

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G394		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/21/2013	
NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 701 RILEY BLVD BEDFORD, IN 47421			
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: November 18, 19, 20 and 21, 2013.</p> <p>Facility Number: 000908 Provider Number: 15G394 AIM Number: 100244380</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed November 22, 2013 by Dotty Walton, 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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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 7 of 7 clients living in the group home (#1, #2, #3, #4, #5, #6 and #7), the governing body failed to exercise operating direction over the facility by failing to ensure there was a system in place for the direct care staff to document incident reports.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 11/18/13 at 12:04 PM. The facility provided 15 Bureau of Developmental Disabilities Services (BDDS) Incident Reports for review affecting 7 of 7 clients (#1, #2, #3, #4, #5, #6 and #7). The facility did not provide internal (facility) incident reports written by the direct care staff corresponding to the BDDS reports.</p> <p>An interview with the Regional Director (RD) was conducted on 11/18/13 at 1:27 PM. The RD indicated the direct care staff did not fill out internal incident reports. The RD indicated the staff call the Program Director, Home Manager or the on-call pager. The RD indicated the</p>	W000104	<p>Following an incident, direct care staff are to take immediate actions or protections to assure health and safety protections and/or contacts "911" for medical assistance. Staff immediately contact and report incident to Supervisor or On-Call Supervisor. Staff documents incident occurrence and who it was reported to in Daily Support Records. Supervisor or On-Call Supervisor determines category of incident and type of incident report that will be completed. Supervisor or On-Call Supervisor determines if additional protective measures are necessary. Supervisor or On-Call Supervisor obtains necessary information about the Incident from the supervisor and/or witness. Supervisor or On-Call Supervisor completes an internal incident report and BDDS report OR completes an internal incident report only if BDDS report is not required. Supervisory staff will ensure that direct care staff document as required in the Daily Support Records that an incident has occurred and ensure that all staff that witness/observe an incident are interviewed for the incident report. Responsible Party: Program Director, Area Director</p>	12/21/2013			

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	<p>staff on the pager completed the BDDS report based on the verbal report from the direct care staff. The RD indicated the direct care staff did not document the incident on an incident report. The RD indicated there was no documentation from the direct care staff regarding an incident.</p> <p>An interview with the Home Manager (HM) was conducted on 11/18/13 at 3:20 PM. The HM indicated the direct care staff did not complete an incident report regarding an incident he/she witnessed. The HM indicated the staff completed a BPR (Behavior Problem Record) note for incidents. The HM indicated the staff contact either her or the Program Director to report the incident. The HM indicated during non-work hours, the direct care staff notify the pager who then notify the on-call Program Director. The HM indicated direct care staff did not complete incident reports. The HM indicated she was not sure why the BPR notes were not attached to the BDDS reports.</p> <p>9-3-1(a)</p>						

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W000126	<p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on record review and interview for 1 of 4 clients in the sample (#4), the facility failed to ensure client #4 accessed his personal finances on a regular basis.</p> <p>Findings include:</p> <p>A review of the clients' finances was conducted on 11/18/13 at 11:01 AM. Client #4 did not access his personal finances in May, June, July, September and October 2013. Client #4 purchased 3 pairs of pants in August 2013.</p> <p>An interview with the Home Manager (HM) was conducted on 11/18/13 at 3:09 PM. The HM indicated client #4 had a money management training objective to hold money which he refused to do. The HM indicated client #4 was accessing the community but not spending his money. The HM indicated the team had discussed, at client #4's annual meeting, revising the goal for client #4 to use a vending machine. The HM stated client #4 using a vending machine was "more achievable" than making a personal purchase since client #4 was "anxious"</p>	W000126	<p>Client 4's IDT met to discuss his financial goal. It was determined that the goal should be changed to give him more opportunity to access his money each month. A formal training objective was changed to encourage and assist Client to make a purchase with his money weekly. Staff in the home were trained on this new training objective on 12/3/13. The Home Manager and Program Director will monitor this training objective at least monthly to ensure it is being completed and to make changes or revisions to the objective as needed.</p> <p>Responsible Party: Home Manager, Program Director</p>	12/21/2013

