicate with client #3, to ensure client #3's use of psychotropic medication used for behavior management was reviewed and approved by the HRC (Human Rights Committee) and to ensure client #1 had hearing aids and client #3 had an adaptive communication device.</p> <p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services)</p>	W000159	<p><b>CORRECTION:</b></p> <p><i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically</i></p> <p>For Client #1, the facility will provide day service with Client #1's Comprehensive High Risk Plan for Potential Renal Insufficiency and facilitate training toward proper implementation of the plan.</p> <p>The use of behavior controlling medications for Client #3 has been reviewed and approved consensually by the Human Rights Committee.</p> <p>The QIDP will assure that the facility provides Client #1 with a set of replacement hearing aids and that after obtaining appropriate assessment data from a speech therapist, the interdisciplinary team will procure an electronic communication</p>	09/03/2014

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	<p>reports and investigations were reviewed on 7/30/14 at 2:00 PM. The review indicated the following:</p> <p>-BDDS report dated 7/6/14 indicated, "While [client #1] was on therapeutic leave, his mother/guardian noted that he had become lethargic and demonstrated uncharacteristically poor appetite. As a precaution, she took [client #1] to the [hospital] ER (Emergency Room) for evaluation. ER personnel diagnosed [client #1] with stage 1 renal insufficiency and volume depletion. [Client #1] was released to his mother with instructions to follow up with a nephrologist. [Client #1] does not have a history of renal problems and a high risk plan is not in place. [Client #1] has returned to his... residence where staff are encouraging fluid intake per his physician's orders. ResCare nursing will monitor [client #1] and assure prompt follow-up with a nephrologist."</p> <p>Client #1's record was reviewed 7/30/14 at 12:35 PM. Client #1's Comprehensive High Risk Health Plan (CHRHP) dated 7/7/14 indicated, "Problem. Dehydration (body is low on fluids). Potential for complications related to potential diagnosis of Renal Insufficiency (Kidneys) needs to follow up with Nephrologist for confirmation of</p>		<p>device to assist Client #3 with communicating with staff and other people in Client #3's environment. A review of current adaptive equipment needs demonstrated that this deficient practice did not affect any additional clients.</p> <p><b>PERVENTION:</b> The Nurse Manager has directed the facility nurse to communicate directly with day service medical staff when the team develops new healthcare interventions including but not limited to Comprehensive High Risk Plans, to ensure day service providers have copies of all healthcare plans and to facilitate training on proper implementation of the plans. The Operations Team will maintain copies of support document receipts to facilitate follow-up and tracking. The QIDP will review healthcare support documents during day service observations that will occur no less than bi-weekly. Additionally Operations Teams will review healthcare support documents during day service observations that will occur no less than monthly.</p> <p>The QIDP will be retrained regarding the need to assure that the Human Rights Committee engages in a dialog to reach decisions regarding restrictive programs. The agency has established a quarterly system of</p>				

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	<p>diagnosis." Client #1's CHRHP dated 7/7/14 indicated, "All liquid intake and urine output must be measured and recorded."</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 7/30/14 at 3:00 PM. LPN #1 indicated client #1 had an appointment scheduled with a kidney specialist in August 2014. LPN #1 indicated staff should be recording client #1's urine output and fluid intake to monitor for further kidney concerns.</p> <p>Day Service Team Leader (DSTL) #1 was interviewed on 7/31/14 at 11:45 AM. DSTL #1 stated, "I am not aware of any monitoring for [client #1]." When asked if the group home had instructed day program staff regarding client #1's CHRHP and urine monitoring protocol, DSTL #1 stated, "No. I wasn't aware he was having any kidney issues."</p> <p>Day Service Manager (DSM) #1 was interviewed on 7/31/14 at 12:05 PM. DSM #1 indicated client #1's urine had not been monitored/recorded. DSM #1 indicated the group home had not communicated client #1's urine tracking protocol or kidney concerns.</p> <p>LPN #2 was interviewed on 7/31/14 at 1:10 PM. LPN #2 indicated she had</p>		<p>internal audits that review all facility systems including, but not limited to, due process and prior written informed consent. Administrative staff will conduct visits to the facility as needed but no less than monthly. The Program Manager –Lead will incorporate monitoring of annual HRC approvals of restrictive programs into the current tracking process.</p> <p>The QIDP has been retrained regarding the need to furnish all necessary adaptive equipment to all clients. Members of the Operations Team will review assessment data and compare it to adaptive equipment available at the facility, making recommendations and expediting the acquisition of new and additional adaptive equipment as appropriate.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>		

