

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G802		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/05/2013	
NAME OF PROVIDER OR SUPPLIER BONA VISTA PROGRAMS INC				STREET ADDRESS, CITY, STATE, ZIP CODE 112 E WESTMORELAND KOKOMO, IN 46901			
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: March 19, 20, 21, 27, 28, and April 5, 2013.</p> <p>Facility number: 0012527 Provider number: 15G802 AIM number: 201024860</p> <p>Surveyor: Susan Eakright, Medical Surveyor III/QMRP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed April 12, 2013 by Dotty Walton, Medical Surveyor III.</p>	W000000					

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

TITLE

(X6) DATE

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

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W000112	<p>483.410(c)(2) CLIENT RECORDS</p> <p>The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records.</p> <p>Based on observation, record review, and interview, for 1 of 8 clients (client #8) and 1 additional client (Discharged client #9), the facility failed to keep each client's personal information confidential by posting the client's dining information on the kitchen wall.</p> <p>Findings include:</p> <p>On 3/19/13 from 3:25pm until 5:40pm, and on 3/20/13 from 6:30am until 8:55am, observations and interviews were completed at the group home. Observed posted on the unlocked and open office door was client #8 and discharged client #9's full name's each on individual pieces of paper. Client #8's piece of paper indicated "Out of House Information, [Client #8's full name], [Family member full name], Home visit/Vacation, Medication Taken: Therems (vitamin), Loratadine 10mg (allergy medication), Oysco 500 (Oyster Shell Calcium for bone health), Ranitidine 150mg (for acid reflux), Doxycyclnyc (sic) 100mg (unidentified medication), Fluticasone 50mg (for asthma/breathing difficulty), Refresh optive (eye drops for dry eyes),</p>	W000112	<p>The posted information was taken down and stored properly on March 19, 2013. The QDDP, House Mgr, and DSPs will be retrained as to where confidential consumer information should be stored and that confidential information should not be posted in common areas. The Social Services Coordinator completes a Periodic Service Review (PSR) on a monthly basis. The PSR form will be updated to contain a line that includes checking that confidential consumer information is stored properly. In the event confidential consumer information is stored improperly, the Social Services Coordinator will immediately correct the issue, and report the findings to the Director of Residential Services. The Director of Residential Services will ensure that follow up training and/or corrective action for the staff responsible occurs. The results of the PSR form is included in the quarterly management report.</p>	05/05/2013			

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	<p>Trentioion (sic) 0.025% 1 tube (for acne), (and) Fiber Therapy (for constipation)...Depart Date: 3/6/13...." Discharged client #9's piece of paper indicated "[No title on page], [Discharge client #9's full name]...Medication Taken: Oxcarbazepine (for behaviors), Paroxetine 20mg (for behaviors), Paroxcatine 40mg (sic) (for behaviors), Sigular (sic) 10mg (for allergies/breathing problems), Vitamin [no name of vitamin] 400mg (for health), Toviaz 4mg, Trazodone (sic) 100mg (for behaviors), Vitamin C 500mg (for health), Buspirone 15mg (for behaviors), Zyrtec 10mg (for allergies), Doxycyline (sic) 100mg (Antibiotic), (and) Omeprazole 20mg (anti acid). Depart Date: 7/31/12. Depart Time: 5:50pm...." At 8:00am, GHS (Group Home Staff) #1 indicated client #8 and discharged client #9's information sheets of paper were posted on the wall inside the open office. GHS #1 indicated both sheets of paper contained confidential information regarding client #8 and discharged client #9. GHS #1 indicated visitors, staff, and other clients had access to review these sheets of confidential information.</p> <p>An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/5/13 at 2:30pm. At 2:30pm, the QIDP indicated client #8 and</p>						

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	<p>discharged client #9's personal information should not have been posted on the group home office wall where visitors, staff, and other clients to the home had access.</p> <p>9-3-1(a)</p>			

