

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 05/28/2013
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 the PCR (Post Certification Revisit) to the fundamental recertification and state licensure survey completed April 5, 2013.</p> <p>This visit was completed in conjunction with the investigation of complaint #IN00128882.</p> <p>Dates of survey: May 13, 14, 15, 16, 20, 21, 22, 23, 24, and 28, 2013.</p> <p>Surveyor: Susan Eakright, QIDP.</p> <p>Facility number: 0012527 Provider number: 15G802 AIM number: 201024860</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/3/13 by Ruth Shackelford, QIDP.</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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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 1 report of a flood on 4/19/13 of the group home, the facility neglected to implement the policy and procedure to immediately report a significant event and neglected to take effective corrective action for 8 of 8 clients (clients A, B, C, D, E, F, G, and H) after the flood of their group home.</p> <p>Findings include:</p> <p>On 5/14/13 at 7:10am, the facility's BDDS Reports were reviewed from 03/25/13 through 05/14/13. The review did not indicate the 4/19/13 flood of the group home.</p> <p>On 5/13/13 from 2:50pm until 5:30pm, observation and interview at the group home were completed. At 2:50pm, Group Home Staff (GHS) #3 answered the front door and indicated there was a musty and mildew odor noticeable in the group home. At 2:50pm, the QIDP (Qualified Intellectual Disabilities Professional) and GHS #3 both indicated client B's bed was in the upstairs living room because of a flood on 4/19/13 of client B and D's shared basement bedroom. At 3:10pm,</p>	W000149	All carpet was removed from the home on May 13, 2013 and May 14, 2013. Vinyl flooring was started on May 16, 2013, and finished on May 17, 2013. Consumers living downstairs moved back into their bedrooms on May 18, 2013. All drywall repairs were completed on May 22, 2013 and sanded in preparation for painting. All walls where new flooring had been placed were painted on May 23-24, 2013. Cove molding (trim) was completed on May 30, 2013. On May 31, 2013, the Senior VP requested a quote from the flooring company for a carpet remnant to go under a consumer's weight equipment. On June 5, 2013, the carpet remnant was ordered. A timeline of all activities of persons involved in this incident was compiled. According to the timeline, it is clear that the Director of Maintenance failed to provide a timely response to the request to remove the carpet from the home and to appropriate remove affected drywall from the home. Additionally, the Residential Administration staff failed to ensure the carpet was removed after it was communicated to the Residential Administration staff that	06/27/2013			

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	<p>clients A, B, C, D, E, F, G, and H arrived home from the workshop and all clients were observed not to cough, the whites of their eyes were white colored, and no client had a runny nose. At 3:20pm, client A was coughing and stated his cough was "because of the mold." Client A stated he had "a problem" with mold "It bothers me, I can smell it, and it bothers me." From 3:20pm until 5:30pm, client A coughed continuously and at 5:30pm, client A's eyes were red and blood shot. At 3:20pm, client E stated the group home "smelled on and off." Client E stated "the mold (smell) was because of the flood." At 3:30pm, client C had a noticeable cough and had a runny nose. Client C stated his "cough was worse since the mold." Client C's eyes were red and client C indicated he had a runny nose. At 3:30pm, client A complained to GHS #5 of a headache. Client A completed medication administration, and went to his room to lay down. At 4:50pm, client A was laying down in his bed. At 5:10pm, client C complained to GHS #6 of a sore throat. At 5:30pm, clients A and C had red colored eyes and coughed.</p> <p>On 5/13/13 at 3:20pm, client D indicated he had slept on a sofa in the upstairs living room since the 4/19/13 flood.</p>		<p>Maintenance staff would complete this task. To ensure an incident of this nature never occurs again, the agency has changed the Administration of the Maintenance Department. The Director of Maintenance involved in this issue is no longer an employee of the organization. The Senior VP over the maintenance department now has a Coordinator of Safety and Purchasing, a Lead Maintenance Staff, and has a position posted for a Coordinator of Maintenance. The Senior VP over Maintenance will also be copied on safety reports and safety issues from the Coordinator of Safety and Purchasing, and on maintenance issues and concerns from the Lead Maintenance Staff. The Coordinator of Maintenance will also have direct reporting responsibilities to the Senior VP over Maintenance. The weekly safety report (Appendix A) process has been adjusted to ensure that all issues and concerns are addressed in a timely fashion. Weekly safety reports are completed for each group home and are emailed to the Coordinator of Safety and Purchasing, the Senior VP over Maintenance, the Director of Residential, and the Senior VP over Residential. All corrective action items for maintenance are also carried over to the online maintenance request system.</p>	

