

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G271	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/04/2014
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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 1504 15TH ST BEDFORD, IN 47421
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W000000	<p>This visit was for the Post Certification Revisit (PCR) to the PCR completed on 10/24/14 to the full recertification and state licensure survey completed on 9/9/14.</p> <p>Survey Dates: December 3 and 4, 2014</p> <p>Facility Number: 000791 Provider Number: 15G271 AIM Number: 100243580</p> <p>Surveyor: Steven Schwing, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/18/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 2 of 7 incident/investigative reports reviewed affecting clients #1, #2 and #6, the facility neglected to implement its policies and procedures to prevent client to client abuse and submit an incident</p>	W000149	<p><b>PROVIDER IDENTIFICATION #:</b> 15G194 <b>NAME OF PROVIDER:</b> RESCARE COMMUNITY ALT., SOUTH <b>CENTRAL ADDRESS:</b> 1504 15th Street, Bedford, IN 47421 <b>SURVEY EVENT ID #:</b> TX1U13</p>	01/23/2015

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>report to the Bureau of Developmental Disabilities Services (BDDS) in a timely manner.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 12/3/14 at 1:43 PM and indicated the following:</p> <p>1) On 11/23/14 at 1:35 PM, client #1 yelled at client #6 to hang up the phone. Client #6 told client #1, "no." Client #6 hit client #1 on the shoulder. Client #1 was not injured.</p> <p>On 12/4/14 at 12:09 PM, the Residential Manager (RM) indicated client to client aggression was considered abuse and the facility should prevent abuse. The RM indicated the facility had a policy and procedure prohibiting abuse.</p> <p>2) On 11/16/14 at 8:00 PM (reported to BDDS on 11/19/14), client #1 and client #2 were sitting at the dining room table. Chicken was placed in front of client #2. Client #1 yelled about where the chicken was sitting. Client #2 told client #1 it was fine. Client #1 slapped client #2 in the face knocking off her glasses. Client #2 was not injured. The BDDS report indicated, in part, "I am aware that this</p>		<p><b>DATE SURVEY COMPLETED: 12/04/2014</b></p> <p><b>PROVIDER'S PLAN OF CORRECTION ADDENDUM #2 W 149: STAFF TREATMENT OF CLIENTS</b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p><b>Corrective Action:</b></p> <ul style="list-style-type: none"> <li>·All incident report data will be reviewed by safety committee.</li> <li>·Clinical Supervisor will send all Client to Client BDDS reports via email to Program Manager and Executive Director.</li> <li>·Program Manager &amp; Executive Director will review client to client BDDS for thoroughness.</li> <li>·Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</li> <li>·Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.</li> </ul> <p><b>PROVIDER'S PLAN OF CORRECTION ADDENDUM W 149: STAFF TREATMENT OF CLIENTS</b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p>		

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	<p>report is late. I apologize. My computer crashed and I was locked out of all of our network systems and equipment (sic) until it was replaced. This should not be a continuing problem... [Client #1] was abusive to [client #2], [client #2] has expressed a desire to file a grievance." The BDDS report indicated a report date of 11/17/14 however the ResCare Community Alternatives South Central Incident Report indicated an incident date of 11/16/14.</p> <p>On 12/4/14 at 12:09 PM, the Residential Manager (RM) indicated client to client aggression was considered abuse and the facility should prevent abuse. The RM indicated the facility had a policy and procedure prohibiting abuse. The RM indicated the timeframe for reporting incidents to BDDS was 24 hours.</p> <p>On 12/3/14 at 1:43 PM, the Group Home Operations Manager (GHOM) indicated not all the BDDS reports were reported within 24 hours. The GHOM indicated her computer crashed. The CS indicated her computer was replaced within 24 hours of crashing. The GHOM indicated BDDS reports were to be submitted within 24 hours. On 12/4/14 at 11:58 AM, the GHOM indicated there were other staff at the facility who could have submitted the BDDS report since her</p>		<p><b>Corrective action:</b> · All appropriate parties have been in-serviced on ResCare policy and procedures to prevent abuse, neglect and or mistreatment of clients by any staff or other clients. <b>(Attachment A)</b> · All direct care staff have been in-serviced on Behavior plans for all individuals in the home. <b>(Attachment A)</b> · Clinical Supervisor has received correction action for failure to meet 24 hour BDDS report guideline. <b>(Attachment B)</b> · Clinical Supervisor has received additional training on the need to notify supervisor if a deadline cannot be met for whatever reason, and to request assistance as needed. <b>(Attachment C)</b> · 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. <b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>·All client to client incidents will be reviewed by IDT for any needed strategy adjustments to prevent abuse to others. <b>(Attachment D)</b></li> <li>·All Client to Client issues will be investigated to determine how the situation can be prevented in the future. <b>(Attachment E)</b></li> <li>·A staff meeting will be held monthly to review all individuals' behavior plans, and reiterate ResCare policy and procedures, including on abuse, neglect and</li> </ul>				

