

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G273	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 07/18/2014
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NAME OF PROVIDER OR SUPPLIER TRADEWINDS SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10151 W 93RD ST ST JOHN, IN 46373
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W000000	<p>This visit was for the fundamental annual recertification and state licensure survey.</p> <p>Dates of Survey: July 9, 10, 11, 14 and 18, 2014.</p> <p>Surveyor: Christine Colon, QIDP.</p> <p>Facility Number: 000793 Provider Number: 15G273 AIM Number: 100243530</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/4/14 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.</p> <p>Based on record review and interview, for 6 of 8 clients residing at the group home (clients #1, #2, #3, #5, #7 and #8), the facility neglected to implement its "Policy on Abuse and Neglect, Exploitation, Mistreatment, Violation of an Individual's Rights, and Injuries of an</p>	W000149	TradeWinds has a policy on Abuse, Neglect, Exploitation, Mistreatment, and Protection of an Individuals' Rights and Injury of an unknown origin. The Policy Statement states: "Violating an Individuals Rights, Abuse and or neglect or any mistreatment of any consumer who participates in a	08/16/2014

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>Unknown Origin" in regards to client to client aggression, an incident of improper restraint and an allegation of neglect.</p> <p>Findings include:</p> <p>1. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 7/11/14 at 11:00 A.M.. Review of the reports indicated:</p> <p>Incidents of client to client aggression involving client #1:</p> <p>-BDDS report dated 4/9/14 involving client #1 and a facility owned day program client indicated: "[Day program client #11] had finished her snack, as she walked to the trash can she slapped [client #1] on the back."</p> <p>-BDDS report dated 12/2/13 involving clients #1 and #3 indicated: "[Client #3] hit [client #1]."</p> <p>-BDDS report dated 11/26/13 involving client #1 and facility owned day program client indicated: "[Day program client #11] was having a behavior....While blocking other consumers from [Day program client #11] she hit [client #1]."</p> <p>-BDDS report dated 8/15/13 involving</p>		<p>TradeWinds Services, Inc., program is strictly prohibited and will result in severe disciplinary action upto and include discharge from employment and may further result in criminal prosecution. All allegations of violating an Individuals rights or abuse and neglect of consumers served and certain other incidents defined in this policy are to be reported and investigated in prompt and procedurally correct manner." (Please see attached Policies and Procedures on Abuse, Neglect, Exploitation, Mistreatment, and Protection of an Individuals' Rights and Injuries of an Unknown Origin).</p> <p>On 8/13/2014, staff was re-trained on the Abuse, Neglect, Exploitation, Mistreatment and Protection of an Individual's Rights and Injury of an unknown origin policy for the incident involving client #'s 1, 2, 3, 5, 7 & 8. In addition, staff was re-trained on peer on peer aggression involving client #'s 1, 2, 3, 5, 7 & 8. Staffs were also trained on Incident Reporting Policy. (Please see attached training documents)</p> <p>For all allegations of Abuse, Neglect, Exploitation, Mistreatment and Injuries of unknown origin, the investigation will start within 24 hours of the alleged incident. When there is an allegation of Abuse, Neglect, Exploitation, Mistreatment and Injuries of</p>		

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	<p>client #1 and facility owned day program client indicated: "[Day program client #11] got up from chair and hit [client #1]."</p> <p>Incidents of client to client aggression involving client #2:</p> <p>-BDDS report dated 9/14/13 involving clients #3 and #2 indicated: "[Client #3] hit [client #2] in the stomach and in the face."</p> <p>-BDDS report dated 8/28/13 involving client #2 and a facility owned day program client indicated, "On August 28, 2013 [Day program client #11] was rubbing her eyes. She had gestured to staff that she wanted a paper towel to blow her nose. As staff was escorting [Day program client] to get the paper towel [Day program client #11] slapped [client #2] on the back."</p> <p>Incidents involving client #3:</p> <p>-BDDS report dated 4/4/14 involving client #3 and a facility owned day program client: "[Day program client #11] came out of the restroom and sat on the couch next to [client #3]. [Day program client] reached over and smacked [client #3] on her upper right shoulder then moved to a table and sat</p>		<p>unknown origin the staffperson(s) involved will be removed immediately from the schedule pending outcome of the investigation. The staff person(s) involved is responsible for completing an internal incident report and notifying all necessary person(s), such as: House Manager, QIDP and Residential Nurse (if medical attention is needed). The QIDP must be notified as soon as the incident is under control and there is no further danger to either client(s) involved. The QIDP is responsible for making all necessary incident reports to the Bureau of Developmental Disabilities (BDDS) within the guidelines (within 24 hours of incident). TradeWinds Quality Assurance/Crisis Team meets monthly to review all internal incident reports in regards to all consumers. The Quality Assurance/Crisis Team also monitors trends for each incident. Investigation forms has been developed and implemented. One of the investigation forms is designed to have the individual, who is interviewed write down his/her summary of the incident that occurred and sign off. Therevised/updated investigation form is designed to be extensive and very detailed. (Please see attached investigation forms)</p> <p>The QIDP is responsible for conducting a thorough investigation,</p>				