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	<p>On 5/13/13 at 3:20pm, client B indicated he had slept on a sofa in the upstairs living room since the 4/19/13 flood and during the previous weekend he had moved his bed upstairs to the living room.</p> <p>On 5/13/13 at 3:05pm, the Director of Residential Services (DRS) stated there was "mold on the walls" at one point, it was treated by maintenance, and nothing further was noted. At 3:05pm, the DRS indicated the basement carpet was the same carpet and it had been cleaned twice by maintenance. The DRS stated the agency maintenance removed "lots of water" from the basement during the flood and as the result of the flood. The DRS indicated the group home had an unidentified odor. The DRS indicated the affected areas of the flood on 4/19/13 were client B and D's basement bedroom, the basement living room, the basement carpet, the basement bathroom, and the basement laundry room.</p> <p>Confidential Interview #1 (CI #1) indicated client B and D's shared bedroom had flooded on 4/19/13. CI #1 indicated clients B and D had not slept in their bedroom since 4/18/13 in the basement. CI #1 indicated clients B and D had been sleeping on sofas in the upstairs living room since 4/19/13. CI #1 stated the "entire group home stunk of mildew and</p>		<p>The Director of Residential or designee will review the weekly safety reports and ensure that the corrective action items for maintenance have been entered on the online maintenance request system. The Director of Residential or designee will report maintenance requests seven (7) days or older to the Senior VP over Residential and the Senior VP over Maintenance. The Senior VP over Maintenance will determine how to allocate staff and resources to ensure the request is completed. Additionally, monthly preventative maintenance checklists are completed for the home by the maintenance department (Appendix B). The maintenance checklist will be revised by June 27, 2013 to include a review of the flooring for the home. In the event of a home/yard/vehicle repair requiring immediate action occurs, the person reporting the event will complete a maintenance request on the online system and enter that the repair requires immediate action. Additionally, the person reporting the event will call the Coordinator of Maintenance (The Senior VP over Maintenance if the Coordinator is not available), the Residential House Manager, and the Director of Residential Services (The Senior VP over Residential if the Director is not available). Procedures for incidents requiring immediate</p>				

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	<p>mold." CI #1 indicated the basement smelled worse than the upstairs of the group home. CI #1 indicated the whole basement was wet, client B and D's shared bedroom had no tile, and stated "it smells like mold."</p> <p>CI #2 stated there was "mold in the basement." CI #2 indicated the stone walls were repaired, water was drained from the floor, the dry wall was replaced in the basement bedroom, and the basement bathroom, and the old carpet remained on the floor. CI #2 stated "it smells like mold." CI #2 stated the basement was "wet three (3) weeks or so ago, carpet still smells of mold/mildew," and the entire basement was affected by the flood on 4/19/13.</p> <p>CI #3 stated "Yes, (the smell) it was mold" odor in the group home.</p> <p>CI #4 stated clients A and C had asthma (a breathing disorder) and "Yes, (the smell) it was mold" in the group home.</p> <p>CI #5 stated the agency maintenance staff had "applied a test" strip for possible mold and the result was positive. CI #5 indicated the basement carpet was removed and stated "it felt damp but was no water." CI #5 stated "I've been sneezing all morning" and indicated the</p>		<p>corrective action have also changed. A Group Home Service Monitoring Checklist was developed to include all of the items needed to be completed/addressed as part of an incident requiring immediate action (Appendix C). This checklist includes items such as filing an incident report for all consumers in the home, notifying consumers' guardians/family members/advocates, notifying the consumers/ IDT, notifying the nurse, house manager, agency leadership. The checklist will document the person completing the task, and the date and time the task was completed. For incidents requiring immediate corrective action, daily reporting by the Director of Residential to the Senior VP over Residential, the Senior VP over Maintenance, and the President will be required. Additionally, if the corrective active involves the structure or environment of the home and until such corrective action is completed, daily site visits by the Director of Residential Services, the Senior VP over Residential, or the Senior VP over Maintenance will be required (as long as the site can be accessed) and documented on the Daily Site Visit Form (Appendix D). All site visits will be reported to the President. The progress of the corrective action will also be discussed in the weekly VP meeting that includes</p>				

