

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G417	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/09/2013
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5625 E 56TH ST INDIANAPOLIS, IN 46226
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W000000	<p>This visit was for an extended annual recertification and state licensure survey.</p> <p>Dates of Survey: 12/2/13, 12/3/13, 12/5/13, 12/6/13 and 12/9/13.</p> <p>Facility Number: 000931 Provider Number: 15G417 AIMS Number: 100244550</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/16/13 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.</p> <p>Based on record review and interview for 2 of 4 sampled clients (#2 and #3), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure clients #2 and #3's finances were not in excess of predetermined maximum amount allowed by Medicaid.</p>	W000104	The Home Manager and Program Director will complete an audit of all consumers finances, to determine if anyone's account balance is in excess of the allowable amount. If any consumers account balances are in excess of the allowable amount the Home Manager and Program Director will work with the Social Worker and Client Finance	01/08/2014

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>Findings include:</p> <p>1. Client #2's financial record was reviewed on 12/3/13 at 2:23 PM. Client #2's facility based cluster account ledger dated 8/2/13 through 10/31/13 indicated the following:</p> <p>-Beginning balance, \$3,054.28.</p> <p>-8/2/13, Deposit, \$542.00 with an ending balance of \$3,596.28.</p> <p>-9/3/13 Deposit, \$542.00 with an ending balance of \$3,383.28.</p> <p>-10/3/13 Deposit, \$542.00 with an ending balance of \$3,470.28.</p> <p>2. Client #3's financial record was reviewed on 12/3/13 at 2:33 PM. Client #3's facility based cluster account ledger dated 8/2/13 through 10/31/13 indicated the following:</p> <p>-8/1/13 beginning balance of \$5,344.89.</p> <p>-8/2/13 Deposit, \$798.00 with an ending balance of \$6,142.89.</p> <p>-9/3/13 Deposit, \$798.00 with an ending balance of \$6,194.89.</p> <p>-10/3/13 Deposit, \$798.00 with an</p>		<p>Specialist to spend the money in an appropriate manner to get the balance below the allowable amount. The Home Manager and Program Director will receive retraining on consumers' finances including ensuring that all consumers' accounts are below the allowable amount. Ongoing the Client Finance Specialist will provide a record monthly to the Area Director of all consumers that have an account balance in excess of the allowable amount. The Area Director will ensure that the Program Director and Home Manager are notified so they can work with the Social Worker and Client Finance Specialist to spend the money in an appropriate manner to get the balance below the allowable amount.</p> <p>Responsible Party: Home Manager, Program Director, Area Director, Client Finance Specialist</p>				

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W000120	<p>ending balance of \$6,246.89.</p> <p>AD (Area Director) #1 was interviewed on 12/5/13 at 10:56 AM. AD #1 indicated the predetermined maximum amount allowed by Medicaid for clients receiving services was \$1,500.00. AD #1 indicated clients #2 and #3's finances were in excess of the \$1,500.00 limit.</p> <p>9-3-1(a)</p> <p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. Based on observation, record review and interview for 1 of 4 sampled clients (#4), the facility failed to ensure the day services met the needs of client #4.</p> <p>Findings include:</p> <p>Observations were conducted at the day service location on 12/5/13 from 1:13 PM through 2:15 PM. Client #4 was observed throughout the observation period. At 1:13 PM client #4 was seated at her work station. Client #4 did not have work or activity. At 1:27 PM, client #4 swept the work station floor with a broom. At 1:40 PM, client #4 finished sweeping the work station floor</p>	W000120	<p>A meeting will be scheduled with Client #4 day services staff to discuss ensuring that alternate activities are provided to consumers when formal work is not available. The HM, PD, Quality Assurance Specialist and/or AD will complete active treatment observations a minimum of weekly to ensure Client #4 is provided with alternate activities when formal work is not available. After the initial 4 weeks, observations will be completed at least twice per month for the next 8 weeks to ensure that Client #4 is provided with alternate activities when formal work is not available. Ongoing the HM and/or PD will complete active treatment</p>	01/08/2014