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	<p>down."</p> <p>-BDDS report dated 2/21/14 involving client #3 and a facility owned day program client indicated: "[Day program client #11] was sitting at the table engaged in an activity. She reached over the table and hit [client #3] in the middle of her back."</p> <p>-BDDS report dated 12/19/13 involving clients #2, #3 and #5: "[Client #3] hit staff and 2 of her housemates on the way to the day program." Further review of the report indicated the housemates were clients #2 and #5.</p> <p>-BDDS report dated 12/7/13 involving clients #3, #7 and #8: "[Client #3] was physically aggressive off and on throughout the day, hitting staff and 2 of her housemates. [Client #3] grabbed her housemates, [client #8]'s hand and would not let go. [Client #3] kicked her housemate [client #7] in the leg and tried to return to hit her many other times but was interrupted by staff intervention. [Client #3] engaged in behaviors off and on throughout the day. Staff implemented [client #3]'s behavior support plan by using the least restrictive intervention necessary to ensure the safety and wellbeing of [client #3] and other consumers in the home. Staff used</p>		<p>involving all staff members and consumers involved in incident through written documentation.</p> <p>On 8/8/14, the QIDP was re-trained on how to conduct a thorough investigation. (Please see attached training)</p> <p>To ensure and monitor the investigations that are conducted by the QIDP's, the Residential Coordinator will request a copy for review. When the investigation is completed, it will be reviewed by the Residential Coordinator and Program Director (General Manager) for review to ensure the investigations are thorough. A copy of all completed investigations will be kept by the residential coordinator and the original will be submitted to Human Resources for filing.</p> <p>The group home manager is responsible for monitoring and ensuring that the staffs are following the rights of the consumers. In addition, the QIDP will observe during weekly unannounced visits that the staffs are following the rights of the consumers. It is the policy of TradeWinds Services to ensure that all clients have a safe environment free of aggression, exploitation, abuse, neglect and mistreatment. It is also the policy of TradeWinds to ensure the health, welfare and rights of the individuals</p>				

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	<p>blocking techniques when [client #3] physically attacked her roommate, [client #7] and [client #8]. [Client #3] was physically restrained using 1 person and 2 person hold, 4 to 5 times throughout the day. On average staff held [client #3] in the restraint for 1 to 2 minutes....Staff indicated bruising to [client #3]'s left forearm at the end of the evening on the day of the incident. Bruising appears to be consistent with reports of physical aggressive behaviors. [Client #3] could have sustained the injuries when she was physically attacking her housemates, blocking attempts, or from physical restraint performed."</p> <p>-BDDS report dated 11/30/13...date of knowledge 12/2/13 involving clients #3 and #7 indicated: "[Client #3] hit her housemate, [client #7]. [Client #7] was sitting on the couch that [client #3] generally sits on. [Client #7] got up and moved to allow [client #3] to sit in her spot and [client #3] reached over and hit her on the buttocks. Staff intervened between [client #3] and [client #7] and redirected [client #3]. [Client #3] kicked and hit staff. She began biting her arm. Staff used 2 person restraint for approximately 2 minutes."</p> <p>-BDDS report dated 11/24/13 involving clients #3 and #8 indicated: "[Client #3]</p>		<p>we serve.</p> <p>A Residential QIDP weekly sitevisit checklist has been developed and implemented. (Please see attached form)This form will be utilized by the QIDP for the weekly unannounced visits.</p>	

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	<p>hit one of her housemates, [client #8] on the left side of the forehead."</p> <p>-BDDS report dated 11/21/13 involving clients #3 and #8 indicated: "[Client #3] hit a consumer and a staff on the bus ride to the day program." Further review indicated the client was client #8.</p> <p>-BDDS report dated 10/2/13 involving clients #3 and #8 indicated: "[Client #8] was participating in activity of bingo. [Client #3] was waiting for snack. While waiting [client #3] walked over and smacked [client #8] on the head."</p> <p>-BDDS report dated 9/24/13 involving clients #3 and #2 and #7 indicated: "[Client #3] grabbed client #2's sweater and hit her in the face. [Client #3] hit [client #7] on the right side of the face. The incident occurred on the van."</p> <p>-BDDS report dated 9/5/13 involving clients #3 and #7 indicated: "[Client #3] hit 2 different staff and 2 different consumers when on the van this morning. [Client #3] hit [client #7] on the shoulder."</p> <p>-BDDS report dated 9/4/13 involving client #3 indicated: "[Client #3] was physically restrained by staff because she was hitting staff and trying to bite</p>			