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	<p>carpet smelled. CI #5 indicated the carpet had no mold on it and indicated the carpet was not tested for the presence of mold.</p> <p>On 5/14/13 at 10:55am, the agency's maintenance men were at the group home removing the basement carpeting.</p> <p>On 5/14/13 at 11:55am, an interview with the agency's RN (Registered Nurse) was conducted. The RN indicated she had not been notified of environmental problems at the group home and was unaware of the smell of the group home. The RN stated "I can smell something" and indicated she had not inquired nor had she been notified of any health related concerns for the group home clients. The RN stated "I'm congested right now. The clients told me there was mold" in their group home and "No one had notified her of any potential health related" issues for the group home. The RN stated in the past three to four (3-4) weeks "all" clients had complaints of headaches "more recently," "I have noticed an increase in complaints of chest pain, cough, red itchy eyes," and "all" clients had been using more as needed Tylenol. The RN indicated two clients, clients A and C, had environmental allergies and air quality inside the group home was important for them.</p> <p>On 5/15/13 at 9:50am, an interview with</p>		<p>the President, CFO, Senior Vice Presidents, and Vice President. The Group Home Service Monitoring Checklist will also include a summary of corrective actions. Once all corrective actions have been completed, a site visit will take place with the Senior VP over Maintenance, the Senior VP over Residential, the Director of Residential Services, and other parties as needed or identified. The group will review and document the effectiveness of the plan and corrective action. After the site visit, all daily site visit documentation will be collected and all completed forms and documentation will be reviewed by the Senior VP over Residential, the Senior VP over Maintenance, and the Director of Residential Services. In the event recommendations for improvement are needed, the recommendations will be documented and the person responsible for the recommendation will be identified. The completed checklist will be routed to the President for recommendation approval and signature. Once the approved recommendation(s) have been completed, the person completing the recommendation(s) will sign and date the form. The Director of Residential Services will maintain the documentation of such incidents by home. To ensure that the health of the consumers</p>				

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	<p>the Agency CEO (Chief Executive Officer) and the SVP (Senior Vice President) was conducted. The CEO stated "we don't know if mold was present or not." The CEO indicated the basement carpet should have been removed immediately. The CEO and SVP both indicated the facility did not report to BDDS because the clients did not evacuate the home. The CEO indicated it was unusual for the group home to flood. The CEO indicated there was no test for mold available to use. The CEO stated the "system broke" with maintenance. The CEO indicated the agency staff thought the maintenance staff was taking care of the problems and communicating with the leadership. The CEO stated "there was not sufficient oversight" of maintenance to ensure things were completed as the agency had thought. The CEO and the SVP both indicated a system had been developed on 5/14/13 for the SVP to oversee maintenance and prompt attention to pending maintenance issues. The SVP indicated she would review and provide a revised timeline of the completed corrective action.</p> <p>On 5/20/13 at 12:04pm, a review of the facility's group home "Timeline" for the 4/19/13 flood was conducted and indicated the following. -4/19/13 at 9:30pm, the DRS was notified</p>		<p>is monitored after an incident involving the structure or environment of the home, the residential nurse will complete the Consumer Health Monitoring Form (Appendix E). The residential nurse will assess the consumers on a daily basis until the structural/environmental has been corrected. The residential nurse is responsible for reporting an increase in symptoms, an increase in prn medications, and/or any type of change in consumer status to the Director of Residential Services, QDDP, and Consumer Guardian/Parent/Family Member/Advocate. In an effort to review the effectiveness of minor maintenance repairs and to ensure that the homes are maintained at the level expected by the agency, the Senior VP over Residential and the Director of Residential Services will complete a monthly inspection of each group home. Each time the Senior VP over Residential and the Director of Residential Services are in a home, they will sign the Residential Home Visitor Sign-In Sheet (Appendix F). In the event an issue or concern is discovered, an online maintenance request will be completed. If the issue or concern requires immediate action, the Group Home Service Monitoring Checklist (Appendix C) will be initiated. Additionally, to ensure that all Westmoreland</p>	