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, for 2 of 3 BDDS (Bureau of Developmental Disabilities Services) reports of allegations of staff abuse, the facility neglected to implement the facility's policy and procedure to immediately report and to investigate allegations of abuse, neglect, and/or mistreatment for 2 of 8 clients (clients #3 and #6).</p> <p>Findings include:</p> <p>On 3/19/13 at 1:35pm, the facility's BDDS Reports were reviewed from 03/01/12 through 03/19/13 Investigations and the following reports were reviewed.</p> <p>For client #3:</p> <p>-A 10/12/12 BDDS report for an incident on 10/10/12 at 8:00pm, indicated client #3 reported "an African American staff slapped him the previous evening. An investigation was started by the [QIDP - Qualified Intellectual Disabilities Professional and the Group Home Manager] regarding this incident." The report indicated client #3 had told the staff "he was going to run from the group home, 2 staff followed [client #3] and</p>	W000149	<p>W149 Plan to Correct:</p> <p>All WML staff, Social Worker, Residential QDDPs, and Nurse will be retrained on the following topics:</p> <ol style="list-style-type: none"> 1. Incident Reporting 2. Abuse Neglect 3. Prohibition of Violations of Individual Rights including Dignity and Respect of Persons Served 4. Individual Specific Training for all persons served residing in the WML group home. 5. WML House Manager and Residential QDDPs will be trained on the Bona Vista Investigation template (Attachment A) to be used for all investigations. The investigation template has the following sections: Victim Information, Evidence, Documentation Reviewed, and Findings. The Corrective Actions from the Investigation will be completed by a party not directly involved in the investigation, such as the Director of Residential Services, the Senior VP or designee, or the Director of Human Resources. A copy of all 	05/05/2013	

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	<p>asked [client #3] to go back inside." Client #3 went back inside and spat at GHS (Group Home Staff) #10 and GHS #11. The report indicated client #3 called a male staff a "black ass bitch" and GHS #10 "slapped him in the left cheek area." The 10/12/12 report indicated GHS #10 was suspended pending an investigation, no allegation was reported by the staff on duty, and no injury was found on client #3.</p> <p>-The 10/12/12 "Investigation of Alleged Neglect, Battery, Exploitation, or Physical Abuse" indicated GHS #11 stated GHS #10 was with client #3 in the living room and "the living room was dark...He heard a loud clapping sound....What was the clap sounded like. [GHS #11] said the clap sounded like skin on skin contact. [GHS #11] said [client #3] cried, got up, went to his bedroom and laid down." The investigation did not indicate that the staff on duty did not report the allegation immediately to the administrator. The investigation did not include a witness statement from GHS #10. The investigation did not document a result of the investigation.</p> <p>-A 10/18/12 Follow up BDDS report indicated the allegation was "substantiated with services needed by APS (Adult Protective Services)." The</p>		<p>documents associated with the investigation such as witness statements, staff training, and staff discipline will be attached to the initial Incident Reports that area available for the Board of Health Surveyor. Original investigation documents will be maintained in Human Resources.</p> <p>6. QDDP reported that GHS#10 was working at a different location within the agency. GHS #10 is no longer employed with Bona Vista as of February 25, 2013.</p>				

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	<p>report indicated "the staff in question will be retrained and placed at a different house. The staff was disciplined per Bona Vista policy regarding abuse and neglect." The report indicated staff were retrained on client #3's BSP (Behavior Support Plan). The follow up report indicated GHS #10 was given a "last chance agreement" for his employment.</p> <p>For client #6:</p> <p>-A 12/20/12 BDDS report for an incident on 12/18/12 at 5pm, indicated client #6's family member called the QIDP (Qualified Intellectual Disabilities Professional) to report during a phone call with client #6 on 12/18/12 that client #6 made allegations that an "un named (sic) [agency name] staff threatening to take away his privileges of participating in community activities, Special Olympics Basketball, band practice, restricting his phone use, not allowing him access to his money for Christmas shopping or contributing to the families expenses of travel for [client #6] to come home, allowing peers to steal from him, allow peers to hit him in the groin, giving his items to other consumers...." The report indicated client #6 was "restricted" from calling his senator.</p> <p>-An 12/21/12 "Case Conference</p>			

