

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G736	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/07/2013
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NAME OF PROVIDER OR SUPPLIER  ABILITIES SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 S EARL AVE LAFAYETTE, IN 47905
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W0000	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: January 2, 3, 4, and 7, 2013</p> <p>Facility number: 005592 Provider number: 15G736 AIM number: 200859310</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed January 14, 2013 by Dotty Walton, Medical Surveyor III.</p>	W0000		
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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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W0104	<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 observation and interview, the governing body failed to exercise general direction in a manner that resulted in the facility being well maintained for 6 of 6 clients (client #1, #2, #3, #4, #5, and #6), who lived in the group home.</p> <p>Findings include:</p> <p>On 1-2-13 from 4:00 p.m. until 7:10 p.m. an observation at the home of clients #1, #2, #3, #4, #5, and #6 was conducted. The freezer in the kitchen had rust in a 3 foot by 2 foot area on the front. The refrigerator shelves had a yellow, brown, and orange substance on the 4 shelves. There were 2 holes in client #1 and #4's bedroom door 2 inches by 2 inches in size. The bathroom outside of client #3's bedroom had a vent which was dusty with a broken slat and a light fixture with 7 bulbs with one of the sockets hanging down from the light. The porch light was burned out making the front of the house and the ice/snow covered sidewalk dark.</p> <p>On 1-3-13 from 6:45 a.m. until 8:15 a.m., an observation at the home of clients #1, #2, #3, #4, #5, and #6 was conducted. The front porch light was not on and the</p>	W0104	<p>In regard to the items listed in W104, they are not on the current site checklist. The GH Manager completes a monthly checklist and reports findings to the Safety Committee which meets bi-monthly. With the feedback from this survey, the Director of Programming, who oversees the Safety Committee, will update the GH site checklist to ensure it is more comprehensive. The specific items listed in the tag will be addressed by the agency's contracted repair provider. In response to the follow up letter, the Safety Committee which meets bi-monthly will be the entity responsible for ensuring that the checks are done and that any necessary corrections are made. These checklists will be physically reviewed at the meetings and the Director of Programming will maintain the documentation that they were reviewed and monitored.</p>	01/29/2013			

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	<p>sidewalk and porch area were dark At 6:45 a.m., direct care staff #5 indicated the front porch light was broken.</p> <p>On 1-3-13 at 3:30 p.m., an interview with the area coordinator (AC) indicated the maintenance issues did need to be addressed. The AC indicated she did have maintenance requisitions for some items but none of the above items were on the list and they needed to be fixed or put on the list to be fixed.</p> <p>9-3-1(a)</p>				

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W0130	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview, the facility failed for 1 of 3 sampled clients (client #3), to ensure the bathroom door was closed when he took a shower.</p> <p>Findings include:</p> <p>On 1-2-13 from 4:00 p.m. until 7:10 p.m. an observation at the home of clients #1, #2, #3 #4, #5 and #6 was conducted. Client #3 was in the bathroom with DCS/Direct Care Staff #1 with the door opened from 8 to 12 inches. Client #3 was visibly nude; sitting in his shower chair as DCS #1 assisted him with bathing.</p> <p>During an interview at 5:45 p.m. on 1-2-13, DCS #2 stated sometimes they have to leave the door wide open when bathing clients to "keep an eye out for [client #6]."</p> <p>On 1-3-13 at 3:30 p.m. an interview with the facility nurse indicated bathing client #3 with the door open was a dignity issue and the door should be closed when assisting clients with bathing.</p> <p>9-3-2(a)</p>	W0130	In regard to W130, all staff are trained to ensure the dignity of consumers. The staff working at Earl GH will have a retraining on this issue at the February all staff meeting. In addition, it will be added as a quarterly training topic for all staff meetings. It will be the responsibility of the GH Manager to ensure this item is on staff meeting agendas and addressed on at least a quarterly basis. The agency nurse and QDDP, who also attend the staff meetings, will reinforce the topic as well. All staff are required to sign in at these meetings which will provide documentation of the information. In response to the follow up letter, the agendas and sign in sheets for the monthly training meetings will be maintained by the Programming Coordinator. The PC will monitor the tracking sheets to ensure that all staff are participating in the training (or getting remedial sessions, if necessary).	01/29/2013			

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W0137	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview, the facility failed to ensure 6 of 6 clients (clients #1, #2, #3, #4, #5, and #6) who lived in the home, had age appropriate activities available to them.</p> <p>Findings include:</p> <p>On 1-2-13 from 1:00 p.m. to 3:30 p.m. an observation at the facility owned day program was conducted. Client #2 held a Winnie the Pooh toy. Clients #1, #3 and #4 bowled using a plastic toy bowling pin set. Client #6 watched Sesame Street shows on the computer. Client #3 manipulated 5 to 6 piece animal puzzles.</p> <p>On 1-2-13 from 4:00 p.m. until 7:10 p.m. an observation at the home of clients #1, #2, #3, #4, #5, and #6 was conducted. At 4:45 p.m. direct care staff #1 turned the television on to the Disney channel for clients #1, #2, #3, #4, #5, and #6. Client #2 had scattered children's toys on her bedroom floor. Client #6 used a children's type musical toy as he sat on his bed.</p>	W0137	<p>In regard to W137, the GH Manager will purchase more "age appropriate" activities for the consumers to use. These will be incorporated in the options that consumers are given during their free time. This will ensure consumers are given a choice for what they would like to do. In response to the follow up letter, the IDT already meets weekly to review the consumers and their plans for Earl GH. All IDT members are in the house and GH on a regular basis and will be able to monitor the consumers use of old and new options. They will be able to discuss their observations and make adjustments as needed. The minutes of the IDT meetings are maintained by the QDDP. In response to the follow up letter, the onsite monitoring will be done by the records coordinator and reported to the quality assurance committee monthly. Both the QDDP and the Programming Coordinator will ensure active treatment objectives will be implemented through monthly regular trainings and more frequently if needed. Programming Director will follow up to ensure the same. In</p>	01/29/2013			

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	<p>On 1-2-13 at 4:30 p.m. an interview with direct care staff #2 indicated clients #1, #2, #3, #4, #5, and #6 were all over 18 years of age.</p> <p>On 1-3-12 at 3:30 p.m. an interview with the Area Coordinator indicated age appropriate activities should be available for clients #1, #2, #3, #4, #5, and #6.</p> <p>9-3-2(a)</p>		<p>response to the second follow letter, the Programming Coordinator will be providing more direct on-site supervision a the GH. The structure at ASI was recently redone and an assistant PC position was created. This was done to create more time in the PC schedule to provide hands-on supervision to staff. This will help address the issues of privacy and active treatment.</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. Based on record review and interview, the facility failed for 3 of 3 sampled clients (clients #1, #2 and #3), to ensure the Qualified Mental Retardation Professional (QMRP) monitored clients' Individualized Support Plans (active treatment programs) by failing to review goals/objectives at least quarterly.</p> <p>Findings include:</p> <p>On 1-3-13 at 8:30 a.m., a record review for client #1 was conducted. The review indicated the QMRP quarterlies had been completed on 8-12 and 5-12. There were no quarterlies for 2-12 or 11-12 available for review.</p> <p>On 1-3-13 at 10:15 a.m., a record review for client #3 was conducted. The review indicated QMRP quarterlies had been completed on 11-12, 8-12 and 1-12. There was no quarterly for 5-12 available for review.</p> <p>On 1-3-13 at 9:15 a.m., a record review for client #2 was conducted. The review indicated QMRP quarterlies had been completed on 9-12, 6-12 and 2-12. There</p>	W0159	In regard to W159, the quarterly reports had been completed in conjunction with the quarterly meetings. However, they were not available in the consumer files for unknown reasons. The QDDP, who has returned from maternity leave, will provide copies of the reports for the consumer files. In the future, the GH Lead DSP will be responsible for filing these documents as provided by the QDDP following the quarterly meetings. The Quality Assurance Committee meets monthly and oversees the all chart audits. That committee, which is overseen by the Director of Administration, will monitor the GH charts for up-to-date filing.	01/29/2013			

