

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G579	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  08/15/2014
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NAME OF PROVIDER OR SUPPLIER  MCSHERR INC - NEW CASTLE	STREET ADDRESS, CITY, STATE, ZIP CODE 496 DENNY DR NEW CASTLE, IN 47362
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: August 4, 5, 6 and 15, 2014.</p> <p>Provider Number: 15G579 Facility Number: 001093 AIM Number: 100239970</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 8/22/14 by Ruth Shackelford, 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. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4) and 2 additional clients (#7 and 8), the governing body failed to exercise general policy and operating direction over the facility to ensure all allegations of client to client abuse for</p>	W000104	<p><b>Name and Address of Provider:</b> McSherr, Inc., 496S. Denney Drive, New Castle, IN <b>Date Survey Completed:</b> 8/15/2014 <b>Provider Identification Number:</b> 15G579 <b>Survey Event ID:</b> U4MI11 <b>Finding:</b> W104 – The governing body failed to exercise general policy and</p>	09/14/2014

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>clients #1, #7 and #8 were investigated and to ensure the outside services met the needs of clients #1, #2, #3, #4 and #7.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy and operating direction over the facility to ensure the day program staff prompted clients #2, #3 and #7 to wash their hands prior to eating, monitored/supervised and provided training to the clients while the clients ate their meal and to ensure the clients were provided liquids with their meal. The governing body failed to exercise general policy and operating direction over the facility to ensure the day program staff were provided a copy of client #1's, #2's, #3's, #4's and #7's current program plans. Please see W120.</p> <p>2. The governing body failed to exercise general policy and operating direction over the facility in regard to the facility's failure to implement written policy and procedures to ensure all allegations of client to client abuse were thoroughly investigated for clients #1, #7 and #8. Please see W149.</p> <p>3. The governing body failed to exercise general policy and operating direction over the facility to ensure all allegations</p>		<p>operating direction over the facility to ensure all allegations of client to client abuse for clients #1, #7, and #8 were investigated and to ensure the outside services met the needs of clients #1, #2, #3, #4, and #7.</p> <p><b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</b></p> <p>1. Policy on Investigations of client-to-client abuse (Document #CP-314) will be updated to ensure a more thorough investigation process.</p> <ul style="list-style-type: none"> <li>· Process will include review of Day Program policy on investigations to verify a policy similar to McSherr policy that ensures protection of all consumers.</li> <li>· McSherr QIDP will complete investigation for McSherr on all client-to-client abuse involving McSherr consumers while attending day program.</li> <li>· QIDP will then obtain and review investigation completed by Day Program and review findings at McSherr monthly IDT meeting to ensure safety of consumers.</li> <li>· All staff, Day Program and McSherr staff, will be inserviced on McSherr Policy Update on Investigations of Suspected Abuse, Neglect and Exploitation.</li> </ul> <p>1. Day Programs will be given copies of all current dining plans which include washing/sanitizing</p>	

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	of client to client abuse were investigated for clients #1, #7 and #8. Please see W154.  9-3-1(a)		hands prior to eating and being provided liquids with their meal. McSherr QIDP will inservice day program staff on dining plans. ·DayProgram Observation Checklist will be utilized by McSherr professional staff to ensure compliance with plans by day program staff ·DayProgram Observation Checklist will be reviewed at monthly IDT <b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> ·All consumers have the potential to be affected. ·Policy on Investigations of client-to-client abuse (Document #CP-314) will be updated to ensure a more thorough investigation process. ·Day Programs will be given all current dining plans. ·McSherr QIDP will inservice day program staff on dining plans. <b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b> ·Monthly IDT meeting (with QIDP updates), will review all reports of client-to-client abuse specific to day programs for compliance with McSherr policy, day program policy, and state regulations.		

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			<p>·ResidentialAdministrator will review and sign all reports and investigations</p> <p>·McSherrstaff and Day Programs will be inserviced on McSherr policy updates relative to investigations</p> <p>·DayProgram Observation Checklist will be utilized by McSherr professional staff to ensure compliance with dining plans by day program staff</p> <p>·DayProgram Observation Checklist will be reviewed at monthly IDT</p> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place?</b></p> <p>·Health Services Coordinator/RN, Social Worker, House Manager, and QIDP (IDT) will monitor through observation and completion of Day Program Observation Check list on a recurring monthly basis or more often if deficiencies are noted</p> <p>·ResidentialAdministrator will review all investigations of Suspected Abuse at Day Program within five days</p> <p>·IDT will review every 30 days to monitor for compliance with McSherr policy, DayProgram policy, and State Regulations</p> <p><b>What is the date by which the systemic changes will be completed?</b> 9/14/2014</p> <p><b>Respectfully Submitted,</b> <b>Rosemary Taylor, Residential</b></p>	

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W000120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>The facility must assure that outside services meet the needs of each client. Based on observation, record review and interview for 4 of 4 sample clients (#1, #2, #3 and #4) and 1 additional client (#7), the facility failed to ensure the DP (Day Program):</p> <p>__ Staff prompted clients #2, #3 and #7 to wash their hands prior to eating.</p> <p>__ Staff monitored clients #2, #3 and #7 while eating and prompted the clients to take small bites of food and to take a drink between bites of food.</p> <p>__ Staff prompted client #3 to slow his pace of eating.</p> <p>__ Staff provided clients #3 and #7 with fluids while eating their meal.</p> <p>__ Staff provided clients #2, #3 and #7 with training to cut their food and client #3 to use his napkin.</p> <p>__ Staff informed client #3 of the food he was served and orientated him to the position of his table ware, drinks and/or the food on his plate and prompted the client to hold his head up and to sit up straight.</p> <p>__ Was provided a copy of client #1's, #2's, #3's, #4's and #7's current program plans, dining plans and client #2's Risk plan for elopement.</p>	W000120	<p><b>Administrator</b></p> <p><b>Name and Address of Provider:</b> McSherr, Inc., 496S. Denney Drive, New Castle, IN</p> <p><b>Date Survey Completed:</b> 8/15/2014 <b>Provider Identification Number:</b> 15G579 <b>Survey Event ID:</b> U4MI11 <b>Finding:</b> W120-</p> <p>The facility failed to ensure the Day Program:</p> <ul style="list-style-type: none"> <li>· Staff prompted clients #2, #3, and #7 to wash their hands prior to eating</li> <li>· Staff monitored clients #2, #3, and #7 while eating and prompted the clients to take small bites of food and to take a drink between bites of food</li> <li>· Staff prompted client #3 to slow his pace of eating</li> <li>· Staff provided clients #3 and #7 with fluids while eating their meal</li> <li>· Staff informed client #3 of the food he was served and orientated him to the position of his tableware, drinks, and/or the food on his plate and prompted the client to hold his head up and to sit up straight</li> <li>· Staff provided clients #2, #3, and #7 with training to cut their food and client #3 to use his napkin</li> <li>· Was provided a copy of client #1, #2, #3, #4, and #7 current Program Plans, Dining Plans and</li> </ul>	09/14/2014