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	<p>herself....Staff reported that they held [client #3]'s hands behind her back and prompted [client #3] to count to 10 to calm down....Investigation is inconclusive that this is how [client #3] sustained bruises due to incidents of self injury. Investigation did determine that staff did not use proper technique when they conducted the physical restraint."</p> <p>-BDDS report dated 8/5/13 involving clients #3 and #2 indicated: "[Client #3] hit [client #2] on her left shoulder."</p> <p>-BDDS report dated 7/30/13 involving clients #3 and #1 indicated: "On 7/30/13 [client #3] stood up walked across the room to [client #1] and slapped her on the back."</p> <p>2. -BDDS report dated 10/22/13 involving client #1 indicated: "[Client #1] fell forward in her wheelchair from the van lift and scraped her knee. There is a documented pattern of mechanical problems with the lift going up and down and the flap on the front of the lift working properly. Lift was repaired several times in the past quarter. Flap on the front of lift was repaired 3 times according to [Facility staff] in the past few months."</p> <p>Confidential interview #1 (CI #1)</p>			

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	<p>indicated the group home van lift had required repairing several times prior to the documented incident and further indicated a maintenance request had been submitted for repair to the van lift due to the flap not working properly. CI #1 indicated client #1 fell due to the van lift flap not working properly.</p> <p>A review of the facility's abuse/neglect policy date 4/20/10 was conducted at the facility's administrative office on 7/11/14 at 1:00 P.M.. Review of the policy indicated: "To establish prompt, accurate and effective procedures and investigating of all allegations of abuse and neglect and any incident or crime as defined...All allegations of abuse and neglect of consumers served and certain other incidents defined in this policy are to be reported and investigated in prompt and procedurally correct manner...Accidents and other injuries not defined as abuse or neglect must still be documented on the incident report form and reviewed according to policy and applicable standards...It is mandatory that all personnel follow this policy. This includes: reporting incidents immediately upon becoming aware of them, completing all forms as required by this policy...Physical abuse: willful infliction of injury...Verbal abuse: Oral, written and or gestured language that</p>						

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	<p>includes disparaging and derogatory remarks toward consumers...Injuries of unknown origin, in addition all injuries of unknown origin must be reported to Adult Protective Services within 24 hours of the injury being discovered. A complete investigation of the injury must be conducted by the Qualified Mental Retardation Professional (QMRP) or the Residential Coordinator...All staff with knowledge of the incident must complete a copy of the unknown injury report and forward it to the QMRP by the end of their shift...Inadequate medical support: including but not limited to failure to obtain needed follow-up medical appointments, failure to obtain routine dental or physician appointments, or failure to obtain medication refills in a timely manner."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted at the facility's administrative office on 7/18/14 at 2:38 P.M.. The QIDP indicated staff are to monitor all clients while at the group home and day program to prevent client to client aggression. The QIDP indicated staff should prevent client #3 from aggressing on other clients. The QIDP indicated the staff improperly restrained client #3.</p>						

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W000157	<p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview, the facility failed for 3 of 4 sampled clients and 3 additional clients (clients #1, #2, #3, #5, #7 and #8) to take effective/sufficient corrective action to prevent client to client aggression at the facility owned day program and group home.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted on 7/11/14 at 11:00 A.M.. Review of the reports indicated:</p>	W000157	TradeWinds has a policy on Abuse, Neglect, Exploitation, Mistreatment, and Protection of an Individuals' Rights and Injury of an unknown origin. The Policy Statement states: "Violating an Individuals Rights, Abuse and or neglect or any mistreatment of any consumer who participates in a TradeWinds Services, Inc., program is strictly prohibited and will result in severe disciplinary action upto and include discharge from employment and may further result in criminal prosecution. All allegations of violating an Individuals rights or abuse and neglect of consumers served and certain other incidents	08/16/2014			

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	<p>Incidents involving client #1:</p> <p>-BDDS report dated 4/9/14 involving client #1 and a facility owned day program client indicated: "[Day program client #11] had finished her snack, as she walked to the trash can she slapped [client #1] on the back."</p> <p>-BDDS report dated 12/2/13 involving clients #1 and #3 indicated: "[Client #3] hit [client #1]."</p> <p>-BDDS report dated 11/26/13 involving client #1 and facility owned day program client indicated: "[Day program client #11] was having a behavior....While blocking other consumers from [Day program client #11] she hit [client #1]."</p> <p>-BDDS report dated 8/15/13 involving client #1 and facility owned day program client indicated: "[Day program client #11] got up from chair and hit [client #1]."</p> <p>Incidents involving client #2:</p> <p>-BDDS report dated 9/14/13 involving clients #3 and #2 indicated: "[Client #3] hit [client #2] in the stomach and in the face."</p>		<p>defined in this policyare to be reported and investigated in prompt and procedurally correct manner."(Please see attached Policies and Procedures on Abuse, Neglect, Exploitation,Mistreatment, and Protection of an Individuals' Rights and Injuries of anUnknown Origin).</p> <p>On 8/13/2014, staff was re-trained on the Abuse, Neglect,Exploitation, Mistreatment and Protection of an Individual's Rights and Injuryof an unknown origin policy for the incident involving client #'s 1, 2, 3, 5, 7& 8. In addition, staff was re-trained on peer on peer aggression involvingclient #'s 1, 2, 3, 5, 7 & 8. Staffs were also trained on Incident ReportingPolicy. (Please see attached training documents)</p> <p>For all allegations of Abuse, Neglect, Exploitation,Mistreatment and Injuries of unknown origin, the investigation will startwithin 24 hours of the alleged incident. When there is an allegation of Abuse,Neglect, Exploitation, Mistreatment and Injuries of unknown origin the staffperson(s) involved will be removed immediately from the schedule pendingoutcome of the investigation. The staff person(s) involved is responsible forcompleting an internal incident report and notifying all necessary person(s),such as: House Manager,</p>	

