

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G447	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/24/2012
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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 4114 KNOLLTON RD INDIANAPOLIS, IN 46208
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W0000	<p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Survey Dates: 7/9/12, 7/10/12, 7/11/12, 7/12/12, 7/13/12, 7/16/12, 7/19/12 and 7/24/12.</p> <p>Facility Number: 000961 Provider Number: 15G447 AIM Number: 100244750</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed July 30, 2012 by Dotty Walton, Medical Surveyor III.</p>	W0000		

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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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to secure a surrogate to assist client #2 with making informed choices and decisions.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 7/11/12 at 2:04 PM. Client #2's Person Centered Planning Profile Sheet (PCPPS) dated 11/8/11 indicated, "Although [client #2] is an emancipated adult, serving as her own legal guardian, she has not been assessed as being able to give informed consent in major life decisions. In other words, there may be situations where decisions must be made that directly affect [client #2's] life that go beyond her everyday routine (i.e. (That Is) surgical or medical procedures, chemical or physical interventions, legal claims, etc (And So On) that would require human rights committee approval before being undertaken. The QDDP (Qualified Developmental Disabilities Professional) will ensure that appropriate services are</p>	W0125	<p>CORRECTION:<i>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Specifically, Client #2's mother has agreed to serve as Client #2's healthcare representative and has provided the facility with the appropriate documentation.</i></p> <p>PREVENTION:Professional staff will be retrained regarding the fact that the interdisciplinary team must assure that clients who have been assessed as not being able to give informed consent on major life decisions have appropriate representation to advocate on their behalf. Members of the Operations and Quality Assurance Teams will review informed consent assessments and consent documents no less than quarterly to assure that clients have appropriate representation. Responsible Parties:QDDPD, Home Manager, Support Associates, Operations Team, Quality Assurance Team</p>	08/23/2012

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	<p>coordinated to facilitate [client #2's] best interest." Client #2's record did not indicate the appointment of a surrogate.</p> <p>Interview with QDDP #1 on 5/13/12 at 4:00 PM indicated client #2 was in need of a surrogate. QDDP #1 indicated client #2 did not have a surrogate.</p> <p>9-3-2(a)</p>			

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W0136	<p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to provide the clients with outings or community activities on a regular and ongoing basis.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 7/11/12 at 3:02 PM. Client #1's Daily Progress Notes (DPNs) dated 4/1/12 through 6/30/12 were reviewed. The review indicated the following community based outings/activities:</p> <p>-6/8/12: Pizza Hut</p> <p>-6/13/12: Special night out party</p> <p>The record did not indicate additional community based outings or activities for client #1.</p> <p>2. Client #2's record was reviewed on 7/11/12 at 2:04 PM. Client #2's DPNs dated 4/1/12 through 6/30/12 were reviewed. The review indicated the following community based</p>	W0136	<p>CORRECTION: <i>The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</i> Specifically, the facility has developed an activity calendar to encourage clients to select preferred opportunities for socialization and community inclusion and to guide direct support staff toward appropriate program implementation. Direct support staff will be retrained regarding the need to document clients' participation in community outings. PREVENTION: Professional staff will be retrained regarding the need to assure that direct support staff provide clients with opportunities to participate in social, religious, and community group activities during the course of active treatment. Supervisory staff will be expected to offer hands on support as needed to facilitate adequate staffing levels during community outings. Members of the Operations and Quality Assurance Teams will review activity calendars and progress notes no less than monthly to assure the facility provides outings and community</p>	08/23/2012			

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	<p>outings/activities:</p> <p>-6/17/12: Church</p> <p>-6/13/12: Special night out party</p> <p>The record did not indicate additional community based outings or activities for client #2.</p> <p>3. Client #3's record was reviewed on 7/11/12 at 8:13 AM. Client #3's DPNs dated 4/11/12 through 4/28/12 and 6/9/12 through 6/22/12 did not indicate participation in community based outings/activities. The record did not include DPN's for 5/1/12 through 5/31/12. The record did not indicate additional community based outings or activities for client #3.</p> <p>4. Client #4's record was reviewed on 7/12/12 at 9:00 AM. Client #4's DPNs dated 4/1/12 through 6/31/12 were reviewed. The review indicated the following community based outings/activities:</p> <p>-6/8/12: Pizza Hut</p> <p>-6/13/12: Special night out party</p> <p>The record did not indicate additional community based outings or activities for</p>		<p>activities on a regular and ongoing basis. Responsible Parties:QDDPD, Home Manager, Support Associates, Operations Team, Quality Assurance Team</p>		

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	<p>client #4.</p> <p>Interview with QDDP (Qualified Developmental Disabilities Professional) #1 on 5/13/12 at 4:00 PM indicated clients should be getting out in the community minimally once weekly. QDDP #1 indicated staff should be documenting community based outings/activities on the DPN. QDDP #1 indicated there were no additional documented outings for review. QDDP #1 indicated the clients had not been getting out on a routine basis. QDDP #1 indicated the clients should begin going into the community on Fridays and the weekends.</p> <p>9-3-2(a)</p>			