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	<p>Committee Report" documented by the QIDP indicated she and the IDT (Interdisciplinary Team) spoke to client #6 about the treatment at the group home and the report indicated client #6 indicated his concerns reported on 12/20/13. The report indicated a plan for client #6 to express his concerns to the group home manager, the workshop supervisors, or the QIDP.</p> <p>-A 1/22/13 Follow up report indicated the results of the IDT case conference and indicated client #6 did not identify the staff who had made "threats of loss of privileges, finances, etc...." The report indicated client #6 was encouraged to communicate with the agency staff and the group home manager if he had concerns about a staff. No documentation was available for review to determine if the group home staff were retrained to ensure client #6 was not threatened for lose of privileges.</p> <p>On 3/19/13 at 1:25pm, a review of the facility's 5/11 Policy on Abuse, Neglect, and Exploitation "Prohibition of violations of Individual Rights" indicated, "Definitions...abuse: Intentional willful infliction...verbal or demonstrative harm caused by oral or written language or gestures with disparaging or derogatory implications...mental or emotional harm</p>						

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	<p>caused by unreasonable confinement, intimidation, humiliation...Neglect: Failure to provide supervision, training, appropriate care, food, medical care, or medical supervision to an individual...." The policy and procedure indicated "Reporting: It is the responsibility of any employee who possesses knowledge of an alleged case of neglect, battery, exploitation, or violation of individual rights to report it immediately."</p> <p>On 4/5/13 at 2:30pm, a review of the facility's 5/2011 "Neglect, Battery, and Exploitation of Individuals" indicated "...Investigation of an alleged case of neglect, battery, exploitation of a person...or psychological abuse shall include, but not be limited to a statement from the complainant, a statement from the alleged violator, and any and all witnesses to the alleged incident...."</p> <p>On 4/5/13 at 2:30pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated GHS #10 was working at a different location within the agency. The QIDP indicated client #6's allegation was discussed with staff, but offered no evidence of staff retraining. The QIDP indicated she reported client #3 and #6's allegations when she became aware of the allegations and no additional</p>						

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	<p>information was available for review.</p> <p>The QIDP indicated the staff neglected to follow the abuse/neglect policy and procedure on reporting and investigating allegations of abuse, neglect, and/or mistreatment. The QIDP indicated GHS #11 neglected to report the allegation timely.</p> <p>9-3-2(a)</p>			

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview, for 1 of 3 BDDS (Bureau of Developmental Disabilities Services) reports of allegations of staff abuse, the facility failed to implement the facility's policy and procedure to immediately report allegations of abuse, neglect, and/or mistreatment for 1 of 8 clients (client #3).</p> <p>Findings include:</p> <p>On 3/19/13 at 1:35pm, the facility's BDDS Reports were reviewed from 03/01/12 through 03/19/13 indicated the following late reports of staff abuse allegations.</p> <p>For client #3:</p> <p>-A 10/12/12 BDDS report for an incident on 10/10/12 at 8:00pm, indicated client #3 reported "an African American staff slapped him the previous evening. An investigation was started by the [QIDP - Qualified Intellectual Disabilities Professional and the Group Home Manager] regarding this incident." The</p>	W000153	<p>All WML staff will be retrained on the following topics:</p> <ol style="list-style-type: none"> 1. Incident Reporting 2. Abuse/Neglect 3. Prohibition of Violations of Individual Rights include Dignity and Respect of persons Served 4. Individual Specific Training for all persons served residing in the WML group home. 5. Daily notes for persons served will be reviewed on at least a weekly basis by the WML QDDP. In the event that the daily notes for persons served contain information that is BDDS reportable, the QDDP will immediately contact the Director of Residential Services and complete a BDDS report. 	05/05/2013	

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	<p>report indicated client #3 had told the staff "he was going to run from the group home, 2 staff followed [client #3] and asked [client #3] to go back inside." Client #3 went back inside and spat at GHS (Group Home Staff) #10 and GHS #11. The report indicated client #3 called a male staff a "black ass bitch" and GHS #10 "slapped him in the left cheek area." The report indicated the GHS #10 was suspended pending an investigation, no allegation was reported by the staff on duty, and no injury was found on client #3. The report did not indicate GHS #10 or GHS #11 reported the incident to the administrator or designee.</p> <p>-A 10/18/12 Follow up BDDS report indicated the allegation was "substantiated with services needed by APS (Adult Protective Services)."</p> <p>On 4/5/13 at 2:30pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated she reported client #3's allegation when she became aware of the allegation. The QIDP indicated the GHS #11 did not report the allegation immediately to the administrator.</p> <p>9-3-2(a)</p>				