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	<p>-BDDS report dated 8/28/13 involving client #2 and facility owned day program client indicated; "On August 28, 2013 [Day program client #11] was rubbing her eyes. She had gestured to staff that she wanted a paper towel to blow her nose. As staff was escorting [Day program client] to get the paper towel [Day program client #11] slapped [client #2] on the back."</p> <p>Incidents involving client #3:</p> <p>-BDDS report dated 4/4/14 involving client #3 and a facility owned day program client: "[Day program client #11] came out of the restroom and sat on the couch next to [client #3]. [Day program client] reached over and smacked [client #3] on her upper right shoulder then moved to a table and sat down."</p> <p>-BDDS report dated 2/21/14 involving client #3 and a facility owned day program client indicated: "[Day program client #11] was sitting at the table engaged in an activity. She reached over the table and hit [client #3] in the middle of her back."</p> <p>-BDDS report dated 12/19/13 involving clients #2, #3 and #5: "[Client #3] hit staff and 2 of her housemates on the way</p>		<p>QIDP and Residential Nurse (if medical attention is needed). The QIDP must be notified as soon as the incident is under control and there is no further danger to either client(s) involved. The QIDP is responsible for making all necessary incident reports to the Bureau of Developmental Disabilities (BDDS) within the guidelines (within 24 hours of incident). TradeWinds Quality Assurance/Crisis Team meets monthly to review all internal incident reports in regards to all consumers. The Quality Assurance/Crisis Team also monitors trends for each incident. Investigation forms has been developed and implemented. One of the investigation forms is designed to have the individual, who is interviewed write down his/her summary of the incident that occurred and sign off. Therevised/updated investigation form is designed to be extensive and very detailed. (Please see attached investigation forms)</p> <p>The QIDP is responsible for conducting a thorough investigation, involving all staff members and consumers involved in incident through written documentation. On 8/8/14, the QIDP was re-trained on how to conduct a thorough investigation. (Please see attached training)</p>		

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	<p>to the day program." Further review of the report indicated the housemates were clients #2 and #5.</p> <p>-BDDS report dated 12/7/13 involving clients #3, #7 and #8: "[Client #3] was physically aggressive off and on throughout the day, hitting staff and 2 of her housemates. [Client #3] grabbed her housemates, [client #8]'s hand and would not let go. [Client #3] kicked her housemate [client #7] in the leg and tried to return to hit her many other times but was interrupted by staff intervention. [Client #3] engaged in behaviors off and on throughout the day. Staff implemented [client #3]'s behavior support plan by using the least restrictive intervention necessary to ensure the safety and wellbeing of [client #3] and other consumers in the home. Staff used blocking techniques when [client #3] physically attacked her roommate, [client #7] and [client #8]. [Client #3] was physically restrained using 1 person and 2 person hold, 4 to 5 times throughout the day. On average staff held [client #3] in the restraint for 1 to 2 minutes....Staff indicated bruising to [client #3]'s left forearm at the end of the evening on the day of the incident. Bruising appears to be consistent with reports of physical aggressive behaviors. [Client #3] could have sustained the injuries when she was</p>		<p>To ensure and monitor the investigations that are conducted by the QIDP's, the Residential Coordinator will request a copy for review. When the investigation is completed, it will be reviewed by the Residential Coordinator and Program Director (General Manager) for review to ensure the investigations are thorough. A copy of all completed investigations will be kept by the residential coordinator and the original will be submitted to Human Resources for filing.</p> <p>The group home manager is responsible for monitoring and ensuring that the staffs are following the rights of the consumers. In addition, the QIDP will observe during weekly unannounced visits that the staffs are following the rights of the consumers. It is the policy of TradeWinds Services to ensure that all clients have a safe environment free of aggression, exploitation, abuse, neglect and mistreatment. It is also the policy of TradeWinds to ensure the health, welfare and rights of the individuals we serve.</p> <p>A Residential QIDP weekly site visit checklist has been developed and implemented. (Please see attached form) This form will be utilized by the QIDP for the weekly unannounced visits.</p>				