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	<p>was no quarterly for 12-12 available for review.</p> <p>On 1-3-13 at 3:30 p.m., an interview with the Area Coordinator/AC indicated the QMRP was on maternity leave and she (the AC) could not locate the missing quarterlies for clients #1, #2, and #3.</p> <p>9-3-3(a)</p>			

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W0186	<p>483.430(d)(1-2) DIRECT CARE STAFF The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review, and interview the facility failed for 3 of 3 sampled clients (clients #1, #2, and #3) to ensure there was enough staff to supervise clients in accordance with their Individualized Support Plans (ISPs).</p> <p>Findings include:</p> <p>On 1-2-13 from 4:00 p.m. until 7:10 p.m. an observation at the home of clients #1, #2, and #3 was conducted. At 4:00 p.m. direct care staff (DCS) #1 pulled into the garage with clients #1, #2, #3, #4, #5, and #6 in the van. DCS #1 brought client #3 into the house and prompted him to sit at the table until she came back in. Client #2 came into the house, went to her room, took off her top and walked through her home without a top or bra on. Male clients #3 and #6 observed female client #2 topless. Client #2 went to the living room closet and picked out 2 shirts from the closet then went back to her room. At 4:10 p.m., a second staff arrived at the</p>	W0186	In regard to W186, the issue was already addressed with staff in an all staff meeting on January 8. In addition, it will be included on at least a minimum of quarterly meeting agendas with staff. The GH Manger is responsible for facilitiating these meetigns and ensuring that staff sign in and acknowledge the expectation. ASI requires that two staff are in the van during transports. In response to the follow up letter, the agendas and sign in sheets for the monthly training meetings will be maintained by the Programming Coordinator. The PC will monitor the tracking sheets to ensure that all staff are particiatping in the training (or getting remedial sessions, if necessary).	01/29/2013			

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	<p>home to assist DCS #1 in unloading clients #1, #4, and #5 off of the van. At 4:10 p.m. an interview with DCS #1 indicated there should be 2 DCS to transport clients but a DCS called off so she had to do the transport alone.</p> <p>On 1-3-13 at 8:30 a.m. a record review for client #1 was conducted. The ISP dated 3-6-12 indicated she needed 24/7 supervision and her Behavior Support Plan (BSP) dated 1-31-12 indicated client #1 had self injurious behaviors and needed assistance to calm herself.</p> <p>On 1-3-13 at 9:15 a.m. a record review for client #2 was conducted. The ISP dated 9-20-12 indicated she needed 24/7 supervision and her BSP dated 3-5-12 indicated she had targeted behaviors of incontinence, public indecency, shredding clothing, shredding other items, emotional outbursts, self injurious behaviors and physical aggression.</p> <p>On 1-3-13 at 10:15 a.m. a record review for client #3 was conducted. The ISP dated 3-6-12 indicated he needed 24/7 supervision and his BSP dated 4-23-12 indicated he had targeted behaviors of emotional outbursts, intentionally soiling himself, and constant questioning.</p> <p>On 1-3-13 at 3:30 p.m. an interview with</p>			

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	<p>the Area Coordinator (AC) indicated for safety purposes there should be 2 DCS during transport for clients #1, #2, #3, #4, #5, and #6. The AC also indicated 2 DCS should be available for transport due to clients having behaviors or a seizure.</p> <p>9-3-3(a)</p>			

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W0234	<p>483.440(c)(5)(i) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify the methods to be used.</p> <p>Based on record review and interview, the facility failed for 3 of 3 sampled clients (clients #1, #2, and #3), to ensure each objective in the Individualized Support Plan (ISP) contained specific methods for the objective to be implemented.</p> <p>Findings include:</p> <p>On 1-3-13 at 8:30 a.m. a record review for client #1 was conducted. The Individualized Support Plan (ISP) dated 3-6-12 indicated client #1 had an objective to put her arms through the sleeves, hand money to the cashier, hold the spoon with medication on it, use the restroom every 2 hours, stir a food item, ask her to take small bites and if she wants a drink, match a real quarter to a picture of a quarter, wash both arms with a cloth, after toileting place hands under the soap dispenser, put a fruit or vegetable in the food processor, hold the spoon while eating and feeding self, and take her utensils to the dishwasher. Client #1 had no methodologies for her goals to assist staff in implementing the goals as written.</p> <p>On 1-3-13 at 9:15 a.m. a record review</p>	W0234	<p>In regard to W234, ASI currently has a cross-department team (headed by the former Director of Residential Services) to overhaul the goal tracking system at ASI. This project will include changes from the development of the ISP to goal writing to goal tracking. It will be a comprehensive change over for all agency programs (not just for group home consumers). The current timeline is for the new process to begin with the second quarter (starting April 1). The Director of Programming, who oversees the QDDP, will be responsible for monitoring the implementation of the new goal process. This will be done primarily through Joint Supervision meetings which occur bi-monthly as well as through the Quality Improvement chart auditing process which is overseen by the Director of Administration. In response to the follow up letter, the QDDP will make the specific changes identified from this survey prior to the agency's overhaul of the goal writing system. In response to the follow up letter, the QDDP is currently updating the methodology on the goals. The Director of Programming is monitoring the progress and</p>	01/29/2013			

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	<p>for client #2 was conducted. Client #2's ISP dated 9-20-12 indicated she had the following goals/objectives: place the plate, silverware and cup on the table, assist and prepare one aspect of the evening meal, put her toys in a tote, dry both arms, use the restroom every 2 hours, hand a check to the teller, put the cover on the bed after the sheet is straightened, brush her teeth, wipe off the table after eating, and wipe after toileting. Client #2 had no methodologies available for review for her current goals and objectives. Client #2 had no methodologies to ensure staff were implementing the goal/objectives the same across different environments.</p> <p>On 1-3-13 at 10:15 a.m. a record review for client #3 was conducted. The ISP dated 3-6-12 indicated client #3 had the following goals/objectives: he will fold his underwear, make a purchase in the community, assist with cooking a food item, pick out his clothes, go shopping using 4 pictures cards for 4 items, repeat staff saying his depakote medication was for seizures, brush his teeth, undo the velcro in his leg braces, make his bed, wash his arms, and pick up his cup by the handle. Client #3 had no methodologies available for review to assist staff in implementing the goals/objectives as written.</p>		getting daily updates. All goals will be monitored by the records assistant that has been hired as of 2-15-13. They will be in place to monitor as a quality assurance function beginning March 1, 2013. The Programming Director will continue to monitor until then. In response to the second follow up letter, the methodology for the goal revision project has not been finalized. The Director of Programming will be responsible for monitoring the goals in the future.				

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	<p>On 1-3-12 at 3:30 p.m. an interview with the Area Coordinator indicated there were no methodologies to review for clients #1, #2, or #3 to ensure staff had step by step directions to implement objectives in their ISPs.</p> <p>9-3-4(a)</p>			

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W0242	<p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on observation, record review and interview, the facility failed for 2 of 3 sampled clients (clients #1 and #2), to ensure client #2 had a dressing goal and failed to ensure client #1 had an oral hygiene goal.</p> <p>Findings include:</p> <p>1. On 1-2-13 from 1:00 p.m. until 3:30 p.m. an observation at the facility owned day program for client #2 was conducted. Client #2 wore no socks during this observation and there was snow and ice outside. Client #2 wore no bra during this observation and the outline of her breasts was visible through her shirt. Client #2 lifted her shirt which exposed her breasts since she had no underclothing on.</p> <p>On 1-2-13 from 4:00 p.m. until 7:10 p.m. an observation at the home of client #2 was conducted. Client #2 walked around her home with no shirt or bra on.</p>	W0242	<p>In regard to W242, the QDDP will review the citations to ensure that they are corrected. In addition, the ISP are reviewed at each consumer's quarterly meeting. The QDDP will seek to ensure all team members are reviewing them at that time and providing feedback. ASI currently has a cross-department team (headed by the former Director of Residential Services) to overhaul the goal tracking system at ASI. This project will include changes from the development of the ISP to goal writing to goal tracking. It will be a comprehensive change over for all agency programs (not just for group home consumers). The current timeline is for the new process to begin with the second quarter (starting April 1). In response to the follow up letter, the QDDP will make the specific changes identified from this survey prior to the agency's overhaul of the goal writing system.</p>	01/29/2013	