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview, for 2 of 3 BDDS (Bureau of Developmental Disabilities Services) reports of allegations of staff abuse, the facility failed to thoroughly investigate allegations of abuse, neglect, and/or mistreatment for 2 of 8 clients (clients #3 and #6).</p> <p>Findings include:</p> <p>On 3/19/13 at 1:35pm, the facility's BDDS Reports were reviewed from 03/01/12 through 03/19/13 allegations of staff abuse/neglect and indicated the following.</p> <p>For client #3:</p> <p>-A 10/12/12 BDDS report for an incident on 10/10/12 at 8:00pm, indicated client #3 reported "an African American staff slapped him the previous evening. An investigation was started by the [QIDP - Qualified Intellectual Disabilities Professional and the Group Home Manager] regarding this incident." The report indicated client #3 had told the staff "he was going to run from the group home, 2 staff followed [client #3] and</p>	W000154	<p>All WML staff, Social Worker, Residential QDDPs, Nurses will be retrained on the following topics:</p> <ol style="list-style-type: none"> 1. Incident Reporting 2. Abuse Neglect 3. Prohibition of Violations of Individual Rights including Dignity and Respect of Persons Served 4. Individual Specific Training for all persons served residing in the WML group home. <ol style="list-style-type: none"> 1. WML House Manager and Residential QDDPs will be trained on the Bona Vista Investigation template (Attachment A) to be used for all investigations. The investigation template has the following sections: Victim Information, Evidence, Documentation Reviewed, and Findings. The Corrective Actions from the Investigation will be completed by a party not directly involved in the investigation, such as the Director of Residential Services, the Senior VP or designee, or the Director of Human Resources. A copy of all documents associated with the investigation such as witness 	05/05/2013	

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	<p>asked [client #3] to go back inside." Client #3 went back inside and spat at GHS (Group Home Staff) #10 and GHS #11. The report indicated client #3 called a male staff a "black ass bitch" and GHS #10 "slapped him in the left cheek area." The report indicated the GHS #10 was suspended pending an investigation, no allegation was reported by the staff on duty, and no injury was found on client #3.</p> <p>-The 10/12/12 "Investigation of Alleged Neglect, Battery, Exploitation, or Physical Abuse" indicated GHS #11 stated "the living room was dark...He heard a loud clapping sound....What was the clap sounded like. [GHS #11] said the clap sounded like skin on skin contact. [GHS #11] said [client #3] cried, got up, went to his bedroom and laid down." The investigation did not indicate that the staff on duty did not report the allegation immediately to the administrator. The investigation did not include a witness statement from GHS #10. The investigation did not include witness statements from other clients living in the group home.</p> <p>-A 10/18/12 Follow up BDDS report indicated the allegation was "substantiated with services needed by APS (Adult Protective Services)." The</p>		<p>statements, staff training, and staff discipline will be attached to the initial Incident Reports that area available for the Board of Health Surveyor. Original investigation documents will be maintained in Human Resources.</p> <p>2. QDDP reported that GHS#10 was working at a different location within the agency. GHS #10 is no longer employed with Bona Vista as of February 25, 2013.</p>		