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	<p>Findings include:</p> <p>Observations were conducted at the day program on 8/6/14 between 10:30 AM and 11:30 AM. There were 3 staff and 14 clients. Clients #2, #3 and #7 were observed eating their afternoon meal.</p> <p>__At 10:45 AM clients #2, #3 and #7 sat at a table in the program room waiting on their food to be brought to them.</p> <p>__At 11 AM DST (Direct Support Trainer) #1 placed a clothing protector on clients #3 and #7. The clothing protectors were then draped in front of clients #3 and #7 and placed on the table to serve as a place mat. DST #3 took client #3's and #7's lunch boxes to the counter near the microwave and began pulling out small plastic containers of food which consisted of pieces of baked chicken, sweet potatoes, tomatoes, bananas and a can of liquid. DST #3 emptied the small plastic containers of food into two high sided divided dishes and warmed the food in the microwave. After the food was warm DST #3 cut the chicken into small bite size pieces and carried the divided dishes to the table and sat one dish on the table on top of client #3's clothing protector and the other dish on the table on top of client #7's clothing protector. DST #3 gave both clients a disposable plastic spoon to eat their meal</p>		<p>client #2 Risk Plan for elopement</p> <p><b>Whatcorrective action(s) will be accomplished for these residents found to havebeen affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>·Allcurrent plans (Elopement, Dining, Other High Risk, etc.) will be provided tothe Day Program in a timely manner</li> <li>·DayProgram staff will be inserviced on the plans</li> <li>·DiningPlans will include washing hands before meals, supervision level, teaching touse a napkin and to cut own food, proper use of clothing protector (if needed),assisting visually impaired with position of food on plate and utensillocation, maintaining good posture while eating, teaching proper use of eatingutensils, taking small bites, chewing thoroughly, alternate food and drink,serving themselves, and oral care after meals (when needed)</li> <li>·DayProgram Observation Checklist will be utilized by McSherr professional staff toensure compliance with plans at day program</li> <li>·DayProgram Observation Checklist will be reviewed at monthly IDT</li> </ul> <p><b>Howwill you identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>·Allconsumers have the</li> </ul>	
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	and then placed their lunch boxes at the table with each client. DST #3 did not remove and/or open the cans of liquid from client #3's and #7's lunch boxes or provide clients #3 and #7 with something to drink while they ate their meal. DST #3 did not orient client #3 to the food he was being served and/or to the position of the food in his dish. DST #3 then returned to the counter to prepare more food for other clients. Clients #3 and #7 immediately began eating their meal, taking large bites of food. Client #3 ate at a fast pace holding the plastic spoon in his right hand with the handle of the spoon in between his 4th and 5th fingers. Client #3 used his index finger of his right hand and his fingers of his left hand to feel for the food in the dish and to push the food onto the spoon. While eating client #3 leaned forward and to his left with his head down toward his chest. Throughout the meal client #3 increasingly leaned to his left side. DST #1, #2 and #3 were assisting other clients in the room, preparing food and taking clients to the bathroom. DST #1 and #2 did not sit with and/or directly supervise clients #3 and #7 while eating their meal. ___At 11:20 AM DST #2 brought two small plastic square containers, one with pieces of baked chicken and the other with sweet potatoes, to the table and sat them down in front of client #2. DST #2		potential to be affected. ·Allplans (Elopement, Dining, Other High Risk, etc.) will be provided to the DayProgram in a timely manner ·DayProgram staff will be inserviced on the plans ·DiningPlans will include washing hands before meals, supervision level, teaching touse a napkin and to cut own food, proper use of clothing protector (if needed),assisting visually impaired with position of food on plate and utensillocation, maintaining good posture while eating, teaching proper use of eatingutensils, taking small bites, chewing thoroughly, alternate food and drink,serving themselves, and oral care after meals (when needed) ·DayProgram Observation Checklist will be utilized by McSherr professional staff toensure compliance with plans at day program ·DayProgram Observation Checklist will be reviewed at monthly IDT <b>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?)</b> ·HealthServices Coordinator/RN, Social Worker, House Manager, and QIDP (IDT) willmonitor through observation and completion of Day Program Observation Checklistat least monthly for six months				

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	<p>began cutting client #2's chicken for him. DST #1 walked over to the table and whispered something into DST #2's ear and then stated, "Hey [client #2], you want to cut up your food." Client #2 stated, "No, the staff always does it." DST #1 stated, "Oh, your staff does it for you. Oh, ok." DST #1 then continued cutting client #2's chicken into pieces for him.</p> <p>__At 11:22 AM DST #2 walked over to client #3 and stated, "How's it going." Client #3 stated, "I'm done." and "Where's my coffee?" Client #3 did not eat his bananas or tomatoes. DST #1 wiped client #3's face and hands with his clothing protector and removed his divided dish and spoon from the table. Client #7 had finished eating his chicken, sweet potatoes and bananas.</p> <p>__At 11:25 AM DST #2 then brought two Styrofoam cups to the table and sat one in front of client #3 and one in front of client #7. DST #1 got a can of pink lemonade out of client #7's lunch box, opened it and poured it into the Styrofoam cup in front of client #7. DST #2 then got a can of sweet tea from client #3's lunch box, opened it and poured the tea into client #3's Styrofoam cup. Clients #3 and #7 began drinking the fluids given them as soon as they were poured. Client #3 drank his tea at a fast pace and took large gulps. Client #2 who was sitting at</p>		<p>·IDTwill review every 30 days to monitor for compliance with McSherr Plans</p> <p>·DayProgram will be notified of deficiencies</p> <p><b>Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will it be put intoplace?</b></p> <p>·HealthServices Coordinator/RN, Social Worker, House Manager, and QIDP will monitor through observation and completion of Day Program Observation Checklist on a recurring monthly basis or more often if deficiencies are noted</p> <p>·IDTwill review every 30 days to monitor for compliance with McSherr Plans</p> <p>·Day Program will be notified of deficiencies</p> <p><b>Whatis the date by which the systemic changes will be completed? 9/14/2014</b></p> <p><b>RespectfullySubmitted,</b> <b>RosemaryTaylor, Residential Administrator</b></p>	

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	<p>a table with clients #3 and #7 was taking large bites of his food. The DST did not prompt client #2 to take smaller bites. DST #1, #2 and #3 continued assisting other clients in the room.</p> <p>__At 11:30 AM client #3 had finished his drink and DST #1 took client #3 to the bathroom.</p> <p>During this observation period at the DP the staff:</p> <p>__Did not prompt clients #2, #3 and #7 to wash their hands prior to eating and/or provide the clients with hand sanitizer.</p> <p>__Did not provide clients #2, #3 and #7 with training to cut their own food into small pieces.</p> <p>__Did not inform client #3 of the food he was served or orientate client #3 to the position food on his plate.</p> <p>__Did not provide clients #3 and #7 with liquids while eating their meal.</p> <p>__Did not prompt client #3 to use his napkin to wipe his face and/or hands while eating and/or after eating.</p> <p>__Did not prompt client #3 to lift his head and/or to sit up straight while eating.</p> <p>__Did not prompt clients #2, #3 and #7 to take smaller bites and/or to slow their pace of eating.</p> <p>__Did not sit with and/or provide clients #2, #3 and #7 with supervision while eating their afternoon meal.</p>			

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	<p>Review of the DP records on 8/6/14 at 12 PM indicated:</p> <p>__A High Risk Plan for choking for client #3 dated May 2012. The plan indicated client #3 was blind and edentulous (no teeth), he was to receive intermittent close supervision for all meals, food was to be cut into bite sized pieces with hand over hand assistance and the staff were to give verbal reminders to take smaller bites of food, to alternate food and fluids during the meal and client #3 was to take small drinks of liquids. The plan indicated "PO (Per Oral) liquids will be available at all times...."</p> <p>__A dining plan for client #7 dated 5/8/13. The plan indicated client #7 was to participate in serving himself from serving bowls, eat at a slow/safe rate of intake and to chew his food thoroughly.</p> <p>__No dining plans for clients #2 and #3 and the dining plan for client #7 had not been updated since May 2013.</p> <p>__No Risk Plan for elopement for client #2.</p> <p>__The ISP (Individual Support Plan) for client #2 was dated 6/2/13 prior to client #2's admission to the facility on 10/21/13. The ISP for client #3 was dated 5/9/13 and the ISP for client #7 was dated 5/9/13.</p>			

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	<p>Client #1's record was reviewed on 8/6/14 at 1 PM. Client #1's record indicated an ISP dated 1/15/14.</p> <p>Client #2's record was reviewed on 8/5/14 at 11 AM. The record indicated client #2 was admitted to the facility on 10/21/13. Client #2's ISP was dated 11/13/13.</p> <p>__ Client #2's revised dining plan dated 6/10/14 indicated client #2 was to cut his food into bite size pieces and was to alternate between bites of food and drinks of liquids while eating.</p> <p>__ Client #2's Quarterly Nutrition Review dated 3/18/14 indicated client #2 had a tendency to take large bites of food and a recommendation for the staff to encourage client #2 to chew his food thoroughly.</p> <p>__ Client #2's swallow study of 5/1/14 indicated:                      "Put denture adhesive in partials prior to eating."                      "Alternate foods and liquids."                      "Take small bites and sips."                      "Liquids should be thin."                      "Complete oral care after all meals."</p> <p>__ Client #2's FAR (Functional Assessment Report) dated 11/12/13 indicated client #2 needs:                      To swallow his food before taking another bite.</p>			

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	<p>To maintain a good posture when eating. Increase independent use of a napkin To maintain his current weight.</p> <p>__ Client #2's record indicated client #2 had left the group home on 7/7/14 after an altercation with a peer. When client #2 realized the staff had spotted him (client #2) "he took off at a fast pace down the road." Client #2 was returned to the home and a Risk plan for elopement was developed and implemented at the group home.</p> <p>Client #3's record was reviewed on 8/5/14 at 12:30 PM. __ Client #3's ISP was dated 5/17/14. The ISP indicated client #3 was blind. __ Client #3's FAR dated 5/1/14 indicated "His skills are limited by his vision.... [Client #3] is reminded to sit up when he is eating as he tends to bend over the table.... He can correctly use a spoon. He needs hand-over-hand to use a fork and a knife to cut his food into bite sized pieces for safety." __ Client #3's revised dining plan dated 6/10/14 indicated "Intermittent supervision while eating, food cut into bite size pieces, sandwiches cut into bite size pieces, hand over hand assistance to cut food and verbal cues to alternate foods and drinks."</p>			