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	<p>On 1-3-13 at 9:15 a.m. a record review for client #2 was conducted. The Individualized Support Plan dated 9-20-12 did not have a training goal/objective to assist client #2 with her dressing needs or to teach her modesty in choosing clothing.</p> <p>2. On 1-3-13 at 8:30 a.m. a record review for client #1 was conducted. The dental form dated 5-11-11 indicated client #1 had food debris and plaque on her teeth. The dental form recommended client #1 work on holding her head still while brushing. Client #1's ISP dated 3-6-12 did not have a training goal/objective to assist her with her dental needs.</p> <p>On 1-3-13 at 3:30 p.m. an interview with the Area Coordinator (AC) indicated it was inappropriate for client #2 to have exposed breasts and she did not have a goal/objective to assist her because client #2's mother said she doesn't like to wear underclothing and she would never learn to wear them.</p> <p>On 1-3-13 at 3:30 p.m. an interview with the facility nurse indicated client #1 did need assistance with dental hygiene and she did not have a goal/objective to assist her with her dental training needs.</p>						

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W0247	<p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management.</p> <p>Based on record review and interview the facility failed for 3 of 3 sampled clients (clients #1, #2, and #3), to ensure a documentation system was developed to verify all clients had the opportunity to participate in grocery shopping.</p> <p>Findings include:</p> <p>On 1-3-13 at 8:30 a.m. a record review for client #1 was conducted. The Qualified Mental Retardation Professional's (QMRP) monthly reviews dated 5-12 and 8-12 failed to indicate client #1 had participated in buying the groceries for her home.</p> <p>On 1-3-13 at 9:15 a.m. a record review for client #2 was conducted. The QMRP'S monthly reviews dated 9-12, 6-12, and 2-12, failed to indicate client #2 had participated in buying groceries for her home.</p> <p>On 1-3-13 at 10:15 a.m. a record review for client #3 was conducted. The QMRP'S monthly reviews dated 11-12, 8-12, and 1-12, failed to indicate client #3 had participated in buying groceries for his home.</p>	W0247	In response to W247, the GH Manager will be implementing, in conjunction with the February staffing calendar, an outing calendar for the GH. This will include trips to the grocery store, bank, and other outings. The GH Manager will identify on the written schedule which consumer goes where on what days. In response to the follow up letter, the changes are currently in place.	01/29/2013			

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	<p>On 1-2-13 at 6:20 p.m., an interview with direct care staff (DCS) #1 indicated the house lead (staff) purchased the groceries for the home for clients #1, #2, and #3.</p> <p>On 1-3-13 at 3:30 p.m., an interview with the area coordinator (AC) indicated clients #1, #2, and #3 did not participate in buying the groceries. The AC indicated the house lead staff should follow directions and take clients #1, #2, and #3 to the grocery store instead of doing it for them. The AC indicated clients #1, #2, and #3 should be given the opportunity to shop for their own groceries.</p> <p>9-3-4(a)</p>			

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W0249	<p><b>483.440(d)(1) PROGRAM IMPLEMENTATION</b></p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review, and interview the facility failed for 6 of 6 clients (clients #1, #2, #3, #4, #5, and #6) who lived in the home, to ensure their training objectives were implemented and failed to ensure they received a continuous active treatment program per their Individualized Support Plans (ISPs).</p> <p>Findings include:</p> <p>On 1-2-13 from 1:00 p.m. until 3:30 p.m. an observation at the facility owned day program for client #2 was conducted. Client #2 played with a Winnie the Pooh toy and shredded paper then threw it onto the floor. Client #2 sat in a chair without meaningful activity.</p> <p>On 1-2-13 from 4:00 p.m. until 7:10 p.m. an observation at the home of clients #1, #2, #3, #4, #5, and #6 was conducted. Direct care staff (DCS) #1 put a plate on the table and broke up cake into pieces for client #2. DCS #1 obtained a pitcher,</p>			W0249	<p>The QDDP up-dated the active treatment schedules in the last quarter and they were communicated to the previous Lead DSP. They up-dates were not communicated to the staff after that meeting and the person in that position has left. The QDDP is working with the GH Program Manager to provide training on all active treatment schedules. This will be conducted in the February all staff meeting and again on a monthly basis as changes/up-dates are provided. In response to the follow up letter, the onsite monitoring will be done by the records coordinator and reported to the quality assurance committee monthly. Both the QDDP and the Programming Coordinator will ensure active treatment objectives will be implemented through monthly regular trainings and more frequently if needed. Programming Director will follow up to ensure the same. In response to the second follow letter, the Programming Coordinator will be providing more direct on-site supervision a</p>		01/29/2013

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	filled it with water, added a koolaid packet and stirred it. DCS #1 poured client #2 a cup of drink. DCS #2 obtained clothing protectors and placed one on clients #1 and #4. DCS #1 placed pretzels into a bowl for client #3. DCS #1 placed crackers on a plate for client #4. DCS #1 got out vanilla wafers, placed them in a bowl, poured milk on them, mashed them up, then fed them custodially to client #1. DCS #1 got out some chips and salsa, placed them into a bowl, and set them on the table for client #5. DCS #1 put the dishes away which were in the dish drainer. DCS #1 poured a drink for client #5. DCS #2 poured client #5 another glass of drink. DCS #1 and #2 discussed which staff would prepare the supper meal. DCS #1 indicated to DCS #2 she could prepare the supper meal. DCS #2 took a cucumber out of the refrigerator, peeled and cut it. DCS #2 took onions from the pantry and cut them up. DCS #2 placed the pitcher of koolaid into the refrigerator. DCS #2 cut up the bell peppers. DCS #2 added sugar to the cucumber salad. DCS #2 took a pan and added water to it. DCS #2 turned on the stove. DCS #2 poured rice into a measuring cup and then into the pan. DCS #2 got out a skillet and added oil, peppers, onions, and chicken. DCS #2 turned on the burner and began cooking the chicken, peppers and onions.		the GH. The structure at ASI was recently redone and an assistant PC position was created. This was done to create more time in the PC schedule to provide hands-on supervision to staff. This will help address the issues of privacy and active treatment.		

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	DCS #2 added vegetables to the pan of rice. DCS #2 stirred the vegetables and the rice. DCS #2 stirred the meat mixture. DCS #1 placed the cups on the table. DCS #1 poured a drink for client #6. DCS #2 placed the condiments onto the table. DCS #1 placed water into a pitcher and added ice cubes. DCS #1 filled the ice cube tray with water and placed it back into the freezer. DCS #2 picked up the plates from the table and filled clients #1, #2, #3, #4, #5 and #6's plates with food. DCS #2 chopped the food in the food chopper for client #1. DCS #2 took out the clothing protectors and placed them on the table. DCS #1 poured a cup of milk for client #3. DCS #2 poured soy sauce on client #3's food. DCS #1 placed ranch dressing on client #2's food. DCS #2 made a peanut butter and jelly sandwich for client #6. DCS #1 placed soy sauce on client #5's food for him. DCS #1 placed ranch dressing on client #4's food for her. DCS #1 poured a drink for client #2. DCS #1 poured a drink for client #5. DCS #2 placed a second helping of food onto client #5's plate. DCS #2 placed more food on client #3's plate for him. Client #2 laid in her bed until she came out of her bedroom and placed plates on the table. Client #2 returned to her bedroom and laid on her bed until it was time to eat. Client #1 sat on the couch and watched television.			
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	<p>Client #5 sat on his bed and watched television. Client #4 sat in her wheelchair and watched television. Client #5 did attempt to come into the kitchen on several occasions but DCS #2 stated to him "the kitchen is closed." DCS #2 prompted client #5 to watch a movie. Client #3 took a shower, folded his underwear and watched television. Client #6 sat on his bed, put a shirt in the washer, and walked around his home. Clients #1, #2, #3, #4, #5, and #6 were not consistently involved in training or meaningful activities.</p> <p>On 1-3-13 from 6:45 a.m. until 8:15 a.m. an observation at the home of clients #1, #2, #3, #4, #5, and #6 was conducted. DCS #6 opened the cans of fruit, peeled the bananas and cut them up into a bowl. DCS #6 dished the fruit into 6 individual bowls. DCS #6 made egg McMuffins for clients #1, #2, #3, #4, #5, and #6. DCS #5 prepared a drink for client #6. DCS #6 placed client #1's food into the food chopper. DCS #6 added mayonnaise to the food in the chopper. DCS #6 filled clients #1, #2, #3, #4, #5, and #6's plates with food. DCS #6 custodially wiped off client #1's face and took her dishes to the sink. Client #5 sat on his bed and walked around his house. Client #3 slept in his wheelchair. Client #4 sat at the table and</p>						