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W000189	<p>trained LPN #1 and assisted LPN #1 to complete client #1's CHRHP. LPN #1 stated, "[Client #1] doesn't have the renal insufficiency diagnosis yet but we felt like we should monitor his output. So, when [client #1] has his appointment we can provide the data." LPN #2 indicated client #1's urine should be recorded and monitored while at day services. LPN #1 indicated the QIDP was responsible for training the day services staff regarding client #1's CHRHP.</p> <p>2. The QIDP failed to ensure facility staff were able to effectively and efficiently communicate with client #3. Please see W189.</p> <p>3. The QIDP failed to ensure client #3's use of psychotropic medication used for behavior management was reviewed and approved by the HRC. Please see W262.</p> <p>4. The QIDP failed to ensure client #1 had hearing aids and client #3 had an adaptive communication device. Please see W436.</p> <p>9-3-3(a)</p> <p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee</p>			

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	<p>with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, record review and interview for 1 of 4 sampled clients (#3), the facility failed to ensure facility staff were able to effectively and efficiently communicate with client #3.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/29/14 from 4:30 through 5:30 PM. Client #3 utilized ASL (American Sign Language) to communicate her wants and needs. Staff working with client #3, not trained in ASL, attempted to use gestures and non verbal cues to communicate with client #3. Client #3 was not encouraged to utilize a communication device.</p> <p>Observations were conducted at the group home on 7/30/14 from 6:15 AM through 8:00 AM. Client #3 utilized ASL (American Sign Language) to communicate her wants and needs. Staff working with client #3, not trained in ASL, attempted to use gestures and non verbal cues to communicate with client #3. Client #3 was not encouraged to utilize a communication device.</p> <p>Client #3's record was reviewed on</p>	W000189	<p><b>CORRECTION:</b> <i>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. Specifically, for Client #3, the facility has employed a nurse who is proficient in American Sign Language. Additionally, after obtaining appropriate assessment data from a speech therapist, the interdisciplinary team will procure an electronic communication device to assist Client #3 with communicating with staff and other people in Client #3's environment. Staff will be trained on effective use of the adaptive device. Through review of current supports and training documentation, the governing body has determined that this deficient practice did not affect other clients.</i></p> <p><b>PERVENTION:</b> The QIDP has been retrained regarding the need to bring all elements of the interdisciplinary team together to assess and develop training programs that provide staff the competencies necessary to provide appropriate supports for all clients. Members of the Operations Team will compare facility assessment data</p>	09/03/2014			

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	<p>7/30/14 at 10:19 AM. Client #3's BSP (Behavior Support Plan) dated 10/22/13 indicated, "[Client #3] has a history of Major Depressive Disorder and Conversion Disorder. [Client #3] has been hospitalized and received mental health services due to depression and suicidal ideation. Reports from [client #3's] mother indicate that she is at her best when she is active, and goes into a depressive state when there is no significant structure. [Client #3] has been totally deaf from birth and has shown improvement over the past year with communicating her wants and needs to staff. However, at times, she becomes frustrated when others are unable to understand or communicate with ASL. When [client #3] becomes frustrated about not being able to communicate her wants and needs or not being able to complete a task due to her limited mobility behaviors arise." Client #3's BSP indicated, "[Client #3] will effectively communicate her wants and needs using verbal or non verbal gestures. Staff will give [client #3] their undivided attention in order to understand what she is trying to verbalize. Staff will provide [client #3] with her sidekick key board machine in order to communicate non verbally."</p> <p>Client #3's Counselor's ROV (Record of</p>		<p>with staff training documentation as part of an ongoing audit process that occurs no less than quarterly and will conduct active treatment observations no less than monthly to assure staff demonstrate necessary competencies.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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	<p>Visit) form dated 7/18/14 indicated, "[Client #3] expressed feeling isolated due to limited communication at the home. This contributes to feelings of depression." Client #3's Psychiatry ROV form dated 6/14/14 indicated, "Failure to provide ASL interpreter services continues to cause marked mental distress and social isolation which exacerbate depressive features. Recommendations: If ASL interpreter services cannot be provided at least part time then [client #3's] basic needs are not being met and a more appropriate placement should be pursued." Client #3's Counselors ROV form dated 4/3/14 indicated, "[Client #3] is frustrated with logistical issues, i.e. not having an interpreter for medical appointments." Client #3's Psychiatry ROV form dated 3/26/14 indicated, "Significant clinical distress over lack of accommodations to address deafness. Recommendations: Mandate for ASL interpreter at least part time has been made and lack of follow through is highly concerning for a violation of standards of care." Client #3's Counselor's ROV form dated 3/13/14 indicated, "Continued depression, social isolation from disappointments in group home." Client #3's Counselor's ROV form dated 1/24/14 indicated, "[Client #3] continues to be depressed and isolated. Frustrated with lack of</p>			