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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) the QMRP (Qualified Mental Retardation Professional) failed to secure a surrogate to assist client #2 with making informed choices and decisions. The QMRP failed to provide clients #1, #2, #3 and #4 with outing or community activities on a regular and/or ongoing basis. The QMRP failed to address client #3's identified behavioral needs. The QMRP failed to monitor clients' programs in regards to data collection for clients #1, #2, #3 and #4. The QMRP failed to ensure training objectives were monitored and revised on a routine basis for client #2.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The QMRP failed to secure a surrogate to assist client #2 with making informed choices and decisions. Please see W125. 2. The QMRP failed to provide clients #1, #2, #3 and #4 with outings or community activities on a regular and/or ongoing basis. Please see W136. 3. The QMRP failed to address client #3's 	W0159	<p>CORRECTION: Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Specifically, The QMRP will receive additional training and correct the following deficiencies:</p> <ol style="list-style-type: none"> 1. Securing surrogates to assist clients who cannot give informed consent with decision-making. 2. Provision of ongoing outings and community activities. 3. The need to address clients' specific behavioral needs. 4. The need for consistent monitoring of direct support staff to assure adequate data collection occurs. 5. The need to monitor, update and modify clients' learning objectives as required. <p>PREVENTION: Members of the Operations and Quality Assurance Teams will conduct periodic audits of facility support documents and conduct active treatment observations on an ongoing basis to assure the QDDPD integrates, coordinates and monitors, the active treatment program effectively and will provide guidance, mentorship and corrective measures as needed. Responsible Parties: QDDPD, Home Manager,</p>	08/23/2012

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	<p>identified behavioral needs. Please see W227.</p> <p>4. The QMRP failed to monitor clients' programs in regards to data collection for clients #1, #2, #3 and #4. Please see W252.</p> <p>5. The QMRP failed to ensure training objectives were monitored and revised on a routine basis for client #2. Please see W255.</p> <p>9-3-3(a)</p>		Support Associates, Operations Team, Quality Assurance Team		

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W0227	<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 1 of 4 sampled clients (#3), the IDT (Interdisciplinary Team) failed to address the client's identified behavioral needs.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 7/10/12 from 6:00 AM through 8:00 AM. Client #3 was observed in the home throughout the observation period. At 6:00 AM through 7:40 AM client #3 paced from her bedroom to the living room and back to her bedroom repeatedly.</p> <p>Client #3's record was reviewed on 7/11/12 at 8:13 AM. Client #3's Daily Progress Notes (DPNs) indicated the following:</p> <p>-4/8/12, "Did her usual running room to room."</p> <p>-4/11/12, "[Client #3] was confused running threw (sic) the house."</p> <p>-4/13/12, "...because [client #3] ran from</p>	W0227	<p>CORRECTION: <i>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment. Specifically, the interdisciplinary team will come together to develop supports to address Client #3's pacing, wandering and running. PREVENTION: Professional staff will be retrained regarding the need to address ongoing behavioral issues with formal supports. Members of the Operations and Quality Assurance Teams will monitor incident reports and other facility documentation and observe active treatment sessions no less than monthly to provide guidance to the QDDP to assure appropriate program development occurs. Responsible Parties: QDDPD, Home Manager, Support Associates, Operations Team, Quality Assurance Team</i></p>	08/23/2012			

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	<p>one room to another. [Client #3] did this all of my shift."</p> <p>-6/5/12, "[Client #3] keeps opening doors and shutting them. Running outside halfway down the driveway and back in the house. [Client #3] falls out in the middle of the floor and scoots around."</p> <p>Client #3's IDT note dated 11/8/11 indicated, "A big concern with being admitted into [day program] is when a family member or visitor comes in to the day area and [client #3] may walk out the door. [Client #3] will need one on one staff intervention while being in a group structure. [Client #3] may need to have a staff from the group home to assist her at [day program] for about a week. The main concern will be her safety and security because (sic) the busy location."</p> <p>Client #3's ISP (Individual Support Plan) dated 11/15/11 and/or BSP (Behavior Support Plan) dated 11/25/11 did not indicate pacing and/or wandering had been addressed through formal or informal training/supports.</p> <p>Interview with Administrative Staff (AS) #1 and QDDP #1 (Qualified Developmental Disabilities Professional) on 7/13/12 at 4:00 PM indicated client #3 did not have a history of elopement but</p>				

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	wanders and paces. AS #1 and QDDP #1 indicated wandering/pacing is not addressed in client #3's ISP and/or BSP. AS #1 and QDDP #1 indicated pacing/wandering should be addressed through formal and informal support and training. 9-3-4(a)			

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W0252	<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 record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to monitor clients' programs in regards to data collection.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Client #1's record was reviewed on 7/11/12 at 3:02 PM. Client #1's ISP (Individual Support Plan) dated 8/4/11 indicated the following training objectives: <ol style="list-style-type: none"> Will participate in a physical activity. Client #1's record did not indicate DCSs (Data Collection Sheets) for January 2012 through July 11, 2012. Will communicate wants and needs. Client #1's record did not indicate DCSs for January 2012 through July 11, 2012. Will place her clothing in the washer. Client #1's record did not indicate DCSs for January 2012 through July 11, 2012. Will wash hands after toileting and before eating. Client #1's record did not indicate DCSs for January 2012 through 			W0252	<p>CORRECTION:<i>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</i> Specifically, direct support staff will be retrained regarding the need to collect data on learning objectives as directed by implementation schedules. Supervisory staff will monitor data collection daily in order to address deficiencies promptly. PREVENTION:Professional staff will be retrained regarding the need to monitor data collection and program documentation and hold direct support staff accountable to established documentation schedules. Members of the Operations and Quality Assurance Teams will audit facility documentation no less than monthly and address deficiencies with supervisory staff. Responsible Parties: QDDPD, Home Manager, Support Associates, Operations Team, Quality Assurance Team</p>		08/23/2012