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	<p>watched DCS #6 prepare the breakfast meal. Client #2 watched television with client #1, who sat in the recliner, instead of being involved in training. At 7:40 a.m. client #1 was administered her Animal Chew for nutrition, Viactiv for bones, and Mary's Magic Formula for mouth disinfectant. DCS #5 fed client #1 her medications. Client #1 did not hold the spoon with her medication on it.</p> <p>On 1-3-13 at 8:30 a.m. a record review for client #1 was conducted. The Individualized Support Plan (ISP) dated 3-6-12 indicated client #1 had objectives to put her arms through sleeves, hand money to the cashier, hold the spoon with medication on it, use the restroom every 2 hours, stir a food item, asking her to take small bites and if she wants a drink, match a real quarter to a picture of a quarter, wash both arms with a cloth, after toileting place hands under the soap dispenser, put a fruit of vegetable in the food processor, hold the spoon while eating and feeding self, and to take her utensils to the dishwasher.</p> <p>On 1-3-13 at 9:15 a.m. a record review for client #2 was conducted. Client #2's ISP dated 9-20-12 indicated she had the following goals/objectives: place the plate, silverware and cup on the table, assist and prepare one aspect of the</p>						

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	<p>evening meal, put her toys in a tote, dry both arms, use the restroom every 2 hours, hand a check to the teller, put the cover on the bed after the sheet is straightened, brush her teeth, wipe off the table after eating, and wipe after toileting. Client #2's Behavior Support Plan dated 3-5-12 indicated staff were to keep her involved in activities and were not to let her lay in bed for long periods of time.</p> <p>On 1-3-13 at 10:15 a.m. a record review for client #3 was conducted. The ISP dated 3-6-12 indicated client #3 had the following goals/objectives: he will fold his underwear, make a purchase in the community, assist with cooking a food item, pick out his clothes, go shopping using 4 pictures cards for 4 items, repeat staff by saying his depakote medication was for seizures, brush his teeth, undo the Velcro in his leg braces, make his bed, wash his arms, and pick up his cup by the handle.</p> <p>On 1-3-13 at 2:00 p.m. a record review for client #4 was conducted. The ISP dated 3-6-12 indicated client #4 had the following goals/objectives: when finished eating she will take her dirty dishes to the sink, hold a glass of water so she can take a drink after taking her medications, feed herself with a fork or spoon, identify colors by both sign and name, she will</p>						

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	<p>choose an outfit, she will brush her teeth, identify coins, hold her plate and cup while staff takes her to the sink, she will participate in a community outing, she will stir a food item, she will lift her arm for deodorant to be applied, she will identify her name, and she will participate in fine motor skills activities.</p> <p>On 1-3-13 at 1:30 p.m. a record review for client #5 was conducted. The ISP dated 3-6-12 indicated client #5 had the following goals/objectives: he will complete daily physical therapy exercises before dinner, he will measure out his mouth wash, dial the phone, dust the house and his room, he will shave his face, he will identify his medications, he will identify his shower supplies, he will write a phone number, he will learn to use a check ledger, he will take his dirty clothes to the laundry room, and he will follow a recipe.</p> <p>On 1-3-13 at 1:00 p.m. a record review for client #6 was conducted. The ISP dated 9-20-12 indicated client #6 had the following goals/objectives: he will put pills in his applesauce, show staff the "go outside" card, put his clothes away, dry himself off after a shower, shave his face, put his clothes in the washer, prepare his lunch, he will measure his fruit, vegetable and starch items at each meal,</p>				

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	<p>he will take his dirty dishes to the sink, he will hand money to the cashier, he will make his bed, and he will clean his room.</p> <p>On 1-3-13 at 3:30 p.m. an interview with the Area Coordinator (AC) indicated client #2 should be engaged in activities while at her day program. The AC indicated active treatment (programs) should be prompted every 15 minutes and clients #1, #2, #3, #4, #5, and #6 should be prompted to participate in cleaning, cooking, exercise, and other activities of daily living. The AC indicated client #1's medication goal should be implemented as written and client #2 should not lay in her bed for long periods of time.</p> <p>9-3-4(a)</p>						

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W0261	<p>483.440(f)(3) PROGRAM MONITORING &amp; CHANGE The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility. Based on record review and interview, the facility failed for 6 of 6 clients (clients #1, #2, #3, #4, #5, and #6) who lived in the home, to ensure the specially constituted committee (SCC) consisted of qualified persons who have experience to change inappropriate client behavior and persons with no ownership in the facility.</p> <p>Findings include:</p> <p>On 1-3-13 at 1:00 p.m. a record review of the SCC roster and minutes indicated the following:</p> <ul style="list-style-type: none"> <li>-On 12-20-12 a SCC meeting was conducted. The SCC sign in sheet indicated only facility staff attended the meeting.</li> <li>-On 12-8-12 the SCC meeting sign in sheet indicated a guardian and 6 facility staff attended the meeting.</li> <li>-On 11-10-12 the SCC meeting sign in sheet indicated 7 facility staff attended the meeting.</li> <li>-On 10-25-12 the SCC meeting sign in</li> </ul>	W0261	In regard to W261, the Director of Programming is seekign participation in the agency's Human Rights Committee to include the representation that was cited. The Director of Programming faciiltates HRC meetings on a bi-monthly basis.	01/29/2013			

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	<p>sheet indicated a guardian and 11 facility staff attended the meeting.</p> <p>-On 5-24-12 the SCC meeting sign in sheet indicated a guardian, consumer, and 4 staff attended the meeting.</p> <p>-On 4-3-12 the SCC meeting sign in sheet indicated 5 facility staff attended the meeting.</p> <p>On 1-3-13 at 3:30 p.m. an interview with the facility nurse indicated there were facility staff, a guardian and a consumer on their SCC. The nurse indicated there were no additional community members on the SCC without a vested/controlling interest in the agency. The interview also indicated there were no additional SCC members with backgrounds in behavioral management or skill acquisition to lend their objective expertise regarding the protection of clients' rights.</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 observation and interview, for 3 of 3 clients who resided in the group home (clients #1, #3, and #4) who used clothing protectors, the facility failed to promote dignity and independence when providing clothing protectors.</p> <p>Findings include:</p> <p>On 1-2-13 from 1:00 p.m. until 3:30 p.m. and observation at the facility owned day program for client #1 was conducted. Direct care staff (DCS )#2 applied the clothing protector to clients #1's neck, placed the opposite end of the clothing protector on top of the dining room table, DCS #2 then fed client #1 her food as her plate sat on top of her clothing protector. Client #1 was not asked by facility staff if she wanted a clothing protector before the clothing protector was applied by DCS #2.</p> <p>On 1-2-13 from 4:00 p.m. until 7:10 p.m. an observation at the home of clients #1, #3 and #4 was conducted. Clients #1, #3, and #4 wore clothing protectors with the end of the clothing protector being used as a placemat for their dinner plates. DCS #1 and #2 did not ask clients #1, #3, or #4</p>	W0268	In response to items in W268, staff has already been retrained on clothing protectors (at the Janaury 8 staff meeting). This will be incorporated into the client specific training that is done by the QDDP with all staff (new as well as on an on-going basis).	01/30/2013
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	<p>if they wanted to use a clothing protector.</p> <p>On 1-3-13 from 6:45 a.m. until 8:15 a.m. an observation at the home of client #4 was conducted. Client #4 wore a clothing protector which doubled as a placemat for client #4's breakfast plate. DCS #5 and #6 did not ask client #4 if she wanted a clothing protector.</p> <p>On 1-3-13 at 3:30 p.m. an interview with the Area Coordinator (AC) indicated client #1, #3, and #4's clothing protectors should be used to protect their clothes not used as a table cloth. The AC indicated clients should be asked if they would like a clothing protector before they are applied.</p> <p>9-3-5(a)</p>						

