

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G303	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/29/2014
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W000000	<p>This visit was for the post certification revisit (PCR) survey to the PCR survey on 07/11/14 to the investigation of complaint #IN00147450 completed on 05/29/14.</p> <p>This visit was in conjunction with the pre-determined full recertification and state licensure survey.</p> <p>Complaint #IN00147450: Not corrected.</p> <p>Dates of Survey: December 4, 5, 8, 9, 10, 11, 12 and 29, 2014.</p> <p>Facility Number: 000822 Provider Number: 15G303 AIM Number: 100243630</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed January 6, 2015 by Dotty Walton, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p>			

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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	<p>Based on observation, record review and interview for 2 of 3 sampled clients (B and C) and 2 additional clients (E and F), the governing body failed to exercise general policy and operating direction over the facility to ensure:</p> <p>__The DP (Day Program) followed client C's program plans in regard to client C's SIB (Self Injurious Behaviors) and self stimulatory behaviors.</p> <p>__The DP provided sufficient staff to supervise and implement client C's programs and dining needs.</p> <p>__The DP staff were trained to implement client C's BSP (Behavior Support Plan).</p> <p>__The DP provided client C with items to meet client C's sensory/stimulatory needs.</p> <p>__The facility conducted an investigation in regard to the facility's failure to provide clients B, C, E and F their medications as prescribed by their physician from 8/27/14 through 9/4/14.</p> <p>Findings include:</p> <p>1. The governing body failed to ensure the facility's DP: __Followed client C's program plans in regard to client C's SIB and self stimulatory behaviors. __Provided sufficient staff to supervise and implement client C's program and dining needs.</p>	W000104	<p><u>W104: Governing Body: The governing body must exercise general policy, budge, and operating direction over the facility.</u></p> <p>Corrective action:</p> <ul style="list-style-type: none"> · · The nurse will re-train staff on Clients B, C E and F medication administration needs as prescribed by their physician . · All appropriate parties will be in-serviced on failure to follow, ResCare policy and procedures to prevent abuse, neglect and or mistreatment of clients by any staff or other clients. (Attachment A) · All appropriate parties will be in-serviced on definition of and identifying all issues of abuse, neglect, and mistreatment by any staff or other clients. (Attachment B) · All appropriate parties have been in-serviced on, failure to follow ResCare policy on completing a thorough investigation. (Attachment B) · Clinical Supervisor will re-train the Day Program on Client C's BSP to include reactive strategies for Client C's SIB and self-stimulatory behaviors. (Attachment C) 	01/28/2015

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	<p>__ Staff were trained to implement client C's BSP.</p> <p>__ Provided client C with items to meet the client's sensory/stimulatory needs. Please see W120.</p> <p>2. The governing body failed to implement its policy and procedures to ensure the facility conducted an investigation in regard to the facility's failure to provide clients B, C, E and F their medications as prescribed by their physician. Please see W149.</p> <p>3. The governing body failed to ensure the facility conducted an investigation in regard to the facility's failure to provide clients B, C, E and F their medications as prescribed by their physician. Please see W154.</p> <p>This deficiency was cited on 7/11/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00147450.</p> <p>9-3-1(a)</p>		<ul style="list-style-type: none"> · A sensory/stimulatory assessment will be sought and scheduled for Client C to determine sensory needs and the assessment including recommendations will be shared and in-serviced to the Day Program to ensure sensory needs are met while Client C attends the Day Program. (Attachment D) · Clinical Supervisor will in-service Day Program on the need for increased staffing levels to ensure that Client C's programming is implemented and dining needs are met. Day Program will be further in-serviced on the need to contact facility if staffing ratio's can not be maintained on any given day (Attachment E). · Weekly Day Program Observations will be conducted by Residential Managers, QIDP and Clinical Supervisor (Attachment K) · The Nurse will in-service staff on the 7 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A & B. (Attachment A) <p>How we will identify others:</p> <ul style="list-style-type: none"> · The nurse and Residential Manager will follow up to ensure all 		

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			<p>medication orders are filled and in the home. (Attachment A).</p> <ul style="list-style-type: none"> · All allegations of abuse/neglect/mistreatment will be immediately reported to Program Manager & Executive Director (Attachment B). · All investigations must be complete with-in five business days. This is to include Peer Review and any approvals needed from any additional parties (Attachment B). · All recommended corrective actions determined by peer review will be delivered in a timely manner. (Attachment B) · Clinical Supervisor will re-train the Day Program on Client C's BSP to include reactive strategies for Client C's SIB and self-stimulatory behaviors. (Attachment C) · A sensory/stimulatory assessment will be sought and scheduled for Client C to determine sensory needs and the assessment including recommendations will be shared and in-serviced to the Day Program to ensure sensory needs are met while Client C attends the Day Program. (Attachment D) · Clinical Supervisor will in-service Day Program on the need for increased staffing levels to 	

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			<p>ensure that Client C's programming is implemented and dining needs are met. Day Program will be further in-serviced on the need to contact facility if staffing ratio's can not be maintained on any given day (Attachment E).</p> <ul style="list-style-type: none"> The Nurse will in-service staff on the 7 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A & B. (Attachment A) <p>Measures to be put in place:</p> <ul style="list-style-type: none"> Clinical Supervisor will re-train the Day Program on Client C's BSP to include reactive strategies for Client C's SIB and self-stimulatory behaviors. A sensory/stimulatory assessment will be sought and scheduled for Client C to determine sensory needs and the assessment including recommendations will be shared and in-serviced to the Day Program to ensure sensory needs are met while Client C attends the Day Program. Clinical Supervisor will in-service Day Program on the need for increased staffing levels to ensure that Client C's programming is implemented and dining needs are 	