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	<p>Client #4's record was reviewed on 8/5/14 at 3 PM. __ Client #4's record indicated an ISP dated 2/5/14.</p> <p>Client #7's record was reviewed on 8/6/14 at 1 PM. __ Client #7's ISP was dated 5/7/14. __ Client #7's FAR dated 5/5/14 indicated "He (client #7) needs hand over hand assistance to cut foods into smaller pieces to prevent choking.... He is reminded to sit up and to chew and to take small bites." __ Client #7's revised dining plan dated 6/10/14 indicated:     Client #7's food was to be cut into bite sized pieces.     Client #7 was to be given verbal cues to alternate between foods and drinks.     Client #7 required hand over hand assistance to serve himself and to cut his foods.</p> <p>During interview with DST #3 on 8/6/14 at 11:45 AM, DST #3 stated, "You'll have to talk to [DST #1]. She knows them (clients #2, #3 and #7) better than me and has worked here the longest."</p> <p>During interview with DST #1 on 8/6/14 at 11:50 AM, DST #1: __ Indicated the clients were prompted to</p>			

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	<p>wash their hands after toileting but not prior to meals.</p> <p>__ Indicated DST #2 was new and this was her second day working with the clients and stated, "She is a sub and is just shadowing right now."</p> <p>__ Indicated clients #2, #3 and #7 were not provided direct supervision while eating their noon meal and stated, "We just try to keep an eye on them while they eat but that's hard to do sometimes."</p> <p>__ Stated, "One staff usually takes care of programming while the other is busy with toileting."</p> <p>__ Indicated she was not aware of specific dining plans for clients #2, #3 and #7.</p> <p>During interview with DPM (Day Program Manager) on 8/6/14 at 12 PM, the DPM:</p> <p>__ Indicated she had not been provided the current copies of client #1's, #2's, #3's, #4's and #7's ISPs, risk plans and dining plans. The DPM stated, "I don't know what happened. I thought we had them."</p> <p>__ Indicated the DP staff were to ensure the clients washed their hands prior to eating.</p> <p>__ Stated the DP staff were to ensure every client was provided something to drink while eating and the staff "should not be waiting until after their meal to give them (the clients) something to</p>			

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	<p>drink."</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 8/6/14 at 3 PM, the QIDP:</p> <p>__ Indicated the DP staff were to prompt clients #2, #3 and #7 to eat at appropriate rates, to take small bites of food, to take a drink between bites of food and to chew their food thoroughly.</p> <p>__ Stated, "They (the clients) are always to have a drink of some kind available to them when they are eating."</p> <p>__ Indicated clients #3 and #7 had choking protocols in place due to risk of choking and/or aspiration.</p> <p>__ Stated "all clients" were to wash their hands prior to eating or were to be provided hand sanitizer.</p> <p>__ Stated client #3 "is blind" and indicated the DP staff were to inform client #3 of the food he was being served and orientate client #3 to the location of his food on his plate prior to every meal.</p> <p>__ Indicated the DP staff were to prompt clients #3 and #7 to sit up straight and to use their napkins to wipe their face.</p> <p>__ Stated the clothing protector "is not to be used as a napkin or a placemat" and the DP staff "should have prompted him (client #3) to use his napkin."</p> <p>__ Stated client #2's, #3's and #7's "new dining plans" had not been provided to</p>			
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W000149	<p>the DP. __ Stated, "I thought I had sent the current plans (ISPs and Risk plans) to them (the DP). I will make sure they get them (client #1's, #2's, #3's, #4's program plans)." __ Indicated client #2's AWOL risk and plan for AWOL had not been shared with the DP. The QIDP stated, "It was a minor thing and his first time that I know of and I just thought I would get a jump on it and implement a risk plan. I didn't even think about sharing it with the DP."  9-3-1(a)  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 1 of 4 sampled clients (#1) and 2 additional clients (#7 and #8), the facility failed to implement written policy and procedures to ensure all allegations of client to client abuse were thoroughly investigated for clients #1, #7 and #8.  Findings include:  Review of the 4/10/14 revised facility policy "MCSHERR, INC.</p>	W000149	<p><b>Name and Address of Provider:</b> McSherr, Inc., 496S. Denney Drive, New Castle, IN <b>Date Survey Completed:</b> 8/15/2014 <b>Provider Identification Number:</b> 15G579 <b>Survey Event ID:</b> U4MI11 <b>Finding: W149</b>– The facility failed to implement written policy and procedures to all allegations of client-to-client abuse were thoroughly investigated for clients #1, #7, and #8 <b>What corrective action(s) will be</b></p>	09/14/2014	

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	<p>INVESTIGATIONS and SUSPECTED ABUSE NEGLECT OR EXPLOITATION" on 8/4/14 at 1 PM indicated, but not all inclusive:</p> <p>___ "Abuse - refers to the ill-treatment, violation, revilement, malignment, exploitation and/or otherwise disregard of an individual, whether purposeful or due to carelessness, inattentiveness, or omission of the perpetrator."</p> <p>___ "Physical abuse - refers to any physical motion or action (e.g. hitting, slapping, punching, kicking, pinching, etc.) by which bodily harm or trauma occurs. It includes use of corporal punishment as well as the use of any restrictive, intrusive procedure to control inappropriate behavior for purposes of punishment. Observations could show bruises, cuts, burns (from cigarettes, etc.)"</p> <p>___ "Any alleged, suspected, or actual abuse, neglect or exploitation of an individual, any violation of an individual's rights, any client to client abuse, and/or any injuries of unknown origin must be reported accordingly to Bureau of Quality Improvement Services (BQIS) within twenty-four (24) hours, while following appropriate reporting procedures."</p> <p>___ "McSherr, Inc. will report and investigate all peer to peer aggression."</p> <p>___ "All Day Service Programs are</p>		<p><b>accomplished for these residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>·McSherrpolicy on Investigations of client-to-client abuse (Document #CP-314) has beenupdated with a clause requiring that McSherr QIDP/SLC or designee obtain a copyof the Day Service Provider Investigations policy, ensure it is similar toMcSherr policy, it protects all consumers from abuse, and that McSherr QIDPwill review day program investigations with day program staff.</li> <li>·Uponnotification of a client-to-client incident at day program, McSherr QIDP willnotify Residential Administrator and commence an investigation by interviewingall available staff and consumers who have been with the consumer within thepast 24-hours</li> <li>·Uponreceipt of the completed Day Program investigation, McSherr QIDP will meet withDay Program staff to review day program investigation</li> <li>·McSherrQIDP will review finding with McSherr staff at monthly IDT.</li> <li>·Allrequired reports will be filed per regulations</li> <li>·SuspectedAbuse, Neglect and Exploitation policy has been updated to reflect a morethorough investigation process</li> <li>·Staffwere trained on the new</li> </ul>	

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	<p>expected to abide by this policy or have a similar policy in place to ensure the protection of all consumers."</p> <p>The facility failed to implement written policy and procedures to ensure all client to client abuse was thoroughly investigated for clients #1, #7 and #8. Please see W154.</p> <p>9-3-2(a)</p>		<p>policy updates on August 27, 2014</p> <ul style="list-style-type: none"> <li>·QIDPwill notify day program of McSherr policy updates and new requirements</li> </ul> <p><b>Howwill you identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>·Allconsumers have the potential to be affected.</li> <li>·Allalleged incidents of client-to-client abuse will be thoroughly investigated andreported.</li> <li>·McSherrwill ensure day program policies on investigations are similar to McSherr's andprotect all consumers.</li> </ul> <p><b>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?) ?</b></p> <ul style="list-style-type: none"> <li>·DirectSupport Professionals, House Manager, QIDP, Health Services Coordinator/ RN,Social Services Coordinator, and Residential Administrator will be trained onthe policy updates for Investigation and Suspected Abuse, Neglect, andExploitation.</li> <li>·MonthlyIDT meetings, with QIDP updates, will review all reports of client-to-clientabuse specific to day programs for compliance with McSherr policy, day programpolicy, and state regulations.</li> </ul>		

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			<p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place?</b></p> <ul style="list-style-type: none"> <li>· Direct Support Professionals, House Manager, QIDP, Health Services Coordinator/RN, Social Services Coordinator, and Residential Administrator will be trained on the policy updates for Investigation and Suspected Abuse, Neglect, and Exploitation.</li> <li>· House Manager will monitor through daily interaction with consumers at the home, observation at day program, and review of in-house daily notes.</li> <li>· Health Services Coordinator/RN, Social Worker, Residential Administrator, and QIDP will monitor through observation, review of documentation day program observations, notifications of client-to-client abuse, and interaction with consumers.</li> <li>· IDT will review every 30 days to monitor for compliance with McSherr policy, Day Program policy, and state regulations.</li> </ul> <p><b>What is the date by which the systemic changes will be completed?</b> 9/14/2014</p> <p><b>Respectfully Submitted, Rosemary Taylor, Residential Administrator</b></p>	