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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #2), to ensure her vision was evaluated at least annually.</p> <p>Findings include:</p> <p>On 1-3-13 at 9:15 a.m. a record review for client #2 was conducted. The annual physical dated 8-23-12 did not indicate her vision had been assessed. Her last annual vision assessment was dated 3-29-11.</p> <p>On 1-3-13 at 3:30 p.m. an interview with the facility nurse indicated client #2's last vision evaluation was on 3-29-11 and there was no current one available for review.</p> <p>9-3-6(a)</p>			W0323	<p>The checks and balance system that ASI had in place to prevent consumers from missing annual appointments failed as noted in W323. This had been identified as a problem prior to this survey and the agency was in the process of restructuring. A nursing assistant position has been added and will be filled within the next two weeks. It will be this person's responsibility to track all medical appointments for GH consumers and ensure that all quarterly and annual requirements are met. This will no longer be the responsibility of the GH Lead DSP (under the supervision of a non-medical person). The nursing assistant will be supervised by the agency's nurse. All medical appointments will be monitored by the Director of Programming in monthly supervision.</p>		01/30/2013

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W0352	<p>483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually. Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #1) to ensure she had a dental exam at least annually.</p> <p>Findings include:</p> <p>On 1-3-13 at 8:30 a.m. a record review for client #1 was conducted. The most recent dental examination form dated 5-11-11 indicated client #1 had food debris and plaque on her teeth. There were no other dental forms available for review.</p> <p>On 1-3-13 at 3:30 p.m. an interview with the facility nurse indicated she thought client #1 had been to the dentist but could not find any documentation to show she had been since 5-11-11. The nurse indicated client #1 should see the dentist at least annually.</p> <p>9-3-6(a)</p>	W0352	The checks and balance system that ASI had in place to prevent consumers from missing annual appointments failed as noted in W353. This had been identified as a problem prior to this survey and the agency was in the process of restructuring. A nursing assistant position has been added and will be filled within the next two weeks. It will be this person's responsibility to track all medical appointments for GH consumers and ensure that all quarterly and annual requirements are met. This will no longer be the responsibility of the GH Lead DSP (under the supervision of a non-medical person). The nursing assistant will be supervised by the agency's nurse. All medical appointments will be monitored by the Director of Programming in monthly supervision.	01/30/2013	

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W0368	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview, the facility failed for 5 of 6 clients (clients #1, #2, #3, #4, and #5) to ensure medications were administered per the physician's orders.</p> <p>Findings include:</p> <p>On 1-2-13 at 11:15 a.m. a review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted. The BDDS reports indicated the following:</p> <p>-A BDDS report for client #5 with an incident date of 6-2-12 and a submit date of 6-6-12 indicated his Docusate sodium for stool softener, Chlorhexidine oral rinse, Clotrimazole cream for itching and X-viate cream for itching were not given or signed for on 6-2-12 by direct care staff #6.</p> <p>-A BDDS report for client #5 with an incident date of 6-4-12 and a submit date of 6-6-12 indicated his Lisinopril for high blood pressure, Chlorhexidine oral rinse, Clotrimazole cream, and X-viate cream were not given or signed for on 6-3-12 by DCS #6.</p> <p>-A BDDS report for client #5 with an</p>	W0368	<p>The checks and balance system that ASI had in place to prevent and/or reduce the number of medication errors as noted in W368 were not successful. This had already been identified by the Consumer Risk Management and Safety Committees. Steps that have been put in place to address the issue include: * hiring a nursing assistant to help monitor medical orders, prescriptions, and MARS to identify problems (this will also free the nurse up to be able to work with the pharmacy prior to medication delivery to prevent problems); * training all GH Managers on how to conduct medication administration monitoring so that staff can have more hands-on supervision; * moving the med room at Earl GH to a larger and less high-traffic area; * assigning med passes each shift so that staffing supports med administration; and* using the nurse and Human Resources department for consistent training and disciplinary action when med errors occur. Both the CSM and Safety Committees will continue to monitor medication errors. These are both facilitated by the Director of Programming and meet bi-monthly.</p>	01/30/2013			

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	<p>incident date of 6-19-12 and a submit date of 6-28-12 indicated his Cozaar for high blood pressure was not given on 6-18-12 and 6-19-12 by DCS #9 and DCS #10.</p> <p>-A BDDS report for client #5 with an incident date of 7-7-12 and a submit date of 7-9-12 indicated his Chlorhexidine oral rinse, Clotrimazole cream and X-viate cream were not given or signed for by DCS #11.</p> <p>-A BDDS report for client #5 with an incident date of 7-7-12 and a submit date of 7-9-12 indicated his Gabapentin for seizures was not given.</p> <p>-A BDDS report for client #5 with an incident date of 10-1-12 and a submit date of 10-9-12 indicated his Tegretol for seizures and Nadolol for high blood pressure were not given by DCS #12.</p> <p>-A BDDS report for clients #5 and #1 with an incident date of 10-11-12 and a submit date of 10-12-12 indicated their Docusate Sodium for stool softener was found on the floor in the living room. DCS were unsure of whose pill it was and which client did not receive the medication.</p> <p>-A BDDS report for client #5 with an incident date of 10-12-12 and a submit date of 10-14-12 indicated his Loratadine for allergies was on the floor next to the medication table.</p> <p>-A BDDS report for client #4 with an</p>						

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	<p>incident date of 2-18-12 and a submit date of 2-20-12 indicated her "seizure medication" was not given at 12:00 p.m. DCS did receive a verbal warning since it was a seizure medication.</p> <p>-A BDDS report for client #4 with an incident date of 5-11-12 and a submit date of 5-11-12 stated "one of her medications had not been given yesterday."</p> <p>-A BDDS report for client #4 with an incident date of 7-2-12 and a submit date of 7-3-12 indicated she was not given her Fluoxetine for depression, Amitiza for constipation, and Acyclovir for blisters because there were none available to administer.</p> <p>-A BDDS report for client #4 with a incident date of 7-7-12 and a submit date of 7-9-12 indicated she did not receive her 12:00 p.m. doses of Lamotrigine for seizures and Axcabazipine for seizures. She also did not receive her 5:30 p.m. dose of her Polyethylene Glycol Powder for constipation on 7-7-12.</p> <p>-A BDDS report for client #4 with an incident date of 7-15-12 and a submit date of 7-16-12 indicated she did not get her Calcium for nutritional supplement medication. It was sitting on her television in her bedroom.</p> <p>-A BDDS report for client #4 with an incident date of 7-20-12 and a submit date of 7-24-12 indicated her "vitamin" was found on the floor by the door. Per the</p>						

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	<p>BDDS report the medication was to be given daily.</p> <p>-A BDDS report for client #4 with an incident date of 12-8-12 and a submit date of 12-10-12 indicated 2 Acyclovir tablets for blisters were given instead of one and no Lamictal for seizures was given by DCS #14.</p> <p>-A BDDS report for client #4 with an incident date of 9-21-12 and a submit date of 9-24-12 indicated she did not receive her Vimpat for seizures by DCS #14,</p> <p>-A BDDS report for client #4 with an incident date of 10-6-12 and a submit date of 10-9-12 indicated staff counted the "narcotics count sheet" and noticed client #4 had not received her pill (unknown) on 10-5-12 by DCS #14.</p> <p>-A BDDS report for client #4 with an incident date of 11-29-12 and a submit date of 11-30-12 indicated she did not receive her Vimpat by DCS #15.</p> <p>-A BDDS report for client #3 with an incident date of 7-23-12 and a submit date of 7-24-12 indicated he did not receive his Risperidone for behaviors pill by DCS #16. The medication was found on the ground under the table.</p> <p>A BDDS report for client #3 with an incident date of 6-2-12 and a submit date of 6-6-12 indicated his Granulex for wounds was not given or signed for on 6-2-12 by DCS #6.</p>				