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	<p>translation services...." Client #3's Psychiatry ROV form dated 12/11/13 indicated, "Impaired communication having negative impact on overall coping ability and mood which is clinically significant. Recommendations: [Client #3] requires assisted communication device or interpreter as mood is negatively affected by inability to communicate with newer staff working and other clients."</p> <p>QIDP (Qualified Intellectual Disability Professional) provided an electronic media correspondence dated 7/1/14. The electronic media correspondence was reviewed on 7/30/14 at 2:00 PM. The correspondence indicated, "On 6/30/14 [client #3's mother], CS (Clinical Supervisor) #1 and QIDP #1 met and discussed her concern about caring for [client #3]. [Client #3's mother's] major concern is that she wanted to know about other housing options available... for [client #3] to be around other individuals she can communicate with. [Client #3's mother] wanted ResCare to look into getting [client #3] a communication device and we informed her that we would look into that, we will look into cost, get three quotes and follow up with the appropriate people. [Client #3] currently has a video phone that she will use to call staff on the house phone when</p>			

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	<p>she feels that she's not being understood and the interpreter will translate what [client #3] is saying to the staff."</p> <p>HM (Home Manager) #1 was interviewed on 7/30/14 at 2:30 PM. HM #1 indicated client #3 utilized ASL to communicate. HM #1 indicated client #3 had a video phone that could be used to call a translator to communicate with staff. HM #1 indicated an ASL translator had not been obtained for client #3. HM #1 stated, "A few of the staff have learned some basic signs that [Client #3] has taught us. She mainly reads lips." HM #1 indicated the facility had not offered formal ASL training to staff working with client #3.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/30/14 at 2:45 PM. QIDP #1 indicated client #3 had access to a video phone translator. QIDP #1 indicated the facility had consulted regarding having an ASL interpreter come into the home. QIDP #1 indicated an ASL interpreter in the group home was cost prohibitive. QIDP #1 indicated facility staff had not been received ASL training to effectively or efficiently communicate with client #3.</p> <p>9-3-3(a)</p>			