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W000154	<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 5 of 8 allegations of client to client abuse reviewed, the facility failed to ensure a thorough investigation was conducted for clients #1, #7 and #8.</p> <p>Findings include:</p> <p>The facility's reportable and investigative records were reviewed on 8/4/14 at 2 PM.</p> <p>The 7/25/14 BDDS (Bureau of Developmental Disabilities Services) report indicated on 7/25/14 at 1:45 PM client #8 was kicked in the left shin (lower leg) "for no apparent reason" by a peer from another facility (client #9) while at the day program. The facility records indicated no investigation in regard to the client to client abuse.</p> <p>The 4/7/14 BDDS report indicated on 4/7/14 at 11:35 AM client #9 kicked client #8 in both shins. "The staff that was in the area at the time believes that the male peer (client #9) kicked him because he (client #8) had a box that he (client #9) wanted." The facility records indicated no investigation in regard to the client to client abuse.</p>	W000154	<p><b>Name and Address of Provider:</b> McSherr, Inc., 496S. Denney Drive, New Castle, IN <b>Date Survey Completed:</b> 8/15/2014 <b>Provider Identification Number:</b> 15G579 <b>Survey Event ID:</b> U4MI11 <b>Finding: W154</b>— The facility failed to ensure a thorough investigation of client-to-client abuse was conducted for clients #1, #7, and #8 <b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</b> · Policy on Investigations of client-to-client abuse (Document #CP-314) will be updated to include a more thorough investigation process. · Process will include review of Day Program policy on investigations to ensure a policy similar to McSherr policy that ensures protection of all consumers. · McSherr QIDP will complete an investigation for McSherr. · QIDP will then review completed Day Program investigation with Day Program staff and review findings at McSherr monthly IDT meeting. · All staff will be inserviced on</p>	09/14/2014			

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	<p>The 4/22/14 BDDS report indicated on 4/22/14 at 9:30 AM "[Client #9] was standing at his work table working. [Client #1] walked into [client #9's] work area and [client #9] punched [client #1] in the back.... [Client #1] had a small red mark about 1/2 inch long on the left side of his back." The facility records indicated no investigation in regard to the client to client abuse.</p> <p>The 3/21/14 BDDS report indicated on 3/21/14 at 12:55 PM client #1 was bending over to pick up trash off the floor and was hit in the back by client #9. Client #1's back was reddened where client #9 hit him. The facility records indicated no investigation in regard to the client to client abuse.</p> <p>The 9/16/13 BDDS report indicated on 9/16/13 at 1:20 PM client #7 was smacked three times "opened handed" on the upper right chest by a client from another facility (client #10). The 9/17/13 investigative report indicated two staff interviews and no client interviews. The facility records did not indicate a thorough investigation was conducted.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) and the RM (Residential</p>		<p>Policy Updates</p> <ul style="list-style-type: none"> <li>·DayProgram will be notified of the McSherr policy updates</li> </ul> <p><b>Howwill you identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>·Allconsumers have the potential to be affected.</li> <li>·Allalleged incidents of client-to-client abuse will be thoroughly investigated andreported.</li> <li>·McSherrwill ensure day program policies on investigations are similar to McSherr's andprotect all consumers.</li> <li>·McSherrQIDP will review all client-to-client investigations with Day Program staff andat McSherr monthly IDT meeting..</li> </ul> <p><b>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?)</b></p> <ul style="list-style-type: none"> <li>·MonthlyIDT meeting (with QIDP updates), willreview all reports of client-to-client abuse specific to day programs forcompliance with McSherr policy, day program policy, and state statutes.</li> <li>·McSherrstaff and Day Programs will be notified/trained on McSherr policy updates.</li> </ul> <p><b>Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will it be put</b></p>				

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	<p>Administrator) on 8/4/14 at 1 PM, the QIDP and the RM indicated all incidents of client to client abuse were to be thoroughly investigated.</p> <p>During interview with the DSP (Day Service Program) manager on 8/6/14 at 12:30 PM, the DSP manager stated the DP investigated all allegations of client to client abuse that resulted in injury and/or were not "directly observed" by the staff. The DSP manager indicated the DP followed the BDDS policy of reporting and investigating and if the incident was observed by a staff member, the incident of client to client abuse was not investigated.</p> <p>During interview with the QIDP on 8/6/14 at 2 PM, the QIDP stated the workshop "only" conducted investigations of client to client abuse resulting in injury and/or were not observed by a staff. The QIDP indicated the facility had not investigated the allegations of client to client abuse reported by the workshop on 7/24/14, 4/7/14, 4/22/14, 3/21/14 and 9/16/14.</p> <p>9-3-2(a)</p>		<p><b>intoplace?</b></p> <ul style="list-style-type: none"> <li>·HouseManager will monitor through daily interaction with consumers at the home, observation at day program, and review of in-house daily notes.</li> <li>·HealthServices Coordinator/RN, Social Worker, Residential Administrator, and QIDP will monitor through observation, review of documentation day program observations, notifications of client-to-client abuse, and interaction with consumers.</li> <li>·IDT will review at least monthly to monitor for compliance with McSherr policy, Day Program policy, and state regulations.</li> </ul> <p><b>What is the date by which the systemic changes will be completed? 9/14/2014</b></p> <p><b>Respectfully Submitted, Rosemary Taylor, Residential Administrator</b></p>	

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W000210	<p>483.440(c)(3) INDIVIDUAL PROGRAM PLAN Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. Based on observation, record review and interview for 1 of 4 sample clients (#3), the facility failed to ensure the IDT (Interdisciplinary Team) assessed/reassessed client #3 for adaptive dining equipment and dining needs.</p> <p>Findings include:</p> <p>During observations at the group home on 8/4/14 between 3:30 PM and 7 PM client #3 was observed eating his evening meal. At 5:20 PM staff #1 went to the living room and said, "Come on [client #3]. It's time to eat." Staff #1 stated, "He can't see very well so we have to help him." At the dining room table, staff #1 assisted client #3 in sitting down in a straight chair. Client #3 was served with hand over hand assistance from the staff a hot dog split in half, one bun, cooked carrots and baked beans. Using hand over hand assistance, the staff assisted client #3 to cut his food. Client #3 ate his food with a spoon by holding the spoon in his right hand with the handle of the spoon in between his 4th and 5th fingers and used his index finger of his right hand and his</p>	W000210	<p><b>Name and Address of Provider:</b> McSherr, Inc., 496S. Denney Drive, New Castle, IN <b>Date Survey Completed:</b> 8/15/2014 <b>Provider Identification Number:</b> 15G579 <b>Survey Event ID:</b> U4MI11 <b>Finding: W210</b>– The facility failed to ensure the IDT assessed/reassessed client #3 for adaptive dining equipment and dining needs. <b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</b> · Client #3 family physician will be contacted to obtain a referral for an Occupational Therapy assessment for adaptive eating utensils and other dining suggestions. · Staff at day program and at group home will be trained to offer hand-over-hand assistance to allow client #3 to use a fork and knife to cut food. · Occupational Therapist will also be asked for suggestions to assist client #3 with sitting upright in his chair while eating. · IDT will review assessments of all McSherr clients annually (or</p>	09/14/2014			

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	<p>fingers of his left hand to feel for the position of his food and to push his food onto his spoon. While eating client #3 leaned forward with his head down toward his chin and leaned to his left. Client #3 increasingly leaned to his left throughout the meal. Client #3 did not use a fork while eating his meal. After client #3 had finished eating his meal, staff #1 prompted client #3 to sit up in his chair.</p> <p>Observations were conducted at the day program on 8/6/14 between 10:30 AM and 11:30 AM. Client #3 was observed eating his afternoon meal.</p> <p>At 11 AM DST (Direct Support Trainer) DST #3 took client #3's lunch box to the counter near the microwave and began pulling out small plastic containers of food which consisted of pieces of baked chicken, sweet potatoes, tomatoes, bananas and a can of liquid. DST #3 emptied the small plastic containers of food into a high sided divided dish and warmed the food in the microwave. After the food was warm DST #3 cut the chicken into small bite size pieces and carried the divided dish to the table and sat it in front of client #3. Client #3 was provided a disposable plastic spoon to eat his meal. Client #3 held the plastic spoon in his right hand with the handle of the spoon in between</p>		<p>more often ifneeded) to assure there are no additional concerns..</p> <ul style="list-style-type: none"> <li>·Dieticianwill be consulted for additional suggestions for vision deficit clients</li> </ul> <p><b>Howwill you identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>·Allconsumers with visual impairment have the potential to be affected.</li> <li>·IDTwill monitor monthly and review assessment needs at least annually.</li> </ul> <p><b>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?)</b></p> <ul style="list-style-type: none"> <li>·MonthlyIDT meeting (with QIDP updates), will reviewassessment needs at least annually.</li> <li>·Mealtimeobservations done by manager will include eating position and ideas foradaptive equipment that may help determine need.</li> <li>·DayProgram mealtime observations will be done at least monthly to ensure adaptiveequipment and dining needs are being met.</li> </ul> <p><b>Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will it be put into place?.</b></p> <ul style="list-style-type: none"> <li>·HouseManager will monitor</li> </ul>	