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	<p>and returned to her seat. Client #4 did not have work or activity. Client #4 remained at her work station seat with no work or activity until 2:15 PM. At 2:15 PM an overhead buzzer sounded indicating it was time for the 2:15 PM break. Client #4 joined her peers in the break area for her 2:15 PM break.</p> <p>Client #4 was interviewed on 12/5/13 at 1:13 PM. Client #4 stated, "We are finished with our work for the day. We did these (black plastic pieces)." When asked if she had any additional work or activity to do, client #4 stated "No."</p> <p>Client #4's record was reviewed on 12/3/13 at 1:00 PM. Client #4's ISP (Individual Support Plan) dated 6/18/13 indicated staff should:</p> <ul style="list-style-type: none"> - "Provide informal training for recreation and leisure skills." - "Informally assist with making decisions throughout the day." - "Engage [client #4] in casual conversation (non-directive and non-correcting) daily." - "Informally assist with building new relationships." - "Informally encourage exercise." - "Continue to encourage and support all [client #4's] vocational goals." 		<p>observations a minimum of quarterly to ensure Client #4 is provided with alternate activities when formal work is not available. Responsible Party: Home Manager, Program Director, Area Director, Day Services staff</p>				

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W000149	<p>Administrative staff (AS) #1 was interviewed on 12/5/13 at 10:56 AM. AS #1 indicated staff should provide formal and informal training at each opportunity.</p> <p>9-3-1(a)</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 1 of 5 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to implement its policy and procedures to conduct an investigation regarding an allegation of failure to administer client #2's medication as prescribed. The facility failed to implement its policy and procedures to develop and implement corrective action to address client #1's falls.</p> <p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and Investigations were reviewed on 12/2/13 at 2:17 PM. The review indicated the following:</p>	W000149	<p>1. The Program Director will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are interviewed so that a thorough investigation can be completed. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made. 2. Client #1 Fall Risk plan has been</p>	01/08/2014			

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	<p>-BDDS report dated 8/9/13 indicated, "Staff administered, [client #2's], Lasix (edema) 20 milligrams everyday instead of every other day." The 8/9/13 BDDS report indicated the facility staff had begun administering client #2's Lasix 20 milligrams everyday on 6/2/13 and continued through the time of the facility's knowledge on 8/9/13. The review did not indicate documentation of an investigation regarding the 8/9/13 alleged medical neglect for client #2.</p> <p>AD (Area Director) #1 was interviewed on 12/2/13 at 3:45 PM. When asked if the 8/9/13 alleged neglect for client #2 was investigated, AD #1 stated, "There should be an investigation for that. I will have to check to see if I can locate it."</p> <p>AD #1 was interviewed on 12/5/13 at 10:56 AM. When asked if there were any additional BDDS reports or investigations available for review, AD #1 stated, "No." AD #1 did not provide documentation of an investigation regarding the 8/9/13 BDDS report for client #2.</p> <p>2. The facility's BDDS reports and Investigations were reviewed on 12/2/13 at 2:17 PM. The review indicated the following:</p>		<p>updated to address the frequent falls over the past several months including when he should wear the seatbelt on his wheelchair, how staff should monitor him when using the restroom, how staff should assist him with transfers and if Client #1 should utilize an implement to reach items he has dropped. Program Director will discuss with Behavior Specialist if there is a need to amend Client #1 BSP to address resistance to staff assistance and attention seeking behavior. If it is determined that the BSP be amended, Program Director and Home Manager will train staff on changes to BSP. An IDT has been held for Client #1 to address the frequency of falls and determine if any additional protective measures are to be put into place. The ISP will be amended as needed to address the specifics as to when Client #1 should wear the seatbelt on his wheelchair, how staff should monitor him when using the restroom, how staff should assist him with transfers and if Client #1 should utilize an implement to reach items he has dropped. Program Director will receive retraining to include ensuring that all consumers' risk plans are reviewed and updated as needed after a major incident, including falls, to determine if any changes need to be made to prevent further incidents. Training will also include ensuring that all</p>		