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	<p>while at stores. The HM indicated client #4 did not like crowds and did not like to go into stores. On 11/20/13 at 12:10 PM, the HM indicated client #4 should access his money at least one time per week.</p> <p>On 11/20/13 at 12:26 PM, the Program Director (PD) indicated client #4 should access his money weekly.</p> <p>On 11/18/13 at 12:20 PM, the Regional Director (RD) indicated client #4 should have a money goal of some kind to be implemented. The RD indicated client #4 should access his money at least one time per week. The RD indicated client #4 had a money management training objective to hold money. The RD indicated the goal did not indicate to client #4 that the objects he was holding in his hand were money which was to be used to purchase items.</p> <p>9-3-2(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 6 of 18 incident/investigative reports reviewed affecting clients #1, #2, #3, #4, #5, #6, #7 and #8, the facility neglected to implement its policies and procedures to prevent client to client abuse, conduct thorough investigations and failed to ensure there was a system in place for the direct care staff to document incident reports.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 11/18/13 at 12:04 PM and indicated the following:</p> <p>1) On 8/5/13 at 10:45 AM, client #7 began "teasing and provoking" a male peer at the facility-operated day program by "poking [male peer's] arm" with his finger and "punching" the peer on the leg.</p> <p>On 11/20/13 at 12:10 PM, the Regional Director (RD) indicated client to client aggression was considered abuse. The RD indicated the staff should prevent abuse.</p>	W000149	The Program Director was retrained on the Abuse / Neglect Policy on 10/27/13. Staff in the home will be retrained on this policy on 12/10/13. The Program Director was retrained on 10/27/13 on what requires an investigation and how to complete a thorough investigation. The Area Director will meet weekly with Program Directors to ensure all investigations are completed and timely. Following an incident, direct care staff are to take immediate actions or protections to assure health and safety protections and/or contacts "911" for medical assistance. Staff immediately contact and report incident to Supervisor or On-Call Supervisor. Staff documents incident occurrence and who it was reported to in Daily Support Records. Supervisor or On-Call Supervisor determines category of incident and type of incident report that will be completed. Supervisor or On-Call Supervisor determines if additional protective measures are necessary. Supervisor or On-Call Supervisor obtains necessary information about the Incident from the supervisor and/or witness. Supervisor or On-Call Supervisor completes an internal incident report and BDDS report OR	12/21/2013			

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	<p>2) On 8/21/13 at 4:00 PM in the van, client #4 grabbed client #7's shirt and kicked him "over and over." Client #7 then hit client #4's forearm while he was being kicked. There was no documentation the incident was investigated.</p> <p>On 11/19/13 at 3:58 PM, the RD indicated in an email the facility did not have documentation of an investigation for the incident on 8/21/13.</p> <p>On 11/20/13 at 10:30 AM, the RD stated it was "obvious" from reading the BDDS report that client #4 was "agitated." The RD indicated the incident was preventable. On 11/20/13 at 12:10 PM, the RD indicated client to client aggression was considered abuse. The RD indicated the staff should prevent abuse.</p> <p>3) On 10/2/13 at 4:19 PM, the BDDS report, dated 10/3/13, indicated, "[client #8] is currently with his mother. It is unknown at this particular time as to when [client #8] will return to the group home. APS (Adult Protective Services) will look into when an appropriate time for [client #8] to return to the group home after doing some investigation regarding living with his mother." The Discharge Summary, not dated, for client #8</p>		<p>completes an internal incident report only if BDDS report is not required. Supervisory staff will ensure that direct care staff document as required in the Daily Support Records that an incident has occurred and ensure that all staff that witness/observe an incident are interviewed for the incident report. Responsible Party: Home Manager, Program Director, Area Director</p>				