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	<p>physically attacking her housemates, blocking attempts, or from physical restraint performed."</p> <p>-BDDS report dated 11/30/13...date of knowledge 12/2/13 involving clients #3 and #7 indicated: "[Client #3] hit her housemate, [client #7]. [Client #7] was sitting on the couch that [client #3] generally sits on. [Client #7] got up and moved to allow [client #3] to sit in her spot and [client #3] reached over and hit her on the buttocks. Staff intervened between [client #3] and [client #7] and redirected [client #3]. [Client #3] kicked and hit staff. She began biting her arm. Staff used 2 person restraint for approximately 2 minutes."</p> <p>-BDDS report dated 11/24/13 involving clients #3 and #8 indicated: "[Client #3] hit one of her housemates, [client #8] on the left side of the forehead."</p> <p>-BDDS report dated 11/21/13 involving clients #3 and #8 indicated: "[Client #3] hit a consumer and a staff on the bus ride to the day program." Further review indicated the client was client #8.</p> <p>-BDDS report dated 10/2/13 involving clients #3 and #8 indicated: "[Client #8] was participating in activity of bingo. [Client #3] was waiting for snack. While</p>						

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	<p>waiting [client #3] walked over and smacked [client #8] on the head."</p> <p>-BDDS report dated 9/24/13 involving clients #3 and #2 and #7 indicated: "[Client #3] grabbed client #2's sweater and hit her in the face. [Client #3] hit [client #7] on the right side of the face. The incident occurred on the van."</p> <p>-BDDS report dated 9/5/13 involving clients #3 and #7 indicated: "[Client #3] hit 2 different staff and 2 different consumers when on the van this morning. [Client #3] hit [client #7] on the shoulder."</p> <p>-BDDS report dated 8/5/13 involving clients #3 and #2 indicated: "[Client #3] hit [client #2] on her left shoulder."</p> <p>-BDDS report dated 7/30/13 involving clients #3 and #1 indicated: "On 7/30/13 [client #3] stood up walked across the room to [client #1] and slapped her on the back."</p> <p>No documentation was available for review to indicate the facility took effective/sufficient corrective action.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted at the facility's</p>						

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W000249	<p>administrative office on 7/18/14 at 2:38 P.M.. When asked if there was documentation to indicate the Inter Disciplinary Team (IDT) met to address the pattern of client to client aggression, the QIDP indicated there was not any documentation. The QIDP indicated there was no documentation available for review to indicate the facility took sufficient/effective corrective action to address the pattern of client to client aggression.</p> <p>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, record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the facility failed to implement the clients' training objectives when formal and/or informal opportunities existed at the group home.</p>	W000249	<p>On 8/13/14, staffs were retrained on Goal Implementation, where training objectives are to be implemented during formal/informal opportunities exists. Goals/activities are to occur at all times while the clients are awake. The house manager is responsible for observing the</p>	08/16/2014			

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	<p>Findings include:</p> <p>An evening observation was conducted at the group home on 7/9/14 from 4:30 P.M. until 6:40 P.M.. From 4:55 P.M. until 5:55 P.M. and then from 6:05 P.M. until 6:40 P.M., clients #1, #2, #3 and #4 sat in the living/dining room area with the television on, with no activity. Direct Support Professionals (DSP) #5, #6 and #7 would walk into the room and occasionally check on clients #1, #2, #3 and #4, but did not offer any meaningful activity.</p> <p>A morning observation was conducted at the group home on 7/11/14 from 5:30 A.M. until 7:00 A.M.. During the entire observation period, clients #1, #2, #3 and #4 sat in the living room with the television on, with no meaningful activity. Direct Support Professionals (DSP) #1, #4, #5 and #6 would walk into the room and occasionally check on clients #1, #2, #3 and #4, but did not offer any meaningful activity. At 5:45 A.M., DSP #4 administered client #4's prescribed medications. DSP #4 popped out each of client #4's medications, handed the medication cup to client #4 and prompted her to take them. Client #4 did not learn to follow the medication routine when she administers her medications.</p>		<p>group homes and making sure all items that are needed are in the home and to ensure staff are implementing the client's training objectives when formal and or informal opportunities exists at least 5 days a week. The QIDP will observe during weekly unannounced visits that the group home has all items that are needed in the home and to ensure staff are implementing the client's training objectives when formal and or informal opportunities exists. A residential QIDP weekly site visit checklist has been developed, effective August 5, 2014 and will be utilized by the QIDP's on the weekly visits. (Please see attached form) The weekly checklist will be turned into the residential coordinator on a weekly basis for additional auditing for the group home. In addition to the house managers and QIDPs, the residential coordinator will conduct monthly unannounced visits to the group homes to ensure training objectives are being implemented during formal/informal opportunities exists. With the frequent monitoring system, that has been put into place with the visits from the house manager at least 5 days a week, the weekly unannounced visits from the QIDP and the monthly visits from the Residential Coordinator will help</p>		