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	<p>computer was not working. The GHOM stated, "that didn't cross my mind at the time. I was working to get it (computer) replaced."</p> <p>On 12/3/14 at 1:24 PM, the facility's 5/28/12 Abuse, Neglect and Exploitation policy indicated, "ResCare will: Ensure all persons served are treated with dignity and respect. Ensure that all persons served are free from abuse, neglect, or exploitation... ResCare does not tolerate abuse, neglect, or exploitation of any persons served. All employees are required to report allegations or suspected incidents of abuse, neglect, and exploitation. All alleged or suspected abuse, neglect, and/or exploitation will be immediately investigated. Appropriate corrective action will be taken to ensure prevention of any further occurrence. Abuse means the infliction of physical or psychological harm, unreasonable confinement, intimidation, punishment with resulting physical harm, pain or mental anguish or deprivation of goods or services that are necessary to meet essential needs or to avoid physical or psychological harm." On 12/3/14 at 1:24 PM, the facility's Incident Management policy, dated 7/18/11, indicated, in part, "Serious incidents/unusual occurrences (require reporting to outside agencies per policy within 24 hours): Alleged,</p>		<p>mistreatment, and reporting policies and protocols. <b><u>(Attachment F)</u></b> <b>Measures to be put in place:</b> ·Clinical Supervisor or appropriate designee will complete the assigned forms for all client to client aggression. <b><u>(Attachment G)</u></b> ·Investigation results for all client to client aggression will be forwarded to Program Manager &amp; Executive Director within 5 business days. ·All allegations &amp; or reports of client to client aggression will be reported to BDDS within 24 hours. ·All investigation findings forwarded to Program Manager &amp; Executive Director will be kept with BDDS file for review. ·A staff meeting will be held monthly to review all individuals' behavior plans, and reiterate ResCare policy and procedures, including on abuse, neglect and mistreatment, and reporting policies and protocols. <b><u>(Attachment F)</u></b> ·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. <b>Monitoring of Corrective Action:</b> ·All incident report data will be reviewed by safety committee. ·Program Manager &amp; Executive Director will periodically review</p>				

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	<p>suspected or actual physical, sexual, emotional/verbal, domestic abuse, neglect or exploitation of a consumer."</p> <p>This deficiency was cited on 10/24/14 and 9/9/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>		<p>client to client BDDS for thoroughness.</p> <p>·Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform periodic Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</p> <p><b>Completion Date: 01/15/2015</b></p> <p><b>PROVIDER IDENTIFICATION #: 15G194</b></p> <p><b>NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRAL ADDRESS: 1504 15th Street, Bedford, IN 47421 SURVEY EVENT ID #: TX1U13 DATE SURVEY COMPLETED: 12/04/2014</b></p> <p><b>PROVIDER'S PLAN OF CORRECTION <u>W 149: STAFF TREATMENT OF CLIENTS</u></b> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. <b>Corrective action:</b> · All appropriate parties have been in-serviced on ResCare policy and procedures to prevent abuse, neglect and or mistreatment of clients by any staff or other clients. (Attachment A) · All direct care staff have been in-serviced on Behavior plans for all individuals in the home. (Attachment A) <b>How we will identify others:</b></p> <p>·All client to client incidents will</p>				