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	<p>-A BDDS report for client #2 with an incident date of 6-2-12 and a submit date of 6-6-12 indicated her Benefiber for constipation was not given or signed for by DCS #2.</p> <p>-A BDDS report for client #1 with an incident date of 6-2-12 and a submit date of 6-6-12 indicated her Viactiv for bone health was not given or signed for by DCS #2.</p> <p>-A BDDS report for client #1 with an incident date of 7-7-12 and a submit date of 7-9-12 indicated she did not receive her Mary's Magic Mouthwash after eating her lunch or dinner because she ran out and she did not receive her 12:00 p.m. Viactiv chew by DCS #17.</p> <p>-A BDDS report for client #1 with an incident date of 7-20-12 and a submit date of 7-24-12 indicated she was not given her vitamin by DCS #16 and it was found on the floor.</p> <p>On 1-3-13 at 2:30 p.m. the Physician's orders (POs) for client #5 were reviewed. The POs dated 6-12, 7-12 and 10-12 indicated client #5 was prescribed the above medications.</p> <p>On 1-3-13 at 2:35 p.m. the POs for client #4 were reviewed. The POs dated 2-12, 5-12, 7-12, 9-12, 10-12, 11-12, and 12-12</p>						

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	<p>indicated client #4 was prescribed the above medications.</p> <p>On 1-3-13 at 2:45 p.m. the POs for client #3 were reviewed. The POs dated 6-12 and 7-12 indicated client #3 was prescribed the above medications.</p> <p>On 1-3-13 at 2:40 p.m. the PO for client #2 was reviewed. The PO date 6-12 indicated client #2 was prescribed the above medications.</p> <p>On 1-3-13 at 2:50 p.m. the POs for client #1 were reviewed. The POs dated 6-12 and 7-12 indicated client #1 was prescribed the above medications.</p> <p>On 1-3-13 at 3:30 p.m. an interview with the facility nurse indicated the POs should be followed as written and the DCS were trained to pass medications correctly. The nurse indicated the medications were included on the Medication Administration Records for each client and should be given accordingly.</p> <p>9-3-6(a)</p>			

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W0436	<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, the facility failed for 1 of 3 sampled clients (client #3), to ensure his wheelchair was clean and his adaptive stander device was available for his use.</p> <p>Findings include:</p> <p>On 1-2-13 from 1:00 p.m. until 3:30 p.m. an observation at the facility owned day program for client #3 was conducted. Client #3's wheelchair had brown, orange, and a white substance on the seat belt, chest harness, and metal bars. At 1:35 p.m. an interview with client #3 indicated his chair was soiled and he needed help cleaning it. Client #3 did not use a device for standing. Client #3 was observed to be in his wheelchair for the entire observation.</p> <p>On 1-2-13 from 4:00 p.m. until 7:10 p.m. client #3 was observed to sit in his wheelchair. Client #3 was not offered the use of a stander (adaptive equipment to assist client #3 with standing).</p>	W0436	<p>The checks and balance system that ASI had in place to ensure consumers had safe equipment failed as cited in W436. The nursing assistant will complete weekly adaptive equipment checklists for all GH consumers in order to identify any existing or potential problems. These will be addressed immediately and documted on the adaptive equipment form. In addition, these will be reviwed every two weeks at the Safety Committee which is chaired by the Director of Programming.</p>	01/30/2013			

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	<p>On 1-3-13 from 6:45 a.m. until 8:15 a.m. client #3 was observed to sit in his wheelchair. Client #3 was not offered the use of a stander.</p> <p>On 1-3-13 at 10:15 a.m. a record review for client #3 was conducted. The physical therapy evaluation dated 7-25-12 indicated client #3 was to use a stander with his direct care staff assisting him.</p> <p>On 1-3-13 at 3:30 p.m. an interview with the Area Coordinator indicated staff should assist client #3 in keeping his wheelchair clean and he was not using his stander equipment now because no one was trained to use it.</p> <p>9-3-7(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. Based on record review and interview, the facility failed for 6 of 6 clients (clients #1, #2, #3, #4, #5, and #6) who lived in the home, to ensure evacuation drills were completed at least quarterly.</p> <p>Findings include:</p> <p>On 1-3-13 at 12:00 p.m. a review of the facility's evacuation drill records was conducted. The review indicated there was no second shift/evening evacuation drill (3 p.m. to 11 p.m.) for the first quarter of 2012 (January, February, and March). There were no evacuation drills for first (7 a.m. to 3:00 p.m.), second (3 p.m. to 11 p.m.), or third (11:00 p.m. to 7:00 a.m.) shifts of staff available for the second quarter (April, May, June) of 2012. There was no second shift/evening evacuation drill for the third quarter (July, August, or September) 2012.</p> <p>On 1-3-13 at 3:30 p.m. an interview with the Area Coordinator (AC) indicated there was a schedule to complete fire drills quarterly but direct care staff did not follow the schedule and the drills were not completed. The AC indicated there were no other evacuation drills available</p>	W0440	The checks and balance system that ASI had in place to ensure all evacuation drills were done failed as cited in W440. There is a schedule in place for the GH which identifies days and times for drills. The GH Manager will audit the drill books within 48 hours of the scheduled drill to ensure completion. The drill books will then be checked on a bi-monthly basis by the Safety Committee which is chaired by the Director of Programming.	01/30/2013			

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	for review.  9-3-7(a)			

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W0455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation and interview, the facility failed for 6 of 6 clients (clients #1, #2, #3, #4, #5, and #6) who lived in the home, to ensure only 1 staff assisted 1 client at a time when eating, and failed to ensure handwashing was encouraged before setting the table and eating supper.</p> <p>Findings include:</p> <p>On 1-2-13 from 1:00 p.m. until 3:30 p.m. an observation at the facility owned day program for client #1 was observed. Direct care staff (DCS) #2 fed client #1 along with another client who did not reside at the group home. DCS #2 would give client #1 a bite of food then give the other client a bite of food and wipe her mouth. DCS #2 fed client #1 potato chips with her bare hands after feeding and wiping off the face of the other client. DCS #2 did not use any kind of hand washing between feeding clients and wiping their faces.</p> <p>On 1-3-13 from 4:00 p.m. until 7:10 p.m. clients #1, #2, #3, #4, #5, and #6 were observed in their home. Client #2 laid in her room and used children's type toys until DCS #1 prompted her to set the</p>	W0455	<p>Infection Control issues are addressed in new employee orientation but need to be included as quarterly trainings with staff as well. The agency's Trainer will implement a schedule to conduct such in-services with staff in all locations. These will be tracked to ensure all staff complete the sessions. In response to the follow up letter, the Director of Administration will review the training schedule proposed to ensure it is in compliance. Also, , the agendas and sign in sheets for the monthly training meetings will be maintained by the Programming Coordinator. The PC will monitor the tracking sheets to ensure that all staff are participating in the training (or getting remedial sessions, if necessary).</p>	01/30/2013	

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	<p>table. Client #2 came out of her room, set the plates on the table, then went back to her room. Client #2 was not prompted to wash her hands before setting the plates on the table. Clients #1, #2, #3, #4, #5, and #6 were prompted to come to the table for supper and no one washed their hands before eating their supper meal.</p> <p>On 1-3-13 at 3:30 p.m. an interview with the Area Coordinator indicated DCS #2 should not feed 2 clients at the same time and should wash her hands when dealing with body fluids.</p> <p>On 1-3-13 at 3:30 p.m. an interview with the facility nurse indicated clients should wash their hands before setting the table and eating due to infection control and clients placing their hands in private places.</p> <p>9-3-7(a)</p>				