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	<p>indicated, "Family requested to have him live with them full time."</p> <p>An interview with the facility's Behavior Consultant (BC) was conducted on 11/18/13 at 11:42 AM. The BC indicated client #8 went home for a visit and did not return. The BC indicated client #8 was discharged due to not coming back to the group home.</p> <p>An interview with the Home Manager (HM) was conducted on 11/18/13 at 3:20 PM. The HM indicated client #8 went on a home visit around his birthday (September 22, 2013) and the family did not bring him back to the group home. The family called and indicated they wanted him to extend his visit for a few more days so the group home took client #8's medications to allow for the extra time with his family. On the day client #8 was supposed to return home to the facility, the family called again and wanted additional medications. The HM indicated client #8 was emancipated. The group home took client #8's personal belongings to him after client #8 and his family indicated he was not returning to the group home. The family contacted the group home again and wanted more medications but was told they needed to get his medications and orders from his doctor. The HM indicated the local</p>						

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	<p>BDDS office was involved once client #8 and the family indicated client #8 was not returning to the group home. The HM indicated a BDDS report and an investigation should have been completed.</p> <p>On 11/20/13 at 12:10 PM, the Regional Director (RD) indicated client #8 went on a home visit for his birthday. The RD indicated client #8's brother called and the family wanted client #8 to stay longer. The family and client #8 indicated client #8 did not want to return to the group home. The RD indicated BDDS attempted to locate a group home closer to the family. The RD indicated client #8 was emancipated and indicated during a phone call with the facility and BDDS he did not want to return to the group home. The RD indicated client #8 was officially discharged from the facility on 10/24/13 after being out of the home for about one month. The RD indicated the facility did not document the timeline of the calls from the family, client #8 and BDDS. The RD indicated the discharge was not planned. The RD indicated there was no investigation into the discharge of client #8. The facility did not report the incident to BDDS once the facility was told by client #8 and the family he was not returning to the group home.</p>			

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	<p>4) On 10/2/13 at 9:30 AM in the facility operated day program van, client #7 hit client #4 in the chest. Client #4 grabbed the back of client #7's neck. Staff observed a "small red mark or scratch on the back of [client #7's] neck."</p> <p>On 11/20/13 at 12:10 PM, the Regional Director (RD) indicated client to client aggression was considered abuse. The RD indicated the staff should prevent abuse.</p> <p>5) On 10/10/13 at 2:00 PM, the Bureau of Developmental Disabilities Services (BDDS) report indicated, in part, "On 10/10/13, during the alleged incident in the YMCA dressing room reported by [another agency's director] on 10/15/13, the following clients were present: [name of another group home resident], [male peer], [male peer], [female peer], [client #7], [client #5], [name of another client], and [another client]. This report is being filed per BQIS's (Bureau of Quality Improvement Services) request to file individual IRs (incident reports) for all clients present during the incident. The investigation into this incident is ongoing." The BDDS reports were submitted on 10/17/13 for clients #5 and #7. The investigation, dated 10/18/13, indicated, "[name of female peer's] current residential provider reported an</p>						

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	<p>allegation on 10/16/13, that [female peer] reported on 10/15/13 to her home manager, that while at the YMCA on 10/10/13 with the Judah Day Services (TSI day program), [female peer] reported that she saw a male client's penis when they were changing clothes to go swimming." The Conclusion of the investigation indicated, "There is evidence to support that [client #7] pulled down his pants in the changing room prior to being behind the curtain, but no evidence to support that it was with malice or to upset another client."</p> <p>On 11/18/13 at 12:47 PM, the RD indicated client #7, following the investigation, did pull his pants down prior to entering the changing area due to being excited to go swimming. The RD indicated client #7 did not intend for others to see his genitals and was not exposing himself on purpose.</p> <p>6) A review of the facility's incident/investigative reports was conducted on 11/18/13 at 12:04 PM. The facility provided 15 Bureau of Developmental Disabilities Services (BDDS) Incident Reports for review affecting 7 of 7 clients (#1, #2, #3, #4, #5, #6 and #7). The facility did not provide internal (facility) incident reports written by the direct care staff corresponding to</p>			