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			<p>be reviewed by IDT for any needed strategy adjustments to prevent abuse to others. (Attachment A)</p> <ul style="list-style-type: none"> <li>·All Client to Client issues will be investigated to determine how the situation can be prevented in the future. (Attachment A)</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>·Clinical Supervisor or appropriate designee will complete the assigned forms for all client to client aggression. (Attachment A)</li> <li>·Investigation results for all client to client aggression will be forwarded to Program Manager &amp; Executive Director within 5 business days.</li> <li>·All allegations &amp; or reports of client to client aggression will be reported to BDDS within 24 hours.</li> <li>·All investigation findings forwarded to Program Manager &amp; Executive Director will be kept with BDDS file for review.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>·All incident report data will be reviewed by safety committee.</li> <li>·Program Manager &amp; Executive Director will periodically review client to client BDDS for thoroughness.</li> <li>·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.</li> </ul> <p><b>Completion Date:</b></p>		

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. Based on record review and interview for 1 of 7 incident/investigative reports reviewed affecting clients #1 and #2, the facility failed to submit an incident report to the Bureau of Developmental Disabilities Services (BDDS) in a timely manner in accordance with state law.</p> <p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 12/3/14 at 1:43 PM and indicated the following: On 11/16/14 at 8:00 PM (reported to BDDS on 11/19/14), client #1 and client #2 were sitting at the dining room table. Chicken was placed in front of client #2. Client #1 yelled about where the chicken was sitting. Client #2 told client #1 it was fine. Client #1 slapped client #2 in the face knocking off her glasses. Client #2 was not injured. The BDDS report indicated, in part, "I am aware that this report is late. I apologize. My computer crashed and I was locked out of all of our</p>	W000153	<p>12/30/2014</p> <p><b>PROVIDER IDENTIFICATION</b> #: 15G194 NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRAL ADDRESS: 1504 15th Street, Bedford, IN 47421 SURVEY EVENT ID #: TX1U13 DATE SURVEY COMPLETED: 12/04/2014 PROVIDER'S PLAN OF CORRECTION ADDENDUM #2 <b><u>W 153: STAFF TREATMENT OF CLIENTS</u></b>The facility must ensure that all allegations of mistreatment, neglect, or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with state law through established procedures.</p> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>·All incident report data will be reviewed by safety committee.</li> <li>·Clinical Supervisor will send all</li> </ul>	01/23/2015			

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	<p>network systems and equipment (sic) until it was replaced. This should not be a continuing problem... [Client #1] was abusive to [client #2], [client #2] has expressed a desire to file a grievance." The BDDS report indicated a report date of 11/17/14 however the ResCare Community Alternatives South Central Incident Report indicated an incident date of 11/16/14.</p> <p>On 12/4/14 at 12:09 PM, the Residential Manager (RM) indicated the timeframe for reporting incidents to BDDS was 24 hours.</p> <p>On 12/3/14 at 1:43 PM, the Group Home Operations Manager (GHOM) indicated BDDS reports were to be submitted within 24 hours. On 12/4/14 at 11:58 AM, the GHOM indicated there were other staff at the facility who could have submitted the BDDS report since her computer was not working. The GHOM stated, "that didn't cross my mind at the time. I was working to get it (computer) replaced."</p> <p>This deficiency was cited on 10/24/14. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>		<p>Client to Client BDDS reports via email to Program Manager and Executive Director.</p> <ul style="list-style-type: none"> <li>· Program Manager &amp; Executive Director will review client to client BDDS for thoroughness.</li> <li>· Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</li> <li>· Per ResCare policy Best in Class standards dictate that a review of 10% of ICF homes, up to 5, be reviewed quarterly.</li> </ul> <p><b><u>W 153: STAFF TREATMENT OF CLIENTS</u></b> The facility must ensure that all allegations of mistreatment, neglect, or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with state law through established procedures. <b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>· Clinical Supervisor has received correction action for failure to meet 24 hour BDDS report guideline. <b><u>(Attachment B)</u></b></li> <li>· Clinical Supervisor has received additional training on the need to notify supervisor if a deadline cannot be met for whatever reason, and to request assistance as needed.</li> <li><b><u>(Attachment C)</u></b> · Clinical Supervisor and Residential</li> </ul>				