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			<p>met. Day Program will be further in-serviced on the need to contact facility if staffing ratio's can not be maintained on any given day.</p> <ul style="list-style-type: none"> The Nurse will in-service staff on the 7 rights of administration of medication to include ensuring prescriptions and MAR entries match as outlined in Core A & B. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> Clinical SDirect Care Staff preform weekly medication audits. Residential Manager reviews and monitors medication audits 2 times monthly to ensure medications are present and available as ordered by physician. The Nurse will review and monitor medication audits monthly at the end of each month to ensure medications are present and available to clients as ordered by the physician. Weekly Day Program observations to be conducted by Residential Managers, QIDP, and Clinical Supervisor. <p>Completion Date: 1-28-2015</p>	

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W000120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based on observation, record review and interview for 1 of 4 sampled clients attending outside services (client C), the facility failed to ensure the DP (Day Program):</p> <p>__ Staff followed client C's program plans in regard to client C's SIB (Self Injurious Behaviors) and self stimulatory behaviors.</p> <p>__ Provided sufficient staff to supervise and implement client C's program needs.</p> <p>__ Staff were trained to implement client C's BSP (Behavior Support Plan).</p> <p>__ Provided client C with items to meet her sensory/stimulatory needs.</p> <p>Findings include:</p> <p>Observations were conducted at the day program on 12/10/14 between 10:30 AM and 12:30 PM.</p>	W000120	<p>Addendum W120: Services Provided with Outside Sources: The facility must assure that outside services meet the needs of each client.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> · If Day Program staffing is less than a 6 to 1 ratio, ResCare staff will remain at the Day Program to maintain ratio. · If for any reason ResCare staff cannot stay at the Day Program staff will notify Clinical Supervisor for approval before leaving the facility with clients. · An active treatment schedule implemented as a back up plan. (Attachment A). 	02/04/2015
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	<p>At 10:30 AM client C was in an activity room with one staff and six clients. Client C sat on the floor against the wall in a curved high back gaming chair with a bean bag chair at her feet. Client C scooted off the gaming chair onto the floor then onto the bean bag chair and then back onto the gaming chair, pulling on the bean bag chair and trying to cover herself with the bean bag chair. Client C self stimulated by sucking her thumb and displayed SIB (Self Injurious Behaviors) of hitting herself on the forehead and biting at the heel of her hand.</p> <p>At 10:55 AM DP staff #1 was asked what the staff were to do when client C was sucking her thumb and/or hitting herself. DP staff #1 stated, "She (client C) doesn't like to do much. She'll sit in that chair (and pointed to the gaming chair on the floor) and will cover herself with the bean bag. When [client C] gets over stimulated or she's hungry, she hits herself or will start biting her hand." DP staff #1 stated, "A lot of times I (DP staff #1) just stand beside her and she'll rub my hand and that seems to calm her. I know that's what I do and it seems to work for her. I don't know what everybody else does. But as you can see, we're down some staff today and I can't just stand there with her." DP staff #1</p>		<p>How we will identify others:</p> <ul style="list-style-type: none"> Upon arrival at the Day Program, if Day Program staffing is less than a 6 to 1 ratio ResCare staff will remain at the Day Program to maintain ratio. If for any reason ResCare staff cannot stay at the Day Program staff will notify Clinical Supervisor for approval before leaving the facility with clients.. <p>Measures to be put in place:</p> <ul style="list-style-type: none"> Clinical Supervisor will train Day Program on the procedure should Day Program ratio not be met. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> ResCare staff will ensure 6 to 1 ratio at the Day Program upon arrival each day. ResCare staff will remain at Day Program to maintain ratio. If for any reason ResCare staff cannot stay at the Day Program staff will notify Clinical Supervisor for approval before leaving the facility with clients. <p>Completion Date: 2-4-2015</p>		

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	<p>indicated she normally had four clients to care for and today the DP was understaffed and she (DP staff #1) was not able to stay with client C to calm her while having SIB.</p> <p>At 11:00 AM DP staff #2 entered the room with additional clients. DP staff #1 indicated DP staff #2 was the lead staff today because the facility was short staffed. DP staff #1 prompted client C to get up from the floor. Client C got up from the floor and began hitting herself on the forehead. DP staff #1 and #2 did not intervene or prompt client C to stop. DP staff #2 left the activity room, leaving DP staff #1 now with eight clients. Client C returned to the gaming chair on the floor and continued to suck her thumb and bite the heel of her hand and hit her forehead with the palm of her hand. Client C remained sitting on the floor in the gaming chair until 11:20 AM.</p> <p>At 11:20 AM DP staff #1 prompted client C to get up from the floor. __ Client C got up and immediately began biting the heel of her hand and hitting herself on the forehead. __ Client C quickly walked out of the program room. __ DP staff #1 followed behind client C and guided her back into the activity room.</p>						