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	<p>A review of client #1's record was conducted on 7/11/14 at 2:00 P.M.. A review of client #1's Individual Support Plan (ISP) dated 7/3/13 indicated the following objectives that could have been implemented during both observations: "Will exercise...Will learn money management skills...Will have a conversation with staff focusing on herself."</p> <p>A review of client #2's record was conducted on 7/11/14 at 2:30 P.M.. The ISP dated 6/17/14 indicated the following objectives that could have been implemented during both observations: "Will engage in a physical activity...Will assist in making a meal...Will engage in a group leisure activity."</p> <p>A review of client #3's record was conducted on 7/11/14 at 3:00 P.M.. The ISP dated 6/5/14 indicated the following objectives that could have been implemented during both observations: "Will engage in a physical activity...Will participate in a group activity...Will play bingo with my peers."</p> <p>A review of client #4's record was conducted on 7/11/14 at 3:30 P.M.. The ISP dated 10/16/13 indicated the following objectives that could have been</p>		to ensure compliance that staff are implementing the goals/training objectives during formal/informal opportunities as it exists				

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W000289	<p>implemented during both observations: "Will learn street safety skills...While make a choice of items she wants to purchase...Will learn to count 7 pennies she will need for tax for the purchase she makes...Will learn to sort her laundry...Will learn to express her feelings; sickness, anger and sadness...Will complete at least two activities a day...Will learn to follow the medication routine when she administers her medications."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/18/14 at 2:38 P.M.. The QIDP indicated facility staff should implement training objectives at all times of opportunity.</p> <p>9-3-4(a)</p> <p>483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.</p>			

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	<p>Based on record review and interview, for 1 of 4 sampled clients (client #3), the facility failed to ensure systematic interventions (physical holds) in the Behavior Support Plans (BSP) were specifically written/described.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations was conducted on 7/11/14 at 11:00 A.M. and indicated:</p> <p>-BDDS report dated 5/3/14 involving client #3 indicated: "Staff had just come in to begin her 4 P.M. to 12 A.M. shift. [Client #3] was coming out of her room stating she did not want a maxipad. Staff told her to put it on the desk in the med office. [Client #3] did then went back into her room. Next, [client #3] came out of the room full force straight towards staff, by the dining room table. She tried to hit staff three times. Staff blocked her attempts and redirected her to sit on the couch and practice her coping skills. She attempted to bite herself on the hands and arm. Then she became aggressive towards staff again, trying to punch 3 more times. After the 4th time, staff put [client #3] in a control position restraint...."</p>	W000289	<p>The Residential Coordinator emailed the behaviorist for the 93rd Group Home to request an update/revision made to the BSPs for the 93rd Group Home that will give a thorough indication of what is least restrictive to most restrictive measures during a behavior that involves a hold/restraint. A thorough description of the holds to be utilized by staff must be thoroughly listed in the BSP for each consumer to guide staff to ensure proper implementation. The Residential Coordinator also provided the behaviorist with the requested information of the CPI guidelines, so that it will be incorporated into the BSP for client #3 and the remaining consumers at the 93rd Group Home. The QDDP is responsible for ensuring that the BSPs have thorough descriptions of various holds to utilize (for least restrictive to most effective measures) during a behavior in the BSP for staff guidance to ensure proper implementation for each consumer in his/her BSP (client specific). The QIDP will continue to communicate on a weekly basis with the behavior specialist to ensure compliance with consumer specific restraints are very descriptive (for least restrictive to most effective measures) that will give staff specific instructions on proper restraint to use per consumer's BSP. In addition, the</p>	08/16/2014			

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	<p>-BDDS report dated 4/3/14 involving client #3 indicated: "While staff was folding laundry, [client #3] hit staff in the left arm. Staff then got up from the couch to redirect [client #3]. Another staff heard [client #3] whining and came out of the kitchen to assist. Both staff restrained her by criss crossing her hands in front of her holding her right arm across her left shoulder and her left arm across her right shoulder until she calmed down."</p> <p>-BDDS report dated 3/24/14 involving client #3 indicated: "Staff was sitting next to [client #3] on the van while other staff was driving. All of a sudden, [client #3] hit the staff sitting next to her. Staff immediately stood up, got behind the seat to perform the control position restraint until she calmed down. [Client #3] was in the position for a couple of minutes until she calmed herself and stopped whining."</p> <p>-BDDS report dated 3/10/14 involving client #3 indicated: "Staff was loading [client #3] onto van preparing for transport after workshop. Staff was assisting [client #3] to the van. Staff asked [client #3] if she wanted her to take the bag of communication books because the books were heavy. [Client #3] said</p>		<p>Residential Coordinator will follow up with the communication between the QIDP and behaviorist to monitor and to ensure compliance.</p> <p>All new hires, will receive CPI training and every 2 years all staff will receive a re-training on CPI or as needed to ensure staff can demonstrate competency. In addition, all staff will receive behavioral training annually or as needed to ensure competency. All staff will be tested after the trainings and all staff must receive at least 80% or better on all test to ensure that staff can demonstrate competency. However, if staff receives a score below 80%, he/she must re-test until he/she has met the requirements of receiving an 80% or higher on all competency tests.</p>	