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	<p>July 11, 2012.</p> <p>5. Will utilize her adaptive fork. Client #1's record did not indicate DCSs for January 2012 through July 11, 2012.</p> <p>6. Will identify a quarter. Client #1's record did not indicate DCSs for January 2012 through July 11, 2012.</p> <p>7. Will identify her Haldol (Psychosis) medication. Client #1's record did not indicate DCSs for January 2012 through July 11, 2012.</p> <p>8. Will wash the upper part of her body. Client #1's record did not indicate DCSs for January 2012 through July 11, 2012.</p> <p>9. Will exit the home during a fire drill. Client #1's record did not indicate DCSs for January 2012 through July 11, 2012.</p> <p>10. Will brush her gums. Client #1's record did not indicate DCSs for January 2012 through July 11, 2012.</p> <p>11. Will participate in an activity of her choice during leisure time. Client #1's record did not indicate DCSs for January 2012 through July 11, 2012.</p> <p>12. Will cook a complete meal. Client #1's record did not indicate DCSs for</p>				

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	<p>January 2012 through July 11, 2012.</p> <p>2. Client #2's record was reviewed on 7/11/12 at 2:04 PM. Client #1's ISP dated 11/7/11 indicated the following training objectives:</p> <p>1. Will participate in a physical activity. Client #2's DCS for the month of April 2012 indicated data had not been documented on the following dates: 4/1/12, 4/5/12, 4/6/12, 4/7/12, 4/8/12, 4/9/12, 4/10/12, 4/11/12, 4/23/12, 4/24/12, 4/25/12, 4/26/12, 4/27/12 and 4/30/12. Client #2's DCS for the month of May 2012 indicated data had not been documented on the following dates: 5/6/12, 5/12/12, 5/19/12 and 5/20/12. Client #2's DCS for the month of June 2012 indicated data had not been documented on the following dates: 6/6/12, 6/7/12, 6/8/12, 6/11/12, 6/12/12, 6/13/12, 6/14/12, 6/15/12, 6/16/12, 6/17/12, 6/18/12, 6/19/12, 6/20/12, 6/21/12, 6/22/12, 6/23/12, 6/24/12, 6/25/12, 6/26/12, 6/27/12, 6/28/12, 6/29/12 and 6/30/12. Client #2's record did not indicate a DCS for the month of July 2012.</p> <p>2. Will identify and state side effect of her Ativan (Anxiety) medication. Client #2's DCS for the month of April 2012 indicated data had not been documented</p>						

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NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 4114 KNOLLTON RD INDIANAPOLIS, IN 46208			
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	<p>on the following dates: 4/1/12, 4/5/12, 4/6/12, 4/7/12, 4/8/12, 4/9/12, 4/10/12, 4/11/12, 4/23/12, 4/24/12, 4/25/12, 4/26/12, 4/27/12 and 4/30/12. Client #2's DCS for the month of May 2012 indicated data had not been documented on the following dates: 5/6/12, 5/12/12, 5/19/12 and 5/20/12. Client #2's DCS for the month of June 2012 indicated data had not been documented on the following dates: 6/6/12, 6/7/12, 6/8/12, 6/11/12, 6/12/12, 6/13/12, 6/14/12, 6/15/12, 6/16/12, 6/17/12, 6/18/12, 6/19/12, 6/20/12, 6/21/12, 6/22/12, 6/23/12, 6/24/12, 6/25/12, 6/26/12, 6/27/12, 6/28/12, 6/29/12 and 6/30/12. Client #2's record did not indicate a DCS for the month of July 2012.</p> <p>3. Will independently make a small purchase in the community. Client #2's DCS for the month of April 2012 indicated data had not been documented on the following dates: 4/1/12, 4/5/12, 4/6/12, 4/7/12, 4/8/12, 4/9/12, 4/10/12, 4/11/12, 4/23/12, 4/24/12, 4/25/12, 4/26/12, 4/27/12 and 4/30/12. Client #2's DCS for the month of May 2012 indicated data had not been documented on the following dates: 5/6/12, 5/12/12, 5/19/12 and 5/20/12. Client #2's DCS for the month of June 2012 indicated data had not been documented on the following dates: 6/6/12, 6/7/12, 6/8/12, 6/11/12,</p>						

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	<p>6/12/12, 6/13/12, 6/14/12, 6/15/12, 6/16/12, 6/17/12, 6/18/12, 6/19/12, 6/20/12, 6/21/12, 6/22/12, 6/23/12, 6/24/12, 6/25/12, 6/26/12, 6/27/12, 6/28/12, 6/29/12 and 6/30/12. Client #2's record did not indicate a DCS for the month of July 2012.</p> <p>4. Will cook a complete a meal. Client #2's DCS for the month of April 2012 indicated data had not been documented on the following dates: 4/1/12, 4/5/12, 4/6/12, 4/7/12, 4/8/12, 4/9/12, 4/10/12, 4/11/12, 4/23/12, 4/24/12, 4/25/12, 4/26/12, 4/27/12 and 4/30/12. Client #2's DCS for the month of May 2012 indicated data had not been documented on the following dates: 5/6/12, 5/12/12, 5/19/12 and 5/20/12. Client #2's DCS for the month of June 2012 indicated data had not been documented on the following dates: 6/6/12, 6/7/12, 6/8/12, 6/11/12, 6/12/12, 6/13/12, 6/14/12, 6/15/12, 6/16/12, 6/17/12, 6/18/12, 6/19/12, 6/20/12, 6/21/12, 6/22/12, 6/23/12, 6/24/12, 6/25/12, 6/26/12, 6/27/12, 6/28/12, 6/29/12 and 6/30/12. Client #2's record did not indicate a DCS for the month of July 2012.</p> <p>5. Will participate in a group activity. Client #2's DCS for the month of April 2012 indicated data had not been documented on the following dates:</p>						