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	<p>report indicated "the staff in question will be retrained and placed at a different house. The staff was disciplined per Bona Vista policy regarding abuse and neglect." The report indicated staff were retrained on client #3's BSP (Behavior Support Plan). No evidence of staff retraining was available for review. The follow up report indicated GHS #10 was given a "last chance agreement" for his employment. No evidence of administrative monitoring of GHS #10 was available for review.</p> <p>For client #6:</p> <p>-A 12/20/12 BDDS report for an incident on 12/18/12 at 5pm, indicated client #6's family member called the QIDP (Qualified Intellectual Disabilities Professional) to report during a phone call with client #6 on 12/18/12 that client #6 made allegations that an "un named [agency name] staff threatening to take away his privileges of participating in community activities, Special Olympics Basketball, band practice, restricting his phone use, not allowing him access to his money for Christmas shopping or contributing to the families expenses of travel for [client #6] to come home, allowing peers to steal from him, allow peers to hit him in the groin, giving his items to other consumers...." The report</p>			
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	<p>indicated client #6 was "restricted" from calling his senator.</p> <p>-An 12/21/12 "Case Conference Committee Report" documented by the QDP indicated she and the IDT (Interdisciplinary Team) spoke to client #6 about the treatment at the group home and the report indicated client #6 indicated his concerns reported on 12/20/13. The report indicated a plan for client #6 to express his concerns to the group home manager, the workshop supervisors, or the QIDP.</p> <p>-A 1/22/13 Follow up report indicated the results of the 12/21/12 IDT case conference and indicated client #6 did not identify the staff who had made "threats of loss of privileges, finances, ect..." The report did not indicate if other clients living in the group home were interviewed. The report indicated client #6 was encouraged to communicate with the agency staff and the group home manager if he had concerns about a staff.</p> <p>On 4/5/13 at 2:30pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated GHS #10 was working at a different location within the agency. The QIDP indicated she investigated client #3 and #6's allegations</p>			

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	<p>when she became aware of the allegations. The QIDP indicated the indicated staff failed to follow the abuse/neglect policy and procedure by failing to conduct staff and client interviews on reporting and investigating allegations of abuse, neglect, and/or mistreatment.</p> <p>9-3-2(a)</p>			

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W000242	<p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on observation, interview, and record review, for 2 of 4 sampled clients (clients #3 and #4), the facility failed to initiate programming in client #3 and #4's Individual Support Plans (ISPs) to address toileting skills.</p> <p>Findings include:</p> <p>On 3/20/13 from 6:30am until 8:55am, observations and interviews were completed at the group home, and client #3 and #4's beds were observed to be wet. At 6:45am, client #4 was up, walking through the group home, and dressed. At 6:45am, client #4's bedroom was observed with GHS (Group Home Staff) #2, GHS #3, and GHS #4. At 6:45am, GHS #2, GHS #3, and GHS #4 indicated client #4's bed was wet with urine from during the night. GHS #2 indicated client #4 had been incontinent of urine because he did not get up during the night and go to the bathroom. At 6:45am, GHS #2,</p>	W000242	<ol style="list-style-type: none"> The WML QDDP wrote a toileting goal for consumer #3. (Attachment B). The following documents were also be developed and/or updated for consumer #3: Risk assessment (Attachment C), Nocturia Plan (Attachment D), Nocturia Tracking Sheet (Attachment E), and ISP (Attachment F) WML staff will be trained on the goals and associated strategies. The WML QDDP will write a toileting goal for consumer #4 (Attachment P). The following documents were also developed and/or updated for consumer #4: Risk assessment (Attachment N), Toileting Plan (Attachment O), and ISP (Attachment Q). Staff will be retrained in Positive Behavior Supports. Programs for persons served will be reviewed on at least a monthly basis by QDDPs and on the Periodic Service Review Form that is completed on a monthly 	05/05/2013			

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	<p>GHS #3, and GHS #4 indicated client #3 was incontinent of urine during the night because client #3 refused to get up and go to the bathroom. At 6:45am, client #3 was observed lying in urine soaked bed linen and urine was puddled on the floor around his bed.</p> <p>Client #3's record was reviewed on 3/21/13 at 11:50am. Client #3's 7/18/12 ISP (Individual Support Plan) did not include a toileting goal/objective and did not indicate a toileting schedule.</p> <p>Client #4's record was reviewed on 3/20/13 at 12noon and on 3/21/13 at 10:30am. Client #4's 9/6/12 ISP did not include a toileting goal/objective and did not indicate a toileting schedule.</p> <p>An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/5/13 at 2:30pm. At 2:30pm, the QIDP indicated clients #3 and #4 did not have toileting goals or schedules. The QIDP indicated clients #3 and #4 were incontinent of urine during the overnight period because of behaviors and both clients were continent of urine during the day and toileted independently.</p> <p>9-3-4(a)</p>		<p>basis. Findings on the Periodic Service Review Form will be reported to the Director of Residential Services. The findings will be reviewed and staff involved in corrective action items will be notified. The Periodic Service Review for the following month will include an area to document that the prior month's review action items have been corrected. The summary of findings and corrective actions will be included in the Quarterly Management Report</p>		