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	<p>-BDDS report dated 11/15/13 indicated, "[Client #1] fell out of his wheelchair while bending down to unplug his television."</p> <p>-BDDS report dated 9/14/13 indicated, "[Client #1]... taking a shower (and) refused staffs assistance. [Client #1] attempted to transfer from the shower to his wheelchair and fell on the floor." The 9/14/13 BDDS report indicated the facility's IDT (Interdisciplinary Team) would meet to discuss client #1's transfers and risk plan.</p> <p>-BDDS follow up report dated 9/27/13 indicated, "[Client #1's] Risk Plan was updated." The 9/27/13 follow up BDDS report indicated the facility IDT had met and recommended "[Client #1] ... to be assisted with transfers."</p> <p>-BDDS report dated 8/31/13 indicated client #1 fell to the floor while attempting to independently transfer from the shower to his wheelchair. The 8/31/13 BDDS report indicated the facility's plan to prevent client #1 from falling was "Staff to follow [client #1's] Fall Risk Plan."</p> <p>-BDDS report dated 5/29/13 indicated, "[Client #1] was sitting in his wheelchair and dropped some paper on</p>		<p>recommendations from investigations are followed up on in a timely manner. Retraining will also include ensuring that the Behavior Specialist is notified of any major incidents or patterns of behavior that may need to be reviewed and determined if a new target behavior needs to be added to the Behavior Support Plan. Program Director will also receive retraining to include ensuring that IDT meetings are held after a major incident or patterns of incidents to discuss the incident (s) and determine if further changes or additional protective measures need to be put into place. In addition the PD will be reminded that documentation of IDT meetings needs to be present for review as needed. Ongoing, the Area Director will follow up with the Program Director a minimum of weekly to check on the progress of recommendations from investigations and IDT meetings to ensure they are being addressed. The Program Director will provide copies to the Area Director of any IDT meetings held following a major incident or pattern of incidents to determine if any additional protective measures need to be put into place. Responsible Party: Home Manager, Program Director, Regional Quality Assurance Specialist, Area Director.</p>		

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	<p>the floor. [Client #1] bent over to pick up paper off the floor and fell out of wheelchair hitting his face on the floor. Resulting in [client #1] having a gash over his left eye that began to bleed (sic). Staff reported the injury to [former HM (Home Manager)] and was directed to take [client #1] to the ER (Emergency Room). [Client #1] was evaluated and received five stitches over his left eye." The 5/29/13 BDDS report indicated the facility's plan to prevent client #1 from falling was "Staff will assist [client #1] when he drops things on the floor and ask [client #1] to wear his seat belt while in wheelchair. Staff will continue to follow risk plan and ISP (Individual Support Plan)."</p> <p>-BDDS follow up report dated 9/4/13 regarding client #1's 5/29/13 fall indicated, "[Client #1] is not required to wear his seat belt while in the group home."</p> <p>-BDDS report dated 2/11/13 indicated, "[Client #1] was found on the floor near his chair (sic) staff asked [client #1] what happened (sic) he stated he fell getting into his bed." The BDDS report indicated, "[former PD (Program Director)] consulted with [client #1] and his team regarding his falls. [Client #1] thrives for (sic) attention and is believed</p>			

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	<p>to be falling at different times on purpose for the attention of staff and his nurse. [Client #1] is not a reliable source when it comes to getting the correct information of why he continues to fall. [Client #1] is being monitored by staff when he is in the bathtub (sic) staff must be within line of sight and he is to also ask for help when transferring to bed but refuses to ask for help and does not want staff around his space."</p> <p>-BDDS follow up report dated 9/3/13 regarding the 2/11/13 fall indicated, "Staff will continue to follow [client #1's] fall risk protocol and will meet again to discuss behavior plan changes if [client #1] continues to have an increase in falls that don't seem accidental."</p> <p>-BDDS report dated 2/4/13 indicated, "[Client #1] was going into the restroom at the group home and fell." The 2/4/13 BDDS report indicated, "Staff will follow [client #1's] Fall Risk Protocol. Staff will monitor [client #1] for his health and safety."</p> <p>-BDDS follow up report dated 9/3/13 regarding the 2/4/13 fall indicated, "[Client #1] was going into the restroom and trying to transfer to the toilet when he slid out of his wheelchair. [Client #1] did not tell staff that he needed to use</p>			