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	<p>4/1/12, 4/5/12, 4/6/12, 4/7/12, 4/8/12, 4/9/12, 4/10/12, 4/11/12, 4/23/12, 4/24/12, 4/25/12, 4/26/12, 4/27/12 and 4/30/12. Client #2's DCS for the month of May 2012 indicated data had not been documented on the following dates: 5/6/12, 5/12/12, 5/19/12 and 5/20/12. Client #2's DCS for the month of June 2012 indicated data had not been documented on the following dates: 6/6/12, 6/7/12, 6/8/12, 6/11/12, 6/12/12, 6/13/12, 6/14/12, 6/15/12, 6/16/12, 6/17/12, 6/18/12, 6/19/12, 6/20/12, 6/21/12, 6/22/12, 6/23/12, 6/24/12, 6/25/12, 6/26/12, 6/27/12, 6/28/12, 6/29/12 and 6/30/12. Client #2's record did not indicate a DCS for the month of July 2012.</p> <p>6. Will practice safety in the street by being aware of possible dangers. Client #2's DCS for the month of April 2012 indicated data had not been documented on the following dates: 4/1/12, 4/5/12, 4/6/12, 4/7/12, 4/8/12, 4/9/12, 4/10/12, 4/11/12, 4/23/12, 4/24/12, 4/25/12, 4/26/12, 4/27/12 and 4/30/12. Client #2's DCS for the month of May 2012 indicated data had not been documented on the following dates: 5/6/12, 5/12/12, 5/19/12 and 5/20/12. Client #2's DCS for the month of June 2012 indicated data had not been documented on the following dates: 6/6/12, 6/7/12, 6/8/12, 6/11/12,</p>			

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	<p>6/12/12, 6/13/12, 6/14/12, 6/15/12, 6/16/12, 6/17/12, 6/18/12, 6/19/12, 6/20/12, 6/21/12, 6/22/12, 6/23/12, 6/24/12, 6/25/12, 6/26/12, 6/27/12, 6/28/12, 6/29/12 and 6/30/12. Client #2's record did not indicate a DCS for the month of July 2012.</p> <p>Client #3's record was reviewed on 7/11/12 at 8:13 AM. Client #3's ISP dated 11/15/11 indicated the following training objectives:</p> <p>1. Will communicate her wants, needs and emotions. Client #3's DCS for the month of January 2012 indicated data had not been documented on the following dates: 1/1/12, 1/6/12, 1/7/12, 1/13/12, 1/14/12, 1/20/12, 1/21/12, 1/27/12 and 1/28/12. Client #3's DCS for the month of February 2012 indicated data had not been documented on the following dates: 2/2/12, 2/3/12, 2/4/12, 2/5/12, 2/6/12, 2/7/12, 2/8/12, 2/9/12, 2/10/12, 2/11/12, 2/12/12, 2/13/12, 2/14/12, 2/15/12, 2/16/12, 2/17/12, 2/18/12, 2/19/12, 2/20/12, 2/21/12, 2/22/12, 2/23/12, 2/24/12, 2/25/12, 2/26/12, 2/27/12, 2/28/12 and 2/29/12. Client #3's DCS for the month of March 2012 indicated data had not been documented on the following dates: 3/1/12, 3/2/12, 3/3/12, 3/4/12, 3/5/12, 3/6/12, 3/7/12, 3/8/12, 3/9/12, 3/10/12, 3/11/12, 3/12/12,</p>			

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	<p>3/13/12, 3/15/12, 3/16/12, 3/17/12, 3/18/12, 3/19/12, 3/20/12, 3/21/12, 3/22/12, 3/23/12, 3/24/12, 3/25/12, 3/26/12, 3/27/12, 3/28/12, 3/29/12, 3/30/12 and 3/31/12. Client #3's DCS for the month of April 2012 indicated data had not been documented on the following dates: 4/1/12, 4/5/12, 4/6/12, 4/7/12, 4/8/12, 4/9/12, 4/10/12, 4/11/12, 4/13/12 and 4/30/12. Client #3's record did not indicate a DCS for the month of June 2012.</p> <p>2. Will participate in a physical activity. Client #3's DCS for the month of January 2012 indicated data had not been documented on the following dates: 1/1/12, 1/6/12, 1/7/12, 1/13/12, 1/14/12, 1/20/12, 1/21/12, 1/27/12 and 1/28/12. Client #3's DCS for the month of February 2012 indicated data had not been documented on the following dates: 2/2/12, 2/3/12, 2/4/12, 2/5/12, 2/6/12, 2/7/12, 2/8/12, 2/9/12, 2/10/12, 2/11/12, 2/12/12, 2/13/12, 2/14/12, 2/15/12, 2/16/12, 2/17/12, 2/18/12, 2/19/12, 2/20/12, 2/21/12, 2/22/12, 2/23/12, 2/24/12, 2/25/12, 2/26/12, 2/27/12, 2/28/12 and 2/29/12. Client #3's DCS for the month of March 2012 indicated data had not been documented on the following dates: 3/1/12, 3/2/12, 3/3/12, 3/4/12, 3/5/12, 3/6/12, 3/7/12, 3/8/12, 3/9/12, 3/10/12, 3/11/12, 3/12/12,</p>			