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	<p>__DP staff #2 entered the program room and prompted everyone to move to an activity room with a television.</p> <p>__Upon entering the other activity room client C immediately went to the couch to lie down and began sucking her thumb.</p> <p>__DP staff #1 gave client C a string of beads to hold.</p> <p>__Client C twirled the beads in one had while sucking her thumb of the other hand.</p> <p>At 11:50 AM:</p> <p>__DP staff #1 escorted client C and three other clients, two of them in wheelchairs, to the dining room along with client C for their afternoon meal.</p> <p>__The dining room was small with several tables and chairs and a small room connected to the dining room with a kitchenette.</p> <p>__DP staff #2 was in the kitchenette warming client C's lunch.</p> <p>__DP staff #2 showed this surveyor the contents of client C's lunch box. Client C had a small can of chili macaroni with a pull top lid, a juice box, two Ziploc baggies with cheese puffs and two chocolate pudding snack packs.</p> <p>__DP staff #2 warmed the chili macaroni in the microwave and placed it into a divided plate along with the two baggies of cheese puffs.</p>			

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	<p>At 11:51 AM:</p> <p>__DP staff #1 prompted client C to sit down at a table in the dining room that was pushed up against the wall.</p> <p>__Client C sat down at the table against the wall and was facing the wall.</p> <p>__DP staff #1 placed a plastic clothing protector on client C.</p> <p>__Client C began biting the heel of her hand and hitting her forehead.</p> <p>__DP staff #2 placed a juice box and the divided plate with the chili mac and cheese puffs down at the table in front of client C and returned to the kitchenette.</p> <p>__Client C immediately picked up her juice box and drank the contents.</p> <p>__DP staff #1 stood behind client C while she ate her meal and assisted/supervised two other clients in wheelchairs that were waiting for their lunch to be warmed.</p> <p>__DP staff #1 did not sit with client C while client C ate her meal and/or prompt client C to slow down and/or to take smaller bites of food while eating.</p> <p>At 11:55 AM:</p> <p>__DP staff #1 indicated client C had behaviors of stealing food and stuffing food into her mouth and required a staff with her at all times while eating.</p> <p>__DP staff #1 stated, "As you can see, it's just me in here and I have two more (clients) that have to be fed and can't be</p>			
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	<p>just with her (client C)." ___ DP staff #1 indicated client C was seated alone at a table pushed up against the wall and facing the wall to prevent client C from grabbing food from other clients. ___ DP staff #1 indicated she (DP staff #1) did not sit with client C while client C ate her meal because she had three other clients to supervise and two of those clients also required assistance while eating. ___ DP staff #1 indicated the DP did not have sufficient staff to supervise and assist client C 1:1 (one staff to one client) while in the dining room.</p> <p>At 11:58 AM: ___ Client C had ate her cheesy puffs and took two large bites of the chili macaroni, pushed her plate back and stood up and DP staff #1 removed client C's plastic clothing protector. DP staff #1 stated, "She (client C) probably doesn't want the chili mac because she gets it every day and she's probably tired of it." DP staff #1 stated, "I know she's had it at least three times this week."</p> <p>At 11:59 AM Client C then left the dining room unsupervised. ___ DP staff #1 left the dining room to find client C. ___ The client that DP staff #1 was</p>						

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	<p>supervising in the dining room began picking up cheese puffs from the floor and eating them.</p> <p>__DP staff #1 returned to the dining room with client C and stated, "When she's (client C) done eating she wants to go to the snooze room."</p> <p>At 12:03 PM:</p> <p>__ DP staff #2 came out of the kitchenette and handed DP staff #1 a snack pack of chocolate pudding and stated, "Here give her this, she likes chocolate pudding."</p> <p>__ Client C sat back down at the table, quickly ate the snack pack of chocolate pudding, got up from the table and again left the dining room.</p> <p>__ DP staff #1 yelled for staff assistance as she left the dining room to follow client C. __ DP staff #1 escorted client C to a quiet room with dim lighting where client C lay on a bean bag and sucked her thumb.</p> <p>__ DP staff #1 asked DP staff #3 to stay with client C so she (DP staff #1) could return to the dining room to assist other clients.</p> <p>__ DP staff #1 returned to the dining room to assist other clients.</p> <p>__ DP staff #3 stood outside the room and stated, "As long as someone is in the snooze room, a staff has to be with them."</p>			

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	<p>During this observation period:</p> <p><input type="checkbox"/> The DP staff did not offer and/or provide client C with a selection and/or choice of sensory stimulation items.</p> <p><input type="checkbox"/> The DP staff did not offer client C with a blanket to place across her lap/body when client C was displaying self stimulating behaviors.</p> <p><input type="checkbox"/> The DP did not provide client C with alternate stimulatory items and/or activities each time client C self stimulated by sucking her thumb.</p> <p><input type="checkbox"/> The DP staff did not prompt and/or try to physically block client C when biting her hand and/or hitting herself.</p> <p><input type="checkbox"/> The DP staff did say stop to client C and/or use hand language to sign stop when displaying SIB and/or when sucking her thumb.</p> <p><input type="checkbox"/> The DP staff did provide a communication board for client C to use.</p> <p><input type="checkbox"/> The DP staff did not sit with client C while client C ate her meal and/or prompt client C to slow her pace of eating and/or drinking.</p> <p>Client C's record was reviewed on 12/9/14 at 3 PM.</p> <p>Client C's BSP (Behavior Support Plan) dated 9/17/14 indicated client C had targeted behaviors of, not all inclusive: <input type="checkbox"/> "SIB defined as: Hitting or slapping</p>			
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	<p>self, biting the heel of her hand, banging her elbows and legs on items, hitting her legs with the heel of her feet, scratching self, banging head on items, hitting her forehead with heel of her hand.</p> <p>__ Non-abusive self-stimulation defined as: Sucking thumb, grinding teeth, holding breath, waving fingers/hands in air, stomping feet.</p> <p>__ Food grabbing defined as: Grabbing others (sic) food at mealtimes and food off the stove/counters during mealtime."</p> <p>Client C's BSP indicated: __ "REPLACEMENT BEHAVIOR: Through functional assessment, it was determined that the self-abuse, ongoing non-abusive self-stimulation, and public masturbation have caused or can cause the most interruption in [client C's] daily life and are ongoing safety risks. Sensory integration activities will be implemented to assist in lowering the amount of inappropriate sensory stimulation by increasing her ability to process information through her senses. PROACTIVE STRATEGIES: 1. Staff will engage [client C] in sensory integration activities to increase the appropriate use of her senses. At least two times per day, staff will pick an activity from the sensory integration list.... 3. Staff will provide [client C] with a favored sensory stimulation activity</p>			