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W000262	<p>483.440(f)(3)(i) PROGRAM MONITORING &amp; CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Based on record review and interview for 1 of 4 sampled clients with restrictive programs (client #3), the facility failed to ensure client #3's use of psychotropic medication used for behavior management was reviewed and approved by the HRC (Human Rights Committee).</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 7/30/14 at 10:19 AM. Client #3's BSP (Behavior Support Plan) dated 10/22/13 indicated client #3 received Prozac 60 milligrams to manage SIB (Self Injurious Behavior) and suicidal ideation. Client #3's BSP indicated client #3 received Risperdal 2 milligrams daily to manage SIB and suicidal ideation behaviors. Client #3's HRC form dated 1/1/14 indicated the facility had obtained HRC approval regarding client #3's Risperdal 2 milligrams, however, did not include documentation regarding the use and approval of Prozac 60 milligrams.</p> <p>QIDP (Qualified Intellectual Disabilities</p>	W000262	<p><b>CORRECTION:</b> <i>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Specifically, the use of behavior controlling medications for Client #3 has been reviewed and approved consensually by the Human Rights Committee.</i></p> <p><b>PREVENTION:</b> The QIDP will be retrained regarding the need to assure that the Human Rights Committee engages in a dialog to reach decisions regarding restrictive programs. The agency has established a quarterly system of internal audits that review all facility systems including, but not limited to, due process and prior written informed consent. Administrative staff will conduct visits to the facility as needed but no less than monthly. The Program Manager –Lead will incorporate monitoring of annual HRC approvals of restrictive programs into the current tracking process.</p>	09/03/2014
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W000331	<p>Professional) #1 was interviewed on 7/30/14 at 2:45 PM. QIDP #1 indicated the use of psychotropic medication for behavior management should be reviewed and approved by the HRC.</p> <p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 4 sampled clients (#1), the facility nursing services failed to met the health needs of client #1.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 7/30/14 at 2:00 PM. The review indicated the following:</p> <p>-BDDS report dated 7/6/14 indicated, "While [client #1] was on therapeutic leave, his mother/guardian noted that he had become lethargic and demonstrated uncharacteristically poor appetite. As a precaution, she took [client #1] to the [hospital] ER (Emergency Room) for evaluation. ER personnel diagnosed</p>	W000331	<p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p> <p><b>CORRECTION:</b> <i>The facility must provide clients with nursing services in accordance with their needs. Specifically for Client #1, the facility will provide day service with Client #1's Comprehensive High Risk Plan for Potential Renal Insufficiency and facilitate training toward proper implementation of the plan. PREVENTION:</i> The Nurse Manager has directed the facility nurse to communicate directly with day service medical staff when the team develops new healthcare interventions including but not limited to Comprehensive High Risk Plans, to ensure day service providers have copies of all healthcare plans and to facilitate training on proper implementation of the plans. The Operations Team will maintain copies of support document receipts to facilitate follow-up and tracking. The QIDP will review healthcare support</p>	09/03/2014

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	<p>[client #1] with stage 1 renal insufficiency and volume depletion. [Client #1] was released to his mother with instructions to follow up with a nephrologist. [Client #1] does not have a history of renal problems and a high risk plan is not in place. [Client #1] has returned to his... residence where staff are encouraging fluid intake per his physician's orders. ResCare nursing will monitor [client #1] and assure prompt follow-up with a nephrologist."</p> <p>Client #1's record was reviewed 7/30/14 at 12:35 PM. Client #1's Comprehensive High Risk Health Plan (CHRHP) dated 7/7/14 indicated, "Problem. Dehydration (body is low on fluids). Potential for complications related to potential diagnosis of Renal Insufficiency (Kidneys) needs to follow up with Nephrologist for confirmation of diagnosis." Client #1's CHRHP dated 7/7/14 indicated, "All liquid intake and urine output must be measured and recorded."</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 7/30/14 at 3:00 PM. LPN #1 indicated client #1 had an appointment scheduled with a kidney specialist in August 2014. LPN #1 indicated staff should be recording client #1's urine output and fluid intake to</p>		<p>documents during day service observations that will occur no less than bi-weekly. Additionally Operations Teams will review healthcare support documents during day service observations that will occur no less than monthly. <b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Health Services Team, Operations Team</p>	

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	<p>monitor for further kidney concerns.</p> <p>Day Service Team Leader (DSTL) #1 was interviewed on 7/31/14 at 11:45 AM. DSTL #1 stated, "I am not aware of any monitoring for [client #1]." When asked if the group home had instructed day program staff regarding client #1's CHRHP and urine monitoring protocol, DSTL #1 stated, "No. I wasn't aware he was having any kidney issues."</p> <p>Day Service Manager (DSM) #1 was interviewed on 7/31/14 at 12:05 PM. DSM #1 indicated client #1's urine had not been monitored/recorded. DSM #1 indicated the group home had not communicated client #1's urine tracking protocol or kidney concerns.</p> <p>LPN #2 was interviewed on 7/31/14 at 1:10 PM. LPN #2 indicated she had trained LPN #1 and assisted LPN #1 to complete client #1's CHRHP. LPN #1 stated, "[Client #1] doesn't have the renal insufficiency diagnosis yet but we felt like we should monitor his output. So, when [client #1] has his appointment we can provide the data." LPN #2 indicated client #1's urine should be recorded and monitored while at day services.</p> <p>9-3-6(a)</p>						