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	<p>3/13/12, 3/15/12, 3/16/12, 3/17/12, 3/18/12, 3/19/12, 3/20/12, 3/21/12, 3/22/12, 3/23/12, 3/24/12, 3/25/12, 3/26/12, 3/27/12, 3/28/12, 3/29/12, 3/30/12 and 3/31/12. Client #3's DCS for the month of April 2012 indicate data had not been documented on the following dates: 4/1/12, 4/5/12, 4/6/12, 4/7/12, 4/8/12, 4/9/12, 4/10/12, 4/11/12, 4/13/12 and 4/30/12. Client #3's record did not indicate a DCS for the month of June 2012.</p> <p>3. Will bath her entire body. Client #3's DCS for the month of January 2012 indicated data had not been documented on the following dates: 1/1/12, 1/6/12, 1/7/12, 1/13/12, 1/14/12, 1/20/12, 1/21/12, 1/27/12 and 1/28/12. Client #3's DCS for the month of February 2012 indicated data had not been documented on the following dates: 2/2/12, 2/3/12, 2/4/12, 2/5/12, 2/6/12, 2/7/12, 2/8/12, 2/9/12, 2/10/12, 2/11/12, 2/12/12, 2/13/12, 2/14/12, 2/16/12, 2/18/12, 2/19/12, 2/20/12, 2/21/12, 2/22/12, 2/23/12, 2/24/12, 2/25/12, 2/26/12, 2/27/12, 2/28/12 and 2/29/12. Client #3's DCS for the month of March 2012 indicated data had not been documented on the following dates: 3/1/12, 3/2/12, 3/3/12, 3/4/12, 3/5/12, 3/6/12, 3/7/12, 3/8/12, 3/9/12, 3/10/12, 3/11/12, 3/12/12, 3/13/12, 3/14/12, 3/15/12, 3/16/12,</p>			

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	<p>3/17/12, 3/18/12, 3/19/12, 3/20/12, 3/21/12, 3/22/12, 3/23/12, 3/24/12, 3/25/12, 3/26/12, 3/27/12, 3/28/12, 3/29/12, 3/30/12 and 3/31/12. Client #3's DCS for the month of April 2012 indicated data had not been documented on the following dates: 4/1/12, 4/5/12, 4/6/12, 4/7/12, 4/8/12, 4/9/12, 4/10/12, 4/11/12, 4/13/12, 4/16/12, 4/17/12, 4/23/12, 4/24/12, 4/25/12, 4/26/12, 4/27/12 and 4/30/12. Client #3's record did not indicate a DCS for the month of June 2012.</p> <p>4. Will brush her teeth. Client #3's DCS for the month of January 2012 indicated data had not been documented on the following dates: 1/1/12, 1/6/12, 1/7/12, 1/13/12, 1/14/12, 1/20/12, 1/21/12, 1/27/12 and 1/28/12. Client #3's DCS for the month of February 2012 indicated data had not been documented on the following dates: 2/2/12, 2/3/12, 2/4/12, 2/5/12, 2/6/12, 2/7/12, 2/11/12, 2/12/12, 2/13/12, 2/14/12, 2/16/12, 2/18/12, 2/19/12, 2/20/12, 2/21/12, 2/22/12, 2/23/12, 2/24/12, 2/25/12, 2/26/12, 2/27/12, 2/28/12 and 2/29/12. Client #3's DCS for the month of March 2012 indicated data had not been documented on the following dates: 3/1/12, 3/2/12, 3/3/12, 3/4/12, 3/5/12, 3/6/12, 3/7/12, 3/8/12, 3/9/12, 3/10/12, 3/11/12, 3/12/12, 3/13/12, 3/15/12, 3/16/12, 3/17/12,</p>			

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	<p>3/18/12, 3/19/12, 3/20/12, 3/21/12, 3/22/12, 3/23/12, 3/24/12, 3/25/12, 3/26/12, 3/27/12, 3/28/12, 3/29/12, 3/30/12 and 3/31/12. Client #3's DCS for the month of April 2012 indicated data had not been documented on the following dates: 4/1/12, 4/5/12, 4/6/12, 4/7/12, 4/8/12, 4/9/12, 4/10/12, 4/11/12, 4/13/12 and 4/30/12. Client #3's record did not indicate a DCS for the month of June 2012.</p> <p>5. Will identify a penny. Client #3's DCS for the month of January 2012 indicated data had not been documented on the following dates: 1/1/12, 1/6/12, 1/7/12, 1/13/12, 1/14/12, 1/20/12, 1/21/12, 1/27/12 and 1/28/12. Client #3's DCS for the month of February 2012 indicated data had not been documented on the following dates: 2/2/12, 2/3/12, 2/4/12, 2/5/12, 2/6/12, 2/7/12, 2/11/12, 2/12/12, 2/13/12, 2/14/12, 2/16/12, 2/18/12, 2/19/12, 2/20/12, 2/21/12, 2/22/12, 2/23/12, 2/24/12, 2/25/12, 2/26/12, 2/27/12, 2/28/12 and 2/29/12. Client #3's DCS for the month of March 2012 indicated data had not been documented on the following dates: 3/1/12, 3/2/12, 3/3/12, 3/4/12, 3/5/12, 3/6/12, 3/7/12, 3/8/12, 3/9/12, 3/10/12, 3/11/12, 3/12/12, 3/13/12, 3/15/12, 3/16/12, 3/17/12, 3/18/12, 3/19/12, 3/20/12, 3/21/12, 3/22/12, 3/23/12, 3/24/12, 3/25/12,</p>				