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review, and interview, the facility failed for 6 of 6 clients (clients #1, #2, #3, #4, #5, and #6) who lived in the home, to ensure the clients assisted with meal preparation consistent with their developmental levels.</p> <p>Findings include:</p> <p>On 1-2-13 from 4:00 p.m. until 7:10 p.m. an observation at the home of clients #1, #2, #3, #4, #5, and #6 was conducted. Direct care staff (DCS) #1 put a plate on the table and broke cake into pieces for client #2. DCS #1 obtained a pitcher, filled it with water, added a koolaid packet and stirred it. DCS #1 poured client #2 a cup of drink. DCS #2 obtained clothing protectors and placed one on clients #1 and #4. DCS #1 placed pretzels in a bowl for client #3. DCS #1 placed crackers on a plate for client #4. DCS #1 got out vanilla wafers, placed them in a bowl, poured milk on them, mashed them up, then fed them custodially to client #1. DCS #1 got out chips and salsa, placed them into a bowl, and set them on the table for client #5. DCS #1 put the dishes</p>	W0488	In response to items in W488, staff has already been retrained (at the Janaury 8 staff meeting). However, the QDDP will also be updating goals for consumers to include the issues noted. This will be incorporated into the client specific training that is done by the QDDP with all staff (new as well as on an on-going basis). In response to the follow up letter, the agendas and sign in sheets for the monthly training meetings will be maintained by the Programming Coordinator. The PC will monitor the tracking sheets to ensure that all staff are participating in the training (or getting remedial sessions, if necessary).	01/30/2013			

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	<p>away which were in the dish drainer. DCS #1 poured a drink for client #5. DCS #2 poured client #5 another glass of drink. DCS #1 and #2 discussed which staff would prepare the supper meal. DCS #1 indicated to DCS #2 she could prepare the supper meal. DCS #2 took a cucumber out of the refrigerator, peeled and cut it. DCS #2 took onions from the pantry and cut them up. DCS #2 placed the pitcher of koolaid into the refrigerator. DCS #2 cut up the bell peppers. DCS #2 added sugar to the cucumber salad. DCS #2 took a pan and added water to it. DCS #2 turned on the stove. DCS #2 poured rice into a measuring cup and then into the pan. DCS #2 got out a skillet and added oil, peppers, onions, and chicken. DCS #2 turned on the burner and began cooking the chicken, peppers and onions. DCS #2 added vegetables to the rice. DCS #2 stirred the vegetables and the rice. DCS #2 stirred the meat mixture. DCS #1 placed the cups on the table. DCS #1 poured a drink for client #6. DCS #2 placed the condiments on the table. DCS #1 placed water in a pitcher and added ice cubes. DCS #1 filled the ice cube tray with water and placed it back into the freezer. DCS #2 picked up the plates from the table and filled clients #1, #2, #3, #4, #5 and #6's plates with food. DCS #2 chopped the food in the food chopper for client #1. DCS #2 took</p>			

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	<p>out the clothing protectors and placed them on the table. DCS #1 poured a cup of milk for client #3. DCS #2 poured soy sauce on client #3's food. DCS #1 placed ranch dressing on client #2's food. DCS #2 made a peanut butter and jelly sandwich for client #6. DCS #1 placed soy sauce on client #5's food for him. DCS #1 placed ranch dressing on client #4's food for her. DCS #1 poured a drink for client #2. DCS #1 poured a drink for client #5. DCS #2 placed a second helping of food onto client #5's plate. DCS #2 placed more food on client #3's plate. Client #2 laid in her bed until she came out and placed plates on the table. Client #2 returned to her bedroom and laid on her bed until it was time to eat. Client #1 sat on the couch and watched television. Client #5 sat on his bed and watched television. Client #4 sat in her wheelchair and watched television. Client #5 did attempt to come into the kitchen on several occasions but DCS #2 stated to him "the kitchen is closed." DCS #2 prompted client #5 to watch a movie. Client #3 took a shower, folded his underwear and watched television. Client #6 sat on his bed, put a shirt in the washer, and walked around his home. Clients #1, #2, #3, #4, #5, and #6 were not consistently involved in mealtime training or meaningful activities.</p>						

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	<p>On 1-3-13 from 6:45 a.m. until 8:15 a.m. an observation at the home of clients #1, #2, #3, #4, #5, and #6 was conducted. DCS #6 opened cans of fruit, peeled bananas and cut them up into a bowl. DCS #6 dished the fruit into 6 individual bowls. DCS #6 made egg McMuffins for clients #1, #2, #3, #4, #5, and #6. DCS #5 prepared a drink for client #6. DCS #6 placed client #1's food in the food chopper.. DCS #6 added mayonnaise to the food in the chopper. DCS #6 filled clients #1, #2, #3, #4, #5, and #6's plates with food. DCS #6 custodially wiped off client #1's face and took her dishes to the sink. Client #5 sat on his bed and walked around his house. Client #3 slept in his wheelchair. Client #4 sat at the table and watched DCS #6 prepare the breakfast. Client #2 watched television with client #1, who sat in the recliner, instead participating in meal preparation.</p> <p>On 1-3-13 at 8:30 a.m. a record review for client #1 was conducted. The Comprehensive Functional Assessment (CFA) dated 10-1-12 indicated client #1 could assist with meal preparation with assistance.</p> <p>On 1-3-13 at 9:15 a.m. a record review for client #2 was conducted. The CFA dated 10-1-12 indicated client #2 could</p>						

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	<p>assist with meal preparation with assistance.</p> <p>On 1-3-13 at 10:15 a.m. a record review for client #3 was conducted. The CFA dated 7-11-12 indicated client #3 could assist with meal preparation with assistance.</p> <p>On 1-3-13 at 2:00 p.m. a record review for client #4 was conducted. The CFA dated 10-1-12 indicated client #4 could assist with meal preparation with assistance.</p> <p>On 1-3-13 at 1:00 p.m. a record review for client #5 was conducted. The CFA dated 10-1-12 indicated client #5 could assist with meal preparation with assistance.</p> <p>On 1-3-13 at 1:30 p.m. a record review for client #6 was conducted. The CFA dated 10-1-12 indicated client #6 could assist with meal preparation with assistance.</p> <p>On 1-2-13 at 6:50 p.m. an interview with DCS #2 indicated family style dining was not done at meal times because client #6 would take too much food.</p> <p>On 1-3-13 at 3:30 p.m. an interview with the Area Coordinator indicated clients</p>			

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	<p>should assist with meal preparation and participate in family style dining. The AC indicated clients #1, #2, #3, #4, #5, and #6 were all capable of helping with meal preparation.</p> <p>9-3-8(a)</p>			

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W9999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rules were not met.</p> <p>1. 460 IAC 9-3-1(5)(b) Governing body Sec. 1. (b) The residential provider shall report the following circumstances to the division by telephone no later than the first business day followed by written summaries as requested by the division.</p> <p>This State Rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed for 32 of 129 reportable incident reports reviewed involving 6 of 6 clients living in the facility (clients #1, #2, #3, #4, #5, and #6) to submit reports to the Bureau of Developmental Disabilities Services (BDDS) within 24 hours.</p> <p>Findings include:</p> <p>The facility's reportable incidents to BDDS (Bureau of Developmental Disabilities Services) Reports, from 2-12 to 1-13, were reviewed on 1-2-13 at 11:15 a.m. The review indicated the following:</p>	W9999	In regard to BDDS reports not being filed in a timely manner, this has been addressed with the QDDP and Programming Coordinator to ensure they are clear about timelines, communication, and expectations. They have been moved into a shared office to improve the quality of their communication. The Director of Administration will address the failure to have adequate reference checks on file for all employees prior to employment. With the current structure of a Recruiter, Personnel File Specialist, and Trainer it should not be a problem for this to occur. This structure will also prevent any staff working with consumers who have not already had a TB test. Following the incident cited in 9999, staff cannot attend new employee orientaiton without the correct test.	01/30/2013			