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	(lighted items, things that vibrate, items with various textures to touch). 4. Staff will be aware of [client C's] tendencies to grab food off stoves/counters/other's plates. She will be provided the ability to eat in the kitchen with staff and other residents so that appropriate mealtime training and supervision for safety can be implemented.... 7. If in appropriate setting, i.e. at home, in a vehicle, break time at day program and it is not too warm; staff may provide [client C] with a blanket to place across her lap/body when she appears to be wanting more sensory stimulation than her immediate environment/staff can provide. The extra weight/warmth can have a calming effect.... REACTIVE STRATEGIES:.... SIB: 1. Block as possible with staff person forearm/hand and say '[Client B] stop.' (If possible use sign for 'stop' at the same time). 2. Assess immediate situation for an agitating factor or a reasonable way to provide [client C] with what she is wanting/needing. 3. If calmed, refer to communication board and say 'Show me' in an attempt to see if she is wanting/needing something. Non-abusive self-stimulation: 1. Offer [client C] options of a favored/appropriate self stimulant activity or training opportunity. Use actual items or pictures from communication board. 2. Redirect to task on hand.... Grabbing						

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	<p>food: 1. Staff will say '[Client C], stop' or '[Client C], no.' If possible, use in conjunction with the sign for stop...."</p> <p>Client C's ISP (Individual Support Plan) dated 9/17/14 indicated client C had an objective to set her spoon down between bites of food with two verbal prompts from the staff.</p> <p>Client C's Risk Plan dated 9/17/14 indicated client C was at risk of choking and the staff were to encourage client C to put her spoon down between bites and her drink down between drinks. "Staff will monitor client during meal time."</p> <p>Client C's Dining Plan dated 9/22/14 indicated, not all inclusive: __ "Staff to sit with [client C] at meals to prevent stealing others (sic) food. __ EATING: [Client C] feeds self and uses a teaspoon and divided plate due to taking too large amounts of food in a bite, staff cue [client C] to put her spoon down between bites. __ DRINKING: [Client C] is independent with drinking, staff cue [client C] to put drink down between sips."</p> <p>Client C's record did not indicate client C was to be seated alone at a table against the wall while eating her meal at the day program.</p>			

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	<p>During interview with DP staff #1 on 12/10/14 at 11 AM, DP staff #1:</p> <p>__ Stated she had read client C's program plans and had been provided general training and stated, "But after working with her (client C) for awhile now, I don't think that training was specific enough."</p> <p>__ Stated she did not feel that she had been "sufficiently trained" to care for client C prior to having to care for client C.</p> <p>__ Stated, "I just know what I do that works for her and if I can give her one on one attention then she usually doesn't do what you are seeing today."</p> <p>__ Indicated when client C bites the heel of her hand or hits herself she (DP staff #1) stands near client C and client C will rub DP staff's hand and stated, "That usually calms her."</p> <p>__ Stated she was "usually assigned" a group of four clients and client C was one of her four clients she was often assigned to care for throughout the day while at the day program.</p> <p>__ Stated, "Most of the time, we (DP staff #1 and the clients she supervises) just stay in the snooze room. We couldn't today because we didn't have enough staff."</p> <p>__ When asked if client C had specific stimulatory items that were to be offered to client C while at the DP, DP staff #1</p>			