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	<p>3/26/12, 3/27/12, 3/28/12, 3/29/12, 3/30/12 and 3/31/12. Client #3's DCS for the month of April 2012 indicated data had not been documented on the following dates: 4/1/12, 4/5/12, 4/6/12, 4/7/12, 4/8/12, 4/9/12, 4/10/12, 4/11/12, 4/13/12 and 4/30/12. Client #3's record did not indicate a DCS for the month of June 2012.</p> <p>6. Will identify her Seroquel (Schizophrenia) medication. Client #3's DCS for the month of January 2012 indicated data had not been documented on the following dates: 1/1/12, 1/6/12, 1/7/12, 1/13/12, 1/14/12, 1/20/12, 1/21/12, 1/27/12 and 1/28/12. Client #3's DCS for the month of February 2012 indicated data had not been documented on the following dates: 2/2/12, 2/3/12, 2/4/12, 2/5/12, 2/6/12, 2/7/12, 2/11/12, 2/12/12, 2/13/12, 2/14/12, 2/16/12, 2/18/12, 2/19/12, 2/20/12, 2/21/12, 2/22/12, 2/23/12, 2/24/12, 2/25/12, 2/26/12, 2/27/12, 2/28/12 and 2/29/12. Client #3's DCS for the month of March 2012 indicated data had not been documented on the following dates: 3/1/12, 3/2/12, 3/3/12, 3/4/12, 3/5/12, 3/6/12, 3/7/12, 3/8/12, 3/9/12, 3/10/12, 3/11/12, 3/12/12, 3/13/12, 3/15/12, 3/16/12, 3/17/12, 3/18/12, 3/19/12, 3/20/12, 3/21/12, 3/22/12, 3/23/12, 3/24/12, 3/25/12, 3/26/12, 3/27/12,</p>			

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	<p>3/28/12, 3/29/12, 3/30/12 and 3/31/12. Client #3's DCS for the month of April 2012 indicated data had not been documented on the following dates: 4/1/12, 4/5/12, 4/6/12, 4/7/12, 4/8/12, 4/9/12, 4/10/12, 4/11/12, 4/13/12 and 4/30/12. Client #3's record did not indicate a DCS for the month of June 2012.</p> <p>7. Will perform an exercise of her choice. Client #3's DCS for the month of January 2012 indicated data had not been documented on the following dates: 1/1/12, 1/6/12, 1/7/12, 1/13/12, 1/14/12, 1/20/12, 1/21/12, 1/27/12 and 1/28/12. Client #3's DCS for the month of February 2012 indicated data had not been documented on the following dates: 2/2/12, 2/3/12, 2/4/12, 2/5/12, 2/6/12, 2/7/12, 2/11/12, 2/12/12, 2/13/12, 2/14/12, 2/16/12, 2/18/12, 2/19/12, 2/20/12, 2/21/12, 2/22/12, 2/23/12, 2/24/12, 2/25/12, 2/26/12, 2/27/12, 2/28/12 and 2/29/12. Client #3's DCS for the month of March 2012 indicated data had not been documented on the following dates: 3/1/12, 3/2/12, 3/3/12, 3/4/12, 3/5/12, 3/6/12, 3/7/12, 3/8/12, 3/9/12, 3/10/12, 3/11/12, 3/12/12, 3/13/12, 3/15/12, 3/16/12, 3/17/12, 3/18/12, 3/19/12, 3/20/12, 3/21/12, 3/22/12, 3/23/12, 3/24/12, 3/25/12, 3/26/12, 3/27/12, 3/28/12, 3/29/12,</p>						

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	<p>3/30/12 and 3/31/12. Client #3's DCS for the month of April 2012 indicated data had not been documented on the following dates: 4/1/12, 4/5/12, 4/6/12, 4/7/12, 4/8/12, 4/9/12, 4/10/12, 4/11/12, 4/13/12 and 4/30/12. Client #3's record did not indicate a DCS for the month of June 2012.</p> <p>8. Will cook a complete meal. Client #3's DCS for the month of January 2012 indicated data had not been documented on the following dates: 1/1/12, 1/6/12, 1/7/12, 1/13/12, 1/14/12, 1/20/12, 1/21/12, 1/27/12 and 1/28/12. Client #3's DCS for the month of February 2012 indicated data had not been documented on the following dates: 2/2/12, 2/3/12, 2/4/12, 2/5/12, 2/6/12, 2/7/12, 2/11/12, 2/12/12, 2/13/12, 2/14/12, 2/16/12, 2/18/12, 2/19/12, 2/20/12, 2/21/12, 2/22/12, 2/23/12, 2/24/12, 2/25/12, 2/26/12, 2/27/12, 2/28/12 and 2/29/12. Client #3's DCS for the month of March 2012 indicated data had not been documented on the following dates: 3/1/12, 3/2/12, 3/3/12, 3/4/12, 3/5/12, 3/6/12, 3/7/12, 3/8/12, 3/9/12, 3/10/12, 3/11/12, 3/12/12, 3/13/12, 3/15/12, 3/16/12, 3/17/12, 3/18/12, 3/19/12, 3/20/12, 3/21/12, 3/22/12, 3/23/12, 3/24/12, 3/25/12, 3/26/12, 3/27/12, 3/28/12, 3/29/12, 3/30/12 and 3/31/12. Client #3's DCS for the month of April</p>						