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	<p>his 4th and 5th fingers and used his index finger of his right hand and his fingers of his left hand to feel for the food in the dish and to push the food onto the spoon. While eating client #3 leaned forward and to his left with his head down toward his chest. Throughout the meal client #3 increasingly leaned to his left side.</p> <p>Client #3's record was reviewed on 8/5/14 at 12:30 PM.</p> <p>__ Client #3's FAR (Functional Assessment Report) dated 5/1/14 indicated "His skills are limited by his vision.... [Client #3] is reminded to sit up when he is eating as he tends to bend over the table.... He can correctly use a spoon. He needs hand-over-hand to use a fork and a knife to cut his food into bite sized pieces for safety.... He speaks when spoken to. He does not imitate gross motor movements due to his blindness."</p> <p>__ Client #3's 11/22/05 OT (Occupational Therapy) evaluation indicated "Due to client's visual impairment, as long as there are no hygiene concerns, client can continue to eat using current adaptive utensil/devices and use sense of touch to maximize independence." The evaluation did not indicate the specific adaptive utensils/devices client #3 was to use while eating.</p> <p>__ Client #3's PT (Physical Therapy)/OT assessment dated 9/4/13 indicated "OT -</p>		<p>through daily interaction with consumers at the home and at day program</p> <ul style="list-style-type: none"> <li>· IDT will monitor assessment needs at monthly meeting and review at least annually</li> <li>· QIDP, Social Services Coordinator, RN, and Residential Administrator will monitor assessment needs through observation at group home and day program</li> </ul> <p><b>What is the date by which the systemic changes will be completed?</b> 9/14/2014</p> <p><b>Respectfully Submitted,</b> <b>Rosemary Taylor,</b> <b>Residential Administrator</b></p>				

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W000218	<p>Initial evaluation completed. Pt (patient) not a rehab candidate for OT at this time." The assessment did not indicate an assessment of client #3's dining skills and/or needed adaptive equipment for dining.</p> <p>Interview with DP (Day Program) staff #1 on 8/6/14 at 11:50 AM, DST #1 stated, "He (client #3) has always held his spoon like that." When asked if client #3 had ever tried used built up and/or weighted silverware, DP staff #1 stated, "I've known him for a long time and not that I can remember." DP staff #1 stated client #3 was "leaning over more now" while at the table than he had in years past.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 8/6/14 at 3 PM. When asked if client #3 had ever been assessed to use built up and/or weighted silverware, the QIDP indicated client #3's last dining assessment for adaptive equipment was the OT assessment of 2005.</p> <p>9-3-4(a)</p> <p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN</p>			

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	<p>The comprehensive functional assessment must include sensorimotor development. Based on observation, record review and interview for 1 of 4 sample clients (#3), the facility failed to ensure the IDT (Interdisciplinary Team) assessed/reassessed client #3's sensorimotor skills and programming needs due to blindness.</p> <p>Findings include:</p> <p>During observations at the group home on 8/4/14 between 3:30 PM and 7 PM client #3 was observed.</p> <p>__ From 3:30 PM until 5:20 PM client #3 sat in a recliner in the living room, the television was on and client #3 sat rocking back and forth while holding his hands periodically over his ears. During this time staff #1, #2 and #3 were in and out of the living room.</p> <p>__ At 5:20 PM staff #1 went to the living room and said, "Come on [client #3]. It's time to eat." Staff #1 stated, "He can't see very well so we have to help him." Client #3 wore a gait belt and walked with a slow guarded gait with his arms/hands extended, feeling his way to the dining room. Staff #1 walked close by client #3 while ambulating to the dining room. At the dining room table, staff #1 assisted client #3 in sitting down in a straight chair.</p>	W000218	<p><b>Name and Address of Provider:</b> McSherr, Inc., 496 S. Denney Drive, New Castle, IN <b>Date Survey Completed:</b> 8/15/2014 <b>Provider Identification Number:</b> 15G579 <b>Survey Event ID:</b> U4MI11 <b>Finding:</b> W218 – The facility failed to ensure the IDT assessed/reassessed client #3's sensorimotor skills and programming needs due to blindness <b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>· A sensorimotor skills assessment will be completed as soon as possible.</li> <li>· Sensorimotor skills assessment for all McSherr consumers with visual impairment will be added to the IDT monthly meeting and will be reviewed at least annually</li> <li>· McSherr Health Services Coordinator and QIDP have purchased Sensory Stimulation supplies and are implementing a schedule of various activities for visually impaired consumers to choose from.</li> <li>· Staff will be trained on Sensory Stimulation activities and documentation</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what</b></p>	09/14/2014			

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	<p>__ At 6 PM after client #3 had finished eating his meal, the staff assisted client #3 back to the recliner in the living room where he sat with his hands over his ears and rocking forward and back throughout the remainder of the observation.</p> <p>Client #3's record was reviewed on 8/5/14 at 12:30 PM.</p> <p>__ Client #3's FAR (Functional Assessment Report) dated 5/1/14 indicated "He (client #3) does not identify items by sight but can occasionally name an item if it is placed in his hand.... His skills are limited by his vision.... He does not imitate gross motor movements due to his blindness. He seeks attention.... Responds to tactile and auditory stimulation." The FAR indicated client #3 was able to reach and grasp items as well as set them down with verbal cues. The FAR indicated "He sits at the table and works puzzles or other activities. He will also sit in a recliner and listen to music for leisure."</p> <p>__ Client #3's PT (Physical Therapy)/OT assessment dated 9/4/13 indicated "OT - Initial evaluation completed. Pt (patient) not a rehab candidate for OT at this time." The assessment did not indicate an assessment of client #3's sensorimotor skills and/or recommendations to meet client #3's needs while in the home and at the day program.</p>		<p><b>corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>·All consumers with visual impairment have the potential to be affected.</li> <li>·IDTwill monitor monthly and review assessment needs at least annually.</li> </ul> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>·Monthly IDT meeting (with QIDP, RN, and SSC updates), will review sensorimotor skills assessment needs at least annually</li> <li>·Sensorimotor Stimulation activities will be observed by professional staff at least monthly</li> <li>·Documentation of Sensorimotor Stimulation activities to determine progress will be reviewed monthly by QIDP and/or Health Services Coordinator and report given at monthly IDT</li> <li>·All staff will be inserviced on sensorimotor stimulation and better inclusion of visually impaired consumers</li> </ul> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place? .</b></p> <ul style="list-style-type: none"> <li>·HouseManager will monitor through interaction with consumers, oversight of staff, and review of documentation in the home</li> </ul>	

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W000227	<p>Client #3's record indicated no sensorimotor assessment and/or an assessment of the client's programming needs due to blindness.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 8/6/14 at 3 PM, the QIDP stated client #3 had not had a sensorimotor skills assessment "to my knowledge." The QIDP indicated client #3 was unable to see and required staff assistance to meet all of his ADLS (Adult Daily Living Skills). The QIDP stated, "He likes (children) puzzles."</p> <p>9-3-4(a)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, record review and interview for 2 of 4 sample clients (#2 and #3), the facility failed to ensure the clients' ISP (Individual Support Plan) addressed client #2's identified training need in regard to the use of a knife to cut his food and client #3's need for training in regard to leisure skills.</p>	W000227	<p>ID will monitor sensorimotor skills assessment needs at monthly meeting and review at least annually</p> <p>QIDP, Social Services Coordinator, RN, and Residential Administrator will monitor assessment needs and progress through observation and review of documentation</p> <p><b>What is the date by which the systemic changes will be completed?</b> 9/14/2014</p> <p><b>Respectfully Submitted,</b> <b>Rosemary Taylor,</b> <b>Residential Administrator</b></p>	09/14/2014
			<p><b>Name and Address of Provider:</b> McSherr, Inc., 496 S. Denney Drive, New Castle, IN</p> <p><b>Date Survey Completed:</b> 8/15/2014</p> <p><b>Provider Identification Number:</b> 15G579</p> <p><b>Survey Event ID:</b> U4MI11</p> <p><b>Finding:</b> W227- The facility failed to ensure the clients' ISP addressed client #2's</p>	