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	<p>the BDDS reports.</p> <p>An interview with the Regional Director (RD) was conducted on 11/18/13 at 1:27 PM. The RD indicated the direct care staff did not fill out internal incident reports. The RD indicated the staff call the Program Director, Home Manager or the on-call pager. The RD indicated the staff on the pager completed the BDDS report based on the verbal report from the direct care staff. The RD indicated the direct care staff did not document the incident on an incident report. The RD indicated there was no documentation from the direct care staff regarding an incident.</p> <p>An interview with the Home Manager (HM) was conducted on 11/18/13 at 3:20 PM. The HM indicated the direct care staff did not complete an incident report regarding an incident he/she witnessed. The HM indicated the staff completed a BPR (Behavior Problem Record) note for incidents. The HM indicated the staff contact either her or the Program Director to report the incident. The HM indicated during non-work hours, the direct care staff notify the pager who then notify the on-call Program Director. The HM indicated direct care staff did not complete incident reports. The HM indicated she was not sure why the BPR</p>						

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	<p>notes were not attached to the BDDS reports.</p> <p>A review of the facility's abuse and neglect policy, dated April 2011, was conducted on 11/18/13 at 10:49 AM. The policy indicated the following, "Any allegation of abuse or human rights violation is thoroughly investigated by the Area Director in consultation with Human Resources Department and/or Quality Assurance/Risk Management Department." The policy indicated, "Indiana MENTOR programs maintain a written list of rights, which take into account the requirements of applicable laws, regulations, and purchasing agencies. This list of rights should include, but is not limited to: e. Ensure the clients are not subjected to physical, verbal, sexual, or psychological abuse or punishment... o. The following actions are prohibited by employees of Indiana MENTOR: 1) abuse, neglect, exploitation or mistreatment of an individual including misuse of an individual's funds. 2) violation of an individual's rights." The policy indicated, in part, "All incidents that require a report to the Bureau of Developmental Disabilities Services, or internal incident reports will be entered into a database maintained by The Mentor Network." The facility failed to develop a policy indicating the staff who</p>						

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	<p>witnessed/observed an incident should document the incident on an internal/facility incident report.</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 18 incident/investigative reports reviewed affecting clients #4, #7 and #8, the facility failed to conduct thorough investigations of client to client abuse and the unexpected discharge of client #8.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 11/18/13 at 12:04 PM and indicated the following:</p> <p>1) On 8/21/13 at 4:00 PM in the van, client #4 grabbed client #7's shirt and kicked him "over and over." Client #7 then hit client #4's forearm while he was being kicked. There was no documentation the incident was investigated.</p> <p>On 11/19/13 at 3:58 PM, the RD indicated in an email the facility did not have documentation of an investigation for the incident on 8/21/13.</p> <p>On 11/20/13 at 10:30 AM, the RD indicated it was "obvious" from reading the BDDS report that client #4 was</p>	W000154	The Program Director was retrained on 10/27/13 on what requires an investigation and how to complete a thorough investigation. The Area Director will meet weekly with Program Directors to ensure all investigations are completed and timely. Responsible Party: Home Manager, Program Director, Area Director	12/21/2013			

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	<p>"agitated." The RD indicated the incident was preventable. On 11/20/13 at 12:10 PM, the RD indicated client to client aggression was considered abuse. The RD indicated the staff should prevent abuse. The RD indicated the incident was not investigated but should have been.</p> <p>2) On 10/2/13 at 4:19 PM, the BDDS report, dated 10/3/13, indicated, "[client #8] is currently with his mother. It is unknown at this particular time as to when [client #8] will return to the group home. APS (Adult Protective Services) will look into when an appropriate time for [client #8] to return to the group home after doing some investigation regarding living with his mother." The Discharge Summary, not dated, for client #8 indicated, "Family requested to have him live with them full time." The facility did not provide an investigation into client #8's discharge from the facility.</p> <p>An interview with the facility's Behavior Consultant (BC) was conducted on 11/18/13 at 11:42 AM. The BC indicated client #8 went home for a visit and did not return. The BC indicated client #8 was discharged due to not coming back to the group home.</p> <p>An interview with the Home Manager (HM) was conducted on 11/18/13 at 3:20</p>				