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W000252	<p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on interview and record review, for 2 of 4 sampled clients (clients #1 and #3), the facility failed to collect performance data to measure client #3 and #4's Individual Support Plan (ISP) oral hygiene programming goals.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 3/21/13 at 1:05pm. Client #1's 10/24/12 ISP (Individual Support Plan) indicated an oral hygiene goal/objective to increase his oral hygiene and to brush his teeth daily with a verbal prompt by staff. Client #1's QIDP (Qualified Intellectual Disabilities Professional) recorded the following for "insufficient data" on his monthlies reviews for 7/2012, 8/2012, 9/2012, and 10/2012.</p> <p>Client #3's record was reviewed on 3/21/13 at 11:50am. Client #3's 7/18/12 ISP indicated an oral hygiene goal/objective to increase his oral hygiene and to brush his teeth daily with a verbal prompt by staff. Client #3's QIDP recorded the following for "insufficient data" on his monthlies reviews for</p>	W000252	<ol style="list-style-type: none"> 1. Program staff and QDDPs will be trained on Documentation for Persons Served. 2. WML House Manager will review documentation for persons served on each shift House Manager works. The House Manager will complete a Documentation Error Form (Attachment G) for any missing documentation and complete the associated discipline for the missing documentation. 3. Programs for persons served will be reviewed on at least a monthly basis by QDDPs and on the Periodic Service Review Form that is completed on a monthly basis. Findings on the Periodic Service Review Form will be reported to the Director of Residential Services. The findings will be reviewed and staff involved in corrective action items will be notified. The Periodic Service Review for the following month will include an area to document that the prior month's review action items have been corrected. The summary of findings and corrective actions will be included in the Quarterly Management Report. 	05/05/2013	

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	<p>5/2012, 6/2012, and 7/2012.</p> <p>An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/5/13 at 2:30pm. At 2:30pm, the QIDP indicated clients #1 and #3 did not have data recorded for their oral hygiene objectives for those time periods. The QIDP indicated clients #1 and #3 had refused their objectives for oral hygiene and no documented evidence for client #1 and #3's refusals were recorded by the facility staff. The QIDP indicated the staff have been instructed to record data each time a goal/objective is attempted.</p> <p>9-3-4(a)</p>				

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W000391	<p>483.460(m)(2)(ii) DRUG LABELING</p> <p>The facility must remove from use drug containers with worn, illegible, or missing labels.</p> <p>Based on observation, record review, and interview, for 1 of 35 medications observed administered (client #7), the facility failed to ensure each medication was labeled.</p> <p>Findings include:</p> <p>During 3/20/13 7:35am observations, the facility's Group Home Staff (GHS) #1 entered the medication room and selected client #7's unlabeled Clindamycin 1% Solution (cream for acne), the unlabeled medication bottle was stored in an unmarked plastic bin inside the locked medication cabinet, and GHS #1 administered the cream to client #7's face. At 7:45am, client #7's 3/2013 MAR (Medication Administration Record) indicated "Clindamycin 1% Solution, apply to affected areas twice a day." At 7:45am, GHS #1 indicated client #7's medication bottle did not have a pharmacy label on it and did not have client #7's name to identify the medication belonging to client #7.</p> <p>On 3/21/13 at 10:15am, client #7's 11/2012 "Physician's Order" indicated "Clindamycin 1% Solution, apply to</p>	W000391	<ol style="list-style-type: none"> The Clindamycin was placed inside the labeled box. The WML nurse will ensure that all medications are appropriately labeled when received by the pharmacy. WML House Manager, Residential QDDPs, Nurses, and WML staff will be retrained on ensuring that all medications given contain a pharmacy label that includes the person's served name, and name of medication. Additionally, a pharmacist completes a quarterly review of medications for persons served. As part of the review, the medication room, medication storage, and medications for persons served are reviewed. The pharmacist sends corrective actions from the review to the Senior VP and Director of Residential Services. The Director of Residential Services will ensure that all corrective action items are completed. 	04/05/2013			