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	<p>2012 indicated data had not been documented on the following dates: 4/1/12, 4/5/12, 4/6/12, 4/7/12, 4/8/12, 4/9/12, 4/10/12, 4/11/12, 4/13/12 and 4/30/12. Client #3's record did not indicate a DCS for the month of June 2012.</p> <p>9. Will place her fork or spoon down in between bites during meals. Client #3's DCS for the month of January 2012 indicated data had not been documented on the following dates: 1/1/12, 1/6/12, 1/7/12, 1/13/12, 1/14/12, 1/20/12, 1/21/12, 1/27/12 and 1/28/12. Client #3's DCS for the month of February 2012 indicated data had not been documented on the following dates: 2/2/12, 2/3/12, 2/4/12, 2/5/12, 2/6/12, 2/7/12, 2/11/12, 2/12/12, 2/13/12, 2/14/12, 2/16/12, 2/18/12, 2/19/12, 2/20/12, 2/21/12, 2/22/12, 2/23/12, 2/24/12, 2/25/12, 2/26/12, 2/27/12, 2/28/12 and 2/29/12. Client #3's DCS for the month of March 2012 indicated data had not been documented on the following dates: 3/1/12, 3/2/12, 3/3/12, 3/4/12, 3/5/12, 3/6/12, 3/7/12, 3/8/12, 3/9/12, 3/10/12, 3/11/12, 3/12/12, 3/13/12, 3/15/12, 3/16/12, 3/17/12, 3/18/12, 3/19/12, 3/20/12, 3/21/12, 3/22/12, 3/23/12, 3/24/12, 3/25/12, 3/26/12, 3/27/12, 3/28/12, 3/29/12, 3/30/12 and 3/31/12. Client #3's DCS for the month of April</p>			

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	<p>2012 indicated data had not been documented on the following dates: 4/1/12, 4/5/12, 4/6/12, 4/7/12, 4/8/12, 4/9/12, 4/10/12, 4/11/12, 4/13/12 and 4/30/12. Client #3's record did not indicate a DCS for the month of June 2012.</p> <p>4. Client #4's record was reviewed on 7/12/12 at 9:00 AM. Client #4's ISP dated 8/5/11 indicated the following training objectives:</p> <ol style="list-style-type: none"> 1. Will communicate her wants, needs and emotions. Client #4's record did not indicate DCSs for February 2012 through July 11, 2012. 2. Will participate in an activity of her choice. Client #4's record did not indicate DCSs for February 2012 through July 11, 2012. 3. Will be able to bath and brush her teeth. Client #4's record did not indicate DCSs for February 2012 through July 11, 2012. 4. Will remain seated on the van wearing her seat belt. Client #4's record did not indicate DCSs for February 2012 through July 11, 2012. 5. Will identify her Zyprexa 			

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	<p>(Schizophrenia) medication. Client #4's record did not indicate DCSs for February 2012 through July 11, 2012.</p> <p>6. Will identify a penny and nickel by name. Client #4's record did not indicate DCSs for February 2012 through July 11, 2012.</p> <p>7. Will participate in a physical activity. Client #4's record did not indicate DCSs for February 2012 through July 11, 2012.</p> <p>8. Will cook a complete meal. Client #4's record did not indicate DCSs for February 2012 through July 11, 2012.</p> <p>9. Will close the bedroom or bathroom door for privacy. Client #4's record did not indicate DCSs for February 2012 through July 11, 2012.</p> <p>10. Will consumer no more than one teaspoon of food at a time. Client #4's record did not indicate DCS's for February 2012 through July 11, 2012.</p> <p>PD #1 (Program Director) was interviewed on 7/13/12 at 2:23 PM. PD #1 indicated staff should be documenting the clients' training objective data on a daily or weekly basis depending on the frequency specified in the goal. PD #1 stated, "Staff have not been tracking very</p>						

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	<p>well. It's been a problem. They should be documenting goals daily." PD #1 indicated the HM (Home Manager) and the PD should be checking weekly to ensure staff are documenting data for the clients' goals.</p> <p>9-3-4(a)</p>			

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W0255	<p>483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#2), the facility failed to ensure training objectives were monitored and revised on a routine basis.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 7/11/12 at 3:02 PM. Client #2's ISP (Individual Support Plan) dated 8/4/11 indicated the following training objectives:</p> <ol style="list-style-type: none"> 1. Will participate in a physical activity. Updated on 2/1/12. 2. Will identify and state side effect of her Ativan (Anxiety) medication. Updated on 2/1/12 3. Will independently make a small purchase in the community. Updated on 2/1/12 4. Will complete a meal. Updated on 2/1/12 	W0255	<p><i>CORRECTION: The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</i></p> <p>Specifically, the QDDPD will review collected data and update Client #2's learning objectives accordingly. PREVENTION: The QDDPD will be retrained on expectations for program monitoring and change. The Residential Manager will review monthly and quarterly QDDP summaries to assure data is reviewed and learning objectives are updated and modified as appropriate. Responsible Parties: QDDPD, Home Manager, Support Associates, Operations Team, Quality Assurance Team</p>	08/23/2012			