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	<p>stated, "Not that I'm aware of." ___ Indicated she did not know what a sensory integration list was in regard to client C. ___ Indicated client C did not have a communication board. ___ Indicated the DP supervisor insisted only selective items go into each of the activity rooms at the DP and stated, "There's a string of beads in one of the rooms I know she likes." ___ Indicated she (DP staff #1) had not been shown how to use sign language and/or to sign stop when client C was biting the heel of her hand and/or hitting her forehead.</p> <p>During interview with DP staff #2 on 12/10/14 at 12:05 PM, DP staff #2: ___ Stated, "We are four staff down today." ___ Stated, "[Client C] needs to have 1:1 supervision and we don't have the staff to do that even on a good day." ___ Indicated the DP staff were to sit with client C while eating because of her behaviors of grabbing food and drinks and stated, "But we don't have the staffing to give her 1:1 supervision." ___ Indicated the group home staff would often pack the same items in client C's lunch box several days in a row and stated, "I think she gets tired of it."</p> <p>The QIDPD (Qualified Intellectual</p>			
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	<p>Disabilities Professional Designee) and the RM (Residential Manager) were interviewed on 12/12/14 at 11:30 AM.</p> <p>__The QIDPD indicated the DP staff were to follow client C's program plans.</p> <p>__The QIDPD indicated all staff had been trained in client C's program plans.</p> <p>__The QIDPD stated, "I thought we took some of [client C's] sensory items to the DP when they moved."</p> <p>__The RM indicated sensory items had been taken to the DP for client C to have but those items might not have been transferred when the DP had recently moved to a different location.</p> <p>__When asked where is client C's communication board, the RM retrieved a white board from the office and indicated she (the RM) did not know if client C had been provided a communication board at the DP.</p> <p>__The QIDPD stated, "There should be one (a communication board)" at the DP.</p> <p>__The QIDPD indicated client C was to be closely supervised with all meals and the staff were to sit with client C while eating.</p> <p>__The RM indicated when client C was at home, the staff provided client C one on one supervision while awake and/or out of her bedroom.</p> <p>__The RM indicated the staffing levels had been increased at the home to meet the needs of the clients especially during</p>			
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W000149	<p>meal time and client C's food seeking behaviors.</p> <p>__The RM indicated client #1 was 1:1 (one staff to one client) supervision while at the home and around food.</p> <p>__The QIDPD indicated having client C sit alone and face the wall while dining at the DP was not part of client C's program plans.</p> <p>__The QIDPD indicated the DP staff were to prompt client C to put down her spoon between bites and her drink down between sips of liquids.</p> <p>__The QIDPD stated the DP "should not" be using a clothing protector for client C as the IDT (Interdisciplinary Team) had decided client C did not require the use of a clothing protector.</p> <p>9-3-1(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 2 of 3 sampled clients (B and C) and 2 additional clients (E and F), the facility failed to implement its policy and procedures to ensure an investigation was conducted in regard to the facility's failure to provide clients their</p>	W000149	<p>Addendum W149: Staff treatment of clients: The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>Corrective action:</p>	02/04/2015			

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	<p>medications as prescribed by their physician for clients B, C, E and F.</p> <p>Findings include:</p> <p>Review of the revised 7/18/11 facility policy entitled "Abuse, Neglect, Exploitation" on 12/4/14 at 11 AM indicated "CASC (Community Alternatives South Central) staff actively advocate for the rights and safety of all individuals. All allegations or occurrences of abuse, neglect, exploitation, or mistreatment shall be reported to the appropriate authorities through the appropriate supervisory channels and will be thoroughly investigated under the policies of Community Alternatives South Central, local, state and federal guidelines.... Any ResCare staff person who suspects an individual is the victim of abuse/neglect/exploitation should immediately notify the direct supervisor, who will then notify the Director of Supported Group Living or director of Supported Living. Staff will then complete an Incident Report.... The Executive Director or designee will assign an investigative team. A full investigation will be conducted by investigators who have received training from Labor Relations Association and ResCare's internal procedures on</p>		<ul style="list-style-type: none"> · Program Manager supervises the Clinical Supervisor.(Attachment B). <p>How we will identify others:</p> <ul style="list-style-type: none"> · Program Manager supervises the Clinical Supervisor (Attachment B). <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Program Manager supervises the Clinical Supervisor. (Attachment B). <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · Program Manager supervises the Clinical Supervisor. (Attachment B). <p>Completion Date: 2-4-2015</p>	

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W000154	<p>investigations...."</p> <p>The facility failed to implement written policy and procedures to ensure the facility conducted an investigation in regard to the failure to provide clients B, C, E and F their prescribed medications. Please see W154.</p> <p>This deficiency was cited on 7/11/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00147450.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 4 of 4 allegations of neglect in regard to the failure to provide the clients with their prescribed medications, the facility failed to conduct an investigation for clients B, C, E and F.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 12/4/14 at 2</p>	W000154	<p>Addendum</p> <p>W154: Staff treatment of clients: The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Corrective action:</p> <ul style="list-style-type: none"> Clinical Supervisor will be in-serviced on failure to follow, ResCare policy and procedures to prevent abuse, neglect and or mistreatment of clients by any staff or other clients. (Attachment C) 	01/28/2015

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	<p>PM.</p> <p>A 9/4/14 BDDS (Bureau of Developmental Disabilities Services) report indicated client B did not receive her Benztropine (given for physical side effects associated with taking antipsychotic medications) 0.5 mg (milligrams) mg bid (twice a day) as ordered by her physician from 8/27/14 through 9/4/14. The report indicated client B's Benztropine was called into client B's doctor for renewal and the doctor was to call the facility pharmacy with the updated prescription. A DSP (Direct Support Professional) contacted the pharmacy when the medication was not delivered to the home and the DSP was told the prescription was not called to the pharmacy by the client's doctor and the pharmacy would contact client B's doctor for the updated prescription. Client B's medication was then called to the facility's "backup pharmacy" and client B received her Benztropine as scheduled 9/4/14 at 7 PM. The report indicated client B did not experience any negative side effects from the medication errors.</p> <p>A 9/4/14 BDDS report indicated client C did not receive her Phenytoin EX (for seizures) 100 mg bid as ordered by her physician from 9/1/14 through 9/4/14.</p>		<ul style="list-style-type: none"> · Clinical Supervisor will be in-serviced on definition of and identifying all issues of abuse, neglect, and mistreatment by any staff or other clients. (Attachment C) · Clinical Supervisor will be in-serviced on, failure to follow ResCare policy on completing a thorough investigation. (Attachment C) · Clinical Supervisor and Residential Manager will have daily communication to discuss any issues that have occurred that day, or any follow up to previous issues.. <p>How we will identify others:</p> <ul style="list-style-type: none"> · All allegations of abuse/neglect/mistreatment will be immediately reported to Program Manager & Executive Director (Attachment C). · All investigations must be complete with-in five business days. This is to include Peer Review and any approvals needed from any additional parties (Attachment C). · All recommended corrective actions determined by peer review will be delivered in a timely manner (Attachment C). · All incidents will be monitored by Program Manager to 	