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			<p>Manager will have daily communication to discuss any issues that have occurred that day, or any follow up to previous issues. <b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>·Program Manager &amp; Executive Director will periodically review BDDS for timeliness.</li> <li>·All BDDS reportable incidents will be submitted within 24 hours.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>·Clinical Supervisor or appropriate designee will complete the BDDS report within 24 hours of incidents.</li> <li>·Investigation results for all client to client aggression will be forwarded to Program Manager &amp; Executive Director within 5 business days.</li> <li>·All allegations &amp; or reports of client to client aggression will be reported to BDDS within 24 hours.</li> <li>·All investigation findings forwarded to Program Manager &amp; Executive Director will be kept with BDDS file for review.</li> <li>·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.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>·All incident report data will be reviewed by safety committee.</li> <li>·Program Manager &amp; Executive Director will periodically review client to client BDDS for</li> </ul>		

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			<p>thoroughness.</p> <ul style="list-style-type: none"> <li>Clinical Supervisor, Program Manager, Executive Director, QIDP, Human Resources Specialist, Nursing Manager or Business Manager will perform periodic Best in Class Audits to ensure that all regulations are being adhered to in accordance with state law.</li> </ul> <p><b>Completion Date: 01/15/2015</b></p> <p><b>PROVIDER IDENTIFICATION #: 15G194</b></p> <p><b>NAME OF PROVIDER: RESCARE COMMUNITY ALT., SOUTH CENTRAL ADDRESS: 1504 15th Street, Bedford, IN 47421 SURVEY EVENT ID #: TX1U13 DATE SURVEY COMPLETED: 12/04/2014</b></p> <p><b>PROVIDER'S PLAN OF CORRECTION <u>W 153: STAFF TREATMENT OF CLIENTS</u></b> The facility must ensure that all allegations of mistreatment, neglect, or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with state law through established procedures. <b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>Clinical Supervisor has been in-serviced on BDDS reporting standards. (Attachment A)</li> <li>Clinical Supervisor has been in-serviced on BDDS time frames for reporting. (Attachment A)</li> <li>Clinical Supervisor has been in-serviced on the necessity to</li> </ul>		

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			<p>seek assistance if the time line for BDDS reporting is not going to be met by her. (Attachment A)</p> <p><b>How we will identify others:</b></p> <ul style="list-style-type: none"> <li>·Program Manager &amp; Executive Director will periodically review BDDS for timeliness.</li> <li>·All BDDS reportable incidents will be submitted within 24 hours.</li> </ul> <p><b>Measures to be put in place:</b></p> <ul style="list-style-type: none"> <li>·Clinical Supervisor or appropriate designee will complete the BDDS report within 24 hours of incidents.</li> <li>·Investigation results for all client to client aggression will be forwarded to Program Manager &amp; Executive Director within 5 business days.</li> <li>·All allegations &amp; or reports of client to client aggression will be reported to BDDS within 24 hours.</li> <li>·All investigation findings forwarded to Program Manager &amp; Executive Director will be kept with BDDS file for review.</li> </ul> <p><b>Monitoring of Corrective Action:</b></p> <ul style="list-style-type: none"> <li>·All incident report data will be reviewed by safety committee.</li> <li>·Program Manager &amp; Executive Director will periodically review client to client BDDS for thoroughness.</li> <li>·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.</li> </ul> <p><b>Completion Date:</b></p>		

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NAME OF PROVIDER OR SUPPLIER  RES CARE COMMUNITY ALTERNATIVES SE IN				STREET ADDRESS, CITY, STATE, ZIP CODE 1504 15TH ST BEDFORD, IN 47421			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W009999	<p>State Findings</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met:</p> <p>460 IAC 9-3-1 Governing Body</p> <p>(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>11. An emergency intervention for the individual resulting from: a. a physical symptom, b. a medical or psychiatric condition, and c. any other event.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on record review and interview for 1 of 7 incident/investigative reports reviewed affecting client #3, the facility failed to submit an incident report in a timely manner to the Bureau of Developmental Disabilities Services (BDDS) for an emergency room visit.</p>			W009999	<p><b>December 30, 2014</b></p> <p><b>PROVIDER IDENTIFICATION #:</b> 15G194 <b>NAME OF PROVIDER:</b> RESCARE <b>COMMUNITY ALT., SOUTH CENTRAL ADDRESS:</b> 1504 15th Street, Bedford, IN 47421 <b>SURVEY EVENT ID #:</b> TX1U13 <b>DATE SURVEY COMPLETED:</b> 12/04/2014 <b>PROVIDER'S PLAN OF CORRECTION <u>W 9999: Governing Body</u></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: 11. An emergency intervention for the individual resulting from: a. a physical symptom, b. a medical or psychiatric condition, and c. any other event. <b>Corrective action:</b></p> <ul style="list-style-type: none"> <li>·All appropriate parties have been in-serviced on ResCare policy and procedures to prevent abuse, neglect and or mistreatment of clients by any staff or other clients. (Attachment A)</li> <li>·All appropriate parties have been in-serviced on the time frame to report any incident. (Attachment A)</li> <li>·All appropriate parties have been in-serviced on failing to report incidents to clinical supervisor in the appropriate time frame. (Attachment A)</li> </ul>		12/30/2014