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	<p>affected areas twice a day."</p> <p>On 3/20/13 at 8:50am, an interview with the agency nurse was conducted. The agency nurse indicated client #7's medication should have had a pharmacy label on it and/or should have had something to identify it belonged to client #7 written on the bottle.</p> <p>On 4/5/13 at 2:30pm, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated client #7's medication should have had a pharmacy label on the medication. The QIDP indicated client #7's medication did not have a pharmacy label on it.</p> <p>9-3-6(a)</p>				

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, for 3 of 4 sampled clients (clients #1, #3, and #4) who wore prescribed eyeglasses, the facility failed to to teach and encourage clients #1, #3, and #4 to wear their prescribed eyeglasses.</p> <p>Findings include:</p> <p>On 3/19/13 from 3:25pm until 5:40pm, and on 3/20/13 from 6:30am until 8:55am, observations and interviews were completed at the group home, and clients #1, #3, and #4 did not wear prescribed eyeglasses.</p> <p>An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 4/5/13 at 2:30pm. At 2:30pm, the QIDP indicated clients #1, #3, and #4 had recommendations to wear prescribed eye glasses and should have been taught and encouraged during formal and informal opportunities to wear their prescribed eyeglasses.</p> <p>Client #1's record was reviewed on</p>	W000436	<ol style="list-style-type: none"> Consumers #1 and #3 received their eyeglasses on March 8, 2013. The WML QDDP wrote a goal for consumer #1 to encourage wearing eyeglasses (Attachment H). The following documents were also developed/updated for consumer #1: Risk Assessment (Attachment I), Vision Plan (Attachment J), and ISP (Attachment K). The WML QDDP wrote a goal for consumer #3 to encourage wearing eyeglasses (Attachment L). The following documents were also developed/updated for consumer #3: Vision Plan (M), Risk Assessment (Attachment C), and ISP (Attachment F). Consumer #4 received eyeglasses on April 2, 2013. The WML QDDP wrote a goal to encourage consumer #4 to wear eyeglasses (Attachment R). The following documents 	05/05/2013			

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	<p>3/21/13 at 1:05pm. Client #1's 10/24/12 ISP (Individual Support Plan) did not include a goal/objective to wear his prescribed eyeglasses. Client #1's 9/29/11 vision assessment indicated he wore prescribed eye glasses.</p> <p>Client #3's record was reviewed on 3/21/13 at 11:50am. Client #3's 7/18/12 ISP did not include a goal/objective to wear his prescribed eyeglasses. Client #3's 6/29/11 vision assessment indicated he wore prescribed eyeglasses.</p> <p>Client #4's record was reviewed on 3/20/13 at 12noon and on 3/21/13 at 10:30am. Client #4's 9/6/12 ISP did not include a goal/objective to wear his prescribed eyeglasses. Client #4's 3/20/12 vision assessment indicated he "needed (prescribed) eyeglasses." Client #4's record had a 3/21/13 vision evaluation completed which indicated eyeglasses were prescribed.</p> <p>9-3-7(a)</p>		<p>were also developed/updated for consumer #4: Vision Plan (Attachment S), Risk Assessment (Attachment N), and ISP (Attachment Q).</p> <p>6. WML staff will be trained on the goals and the associated strategies for consumers #1, #3, and #4.</p> <p>7. Programs for persons served will be reviewed on at least a monthly basis by QDDPs and on the Periodic Service Review Form that is completed on a monthly basis. Findings on the Periodic Service Review Form will be reported to the Director of Residential Services. The findings will be reviewed and staff involved in corrective action items will be notified. The Periodic Service Review for the following month will include an area to document that the prior month's review action items have been corrected. The summary of findings and corrective actions will be included in the Quarterly Management Report.</p>		