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	<p>The report indicated client C's Phenytoin EX was called into client C's doctor for renewal and the doctor was to call the facility pharmacy with the updated prescription. A DSP contacted the pharmacy when the medication was not delivered to the home and the DSP was told the prescription was not called to the pharmacy by the client's doctor and the pharmacy would contact client C's doctor for the updated prescription. Client C's medication was then called to the facility's "backup pharmacy" and client C received her Phenytoin EX as scheduled 9/4/14 at 8 PM. The report indicated client C did not experience any negative side effects from the medication errors.</p> <p>A 9/4/14 BDDS report indicated client E did not receive her Certavite (a vitamin) or her Citrucel (a laxative) qd (once a day) as ordered by her physician from 9/1/14 though 9/5/14. The report indicated client E's Certavite and Citrucel were called into client E's doctor for renewal and the doctor was to call the facility pharmacy with the updated prescription. A DSP contacted the pharmacy when the medications were not delivered to the home and the DSP was told the prescriptions were not called to the pharmacy by the client's doctor and the pharmacy would contact client E's doctor for the updated prescription.</p>		<p>issue recognition of abuse, neglects or mistreatment.</p> <p>Measures to be put in place:</p> <ul style="list-style-type: none"> · Clinical Supervisor or appropriate designee will complete investigation. · Investigation results will be forwarded to Program Manager & Executive Director within 5 business days. · All investigation findings forwarded to Program Manager & Executive Director will be kept with BDDS file for review. · A staff meeting will be held monthly to review recognition of abuse neglect, mistreatment. <p>Monitoring of Corrective Action:</p> <ul style="list-style-type: none"> · All incident report data will be reviewed by safety committee. · All investigations will be completed within 5 business days including peer review. · Clinical Supervisor and appropriate Management personnel will perform periodic service reviews to ensure that all regulations are 				

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	<p>Client E's medications were then called to the facility's "backup pharmacy." The Certavite was picked up 9/3/14 and was given to client E at the 7 am medication pass 9/4/14. The report indicated the Citrucel would not be available until 9/5/14 and client E would not receive her regularly scheduled dose until 9/6/14 at 7 AM. The report indicated client E did not experience any negative side effects from the medication errors.</p> <p>A 9/4/14 BDDS report indicated client F did not receive her Clonidine 0.1 mg bid for high blood pressure and her Loratadine (for allergies) 10 mg and Durezol Emulsion (ophthalmic steroid) .05% drops qd as ordered by her physician from 9/1/14 through 9/4/14. The report indicated client F's Clonidine, Loratadine and Durezol were called into client F's doctor for renewal and the doctor was to call the facility pharmacy with the updated prescriptions. A DSP contacted the pharmacy when the medications were not delivered to the home and the DSP was told the prescriptions were not called to the pharmacy by the client's doctor and the pharmacy would contact client F's doctor for the updated prescriptions. Client F's medications were then called to the facility's "backup pharmacy." The medications were picked up 9/4/14 and</p>		<p>being adhered to in accordance with state law.</p> <p>Completion Date: 1-28-2015</p> <p>W154: Staff treatment of clients: The facility must have evidence that all alleged violations are thoroughly investigated. Corrective action:</p> <ul style="list-style-type: none"> · All appropriate parties will be in-serviced on failure to follow, ResCare policy and procedures to prevent abuse, neglect and or mistreatment of clients by any staff or other clients. (Attachment B) · All appropriate parties will be in-serviced on definition of and identifying all issues of abuse, neglect, and mistreatment by any staff or other clients. (Attachment B) · All appropriate parties have been in-serviced on, failure to follow ResCare policy on completing a thorough investigation. (Attachment B) <p>How we will identify others: ·</p>				

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	<p>client F received her medications as scheduled at the 8 PM medication pass on 9/4/14. The report indicated client F did not experience any negative side effects from the medication errors.</p> <p>The facility records indicated no investigation in regard to the failure to provide client B with her prescribed medications from 8/27/14 through 9/4/14 and the failure to provide clients C, E and F with their prescribed medications from 9/1/14 through 9/4/14.</p> <p>The facility's TL (Team Lead) was interviewed on 12/5/14 at 6 AM. The TL: ___ Indicated the clients' medications were delivered to the home by the facility pharmacy. ___ Indicated some of client B's, C's, E's and F's medications were not delivered to the home with the regular pharmacy order/delivery in September 2014. ___ Indicated when medications were not available for the clients the staff were to notify the facility nurse immediately. ___ Stated the staff had not notified the facility nurse of client B's, C's, E's and F's insufficient medications because, "Each of us (the staff) thought it had been reported but in fact hadn't been." ___ Stated, "Everyone just assumed the other one (the staff) had called the nurse and reported it."</p>		<p>All allegations of abuse/neglect/mistreatment will be immediately reported to Program Manager & Executive Director (Attachment B). · All investigations must be complete with-in five business days. This is to include Peer Review and any approvals needed from any additional parties (Attachment B). · All recommended corrective actions determined by peer review will be delivered in a timely manner (Attachment B). Measures to be put in place: · Clinical Supervisor or appropriate designee will complete investigation. · Investigation results will be forwarded to Program Manager & Executive Director within 5 business days. · All investigation findings forwarded to Program Manager & Executive Director will be kept with BDDS file for review. Monitoring of Corrective Action: · All incident report data will be reviewed by safety committee. · All investigations will be completed within 5 business days including peer review. · Clinical Supervisor and appropriate Management personnel will perform periodic service reviews to ensure that all regulations are being adhered to in accordance with state law. Completion Date: 1-28-2015 W154: Staff treatment of clients: The facility must have evidence that all alleged violations are thoroughly investigated.</p>		