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	<p>Findings include:</p> <p>A review of the facility's incident/investigative reports was conducted on 12/3/14 at 1:43 PM and indicated the following: On 11/27/14 at 5:00 PM (reported to BDDS on 12/1/14), client #3 was taken to the emergency room by an ambulance while on a home visit. The BDDS report, dated 12/1/14, indicated, in part, "Here is what the family reported: [Client #3] had a fever on Wednesday. She continued to have (sic) fever the remaining part of the day and also on Thursday. About 5pm on Thursday she got to feeling worse. Her fever got to 102+ and got scared. We called EMS (Emergency Medical Services) about 7pm. I could not handle her. We went to [name of hospital] where they tested her. Got her fever down, and did chest xrays. The results were: touch of pneumonia and urine tract infection (sic). They gave her a hip injection of medicine and a prescription for me to get on Friday, which I did. She had a little of fever on Friday late in the day. She has not had fever since then. [Client #3] was a very sick lady."</p> <p>On 12/3/14 at 1:45 PM, the Group Home Operations Manager (GHOM) indicated she was not informed on 11/27/14 of client #3 going to the emergency room.</p>		<ul style="list-style-type: none"> <li>·All appropriate parties have been in-serviced on BDDS reportable standards. (Attachment A)</li> <li><b>How we will identify others:</b></li> <li>·All BDDS reportable incidents will be reported to the Clinical Supervisor within 24 hours.</li> <li>·All investigations must be complete with-in five business days. This is to include Peer Review and any approvals needed from any additional parties.</li> <li>·All BDDS reportable incidents will be submitted within 24 hours.</li> <li><b>Measures to be put in place:</b></li> <li>·All BDDS reportable incidents will be reported to BDDS within 24 hours.</li> <li>·All staff will follow policy and procedure for all reporting.</li> <li><b>Monitoring of Corrective Action:</b></li> <li>·All incident report data will be reviewed by safety committee.</li> <li>·Program Manager &amp; Executive Director will periodically review BDDS reports for thoroughness, timeliness, and complete adherence to state requirements</li> <li>·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.</li> </ul> <p><b>Completion Date: December 30, 2014</b></p>				

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	<p>The GHOM indicated she was told by the Licensed Practical Nurse (LPN) client #3's mom was considering taking client #3 to the hospital but was never told, for certain, client #3 went to the emergency room. The GHOM indicated the LPN did not contact her again once the LPN knew client #3 went to the hospital. The GHOM indicated she was not informed client #3 went to the emergency room until 12/1/14. The GHOM indicated BDDS reports should be submitted within 24 hours.</p> <p>On 12/4/14 at 12:09 PM, the Residential Manager (RM) indicated BDDS reports should be submitted within 24 hours. The RM indicated she was aware client #3 went to the hospital on 11/27/14. The RM indicated the nurse called the GHOM but the RM was not sure what information was given to the GHOM about client #3 going to the hospital.</p> <p>On 12/4/14 at 12:15 PM, the LPN indicated she informed the GHOM that staff #3 may have informed client #3's mother to take client #3 to the hospital or call 911 due to a fever. The LPN indicated she did not inform the GHOM client #3 went to the hospital. The LPN indicated she should have contacted the GHOM to inform her client #3 went to the hospital. The LPN indicated she</p>				

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	informed the RM and the Director of Nursing.  9-3-1(b)				