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	<p>by the QIDP "regarding wet floor in the basement." QIDP to notify maintenance. SVP was notified.</p> <p>-4/19/13 at 10:30pm, DRS at the group home. Clients B and D were moved upstairs and DRS called maintenance.</p> <p>-4/20/13 at 10:30am, DRS was notified maintenance was extracting water from carpet in the basement.</p> <p>-4/21/13, no time documented, QIDP reported to DRS that maintenance was "present in home and treating basement carpet."</p> <p>-4/21/13, no time documented, maintenance sent to home to extract water from carpet using AF79 disinfectant/fungicide.</p> <p>-4/22/13 no time, sent maintenance to spot extract carpet was still getting wet from water seeping.</p> <p>-4/23/13, no time, dehumidifier placed in basement. Sent maintenance to extract water.</p> <p>-4/24/13, no time, DRS and QIDP present in home. Noted discoloration of wall in client B and D's shared bedroom and discoloration in bathroom in basement. Sent maintenance to replace dry wall in those areas and extract water in basement.</p> <p>-4/25/13, no time, check for possible mold in basement on the wall outside the bathroom wall. Removed that section of the wall "looked like mold."</p> <p>-4/26/13, no time, sent maintenance to</p>		<p>Staff, QDDPS, House Manager, and Director of Residential Services understand the importance of BDDS reporting, they were retrained in the following topics: Incident Reporting including Unusual Circumstances, Human Rights: Honoring to Advocacy and Respect and Dignity of Individuals Served, Emergency/Disaster Preparedness Training, and Abuse, Neglect, and Exploitation on May 17, 2013. A make-up training session for staff that missed the May 17, 2013 training was held for the same topics on June 5, 2013. See attached training records (Appendix G). All Westmoreland Staff, QDDPs, House Manager, and nurse will be trained on the Service Monitoring Checklist, the Residential Home Visitor Sign-In Sheet, the process for reporting incidents/concerns requiring immediate action, and the Consumer Health Monitoring Form by June 27, 2013. The Senior VP over Maintenance and Director of Residential Services, and President will be trained on the Service Monitoring Checklist, Daily Site Visit Form, and the Residential Home Visitor Sign-In Sheet by June 27, 2013.</p>		

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	<p>monitor for moisture and mold.</p> <p>-4/27/13, no time, continue to run dehumidifier.</p> <p>-4/28/13, no time, continue to run dehumidifier.</p> <p>-4/29/13, no time, QIDP called DRS to report that carpet at bottom of stairs to basement was wet. Hole drilled into exterior wall to extract water.</p> <p>-4/30/13, no time, DRS met with maintenance obtaining quotes to remove carpet and possible painting of concrete.</p> <p>-5/1/13, no time, Carpet dry and did not notice any signs of mold.</p> <p>-5/2/13, no time, Carpet dry and did not notice any signs of mold.</p> <p>-5/3/13, no time, DRS was notified by maintenance of an "observed black spot on wall of closet" and "that it would be cleaned with mold treatment kit."</p> <p>From 5/3/13 until 5/13/13, the timeline indicated the carpet was monitored. The group home timeline did not indicate the carpet was removed until 5/14/13. The timeline did not indicate the IDT (Interdisciplinary Team) had been notified of the flood at the group home, the monitoring of the air quality inside the group home as a result of the flood and water damage, and did not indicate each client's medical condition was monitored for effects of the conditions inside the group home.</p>			

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	<p>Client A's record was reviewed on 5/17/13 at 11:30am, and on 5/20/13 at 1pm. Client A's diagnosis included but was not limited to: Environmental Allergies. Client A's record indicated nursing protocols for "4/26/13 Asthma, triggers include exercise, respiration infection...nose and sinus problems" and "4/26/13 Seasonal Allergy Plan, allergic to animal hair, grass, pollen...Daily medication. (monitor for) Itchy and runny nose, stuffy nose, red itchy or watery eyes, itchy or sore throat." Client A's Environmental Allergy Plan indicated "related to inflammation of the nose, throat, and eyes. This is caused by sensitivity to airborne pollens and molds that are produced during specific seasons. [Client A] may experience the following signs and symptoms: Sneezing, itchy and runny nose, stuffy nose, red, itchy or watery eyes, itchy or sore throat."</p> <p>Client C's record was reviewed on 5/17/13 at 12:30pm, and on 5/20/13 at 10am. Client C's "4/26/13 Environmental Allergy Plan" indicated client C had environmental allergies "related to inflammation of the nose, throat, and eyes. This is caused by sensitivity to airborne pollens and molds that are produced during specific seasons. [Client C] may experience the following signs and symptoms: Sneezing, itchy and</p>						