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review and interview for 2 of 4 sampled clients with adaptive equipment (#1 and #3), the facility failed to ensure client #1 had hearing aids and client #3 had an adaptive communication device.</p> <p>Findings include:</p> <p>1. Observations were conducted at the group home on 7/29/14 from 4:30 PM through 5:30 PM. Client #1 did not wear hearing aids throughout the observation period.</p> <p>Observations were conducted at the group home on 7/30/14 from 6:15 AM through 8:00 AM. Client #1 did not wear hearing aids throughout the observation period.</p> <p>Observations were conducted at client #1's day service/sheltered workshop on 7/31/14 from 11:30 AM through 12:15 PM. Client #1 did not wear hearing aids during the observation period.</p>	W000436	<p><b>CORRECTION:</b> <i>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. Specifically, the facility will provide Client #1 with a set of replacement hearing aids and after obtaining appropriate assessment data from a speech therapist, the interdisciplinary team will procure an electronic communication device to assist Client #3 with communicating with staff and other people in Client #3's environment. A review of current adaptive equipment needs demonstrated that this deficient practice did not affect any additional clients.</i></p> <p><b>PERVENTION:</b> Facility Professional staff have been retrained regarding the need to furnish all necessary adaptive equipment to all clients. Members of the Operations Team will review assessment data and</p>	09/03/2014			

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	<p>Client #1 was interviewed on 7/31/14 at 12:00 PM. Client #1 indicated he did not have hearing aids. When asked if he had hearing aids, client #1 stated, "Gone."</p> <p>Client #1's record was reviewed on 7/30/14 at 12:35 PM. Client #1's Record of Visit (ROF) dated 9/6/13 indicated, "[Client #1's] hearing aid was lost. He is not eligible for a new hearing aid until August 5, 2014."</p> <p>CS (Clinical Supervisor) #1 was interviewed on 7/30/14 at 2:45 PM. CS #1 indicated the facility had not purchased/provided client #1 with hearing aids. CS #1 indicated client #1 had lost his hearing aids and had a recommendation on 9/6/13 to have them replaced.</p> <p>2. Observations were conducted at the group home on 7/29/14 from 4:30 PM through 5:30 PM. Client #3 utilized ASL (American Sign Language) to communicate her wants and needs. Client #3 was not encouraged to utilize a communication device.</p> <p>Observations were conducted at the group home on 7/30/14 from 6:15 AM through 8:00 AM. Client #3 utilized ASL (American Sign Language) to</p>		<p>compare it to adaptive equipment available at the facility, making recommendations and expediting the acquisition of new and additional adaptive equipment as appropriate.</p> <p><b>RESPONSIBLE PARTIES:</b> QIDP, Residential Manager, Team Leader, Direct Support Staff, Operations Team</p>	

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	<p>communicate her wants and needs. Client #3 was not encouraged to utilize a communication device.</p> <p>Client #3's record was reviewed on 7/30/14 at 10:19 AM. Client #3's BSP (Behavior Support Plan) dated 10/22/13 indicated, "[Client #3] will effectively communicate her wants and needs using verbal or non verbal gestures. Staff will give [client #3] their undivided attention in order to understand what she is trying to verbalize. Staff will provide [client #3] with her sidekick key board machine in order to communicate non verbally." Client #3's Psychiatry ROV form dated 12/11/13 indicated, "Impaired communication having negative impact on overall coping ability and mood which is clinically significant. Recommendations: [Client #3] requires assisted communication device or interpreter as mood is negatively affected by inability to communicate with newer staff working and other clients."</p> <p>QIDP (Qualified Intellectual Disability Professional) provided an electronic media correspondence dated 7/1/14. The electronic media correspondence was reviewed on 7/30/14 at 2:00 PM. The QIDP stated, "[Client #3's mother] wanted ResCare to look into getting [client #3] a communication device and</p>			

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	<p>we informed her that we would look into that, we will look into cost, get three quotes and follow up with the appropriate people."</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 7/30/14 at 2:45 PM. QIDP #1 indicated the facility was in the process of obtaining quotes regarding communication devices for client #3.</p> <p>9-3-7(a)</p>				