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	<p>__ Indicated the staff that checked the pharmacy medications into the home should have notified the nurse of any discrepancies.</p> <p>The facility's LPN, the RM (Residential Manager), the QIDPD (Qualified Intellectual Disabilities Professional Designee) and the CS (Clinical supervisor) were interviewed on 12/12/14 at 11:30 AM.</p> <p>The LPN: __ Indicated in September 2014 some of client B's, C's, E's and F's prescriptions had expired. __ Indicated client B's, C's, E's and F's physician had not called the facility pharmacy to renew the clients' prescriptions. __ Indicated the pharmacy was waiting on new prescriptions from the physician to refill client B's, C's, E's and F's medications. __ Indicated when the group home DSP received and checked in the pharmacy delivery the DSP noted the missing medications for clients B, C, E and F. __ Indicated the DSP then contacted the facility pharmacy and was told the prescriptions were not called to the pharmacy and the pharmacy would contact the clients' doctor for new prescriptions.</p>		<p>Corrective action: · All appropriate parties will be in-serviced on failure to follow, ResCare policy and procedures to prevent abuse, neglect and or mistreatment of clients by any staff or other clients. (Attachment B) · All appropriate parties will be in-serviced on definition of and identifying all issues of abuse, neglect, and mistreatment by any staff or other clients. (Attachment B) · All appropriate parties have been in-serviced on, failure to follow ResCare policy on completing a thorough investigation. (Attachment B)</p> <p>How we will identify others: · All allegations of abuse/neglect/mistreatment will be immediately reported to Program Manager & Executive Director (Attachment B). · All investigations must be complete with-in five business days. This is to include Peer Review and any approvals needed from any additional parties (Attachment B). · All recommended corrective actions determined by peer review will be delivered in a timely manner (Attachment B).</p> <p>Measures to be put in place: · Clinical Supervisor or appropriate designee will complete investigation. · Investigation results will be forwarded to Program Manager & Executive Director within 5 business days. · All investigation findings forwarded to Program Manager & Executive Director will be kept</p>				

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	<p>___ Stated, "I was not aware the prescriptions had expired." ___ Stated, "I was not notified" of the insufficient medication in the home for clients B, C, E and F. ___ Indicated she was not made aware of the missing medications until 9/3/14. ___ Indicated when a client runs out of a medication and/or their medications are not delivered to the home, the nurse was to be notified immediately and the medication would then be filled at the back up pharmacy. ___ When asked why did the clients go without their medications for so many days without someone notifying the nurse, the LPN stated, "I don't know, but it will never happen again." ___ Stated each DSP "assumed the other (staff) had called and it never got reported to me."</p> <p>The RM: ___ Indicated the DSPs were to notify nursing immediately of all medications that were not given and/or not available to be given. ___ Indicated she (the RM) normally did not give the medications and was not aware of medications not being delivered from the pharmacy.</p> <p>The CS: ___ Indicated failure to provide goods and</p>		<p>with BDDS file for review. Monitoring of Corrective Action: · All incident report data will be reviewed by safety committee. · All investigations will be completed within 5 business days including peer review. · Clinical Supervisor and appropriate Management personnel will perform periodic service reviews to ensure that all regulations are being adhered to in accordance with state law. Completion Date: 1-28-2015</p>				

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W000249	<p>services to the clients was considered neglect. ___ Indicated an investigation had not been conducted. ___ When asked does the facility investigate all allegations and/or incidents of neglect, the CS stated, "Yes we do. I guess we didn't look at it as neglect but I see your point." 9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION 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. Based on observation, interview and record review for 2 of 4 sample clients (A and C), the facility failed to ensure the staff implemented the clients' dining plan at every available opportunity.</p> <p>Findings include: Observations were conducted at the group home on 12/4/14 between 4:25 PM and 6 PM and on 12/5/14 between 5:30 AM and 7:15 AM. ___ During the PM observation period</p>	W000249	<p>Addendum W 249: Program Implemen W 249: Program Implementation: 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. . Corrective action: · Direct care staff to</p>	01/28/2015