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	<p>runny nose, stuffy nose, red, itchy or watery eyes, itchy or sore throat."</p> <p>On 5/14/13 at 12:30pm, an interview with the DRS and the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The DRS and QIDP both indicated the agency neglected to follow the abuse/neglect policy and procedure on reporting and to complete effective corrective action. Both indicated the unusual occurrence of the flood was not reported to BDDS in accordance with state law.</p> <p>On 5/14/13 at 12:30pm, a review of the 4/2003 BDDS "Reportable incidents to the Bureau of Developmental Disabilities Services" indicated "Reportable indicates are any event characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual or death of an individual...Residential Problems: No heat, electric, lack of cleanliness, structural damage, etc...."</p> <p>This deficiency was cited on 04/05/2013. The facility failed to implement a systemic plan of correction to prevent recurrence.</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, the facility failed to immediately report a significant flood of the group home to the Bureau of Developmental Disabilities Services (BDDS) for 8 of 8 clients (clients A, B, C, D, E, F, G, and H) in accordance with State Law.</p> <p>Findings include:</p> <p>On 5/14/13 at 7:10am, the facility's BDDS (Bureau of Developmental Disabilities Services) Reports were reviewed from 03/25/13 through 05/14/13 and did not include a BDDS report for the 4/19/13 flood of the group home due to weather for clients A, B, C, D, E, F, G, and H.</p> <p>On 5/15/13 at 9:50am, an interview with the Agency CEO (Chief Executive Officer) and the SVP (Senior Vice President) was conducted. The CEO and SVP both indicated the facility did not report to BDDS because the clients did not evacuate the home. The CEO indicated it was unusual for the group</p>	W000153	<p>All carpet was removed from the home on May 13, 2013 and May 14, 2013. Vinyl flooring was started on May 16, 2013, and finished on May 17, 2013. Consumers living downstairs moved back into their bedrooms on May 18, 2013. All drywall repairs were completed on May 22, 2013 and sanded in preparation for painting. All walls where new flooring had been placed were painted on May 23-24, 2013. Cove molding (trim) was completed on May 30, 2013. On May 31, 2013, the Senior VP requested a quote from the flooring company for a carpet remnant to go under a consumer's weight equipment. On June 5, 2013, the carpet remnant was ordered.</p> <p>A timeline of all activities of persons involved in this incident was compiled. According to the timeline, it is clear that the Director of Maintenance failed to provide a timely response to the request to remove the carpet from the home and to appropriate remove affected drywall from the home. Additionally, the Residential</p>	06/27/2013			

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	<p>home to flood.</p> <p>On 5/14/13 at 12:30pm, an interview with the DRS and the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The DRS and QIDP both indicated the agency failed to report the flood to BDDS in accordance with state law.</p> <p>This deficiency was cited on 04/05/2013. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>		<p>Administration staff failed to ensure the carpet was removed after it was communicated to the Residential Administration staff that Maintenance staff would complete this task.</p> <p>To ensure an incident of this nature never occurs again, the agency has changed the Administration of the Maintenance Department. The Director of Maintenance involved in this issue is no longer an employee of the organization. The Senior VP over the maintenance department now has a Coordinator of Safety and Purchasing, a Lead Maintenance Staff, and has a position posted for a Coordinator of Maintenance. The Senior VP over Maintenance will also be copied on safety reports and safety issues from the Coordinator of Safety and Purchasing, and on maintenance issues and concerns from the Lead Maintenance Staff. The Coordinator of Maintenance will also have direct reporting responsibilities to the Senior VP over Maintenance.</p> <p>The weekly safety report (Appendix A) process has been adjusted to ensure that all issues and concerns are addressed in a timely fashion. Weekly safety reports are completed for each group home and are emailed to the Coordinator of Safety and Purchasing, the Senior VP over Maintenance, the Director of Residential, and the Senior VP over</p>	