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	<p>Findings include:</p> <p>1. Observations were conducted at the group home on 8/4/14 between 3:30 PM and 7 PM client #2 was served a hot dog split in half, one bun, cooked carrots and baked beans for his evening meal. The staff assisted client #2 with hand over hand assistance to cut his food into bite size pieces.</p> <p>Observations were conducted at the day program on 8/6/14 between 10:30 AM and 11:30 AM. DST #2 began cutting client #2's chicken into small pieces for the client. DST #1 walked over to the table and whispered something into DST #2's ear and then stated, "Hey [client #2], you want to cut up your food." Client #2 stated, "No, the staff always does it." DST #1 stated, "Oh, your staff does it for you. Oh, ok." DST #1 then continued cutting client #2's chicken into pieces for him.</p> <p>Client #2's record was reviewed on 8/5/14 at 11 AM.          ___ Client #2's FAR (Functional Assessment Report) dated 11/12/13 indicated client #2 required verbal prompts from the staff to use a table knife to cut his food.          ___ Client #2's ISP dated 11/13/13 did not indicate any objectives to assist client #2</p>		<p>identified training need in regard to the use of a knife to cut his food and client #3's need for training in regard to leisure skills</p> <p><b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>· McSherr Health Services Coordinator and QIDP have purchased Sensory Stimulation supplies and are implementing a schedule of various activities for client #3</li> <li>· A formal objective identifying client #3 leisure training needs will be included to assist client #3 with his leisure skills</li> <li>· Staff will be trained on Sensory Stimulation activities and documentation</li> <li>· A formal objective will be included to assist client #2 in using a knife to cut his food</li> <li>· Staff at the group home and the day program will be trained on the plan objective</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All consumers have the potential to be affected.</li> <li>· QIDP will review and update formal objectives as needed.</li> <li>· Plan changes will be reviewed at monthly IDT</li> <li>· Formal Plan Objectives will be</li> </ul>				

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	<p>in using a knife to cut his food.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 8/6/14 at 3 PM, the QIDP indicated client #2 did not have any formal objectives in place to assist client #2 in learning to use a knife to cut his own food.</p> <p>2. Observations were conducted at the group home on 8/4/14 between 3:30 PM and 7 PM.</p> <p>__ From 3:30 PM until 5:20 PM client #3 sat in a recliner in the living room, the television was on and client #3 sat rocking back and forth while holding his hands periodically over his ears.</p> <p>__ From 5:20 PM to 6 PM client #3 ate his evening meal.</p> <p>__ At 6 PM after finishing his meal, staff #1 walked with client #3 to the living room back to the recliner where he stayed for the remainder of the observation period. Client #3 sat with his hands covering his ears, rocking back and forth periodically throughout the observation.</p> <p>Client #3's record was reviewed on 8/5/14 at 12:30 PM.</p> <p>__ Client #3's FAR dated 5/1/14 indicated "He (client #3) does not identify items by sight but can occasionally name an item if it is placed in his hand.... His skills are</p>		<p>reviewed quarterly with Residential Administrator</p> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· QIDP will review and update formal objectives as needed.</li> <li>· Plan changes will be reviewed at monthly IDT</li> <li>· Formal Plan Objectives will be reviewed quarterly with Residential Administrator</li> <li>· Staff at the group home and the day program will be trained on the plan objective</li> </ul> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place?</b></p> <ul style="list-style-type: none"> <li>· House Manager, Social Services Coordinator, Health Services Coordinator, and QIDP will monitor through interaction with consumers</li> <li>· QIDP, Social Services Coordinator, RN, and Residential Administrator will monitor through observation and review of documentation</li> <li>· Formal plan objectives will be reviewed quarterly with Residential Administrator.</li> <li>· Staff at the group home and the day program will be trained on the plan objective</li> </ul> <p><b>What is the date by which the systemic changes will be completed?</b> 9/14/2014</p>	

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	<p>limited by his vision.... He seeks attention.... Responds to tactile and auditory stimulation." The FAR indicated "He sits at the table and works puzzles or other activities. He will also sit in a recliner and listen to music for leisure."          ___ Client #3's ISP dated 5/7/14 did not indicate any objectives to assist client #3 with his leisure skills.</p> <p>During interview with the QIDP on 8/6/14 at 3 PM, the QIDP indicated client #3 did not have any formal objectives in place to assist client #3 with his leisure skills. The QIDP indicated client #3 likes to work puzzles.</p> <p>9-3-4(a)</p>		<p><b>RespectfullySubmitted, RosemaryTaylor, Residential Administrator</b>  <b>Nameand Address of Provider:</b>          McSherr, Inc., 496S. Denney Drive, New Castle, IN  <b>DateSurvey Completed:</b>          8/15/2014  <b>ProviderIdentification Number:</b>          15G579  <b>SurveyEvent ID:</b> U4MI11  <b>Finding: W227–</b> The facilityfailed to ensure the clients' ISP addressed client #2's identified trainingneed in regard to the use of a knife to cut his food and client #3's need fortraining in regard to leisure skills  <b>Whatcorrective action(s) will be accomplished for these residents found to havebeen affected by the deficient practice?</b>          ·McSherrHealth Services Coordinator and QIDP have purchased Sensory Stimulationsupplies and are implementing a schedule of various activities for client #3          ·Aformal objective identifying client #3 leisure training needs will be includedto assist client #3 with his leisure skills          ·Staffwill be trained on Sensory Stimulation activities and documentation          ·Aformal objective will be included to assist client #2 in using a knife to cuthis food          ·Staffat the group home and the</p>	
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			<p>day program will be trained on the plan objective</p> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All consumers have the potential to be affected.</li> <li>· QIDP will review and update formal objectives as needed.</li> <li>· Plan changes will be reviewed at monthly IDT</li> <li>· Formal Plan Objectives will be reviewed quarterly with Residential Administrator</li> </ul> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· QIDP will review and update formal objectives as needed.</li> <li>· Plan changes will be reviewed at monthly IDT</li> <li>· Formal Plan Objectives will be reviewed quarterly with Residential Administrator</li> <li>· Staff at the group home and the day program will be trained on the plan objective</li> </ul> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place?</b></p> <ul style="list-style-type: none"> <li>· House Manager, Social Services Coordinator, Health Services Coordinator, and QIDP will monitor through</li> </ul>	

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			<p>interaction with consumers</p> <ul style="list-style-type: none"> <li>·QIDP, Social Services Coordinator, RN, and Residential Administrator will monitor through observation and review of documentation</li> <li>·Formal plan objectives will be reviewed quarterly with Residential Administrator.</li> <li>·Staff at the group home and the day program will be trained on the plan objective</li> </ul> <p><b>·What is the date by which the systemic changes will be completed? 9/14/2014</b></p> <p><b>Respectfully Submitted,</b> <b>Rosemary Taylor, Residential Administrator</b></p> <p><b>Name and Address of Provider:</b> McSherr, Inc., 496S. Denney Drive, New Castle, IN</p> <p><b>Date Survey Completed:</b> 8/15/2014</p> <p><b>Provider Identification Number:</b> 15G579</p> <p><b>Survey Event ID:</b> U4MI11</p> <p><b>Finding: W227</b>– The facility failed to ensure the clients' ISP addressed client #2's identified training need in regard to the use of a knife to cut his food and client #3's need for training in regard to leisure skills</p> <p><b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>·McSherr Health Services Coordinator and QIDP have</li> </ul>	

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			<p>purchased Sensory Stimulationsupplies and are implementing a schedule of various activities for client #3</p> <ul style="list-style-type: none"> <li>·Aformal objective identifying client #3 leisure training needs will be includedto assist client #3 with his leisure skills</li> <li>·Staffwill be trained on Sensory Stimulation activities and documentation</li> <li>·Aformal objective will be included to assist client #2 in using a knife to cuthis food</li> <li>·Staffat the group home and the day program will be trained on the plan objective</li> </ul> <p><b>Howwill you identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>·Allconsumers have the potential to be affected.</li> <li>·QIDPwill review and update formal objectives as needed.</li> <li>·Planchanges will be reviewed at monthly IDT</li> <li>·FormalPlan Objectives will be reviewed quarterly with Residential Administrator</li> </ul> <p><b>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?)</b></p> <ul style="list-style-type: none"> <li>·QIDPwill review and update formal objectives as needed.</li> <li>·Planchanges will be reviewed at monthly IDT</li> <li>·FormalPlan Objectives will be</li> </ul>	

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			<p>reviewed quarterly with Residential Administrator</p> <ul style="list-style-type: none"> <li>·Staffat the group home and the day program will be trained on the plan objective</li> </ul> <p><b>Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will it be put intoplace?.</b></p> <ul style="list-style-type: none"> <li>·HouseManager, Social Services Coordinator, HealthServices Coordinator, and QIDP will monitor through interaction with consumers</li> <li>·QIDP, Social Services Coordinator, RN, and Residential Administrator will monitor throughobservation and review of documentation</li> <li>·Formalplan objectives will be reviewed quarterly with Residential Administrator.</li> <li>·Staffat the group home and the day program will be trained on the plan objective</li> </ul> <p><b>·What is the date by which the systemicchanges will be completed? 9/14/2014</b></p> <p><b>RespectfullySubmitted, RosemaryTaylor, Residential Administrator</b></p> <p><b>Nameand Address of Provider:</b> McSherr, Inc., 496S. Denney Drive, New Castle, IN</p> <p><b>DateSurvey Completed:</b> 8/15/2014</p> <p><b>ProviderIdentification Number:</b> 15G579</p> <p><b>SurveyEvent ID:</b> U4MI11</p>		