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	<p>no. The (sic) she said 'no' loudly again and tried to hit the staff on the van next to her. Staff stood behind her and placed her hands across the front of her chest until she calmed down. Staff let her go and [client #3] tried to hit staff once again. [Client #3] went into behaviors three different times. Each time, staff followed the restraint procedure by crossing her hands in front of the client's chest."</p> <p>-BDDS report dated 1/26/14 involving client #3 indicated: "On 1/26/14 at approximately 6:30 P.M., [client #3], became agitated while one of the staff was writing out the grocery list for the home. As staff tried to redirect [client #3], she began to try and hit staff. [Client #3] continued to try to hit staff and that's when staff restrained [client #3]. [Client #3] began to calm down. Once she calmed down, she went into the living room to sit on the sofa. [Client #3] became agitated again and that's when she reached over the sofa and hit one of her housemates on the top of the head twice. Staff was able to intervene, however, [client #3] tried to hit her housemate again and that's when the staff restrained [client #3]." Further review of the report failed to indicate what type of physical restraint was used by staff during this incident.</p>						

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	-BDDS report dated 12/7/13 involving client #3 indicated: "[Client #3] was physically aggressive off and on throughout the day, hitting staff and 2 of her housemates. [Client #3] grabbed her housemate, [client #8]'s hand and would not let go. [Client #3] kicked her housemate [client #7] in the leg and tried to return to hit her many other times but was interrupted by staff intervention. [Client #3] engaged in behaviors off and on throughout the day. Staff implemented [client #3]'s behavior support plan by using the least restrictive intervention necessary to ensure the safety and wellbeing of [client #3] and other consumers in the home. Staff used blocking techniques when [client #3] physically attacked her roommate, [client #7] and [client #8]. [Client #3] was physically restrained using 1 person and 2 person hold, 4 to 5 times throughout the day. On average staff held [client #3] in the restraint for 1 to 2 minutes....Staff indicated bruising to [client #3]'s left forearm at the end of the evening on the day of the incident. Bruising appears to be consistent with reports of physical aggressive behaviors. [Client #3] could have sustained the injuries when she was physically attacking her housemates, blocking attempts, or from physical restraint performed." Further review of			
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	<p>the report failed to indicate what type of physical restraint was used by staff during this incident.</p> <p>-BDDS report dated 11/23/13 involving client #3 indicated: "[Client #3] bit her hand and hit staff several times. Staff intervened and used a physical restraint to keep [client #3] from hurting herself on 11/23/13 and 11/24/13." Further review of the report failed to indicate what type of physical restraint was used by staff during this incident.</p> <p>-BDDS report dated 11/30/13...date of knowledge 12/2/13 involving clients #3 indicated: "[Client #3] hit her housemate, [client #7]. [Client #7] was sitting on the couch that [client #3] generally sits on. [Client #7] got up and moved to allow [client #3] to sit in her spot and [client #3] reached over and hit her on the buttocks. Staff intervened between [client #3] and [client #7] and redirected [client #3]. [Client #3] kicked and hit staff. She began biting her arm. Staff used 2 person restraint for approximately 2 minutes."</p> <p>-BDDS report dated 9/4/13 involving client #3 indicated: "[Client #3] was physically restrained by staff because she was hitting staff and trying to bite herself....Staff reported that they held</p>			

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	<p>[client #3]'s hands behind her back and prompted [client #3] to count to 10 to calm down....Investigation is inconclusive that this is how [client #3] sustained bruises due to incidents of self injury. Investigation did determine that staff did not use proper technique when they conducted the physical restraint."</p> <p>A review of client #3's record was conducted on 7/11/14 at 3:00 P.M.. Review of client #3's BSP dated 11/4/13 indicated: "If [client #3] escalates to the point that she is in danger of hurting herself or other, staff should implement the least restrictive physical intervention necessary to keep [client #3] safe." Further review of the BSP did not indicate nor describe what the least restrictive but most effective hold should be implemented when client #3 is a risk to herself or to others.</p> <p>An interview with the Qualified Intellectual Disability Professional (QIDP) was conducted on 7/18/14 at 2:38 P.M.. The QIDP indicated client #3's BSP did not indicate how the holds/techniques would be implemented when needed. The QIDP further indicated they did not have the description of the holds to be used in the BSP for staff guidance to ensure proper implementation.</p>						