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	<p>the restroom. [Client #1] does have a fall protocol in place that staff are to assist him when he is using the restroom, but [client #1] does not like staff to help him and he will often times not tell them that he needs to use the restroom or needs help." The 9/3/13 BDDS report indicated, "Staff will continue to follow [client #1's] fall protocol. Staff will encourage [client #1] to ask for assistance and let staff know when he needs to use the restroom. Behavior specialist will be consulted to see if there are any incentives that can be built into his plan to encourage him to ask staff for assistance."</p> <p>-BDDS report dated 1/31/13 indicated, "[Client #1] fell to the floor while transferring from his bed to wheelchair." The 1/31/13 BDDS report indicated, "Staff reminded [client #1] that he needs to ask for assistance when he is alone and feels like he cannot efficiently (sic) help himself. He is required to have staff with him while in the bathroom for showers/bathing and transfers."</p> <p>-BDDS follow up report dated 9/3/13 regarding the 1/31/13 fall indicated, "An IDT has met and had put measures into place to assist [client #1] with any transfers and in the shower. [Client #1] does have a fall risk protocol that staff is</p>			

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	<p>following when [client #1] is in the shower or is transferring."</p> <p>-BDDS report dated 1/15/13 indicated, "[Client #1] was taking a shower and slid out of his shower chair onto the floor." The 1/15/13 BDDS report indicated, "Staff will closely monitor him in the shower to prevent future incidents."</p> <p>-BDDS report dated 1/16/13 indicated, "[Client #1] had just finished taking a shower and was trying to straighten the towels on his wheelchair when [client #1] said his legs gave out on him. Causing [client #1] to fall to the ground, [client #1] stated he was using the door to balance himself but legs gave out (sic). He received a scratch on his shin and scratch on his side of trunk." The 1/16/13 BDDS report indicated, "Continue to monitor the health and safety of [client #1] daily. The team will do an IDT on 1/17/13 to assure staff are with [client #1] at all times in the bathroom and [client #1] needs to ask for help."</p> <p>-BDDS report dated 1/3/13 indicated, "[Client #1] stated that he was in the bathroom when he dropped his toothpaste and leaned over from his wheelchair and fell forward on his</p>				

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	<p>knees. Nurse evaluated his knees and found a small scrape on left knee but stated no other injuries and [client #1] was fine."</p> <p>-Investigation dated 1/7/13 regarding client #1's 1/3/13 fall indicated the recommendations to "Consider purchasing [client #1] a (sic) implement that he can use to grab items out of his reach."</p> <p>Client #1's record was reviewed on 12/3/13 at 9:10 AM. Client #1's record did not indicate documentation of an IDT meeting, agenda, notes or recommendations regarding client #1's falls, transfers from his wheelchair or the possible attention seeking behavior of intentionally falling out of his wheelchair. Client #1's Fall Risk plan dated 5/13/08 indicated revision/review dates of 11/08, 7/1/09, 9/2/09, 12/30/09, 8/12/11, 8/10/12 and 5/30/13. The review did not indicate client #1's Fall Risk Plan had been updated/reviewed following the 9/14/13 fall. Client #1's 11/08 fall risk plan did not indicate documentation regarding when client #1 should use the seatbelt in his wheelchair, how staff should monitor him while using the restroom, how staff should assist client #1 with transfers and if client #1 should utilize an implement to</p>						

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	<p>reach items he has dropped. The review did not indicate a review of behavior supports to encourage client #1's compliance with his fall risk plan/asking staff for assistance with transfer. Client #1's undated BSP (Behavior Support Plan) did not indicate client #1's resistance to staff's assistance and attention seeking behavior had been monitored, assessed or addressed as a targeted behavior.</p> <p>PD (Program Director) #1 was interviewed on 12/5/13 at 11:30 AM. PD #1 indicated client #1's wheelchair had a seatbelt. When asked when client #1 should utilize his seatbelt, PD #1 stated, "[Client #1's] guardian doesn't think he needs to use it in the house. So, he is supposed to use it while out in the community." When asked if the facility had provided client #1 with an implement to reach and grab items, PD #1 stated, "I think there is one in the garage but we've never used it." When asked if client #1's fall risk plan, ISP or BSP included information regarding how staff was to monitor client #1 during showers, toileting, assist during transfers, or to prevent falls, PD #1 stated, "No, there's nothing specific. Staff are to monitor him and assist him but he doesn't always cooperate, let us know when he needs to use the restroom</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G417	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/09/2013
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	<p>or needs help." When asked if there was any documentation regarding IDT notes or recommendations regarding client #1's falls, PD #1 stated, "No."</p> <p>AD (Area Director) #1 was interviewed on 12/5/13 at 10:56 AM. AD #1 stated, "[Client #1's] record should have documentation of IDT's." AD #1 indicated the facility should identify measures to prevent client #1 from additional falls and potential injury. AD #1 indicated the facility's abuse and neglect policy should be implemented.</p> <p>The facility's policy and procedures were reviewed on 12/9/13 at 3:15 PM. The facility's April 2011 policy and procedure entitled Quality Risk Management indicated "Indiana Mentor is committed to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual served or other employee. (1.) Investigation findings will be submitted to the Area Director for review and development of further recommendations as needed within 5 days of the incident."</p> <p>The facility's April 2011 policy indicated, "Indiana Mentor is committed to ensuring the individuals we serve are provided with a safe and quality living</p>				