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	<p>clients A and C consumed chicken fingers, rolls with butter, green beans and orange slices for their evening meals.</p> <p>__ During the AM observation period client A and C consumed scrambled eggs, a biscuit and crumbled sausage for their morning meal.</p> <p>__ During both observation periods the staff assisted the clients to cut their food into bite sized pieces.</p> <p>__ During both meals client A did not place her drink down between each sip of liquids and the staff did not prompt client A to put her cup down between sips of liquids.</p> <p>__ During both meals client C took large bites of food and did not place her spoon down between bites of food and the staff did not prompt client A to lay her spoon down with every bite of food taken and/or to set her cup down between sips of liquids.</p> <p>Client C's record was reviewed on 12/9/14 at 3 PM.</p> <p>__ Client C's ISP (Individual Support Plan) dated 9/17/14 indicated client C had an objective to set her spoon down between bites of food with two verbal prompts from the staff.</p> <p>__ Client C's Risk Plan dated 9/17/14 indicated client C was at risk of choking and the staff were to encourage client C to put her spoon down between bites and</p>		<p>receive re-training of client A's and C's mealtime needs as it relates to their dining plan goal (Attachment D). · Direct care staff will specifically receive training to ensure client is prompted to sit her drink down between sips (Attachment D). · Direct care staff will specifically receive training to ensure client C is prompted to sit her utensil down between each bite. (Attachment D). How we will identify others: · Daily activity treatment observations will be performed in home to ensure that Client A's and Client C's mealtime goal is completed accurately. Observations will be completed by the Residential Manager, QIDP or designee, and Clinical Supervisor for 1 month at which time observations will be reviewed for staff competence and need to continue. (Attachment E). · Residential Manager, QIDP or designee and Clinical Supervisor will offer immediate correction, training and feedback to all staff during observations. Measures to be put in place: · Daily activity treatment Observations will be performed in home to ensure that Client # 2's mealtime goal is completed accurately. Observations will be completed by the Residential Manager, QIDP or</p>		

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	<p>her drink down between drinks. "Staff will monitor client during meal time." ___ Client C's Dining Plan dated 9/22/14 indicated client C would take large bites of food and the staff were to cue client C to put her utensil down between bites of food to slow her pace of eating as well as cue client C to put her drink down between sips of liquids.</p> <p>Client A's record was reviewed on 12/9/14 at 1 PM. ___ Client A's dining plan dated 9/22/14 indicated the staff were to cue client A to put her cup down between sips of liquids to physically pace herself while drinking.</p> <p>The QIDPD (Qualified Intellectual Disabilities Professional Designee) was interviewed on 12/12/14 at 11:30 AM. The QIDPD: ___ Indicated client C would take large bites and eat at a fast pace if not prompted by the staff to slow down and/or to take smaller bites. ___ Indicated the staff were to follow client A's and client C's dining plan with every meal. ___ Indicated the staff were to prompt client C to lay down her eating utensils after each bite of food consumed and were to ask her to slow down when eating too fast. ___ Indicated the staff were to prompt</p>		<p>designee, and Clinical Supervisor for 1 month at which time observations will be reviewed for staff competence and need to continue (Attachment E). · Residential Manager, QIDP or designee and Clinical Supervisor will offer immediate correction, training and feedback to all staff during observations. Monitoring of Corrective Action: · Daily activity treatment Observations will be performed weekly in home to ensure that Client # 2's mealtime goal is completed accurately. Observations will be completed by the Residential Manager, QIDP or designee, and Clinical Supervisor for 1 month at which time observations will be reviewed for staff competence and need to continue. · Residential Manager, QIDP or designee and Clinical Supervisor. will offer immediate correction, training and feedback to all staff during observations. Completion Date: 1-28-2015 tation: 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</p>		

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	<p>client A to set her cup down between sips of liquids every time client A took a drink.</p> <p>This deficiency was cited on 7/11/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This federal tag relates to complaint #IN00147450.</p> <p>9-3-4(a)</p>		<p>frequency to support the achievement of the objectives identified in the individual program plan. . Corrective action: · Direct care staff to receive re-training of client 's A and C's mealtime needs as it relates to their dining plan goal. (Attachment A) · Direct care staff will specifically receive training to ensure clientA is prompted to sit her drink down between sips (Attachment G). · Direct care staff will specifically receive training to ensure client C is prompted to sit her utensil down between each bite. (Attachment G)) How we will identify others: · Two Activity Treatment Observations will be performed weekly in home to ensure that Client A and Client C's mealtime goal is completed accurately. Observations will be completed by the Residential Manager, QIDP or designee, and Clinical Supervisor for 1 month at which time observations will be reviewed for staff competence and need to continue. (Attachment H) · Residential Manager, QIDP or designee and Clinical Supervisor. will offer immediate correction, training and feedback to all staff during observations. Measures to be put in place: · Two Activity Treatment Observations will be performed weekly in home to ensure that Client # 2's mealtime goal is completed accurately. Observations will be completed</p>		

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			<p>by the Residential Manager, QIDP or designee, and Clinical Supervisor for 1 month at which time observations will be reviewed for staff competence and need to continue..</p> <p>Residential Manager, QIDP or designee and Clinical Supervisor. will offer immediate correction, training and feedback to all staff during observations.</p> <p>Monitoring of Corrective Action: · Two Activity Treatment Observations will be performed weekly in home to ensure that Client # 2's mealtime goal is completed accurately. Observations will be completed by the Residential Manager, QIDP or designee, and Clinical Supervisor for 1 month at which time observations will be reviewed for staff competence and need to continue..</p> <p>Residential Manager, QIDP or designee and Clinical Supervisor. will offer immediate correction, training and feedback to all staff during observations.</p> <p>Completion Date: 1-28-2015</p>		