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			<p><b>Finding: W227</b>– The facility failed to ensure the clients' ISP addressed client #2's identified training need in regard to the use of a knife to cut his food and client #3's need for training in regard to leisure skills</p> <p><b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>· McSherr Health Services Coordinator and QIDP have purchased Sensory Stimulation supplies and are implementing a schedule of various activities for client #3</li> <li>· A formal objective identifying client #3 leisure training needs will be included to assist client #3 with his leisure skills</li> <li>· Staff will be trained on Sensory Stimulation activities and documentation</li> <li>· A formal objective will be included to assist client #2 in using a knife to cut his food</li> <li>· Staff at the group home and the day program will be trained on the plan objective</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All consumers have the potential to be affected.</li> <li>· QIDP will review and update formal objectives as needed.</li> </ul>	

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			<p>·Planchanges will be reviewed at monthly IDT</p> <p>·FormalPlan Objectives will be reviewed quarterly with Residential Administrator</p> <p><b>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?)</b></p> <p>·QIDPwill review and update formal objectives as needed.</p> <p>·Planchanges will be reviewed at monthly IDT</p> <p>·FormalPlan Objectives will be reviewed quarterly with Residential Administrator</p> <p>·Staffat the group home and the day program will be trained on the plan objective</p> <p><b>Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will it be put into place?.</b></p> <p>·HouseManager, Social Services Coordinator, HealthServices Coordinator, and QIDP will monitor through interaction with consumers</p> <p>·QIDP, Social Services Coordinator, RN, and Residential Administrator will monitor throughobservation and review of documentation</p> <p>·Formalplan objectives will be reviewed quarterly with Residential Administrator.</p> <p>Staffat the group home and the day program will be trained on the</p>	

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 1 of 4 sample clients (#3), the facility failed to ensure the staff implemented client #3's program plans when formal and informal training opportunities existed.</p> <p>Findings include:</p> <p>During observations at the group home on 8/4/14 between 3:30 PM and 7 PM client #3 was observed.</p> <p>From 3:30 PM until 5:20 PM client #3 sat in a recliner in the living room, the television was on and client #3 sat rocking back and forth while holding his hands periodically over his ears. During this time staff #1, #2 and #3 were in and out of the living room. From 4:35 PM to 4:50 PM staff #2 sat in the living room on the couch across from client #3 and was documenting in one of the program books. Staff #2 did not engage in conversation with client #3 and/or offer client #3 training or activity while sitting in the living room.</p>	W000249	<p><b>Name and Address of Provider:</b> McSherr, Inc., 496 So. Denney Drive, New Castle, IN</p> <p><b>Date Survey Completed:</b> 8/15/2014</p> <p><b>Provider Identification Number:</b> 15G579</p> <p><b>Survey Event ID:</b> U4MI11</p> <p><b>Finding: W249-</b>The facility failed to ensure the staff implemented client #3's program plans when formal and informal training opportunities existed</p> <p><b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</b></p> <p>Client #3's ISP formal goals/objectives include:</p> <ol style="list-style-type: none"> <li>1. Eating his meals slowly</li> <li>2. Using an electric razor</li> <li>3. Identifying money</li> <li>4. Assisting in making toast</li> <li>5. Dressing himself with assistance</li> <li>6. Stating why he takes Vitamin D</li> <li>7. Verbalizing the street helives on</li> <li>8. Washing his hands</li> </ol>	09/14/2014
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	<p>__At 5:20 PM staff #1 went to the living room and said, "Come on [client #3]. It's time to eat." Staff #1 stated, "He can't see very well so we have to help him." Client #3 wore a gait belt and walked with a slow guarded gait with his arms/hands extended, feeling his way to the dining room. Staff #1 walked close by client #3 while ambulating to the dining room. At the dining room table, staff #1 assisted client #3 in sitting down in a straight chair and then placed a clothing protector on him. Client #3 proceeded to eat his meal.</p> <p>__At 6 PM client #3 had finished eating his evening meal and was prompted to take his plate to the kitchen sink. Staff #1 assisted client #1 to the kitchen and then asked client #3 if he needed to go to the bathroom. Staff #1 assisted client #3 to the bathroom. Upon coming out of the bathroom staff #1 said to client #3, "Go sit down in your chair." Staff #1 walked with client #3 and assisted him to sit down in the recliner in the living room. Staff #1 then returned to the kitchen to assist with the cleanup of the evening meal. Client #3 remained in the living room recliner throughout the remainder of the observation period.</p> <p>During this observation period the staff did not provide client #3 with choices of leisure time activities and/or training</p>		<p>·Staff will be re-trained onthe ISP objectives and including them in daily activities informally as well asformally</p> <p>·Staff will be trained on additionalactive treatment implementation through general communication</p> <p>·McSherr Health ServicesCoordinator/RN and QIDP have purchased Sensory Stimulation supplies and areimplementing a schedule of various activities for client #3</p> <p>·Client #3 will be givenchoices of activities that will increase interaction with staff</p> <p><b>Howwill you identify other residents having the potential to be affected by thesame deficient practice and what corrective action will be taken?</b></p> <p>·All consumers have the potential to beaffected</p> <p>·Staff will be re-trained onthe ISP objectives and including them in daily activities both formally andinformally</p> <p>·Staff will be trained onadditional active treatment implementation through general communicationinformally, as well as formally</p> <p>·McSherr Health ServicesCoordinator/RN and QIDP have purchased Sensory Stimulation supplies and areimplementing a schedule of various Sensory Stimulating activities for client #3</p> <p>·Client #3 will be givenchoices</p>	

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	<p>objectives.</p> <p>Client #3's record was reviewed on 8/5/14 at 12:30 PM.</p> <p>Client #3's FAR (Functional Assessment Report) dated 5/1/14 indicated "He (client #3) does not identify items by sight but can occasionally name an item if it is placed in his hand.... His skills are limited by his vision.... He does not imitate gross motor movements due to his blindness. He seeks attention.... Responds to tactile and auditory stimulation." The FAR indicated client #3 was able to reach and grasp items as well as set them down with verbal cues. The FAR indicated "He sits at the table and works puzzles or other activities. He will also sit in a recliner and listen to music for leisure."</p> <p>Client #3's ISP (Individual Support Plan) of 5/7/14 indicated client #3 had objectives:</p> <ul style="list-style-type: none"> <li>__ To eat his meals slowly.</li> <li>__ To use an electric razor.</li> <li>__ To identify money.</li> <li>__ To assist in making toast.</li> <li>__ To dress himself with assistance.</li> <li>__ To state why he takes Vitamin D.</li> <li>__ To verbalize the street he lives on.</li> <li>__ To wash his hands.</li> </ul>		<p>of activities</p> <p><b>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?)</b></p> <ul style="list-style-type: none"> <li>·QIDPwill review ISP objectives and progress with Residential Administratorquarterly</li> <li>·Staff will be re-trained onthe ISP objectives and including them in daily activities both informally andformally</li> <li>·Staff will be trained onadditional active treatment implementation through general communication(formally and informally) for inclusion.</li> <li>·Staff will be re-trained on activetreatment and leisure activity for visually impaired consumers</li> </ul> <p><b>Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will it be put intoplace?</b></p> <ul style="list-style-type: none"> <li>·House Manager will monitor daily throughinteraction with consumers and oversight of staff</li> <li>·Health Services Coordinator/RN, SocialServices Coordinator, Residential Administrator, and QIDP will monitor throughobservation, review of documentation and interaction with consumers.</li> <li>·Formal plan objectives and progresswill be reviewed quarterly by QIDP and Residential Administrator</li> </ul>				

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W000436	<p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 8/6/14 at 3 PM, the QIDP stated client #3 was "blind" and required staff assistance with leisure skills. The QIDP indicated the staff were to provide the clients with formal and informal training at every opportunity and "no one should be just sitting for long periods of time."</p> <p>9-3-4(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 1 of 3 sampled clients with adaptive equipment, the facility failed to teach and encourage client #2 to wear his prescribed eye glasses.</p> <p>Findings include:</p> <p>During observations at the group home on 8/4/14 between 3:30 PM and 7 PM and on 8/5/14 between 6 AM and 8 AM</p>	W000436	<p><b>What is the date by which the systemic changes will be completed?</b> 9/14/2014</p> <p><b>Respectfully Submitted,</b> <b>Rosemary Taylor, Residential Administrator</b></p> <p><b>Name and Address of Provider:</b> McSherr, Inc., 496 So. Denney Drive, New Castle, IN <b>Date Survey Completed:</b> 8/15/2014 <b>Provider Identification Number:</b> 15G579 <b>Survey Event ID:</b> U4MI11</p> <p><b>Finding: W436-</b>The facility failed to teach and encourage client #2 to wear his prescribed eye glasses.</p>	09/14/2014			