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(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
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W000436	<p>9-3-5(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT 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. Based on observation, record review, and interview, for 2 of 4 sampled clients who wore prescribed eyeglasses and hearing aids (clients #2 and #4), the facility failed to provide, encourage and teach the use of their prescribed eyeglasses and hearing aids. Findings include: An evening observation was conducted at the group home on 7/9/14 from 4:30 P.M. until 6:40 P.M.. During the entire observation period, client #4 did not wear her hearing aids and was not prompted to</p>	W000436	<p>If a consumer has adaptiveequipment, such as: glasses or hearing aids & is inconsistent with usingthem, a formal goal will be included in their ISP along with tracking sheets todetermine the number of prompts needed for compliance. This data will also beshared with the Behavioral Specialist for possible inclusion in their behaviorplan if considered necessary by the IDT. On 8/13/14, staffs were trainedon goal implementation, where the training objectives are to be implementedduring formal/informal opportunities. Goals/activities are to be occurring atall times when the</p>	08/16/2014
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	<p>wear her hearing aid. Client #2's prescribed eyeglasses had the right lens missing. During the observation staff would walk up to client #4 and talk loudly in her ear when communicating with her.</p> <p>An interview with client #2 and Direct Support Professional (DSP) #2 was conducted on 7/9/14 at 5:20 P.M.. Client #2 and DSP #2 indicated client #2's sister cleaned her glasses and popped the lens out by accident while on a visit and the lens was missing. When asked how long the glasses had been broken, client #2 indicated a month.</p> <p>A morning observation was conducted at the group home on 7/11/14 from 5:30 A.M. until 7:00 A.M.. During the entire observation period, client #4 did not wear her hearing aids and was not prompted to wear her hearing aid. Client #2 did not wear her prescribed eyeglasses and was not prompted to wear her prescribed eyeglasses. During the observation staff would walk up to client #4 and talk loudly in her ear when communicating with her.</p> <p>A review of client #2's record was conducted on 7/11/14 at 2:30 P.M.. The ISP dated 6/17/14 indicated client #2 was prescribed eyeglasses. Client #2's</p>		<p>consumer is awake. The House Manager will continue to ensure that the training objectives are taking place in the home. In addition, the QIDP will continue to ensure that the training objectives are taking place in the home during weekly unannounced visits.</p> <p>The group home manager is responsible for monitoring staff & ensuring that staff is prompting the consumer's to wear the adaptive equipment. In addition, the QDDP will observe staff during unannounced visits to the group home to ensure that staff is prompting consumers to wear adaptive equipment.</p> <p>Adaptive equipment prompting level form has been developed and implemented. (Please see attached form)</p>		

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W000488	<p>"General Eye Exam" dated 3/17/14 indicated she was prescribed eyeglasses.</p> <p>A review of client #4's record was conducted on 7/11/14 at 3:30 P.M.. The ISP dated 6/5/14 indicated client #4 was prescribed hearing aids. Client #4's hearing evaluation/assessment dated 6/4/14 indicated she was prescribed hearing aids.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed at the facility's administrative office on 7/18/14 at 2:38 P.M.. The QIDP indicated staff should be teaching clients to wear their eyeglasses and hearing aids at all times. The QIDP further indicated staff should have prompted client #4 to wear her hearing aids. The QIDP indicated client #2's eyeglasses need to be repaired.</p> <p>9-3-7(a)</p> <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</p>			

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	<p>developmental level.</p> <p>Based on observation, record review and interview, the facility failed to assure 4 of 4 sampled clients and 4 additional clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) were involved in meal preparation.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 7/9/14 from 4:30 P.M. until 6:40 P.M.. During the observation period, clients #1, #2, #3, #4, #5, #6, #7 and #8 sat in the living room with no meaningful activity. At 4:30 P.M., Direct Support Professional (DSP) #2 cooked the evening meal which consisted of bean soup, broccoli, corn bread and peaches. At 6:30 P.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 ate their evening meal independently. Clients #1, #2, #3, #4, #5, #6, #7 and #8 did not assist in meal preparation.</p> <p>A morning observation was conducted at the group home on 7/11/14 from 5:30 A.M. until 7:00 A.M.. At 6:15 A.M. Direct Support Professional (DSP) #4 put sliced bread into the toaster and placed each piece onto a serving plate, while clients #1, #2, #3, #4, #5, #6, #7 and #8 sat in the living room with no activity. At 6:40 A.M., clients #1, #2, #3, #4, #5, #6, #7 and #8 ate their breakfast which</p>	W000488	The group home manager is responsible for monitoring staff to ensure that the consumers are involved in the meal preparations. In addition, the QIDP's will also observe staff during weekly unannounced visits to the group home to ensure the consumers are involved in the meal preparations and serving the meals according to their level of functioning. A schedule has been developed and implemented to ensure the clients are involved in meal preparation. (Please see attached document) A meaningful day schedule has been developed and implemented to ensure the consumers are continuously receiving active treatment. (Please see attached meaningful day schedule) With the frequent monitoring system, that has been put into place with the visits from the house manager at least 5 days a week, the weekly unannounced visits from the QIDP and the monthly visits from the Residential Coordinator will help to ensure consumers are involved in the meal preparations	08/16/2014			

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	<p>consisted of cold cereal, toast, juice and milk. Clients #1, #2, #3, #4, #5, #6, #7 and #8 did not assist in meal preparation.</p> <p>A review of client #2's record was conducted on 7/11/14 at 2:30 P.M.. The ISP dated 6/17/14 indicated the following objectives that could have been implemented during both observations: "Will engage in a physical activity...Will assist in making a meal...Will engage in a group leisure activity."</p> <p>A review of client #7's record was conducted on 7/11/14 at 4:10 P.M.. Review of the most current ISP dated 7/2/13 indicated: "Will prepare a healthy side dish for dinner."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 7/18/14 at 2:38 P.M.. The QIDP indicated the clients could assist in meal preparation and further indicated they should be assisting in meal preparation at all times.</p> <p>9-3-8(a)</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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