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	<p>PM. The HM indicated client #8 went on a home visit around his birthday (September 22 2013) and the family did not bring him back to the group home. The family called and indicated they wanted him to extend his visit for a few more days so the group home took client #8's medications to allow for the extra time with his family. On the day client #8 was supposed to return home to the facility, the family called again and wanted additional medications. The HM indicated client #8 was emancipated. The group home took client #8's personal belongings to him after the client #8 and his family indicated he was not returning to the group home. The family contacted the group home again and wanted more medications but was told they needed to get his medications and orders from his doctor. The HM indicated the local BDDS office was involved once client #8 and the family indicated client #8 was not returning to the group home. The HM indicated a BDDS report and an investigation should have been completed.</p> <p>On 11/20/13 at 12:10 PM, the Regional Director (RD) indicated client #8 went on a home visit for his birthday. The RD indicated client #8's brother called and the family wanted client #8 to stay longer. The family and client #8 indicated client</p>			

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	<p>#8 did not want to return to the group home. The RD indicated BDDS attempted to locate a group home placement closer to the family. The RD indicated client #8 was emancipated and indicated during a phone call with the facility and BDDS he did not want to return to the group home. The RD indicated client #8 was officially discharged from the facility on 10/24/13 after being out of the home for about one month. The RD indicated the facility did not document the timeline of the calls from the family, client #8 and BDDS. The RD indicated the discharge was not planned. The RD indicated there was no investigation into the discharge of client #8. The facility did not report the incident to BDDS once the facility was told by client #8 and the family he was not returning to the group home.</p> <p>9-3-2(a)</p>			

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W000203	<p>483.440(b)(5)(i) ADMISSIONS, TRANSFERS, DISCHARGE At the time of the discharge the facility must develop a final summary of the client's developmental, behavioral, social, health and nutritional status.</p> <p>Based on record review and interview for 1 of 1 client (#8) who was discharged from the group home since November 2012, the facility failed to ensure client #8's discharge summary included his strengths, needs, required services, social relationships and preferences.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 11/18/13 at 12:04 PM and indicated the following:</p> <p>On 10/2/13 at 4:19 PM, the Bureau of Developmental Disabilities Services (BDDS) incident report, dated 10/3/13, indicated, "[client #8] is currently with his mother. It is unknown at this particular time as to when [client #8] will return to the group home. APS (Adult Protective Services) will look into when (sic) an appropriate time for [client #8] to return to the group home after doing some investigation regarding living with his mother."</p> <p>A review of client #8's Discharge</p>	W000203	The Program Director will be retrained on completing thorough discharge summaries for a client that leaves services on 12/09/13. The Area Director will monitor any discharge summaries to ensure they include the mandatory components. Responsible Party: Program Director, Area Director	12/21/2013

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	<p>Summary (DS), not dated, indicated, "Family requested to have him live with them full time." The DS did not indicate when client #8 went to visit his family. The DS did not indicate when client #8 was discharged. The DS did not indicate whether or not client #8 wanted to be discharged to live with his family. The DS did not indicate whether or not BDDS was involved in his discharge. The DS did not indicate client #8's strengths, needs, required services, social relationships and preferences.</p> <p>An interview with the facility's Behavior Consultant (BC) was conducted on 11/18/13 at 11:42 AM. The BC indicated client #8 went home for a visit and did not return. The BC indicated client #8 was discharged due to not coming back to the group home.</p> <p>An interview with the Home Manager (HM) was conducted on 11/18/13 at 3:20 PM. The HM indicated client #8 went on a home visit around his birthday (September 22, 2013) and the family did not bring him back to the group home. The family called and indicated they wanted him to extend his visit for a few more days so the group home took client #8's medications to allow for the extra time with his family. On the day client #8 was supposed to return home to the</p>						

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	<p>facility, the family called again and wanted additional medications. The HM indicated client #8 was emancipated. The group home took client #8's personal belongings to him after the client #8 and his family indicated he was not returning to the group home. The family contacted the group home again and wanted more medications but were told they needed to get his medications and new prescriptions from a doctor. The HM indicated the local BDDS office was involved once client #8 and the family indicated client #8 was not returning to the group home.</p> <p>On 11/20/13 at 12:10 PM, the Regional Director (RD) indicated client #8 went on a home visit for his birthday. The RD indicated client #8's brother called and the family wanted client #8 to stay longer. The family and client #8 indicated client #8 did not want to return to the group home. The RD indicated BDDS attempted to locate a group home placement closer to the family. The RD indicated client #8 was emancipated and indicated during a phone call with the facility and BDDS he did not want to return to the group home. The RD indicated client #8 was officially discharged from the facility on 10/24/13 after being out of the home for about one month. The RD indicated the facility did not document the timeline of the calls</p>				