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	<p>client #2 did not wear eye glasses.</p> <p>During observations at the day program on 8/6/14 between 10:30 AM and 12 PM client #2 did not wear eye glasses.</p> <p>Client #2's record was reviewed on 8/5/14 at 11 AM.</p> <p>__ Client #2's 10/29/13 vision evaluation indicated "Stellate Cataract (a clouding of the lens of the eye causing blurred vision) each eye, Macular (central area of the eye) degeneration, Hyperopia (farsightedness), Astigmatism (blurred vision), Presbyopia (nearsightedness). The evaluation indicated the client was prescribed glasses.</p> <p>__ Client #2's 11/12/13 ISP (Individualized Support Plan) did not indicate a goal/objective to assist client #2 with wearing his eye glasses.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 8/6/14 at 3 PM, the QIDP was asked if client #2 was to wear his glasses. The QIDP stated, "Yes, why isn't he wearing his glasses?" When informed he had not worn his glasses during any of the observations conducted, the QIDP went to client #2's bedroom and retrieved client #2's glasses. The QIDP indicated client #2 was prescribed eye glasses but did not like to wear them.</p>		<p><b>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>· Client #2's ISP will be updated to include a goal/objective to assist with learning to wear his eyeglasses</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>· All consumers with prescribed eyeglasses have the potential to be affected.</li> <li>· Client #2's ISP will be updated to include a goal/objective to assist with learning to wear his eyeglasses</li> </ul> <p><b>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</b></p> <ul style="list-style-type: none"> <li>· All Consumers with prescription eyeglasses will have a goal/objective in their ISP to wear their eyeglasses</li> </ul> <p><b>How will the corrective action(s) be monitored to ensure the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place?</b></p> <ul style="list-style-type: none"> <li>· House Manager will monitor</li> </ul>	

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W000488	<p>The QIDP indicated client #2 did not have an objective to assist client #2 in learning to wear his eye glasses.</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 developmental level. Based on observation and interview for 1 of 4 sample clients (#3), the facility failed to ensure client #3 ate in a manner consistent with his developmental level and provided client #3 with training to use a napkin.</p> <p>Findings include:</p> <p>During observations at the group home on 8/4/14 between 3:30 PM and 7 PM client #3 was observed. At 5:20 PM staff #1 went to the living room and said,</p>	W000488	<p>through daily interaction with consumers at the home, observation at day program, review of in-house daily notes and progress notes.</p> <p>·RN, Social Worker, Residential Administrator, and QIDP will monitor through observation, review of documentation, day program observations and interaction with consumers.</p> <p>·IDT will review every 30 days to monitor for progress on goals</p> <p><b>What is the date by which the systemic changes will be completed?</b> 9/14/2014</p> <p><b>Respectfully Submitted,</b> <b>Rosemary Taylor, Residential Administrator</b></p> <p><b>Name and Address of Provider:</b> McSherr, Inc., 496 So. Denney Drive, New Castle, IN <b>Date Survey Completed:</b> 8/15/2014 <b>Provider Identification Number:</b> 15G579 <b>Survey Event ID:</b> U4MI11</p> <p><b>Finding: W488-</b>The facility failed to ensure client #3 ate in a manner consistent with his developmental level and provided client #3 with training to use a napkin. <b>What corrective action(s) will be</b></p>	09/14/2014

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NAME OF PROVIDER OR SUPPLIER  MCSHERR INC - NEW CASTLE	STREET ADDRESS, CITY, STATE, ZIP CODE 496 DENNY DR NEW CASTLE, IN 47362
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	<p>"Come on [client #3]. It's time to eat." Staff #1 stated, "He can't see very well so we have to help him." Staff #1 walked close by client #3 while ambulating to the dining room. At the dining room table, staff #1 assisted client #3 in sitting down in a straight chair and then placed a clothing protector on him. Client #3 was served with hand over hand assistance from the staff a hot dog split in half, one bun, cooked carrots and baked beans. Using hand over hand assistance, the staff assisted client #3 to cut his food. Client #3 ate his food with a spoon and held the spoon in his right hand with the handle of the spoon in between his 4th and 5th fingers and used his index finger of his right hand and his fingers of his left hand to feel for the position of his food and to push his food onto his spoon. While eating client #3 leaned forward with his head down toward his chest and leaning to his left. Client #3 leaned increasingly to his left throughout the meal. At 6 PM after client #3 had finished eating his meal, staff #1 prompted client #3 to sit up in his chair and used client #3's clothing protector to clean client #3's face and hands.</p> <p>During this observation period the staff:            ___ Did not inform client #3 of the food he was about to eat.            ___ Did not orientate client #3 to the</p>		<p><b>accomplished for these residents found to have been affected by the deficient practice?</b></p> <ul style="list-style-type: none"> <li>·Client #3's Dining Plan will be updated to include a formal goal/objective to:               <ol style="list-style-type: none"> <li>1.ensure client #3 is informed of the food he is eating,</li> <li>2.ensure client #3 is orientated to the position of his tableware, drinks and/or the food on his plate,</li> <li>3.ensure client #3 is prompted to use his napkin to wipe his face and/or hands while eating and/or after eating, and</li> <li>4.ensure client #3 is prompted to lift his head and/or to sit up straight while eating</li> </ol> </li> <li>·Staff at group home and day program will be inserviced/trained on dining plan objectives including using a napkin in a manner consistent with his developmental level</li> <li>·Staff at group home and day program will be inserviced on appropriate clothing protector use</li> </ul> <p><b>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b></p> <ul style="list-style-type: none"> <li>·All consumers with visual impairment have the potential to be affected.</li> <li>·All Consumers with visual impairment will have a dining plan that:               <ol style="list-style-type: none"> <li>1.ensures they are informed of the food they are eating,</li> </ol> </li> </ul>	

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	<p>position of his tableware, drinks and/or the food on his plate.</p> <p>__ Did not prompt client #3 to use his napkin to wipe his face and/or hands while eating and/or after eating.</p> <p>__ Did not prompt client #3 to lift his head and/or to sit up straight while eating.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 8/6/14 at 3 PM, the QIDP stated client #3 was "blind" and the staff were to inform client #3 of the food he was being served and orientate client #3 to the location of his utensils, dinnerware, drinks and the location of his food on his plate prior to every meal. The QIDP indicated the staff were to prompt client #3 to sit up straight and to use his napkin to wipe his face. The QIDP stated the clothing protector "is not to be used as a napkin and the staff should have prompted him (client #3) to use his napkin."</p> <p>9-3-8(a)</p>		<p>2.ensures they are orientatedto the position of their tableware, drinks and/or the food on their plate,</p> <p>3.ensures they are prompted touse their napkin to wipe their face and/or hands while eating and/or after eating,and</p> <p>4.ensures they are prompted to bein an upright position while eating</p> <ul style="list-style-type: none"> <li>·Staff at group home and dayprogram will be inserviced/trained on dining plan objectives including using anapkin in a manner consistent with his developmental level</li> <li>·Staff at group home and dayprogram will be inserviced on appropriate use of clothing protector</li> <li>· Mealtime observation checklist will bedeveloped and utilized in the home and at day program</li> </ul> <p><b>Whatmeasures will be put into place or what systemic changes you will make toensure that the deficient practice does not recur?)</b></p> <ul style="list-style-type: none"> <li>·All Consumers with visualimpairment will have a dining plan that: <ul style="list-style-type: none"> <li>1.ensures they are informed ofthe food they are eating,</li> <li>2.ensures they are orientatedto the position of their tableware, drinks and/or the food on their plate,</li> <li>3.ensures they are prompted touse their napkin to wipe their</li> </ul> </li> </ul>	

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			<p>face and/or hands while eating and/or aftereating, and</p> <p>4.ensures they are prompted tobe in an upright position while eating</p> <ul style="list-style-type: none"> <li>·Staff at group home and dayprogram will be inserviced/trained on dining plan objectives including using anapkin in a manner consistent with his developmental level</li> <li>·Staff at group home and dayprogram will be inserviced on appropriate use of clothing protector</li> <li>· Mealtime observation checklist will bedeveloped and utilized in the home and at day program</li> </ul> <p><b>Howwill the corrective action(s) be monitored to ensure the deficient practicewill not recur (quality assurance program, etc.) and how will it be put into place?</b></p> <ul style="list-style-type: none"> <li>·House Manager will monitor throughdaily interaction with consumers at the home, observations at day program andin the home, review of in-house daily notes and progress notes.</li> <li>·RN, Social Worker, ResidentialAdministrator, and QIDP will monitor through observation, review ofdocumentation, day program observations and interaction with consumers.</li> <li>·IDT will review observation checklistat least monthly</li> </ul>	

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			<p><b>What is the date by which the systemic changes will be completed? 9/14/2014</b></p> <p><b>Respectfully Submitted, Rosemary Taylor, Residential Administrator</b></p>		