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	<p>5. Will participate in a group activity. Updated on 2/1/12</p> <p>6. Will practice safety in the street by being aware of possible dangers. Updated on 2/1/12</p> <p>Client #2's ISP record did not indicate the training objective had been monitored and/or updated since 2/1/12. Client #2's record did not indicate QMRP (Qualified Mental Retardation Professional) monthly or quarterly summaries of training objectives.</p> <p>Interview with PD #1 (Program Director) on 7/16/12 at 12:15 PM indicated client #2's ISP training objectives had not been updated or monitored since 2/1/12. PD #1 indicated the QMRP monthly and quarterly summaries had not been completed. PD #1 indicated client #2's goals should be monitored on a monthly basis and updated to reflect progress or regression of skills quarterly.</p> <p>9-3-4(a)</p>				

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W0268	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to promote a client's independence, growth and dignity in regards to the use of an adult incontinence brief.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 7/11/12 at 3:02 PM. Client #1's Daily Progress Notes (DPN) 4/1/12 through 6/30/12 were reviewed. The review indicated the following:</p> <p>-6/9/12, "[Client #1's] had really loose stool all morning so please keep the diaper on her, thanks."</p> <p>Client #1's record did not indicate an order for the use of adult briefs for bowel or bladder control.</p> <p>QDDP (Qualified Developmental Disabilities Professional) #1 was interviewed on 5/13/12 at 4:00 PM QDDP #1 indicated staff had used an adult brief due to client #1's loose stool. QDDP #1 indicated client #1 did not have an order for the use of adult briefs and did not have a history of bowel or bladder</p>	W0268	<p>CORRECTION: <i>These policies and procedures must promote the growth, development and independence of the client.</i> Specifically, direct support staff will be retrained regarding parameters for the use of adult incontinence protection and the fact that no clinical basis exists for Client #1 to require the use of diapers. PREVENTION: Supervisory staff will conduct no less than two morning and two evening active treatment observations per week to assess staff competencies and provide hands-on training including but not limited to promoting client dignity. Members of the Operations and Quality Assurance Teams will conduct supplemental observations of active treatment sessions as needed but no less than monthly to provide guidance and mentorship to facility supervisors. Responsible Parties: QDDPD, Home Manager, Support Associates, Operations Team, Quality Assurance Team</p>	08/23/2012			

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	<p>incontinence.</p> <p>Nurse #1 was interviewed on 7/16/12 at 12:30 PM. Nurse #1 indicated client #1 did not have an order for the use of adult briefs. Nurse #1 indicated staff should not use adult briefs on client #1 without an order from the doctor. Nurse #1 indicated the use of the adult brief for client #1 was not appropriate and could lead to skin breakdown without proper monitoring.</p> <p>9-3-5(a)</p>			
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W0440	<p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), plus 4 additional clients (#5, #6, #7 and #8), the facility failed to hold evacuation drills for each quarter on each shift.</p> <p>Findings include:</p> <p>Evacuation drills were reviewed on 7/12/12 at 10:28 AM. The review indicated the facility failed to conduct evacuation drills for 8 of 8 clients (#1, #2, #3, #4, #5, #6, #7 and #8) for the first quarter, January through March 2012, for the 7:00 AM through 3:00 PM shift and the 3:00 PM through 11:00 PM shift.</p> <p>Interview with PD #1 (Program Director) on 7/16/12 at 12:15 PM indicated there were no additional evacuation drills to review.</p> <p>9-3-7(a)</p>	W0440	<p>CORRECTION:<i>The facility must hold evacuation drills at least quarterly for each shift of personnel.</i> Specifically, the facility has conducted additional evacuation drills on each shift during the current quarter. PREVENTION:Professional staff will be retrained regarding the need to conduct evacuation drills on each shift for all staff each quarter. The Operations and Quality Assurance Teams will review all facility evacuation drill reports and follow up with professional staff as needed to assure drills occur as scheduled. Additionally, the Quality Assurance Team will track evacuation drill compliance and follow up with facility professional staff and the agency Safety Committee accordingly.Responsible Parties:QDDPD, Home Manager, Support Associates, Operations Team, Quality Assurance Team</p>	08/23/2012	

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W9999	<p>STATE FINDINGS:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met.</p> <p>460 IAC 9-3-3 Facility Staffing</p> <p>(e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin (TB) test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of in duration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician.</p> <p>THIS STATE RULE WAS NOT MET AS EVIDENCED BY:</p> <p>Based on record review and interview for 1 of 3 sampled staff (staff #1) personnel records reviewed, the facility failed to</p>	W9999	<p>CORRECTION: <i>Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin (TB) test or chest x-ray was completed.</i> Specifically, Staff #1 will receive required tuberculosis screening. PREVENTION: The health services team has established a bi-annual tuberculosis testing process that will assure all staff receive annual screening. Health Services personnel will track employee compliance and staff who do not comply with the testing procedure will be removed from the work schedule until such time as they complete the required PPD or chest X-Ray. Responsible Parties: Health Services Team, QDDPD, Home Manager, Support Associates, Operations Team, Quality Assurance Team</p>	08/23/2012	

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	<p>obtain yearly PPDs and/or a chest x-ray and/or PPD screening checklist for employed staff.</p> <p>Findings include:</p> <p>Staff #1's personnel record was reviewed on 7/11/12 at 8:56 AM. Staff #1's personnel record indicated staff #1 last had a Mantoux test on 5/9/11. Staff #1's personnel file did not have a current chest x-ray or TB (Tuberculosis) checklist/screening to indicate the staff person was free of TB symptoms.</p> <p>Interview with AS (Administrative Staff) #1 on 7/11/12 at 12:20 PM indicated staff #1 had not received her annual TB testing. AS #1 indicated there was no checklist or x-ray to review to document staff #1 was free of TB symptoms.</p> <p>9-3-3(e)</p>			