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	<p>from the family, client #8 and BDDS. The RD indicated the discharge was not planned.</p> <p>9-3-4(a)</p>				

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W000227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on observation, record review and interview for 3 of 4 sampled clients (clients #2, #3 and #4), the facility failed to ensure the clients had program plans addressing: 1) client #2 returning library materials in a timely manner in order not to receive a fine, 2) client #3's sheets being locked in a closet, and 3) client #4 having a plan to address repetitive motions on the outside of his clothes near his genitals.</p> <p>Findings include:</p> <p>1) A review of client #2's finances was conducted on 11/18/13 at 11:01 AM. On 10/13/18, client #2 paid the local library \$18.00 for a lost compact disc (CD). On 6/26/13, client #2 paid the local library \$10.22 for 3 overdue CDs and one lost CD. On 5/13/13, client #2 paid the local library \$29.20 for five overdue items and one lost CD.</p> <p>A review of client #2's record was conducted on 11/20/13 at 10:56 AM. Client #2's Individual Support Plan (ISP), dated 10/21/13 and Behavior Support</p>	W000227	<p>An IDT was completed for Client #2 to address his library fines and how to assist him to return items timely to eliminate and reduce this risk. An area in Client #2's bedroom will be set up to designate where he should keep his borrowed library items and then a training objective to monitor this and assist him to return items timely. The Home Manager and Program Director will monitor that this plan is implemented and the training objective is followed. All staff were trained on this new plan on 12/3/13. An IDT was completed for Client #3 to address the need for sheet to be locked up in the home to assist him with his compulsive behaviors of changing sheets often. The team determined that Client #3's extra sheets will be locked up, but his housemates will all have their own extra set of sheets in their dressers for immediate access as they need them. HRC approval was obtained for this restriction. Client #3 has a training objective developed to help reduce the need for this restriction. All staff were trained on this new plan on 12/3/13. An IDT was completed for Client #4 to address repetitive</p>	12/21/2013

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	<p>Plan (BSP), dated 5/20/12, did not include plans to address assisting client #2 to keep track of his checked out library items and ensuring he returned the items in a timely manner to avoid incurring overdue fines.</p> <p>On 11/20/13 at 12:10 PM, the Home Manager (HM) indicated client #2 did not have a plan to assist him with returning his library items in a timely manner. The HM indicated there was no plan to assist client #2 with keeping track of his library items to ensure he did not lose them. The HM indicated the group home staff had attempted, informally, to assist client #2 with keeping track of his library items. The HM indicated the informal assistance did not help. The HM indicated client #2 needed a formal plan.</p> <p>On 11/20/13 at 12:26 PM, the Program Director (PD) indicated client #2 needed a plan to assist him with keeping track of his library items to ensure he returned them in a timely manner or did not lose them.</p> <p>2) Observations were conducted at the group home on 11/18/13 from 3:20 PM to 5:32 PM and 11/19/13 from 5:59 AM to 7:43 AM. During the observations, the front closet adjacent to the office area was locked. Staff and client #2 were observed</p>		<p>motions on the outside of his clothing near his genitals. Client #4's physician was contacted on 12/3/13 asking for an order for an OT evaluation to determine if any this type of approach could help Client #4 reduce this type of action. The team will meet after the physician makes a recommendation and determine a plan of action for Client #4's health and safety. Responsible Party: Home Manager, Program Director, Nurse, Area Director</p>		