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			<p>Residential. All corrective action items for maintenance are also carried over to the online maintenance request system. The Director of Residential or designee will review the weekly safety reports and ensure that the corrective action items for maintenance have been entered on the online maintenance request system. The Director of Residential or designee will report maintenance requests seven (7) days or older to the Senior VP over Residential and the Senior VP over Maintenance. The Senior VP over Maintenance will determine how to allocate staff and resources to ensure the request is completed. Additionally, monthly preventative maintenance checklists are completed for the home by the maintenance department (Appendix B). The maintenance checklist will be revised by June 27, 2013 to include a review of the flooring for the home.</p> <p>In the event of a home/yard/vehicle repair requiring immediate action occurs, the person reporting the event will complete a maintenance request on the online system and enter that the repair requires immediate action. Additionally, the person reporting the event will call the Coordinator of Maintenance (The Senior VP over Maintenance if the Coordinator is not available), the</p>	

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			<p>Residential House Manager, and the Director of Residential Services (The Senior VP over Residential if the Director is not available).</p> <p>Procedures for incidents requiring immediate corrective action have also changed. A Group Home Service Monitoring Checklist was developed to include all of the items needed to be completed/addressed as part of an incident requiring immediate action (Appendix C). This checklist includes items such as filing an incident report for all consumers in the home, notifying consumers' guardians/family members/advocates, notifying the consumers/ IDT, notifying the nurse, house manager, agency leadership. The checklist will document the person completing the task, and the date and time the task was completed.</p> <p>For incidents requiring immediate corrective action, daily reporting by the Director of Residential to the Senior VP over Residential, the Senior VP over Maintenance, and the President will be required. Additionally, if the corrective active involves the structure or environment of the home and until such corrective action is completed, daily site visits by the Director of Residential Services, the Senior VP over Residential, or the Senior VP over Maintenance will be required (as long as the site can be accessed)</p>		

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			<p>and documented on the Daily Site Visit Form (Appendix D). All site visits will be reported to the President. The progress of the corrective action will also be discussed in the weekly VP meeting that includes the President, CFO, Senior Vice Presidents, and Vice President.</p> <p>The Group Home Service Monitoring Checklist will also include a summary of corrective actions. Once all corrective actions have been completed, a site visit will take place with the Senior VP over Maintenance, the Senior VP over Residential, the Director of Residential Services, and other parties as needed or identified. The group will review and document the effectiveness of the plan and corrective action.</p> <p>After the site visit, all daily site visit documentation will be collected and all completed forms and documentation will be reviewed by the Senior VP over Residential, the Senior VP over Maintenance, and the Director of Residential Services. In the event recommendations for improvement are needed, the recommendations will be documented and the person responsible for the recommendation will be identified. The completed checklist will be routed to the President for recommendation approval and signature. Once the</p>		

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			<p>approved recommendation(s) have been completed, the person completing the recommendation(s) will sign and date the form. The Director of Residential Services will maintain the documentation of such incidents by home.</p> <p>To ensure that the health of the consumers is monitored after an incident involving the structure or environment of the home, the residential nurse will complete the Consumer Health Monitoring Form (Appendix E). The residential nurse will assess the consumers on a daily basis until the structural/environmental has been corrected. The residential nurse is responsible for reporting an increase in symptoms, an increase in prn medications, and/or any type of change in consumer status to the Director of Residential Services, QDDP, and Consumer Guardian/Parent/Family Member/Advocate.</p> <p>In an effort to review the effectiveness of minor maintenance repairs and to ensure that the homes are maintained at the level expected by the agency, the Senior VP over Residential and the Director of Residential Services will complete a monthly inspection of each group home. Each time the Senior VP over Residential and the Director of Residential Services are in a home, they will sign the Residential Home</p>		

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			<p>Visitor Sign-In Sheet (Appendix F). In the event an issue or concern is discovered, an online maintenance request will be completed. If the issue or concern requires immediate action, the Group Home Service Monitoring Checklist (Appendix C) will be initiated.</p> <p>Additionally, to ensure that all Westmoreland Staff, QDDPS, House Manager, and Director of Residential Services understand the importance of BDDS reporting, they were retrained in the following topics: Incident Reporting including Unusual Circumstances, Human Rights: Honoring to Advocacy and Respect and Dignity of Individuals Served, Emergency/Disaster Preparedness Training, and Abuse, Neglect, and Exploitation on May 17, 2013. A make-up training session for staff that missed the May 17, 2013 training was held for the same topics on June 5, 2013. See attached training records (Appendix G).</p> <p>All Westmoreland Staff, QDDPs, House Manager, and nurse will be trained on the Service Monitoring Checklist, the Residential Home Visitor Sign-In Sheet, the process for reporting incidents/concerns requiring immediate action, and the Consumer Health Monitoring Form by June 27, 2013. The Senior VP over Maintenance and Director of Residential Services, and President will be trained on the Service</p>		

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			Monitoring Checklist, Daily Site Visit Form, and the Residential Home Visitor Sign-In Sheet by June 27, 2013.		