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	<p>-A BDDS report for client #6 with an incident date of 8-12-12 and a submit date of 8-16-12 indicated he was administered a PRN medication (as needed) for behaviors.</p> <p>-A BDDS report for client #6 with an incident date of 7-13-12 and a submit date of 7-16-12 indicated he shoved staff and bit his wrists several times.</p> <p>-A BDDS report for client #6 with an incident date of 6-19-12 and a submit date of 6-28-12 indicated his 8:00 a.m. medications had not been signed for in the Medication Administration Record.</p> <p>-A BDDS report for client #6 with an incident date of 5-11-12 and a submit date of 5-31-12 indicated he was administered a PRN medication (as needed) for behaviors.</p> <p>-A BDDS report for client #6 with an incident date of 3-27-12 and a submit date of 4-3-12 indicated he was administered a PRN medication for behaviors.</p> <p>-A BDDS report for client #6 with an incident date of 2-27-12 and a submit date of 4-11-12 indicated he was administered a PRN medication for behaviors.</p> <p>-A BDDS report for client #5 with an incident date of 6-2-12 and a submit date of 6-6-12 indicated his Docusate sodium, Chlorhexidine, Clotrimazole cream and X-viate cream were not given or signed for on 6-2-12 by direct care staff #6.</p>			

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	<p>-A BDDS report for client #5 with an incident date of 6-4-12 and a submit date of 6-6-12 indicated his Lisinopril, Chlorhexidine, Clotrimazole cream, and X-viate cream were not given or signed for on 6-3-12 by DCS #6.</p> <p>-A BDDS report for client #5 with an incident date of 6-19-12 and a submit date of 6-28-12 indicated his Cozaar was not given on 6-18-12 and 6-19-12 by DCS #9 and DCS #10.</p> <p>-A BDDS report for client #5 with an incident date of 7-7-12 and a submit date of 7-9-12 indicated his Chlorhexidine, Clotrimazole cream and X-viate cream were not given or signed for by DCS #11.</p> <p>-A BDDS report for client #5 with an incident date of 7-7-12 and a submit date of 7-9-12 indicated his Gabapentin was not given.</p> <p>-A BDDS report for client #5 with an incident date of 10-1-12 and a submit date of 10-9-12 indicated his Tegretol and Nadolol were not given by DCS #12.</p> <p>-A BDDS report for client #5 with an incident date of 10-7-12 and a submit date of 10-9-12 indicated client #5's medications were given late due to the medication keys being locked in the closet.</p> <p>-A BDDS report for client #5 with an incident date of 10-12-12 and a submit date of 10-14-12 indicated his Loratadine was on the floor next to the medication</p>			

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	<p>table.</p> <p>-A BDDS report for client #5 with an incident date of 12-8-12 and a submit date of 12-10-12 indicated client #5 had a bruise on his upper thigh.</p> <p>-A BDDS report for client #4 with an incident date of 2-18-12 and a submit date of 2-20-12 indicated her "seizure medication" was not given at 12:00 p.m. DCS did receive a verbal warning since it was a seizure medication.</p> <p>-A BDDS report for client #4 with a incident date of 7-7-12 and a submit date of 7-9-12 indicated she did not receive her 12:00 p.m. doses of Lamotrigine and Axcabazipine. She also did not receive her 5:30 p.m. dose of her Polyethylene Glycol Powder on 7-7-12.</p> <p>-A BDDS report for client #4 with an incident date of 7-20-12 and a submit date of 7-24-12 indicated her "vitamin" was found on the floor by the door. Per the BDDS report the medication is to be given daily.</p> <p>-A BDDS report for client #4 with an incident date of 12-8-12 and a submit date of 12-10-12 indicated she 2 Acyclovir tablets were given instead of one and no Lamictal was given by DCS #14.</p> <p>-A BDDS report for client #4 with an incident date of 9-21-12 and a submit date of 9-24-12 indicated she did not receive her Vimpat by DCS #14,</p>			

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	<p>-A BDDS report for client #4 with an incident date of 10-6-12 and a submit date of 10-9-12 indicated staff counted the "narcotics count sheet" and noticed client #4 had not received her pill (unknown) on 10-5-12 by DCS #14.</p> <p>-A BDDS report for client #3 with an incident date of 11-28-12 and a submit date of 11-30-12 indicated was out of his Granulex foot spray (non available to administer).</p> <p>-A BDDS report for client #3 with an incident date of 10-6-12 and a submit date of 10-9-12 indicated he fell out of the chair and skinned his knee.</p> <p>-A BDDS report for client #3 with an incident date of 8-15-12 and a submit date of 8-22-12 indicated he fell during a transfer.</p> <p>-A BDDS report for client #3 with an incident date of 6-22-12 and a submit date of 6-28-12 indicated he hit and grabbed client #6.</p> <p>A BDDS report for client #3 with an incident date of 6-2-12 and a submit date of 6-6-12 indicated his Granulex was not given or signed for on 6-2-12 by DCS #6.</p> <p>-A BDDS report for client #2 with an incident date of 6-2-12 and a submit date of 6-6-12 indicated her Benefiber was not given or signed for by DCS #2.</p>						

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	<p>-A BDDS report for client #1 with an incident date of 6-2-12 and a submit date of 6-6-12 indicated her Viactiv was not given or signed for by DCS #2.</p> <p>-A BDDS report for client #1 with an incident date of 6-23-12 and a submit date of 6-28-12 indicated she had a purple bruise on her right shoulder blade.</p> <p>-A BDDS report for client #1 with an incident date of 7-7-12 and a submit date of 7-9-12 indicated she did not receive her Mary's Magic Mouthwash after eating her lunch or dinner because she ran out and she did not receive her 12:00 p.m. Viactiv chew by DCS #17.</p> <p>-A BDDS report for client #1 with an incident date of 7-20-12 and a submit date of 7-24-12 indicated she was not given her vitamin by DCS #16 and it was found on the floor.</p> <p>-A BDDS report for client #1 with an incident date of 7-26-12 and a submit date of 8-1-12 indicated she had a red bump on her should which appeared to look like a bruise.</p> <p>On 1-3-13 at 3:30 p.m. an interview with the Area Coordinator (AC) indicated BDDS reports should be filed within 24 hours of the incident. The AC indicated there was no clear system in place to ensure appropriate staff received the incident report so the reports could be filed in a timely manner to BDDS.</p>			

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	<p>9-3-1(b)(5)</p> <p>460 IAC 9-3-2(c)(3) Resident Protections</p> <p>(c) The residential provider shall demonstrate that its employee practices assure that no staff person would be employed where there is:</p> <p>(3) conviction of a crime substantially related to a dependent population or any violent crime. The provider shall obtain, as a minimum, a bureau of motor vehicles record, a criminal history check a authorized in IC 5-2-5-5, and three (3) references. Mere verification of employment dates by previous employers shall not constitute a reference in compliance with this section.</p> <p>This State Rule was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed for 1 of 6 employee records reviewed (staff #22) to obtain 3 complete references.</p> <p>Findings include:</p> <p>Staff #22's employee records were reviewed on 1-3-13 at 11:30 a.m. A review of the records failed to show 3</p>						

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	<p>references were obtained. No references were available for review.</p> <p>The Area Coordinator was interviewed on 1-3-13 at 12:25 p.m. and indicated there were no references available for review.</p> <p>9-3-2(c)(3)</p> <p>460 IAC 9-3-3 Facility staffing</p> <p>Sec. 3. (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 test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result was 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 interview and record review the facility failed for 1 of 6 employee records</p>			

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	<p>(staff #1) reviewed, to complete a Mantoux (tuberculin, TB, skin test) screening upon hire.</p> <p>Findings include:</p> <p>Staff #1's employee records were reviewed on 1-3-13 at 11:30 a.m. A review of the records failed to show a Mantoux had been administered before working in the home.</p> <p>The Area Coordinator was interviewed on 1-3-13 at 12:25 p.m. She indicated employee #1 did not have a Mantoux or tuberculin screening available for review.</p> <p>9-3-3(e)</p>			