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	<p>to use a key to access the locked closet. Client #3's extra sheets were locked in the closet.</p> <p>A review of client #3's record was conducted on 11/20/13 at 11:56 AM. There was no documentation in client #3's record (ISP dated 10/21/13 and BSP dated 10/7/11) indicating client #3 required his extra sheets to be locked.</p> <p>On 11/20/13 at 11:54 AM, the HM indicated the closet was locked due to client #3's behavior of changing his sheets over and over when he had access to extra sheets. The HM indicated client #3's extra sheets were locked in the closet. The HM attempted to locate a plan to address the restriction however the HM was unable to locate a plan in client #3's record. The HM indicated the restriction should be included in a plan.</p> <p>3) Observations were conducted at the group home on 11/18/13 from 3:20 PM to 5:32 PM and 11/19/13 from 5:59 AM to 7:43 AM. During the observations, with the exception of mealtimes, client #4 was sitting on the couch moving his left hand repetitively over his genital area outside of his pants. The direct care staff as well as the HM attempted to redirect client #4 to other activities (puzzles, chores, Connect 4, etc.) with no success. The</p>			

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	<p>HM attempted on several occasions to physically redirect client #4's left hand without success.</p> <p>A review of client #4's record was conducted on 11/20/13 at 11:16 AM. Client #4's ISP, dated 10/21/13, and BSP, dated 10/7/11, did not address the repetitive rubbing client #4 was observed to engage in. There was no documentation in client #4's record addressing this behavior.</p> <p>On 11/20/13 at 12:10 PM, the HM stated client #4 needed a plan to address when client #4 "plays his banjo."</p> <p>On 11/20/13 at 12:10 PM, the Regional Director (RD) indicated client #4 needed a plan to address the behavior. The RD indicated client #4 may need an Occupational Therapy assessment.</p> <p>On 11/20/13 at 12:26 PM, the PD indicated client #4 needed a plan. The PD stated client #4 "does it all day."</p> <p>9-3-4(a)</p>			

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W000317	<p>483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually in a carefully monitored program conducted in conjunction with the interdisciplinary team, unless clinical evidence justifies that this is contraindicated. Based on record review and interview for 2 of 4 clients in the sample (#1 and #6) who received psychotropic medications, the facility failed to ensure the clients' medication reduction plans were attainable.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 11/20/13 at 10:20 AM. Client #1's current Behavior Support Plan (BSP), dated 2/15/12, indicated he was prescribed the following psychotropic medications: fluoxetine, buspirone, clozapine, divalproex, and diazepam. Client #1's BSP indicated in order for a medication reduction to be recommended, he needed to reduce his targeted behaviors of repetitive questioning and verbal abuse to zero. The plan indicated, "If the average daily rate of each of the behaviors listed above is at or below the specified criterion for the full review period, [name of behavior provider] will recommend medication reduction. Such recommendations will be written in the</p>	W000317	The teams will meet for Client #1 and #6 to review their medication reduction plans and create plans with more attainable criteria. These meetings will occur by 12/21/13. Responsible Party: Home Manager, Program Director, Area Director, Behavior Analyst, Nurse	12/21/2013	

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	<p>quarterly report and presented at the quarterly meeting."</p> <p>A review of client #6's record was conducted on 11/20/13 at 11:29 AM. Client #6's current BSP, dated 1/26/12, indicated he was prescribed sertraline as a psychotropic medication. Client #6's BSP indicated in order for a medication reduction to be recommended, client #6's type 1 and 2 resistance as well as verbal abuse needed to be zero. The plan indicated, "If the average daily rate of each of the behaviors listed above is at or below the specified criterion for the full review period, [name of behavior provider] will recommend medication reduction. Such recommendations will be written in the quarterly report and presented at the quarterly meeting."</p> <p>On 11/20/13 at 2:44 PM, the Regional Director (RD) indicated zero as a criteria was not attainable. The RD stated, "The criteria can't be zero. Won't be able to reduce the meds." The RD indicated if the criteria was set at zero for the targeted behaviors, the facility was indicating it did not want to reduce the psychotropic medications. The RD indicated the clients' targeted behaviors would not decrease to zero. The RD stated, "no matter what we do it will never go to zero." The RD indicated the facility</p>			

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	<p>needed to set the criteria for the clients' medication reductions at an attainable criteria in order to reduce the clients' medications.</p> <p>9-3-5(a)</p>			