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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 8 medications observed administered (client A), the facility failed to ensure each medication was labeled.</p> <p>Findings include:</p> <p>On 5/13/13 at 3:45pm, GHS (Group Home Staff) #5 selected client A's unlabeled cream of Tretinoin 0.025% cream for acne, applied a pea size amount to client A's unwashed finger, and prompted client A to go to the bathroom to apply the cream to his face. At 3:45pm, GHS #5 located the box in the back of the cabinet for client A's unlabeled tube of cream. At 3:55pm, GHS #5 indicated client A's medication did not have a pharmacy label on the tube of cream. GHS #5 indicated the tube of cream did not have client A's name or initials on the tube to identify it belonged to client A. At 3:55pm, client A's 5/2013 MAR (Medication Administration Record) indicated "Tretinoin 0.025% CRE (cream) apply pea size amount to face every evening (for acne)."</p> <p>On 5/14/13 at 11:55am, an interview with the agency's RN (Registered Nurse) was</p>	W000391	<p>The residential nurse ordered two (2) sets of labels for medications that were only labeled on the box. If the medication tube or bottle was big enough to accept the duplicate label, the label was laced directly on the medication tube or bottle. In some cases, the medication bottle or tube was not big enough to accept the duplicate label. In these cases, the medication bottle or tube and box (if one present) was placed inside a pharmacy labeled Ziploc bag. This was corrected by May 17, 2013. This new process was shared with staff on May 17 th after training, on June 5 th after training, and on June 12 th during a staff meeting. A formal training on this topic will be held by June 27, 2013.</p> <p>All Westmoreland Staff, QDDPs, House Manager, and nurse will be trained on the importance of hand washing before and during the medication administration process, and the importance of a clean table surface for passing medications by June 27, 2013. In an effort to assist with this process, a shelf has been installed above the medication administration table to hold an approved cleaner, a paper towel dispenser has been installed, and a</p>	06/27/2013			

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	<p>conducted. The RN indicated client A's medication should have been stored with the pharmacy label on it.</p> <p>On 5/24/13 at 10:30am, an interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted. The QIDP indicated client A's medication should have had a pharmacy label on the medication. The QIDP indicated client A's medication did not have a pharmacy label on it.</p> <p>This deficiency was cited on 04/05/2013. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>		<p>hand sanitizer wall pump has been installed. Additionally a sign has been posted to help remind staff and consumers how to appropriately use hand sanitizer (Appendix H).</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 1 of 3 sampled clients (client D) who wore prescribed eye glasses, the facility failed to to teach and encourage client D to wear his prescribed eye glasses.</p> <p>Findings include:</p> <p>On 5/13/13 from 2:50pm until 5:30pm, observation and interview were completed at the group home and client D did not wear his prescribed eye glasses.</p> <p>Client D's record was reviewed on 5/17/13 at 1:30pm and on 5/20/13 at 12noon. Client D's 3/14/13 ISP (Individual Support Plan) did not include a goal/objective to wear his prescribed eye glasses. Client D's 3/14/13 ISP and vision assessment indicated he wore prescribed eye glasses.</p> <p>An interview with the QIDP (Qualified Intellectual Disabilities Professional) was conducted on 5/24/13 at 10:30am. At 10:30am, the QIDP indicated client D had</p>	W000436	<p>The Westmoreland QDDP wrote a goal for consumer D to encourage wearing eyeglasses (Appendix I). The following documents were also developed/updated for consumer D: Risk Assessment (Appendix J); Vision Plan (Appendix K); and ISP (Appendix L). Westmoreland staff will be trained on the goals and associated strategies for consumer D by June 27, 2013.</p> <p>Programs for persons served with 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.</p>	06/27/2013	

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	<p>a recommendation to wear his prescribed eye glasses and should have been taught and encouraged during formal and informal opportunities to wear his prescribed eye glasses.</p> <p>This deficiency was cited on 04/05/2013. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-7(a)</p>			