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W000154	<p>environment. In order to ensure the highest standard of service delivery specific staff will be assigned to the monitoring and review of quality assurance. These staff will assist in providing individual support teams with corporate supports, recommendations and resources for incident management and will review the effectiveness of the recommendations. (1) All incidents that require a report to BDDS, or internal incident reports will be entered into a database maintained by the Mentor Network. (2) The information in the database will enable quality assurance staff and Indiana Mentor management to review trends, ensure the effectiveness of recommendations and address systemic problems."</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated. Based on record review and interview for 1 of 5 allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin reviewed, the facility failed to conduct an investigation regarding an allegation of neglect to</p>	W000154	The Program Director will receive retraining on investigations including reporting to the administrator or designee the results within 5 work days and also ensuring that all parties related to the incident are interviewed so that a thorough	01/08/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G417	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/09/2013
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	<p>administer client #2's medication as prescribed.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and Investigations were reviewed on 12/2/13 at 2:17 PM. The review indicated the following:</p> <p>-BDDS report dated 8/9/13 indicated, "Staff administered, [client #2's], Lasix (edema) 20 milligrams everyday instead of every other day." The 8/9/13 BDDS report indicated the facility staff had begun administering client #2's Lasix 20 milligrams everyday on 6/2/13 and continued through the time of the facility's knowledge on 8/9/13. The review did not indicate documentation of an investigation regarding the 8/9/13 alleged medical neglect for client #2.</p> <p>AD (Area Director) #1 was interviewed on 12/2/13 at 3:45 PM. When asked if the 8/9/13 alleged neglect for client #2 was investigated, AD #1 stated, "There should be an investigation for that. I will have to check to see if I can locate it."</p> <p>AD #1 was interviewed on 12/5/13 at 10:56 AM. When asked if there were any additional BDDS reports or</p>		<p>investigation can be completed. All future incident reports will be reviewed by the Area Director and Regional Quality Assurance Specialist to determine if an investigation needs to be completed. All future investigations will be reviewed for thoroughness by the Area Director and Regional Quality Assurance Specialist. If the investigations are not thorough enough the Regional Quality Assurance Specialist will provide immediate feedback to the Program Director and necessary changes will be made.</p> <p>Responsible Party: Home Manager, Program Director, Regional Quality Assurance Specialist, Area Director.</p>		

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W000157	<p>investigations available for review, AD #1 stated, "No." AD #1 did not provide documentation of an investigation regarding the 8/9/13 BDDS report for client #2.</p> <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 for 1 of 4 sampled clients (#1), the facility failed to develop and implement corrective action to address a pattern of client #1 falling from his wheelchair.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and Investigations were reviewed on 12/2/13 at 2:17 PM. The review indicated the following:</p> <p>-BDDS report dated 11/15/13 indicated, "[Client #1] fell out of his wheelchair while bending down to unplug his television."</p> <p>-BDDS report dated 9/14/13 indicated, "[Client #1]... taking a shower (and) refused staffs assistance. [Client #1]</p>	W000157	<p>Client #1 Fall Risk plan has been updated to address the frequent falls over the past several months including when Client #1 should wear the seatbelt on his wheelchair, how staff should monitor him when using the restroom, how staff should assist him with transfers and if Client #1 should utilize an implement to reach items he has dropped. Program Director will discuss with Behavior Specialist if there is a need to amend Client #1 BSP to address resistance to staff assistance and attention seeking behavior. If it is determined that the BSP be amended, Program Director and Home Manager will train staff on changes to BSP. An IDT has been held for Client #1 to address the frequency of falls and determine if any additional protective measures are to be put into place. The ISP will be amended as needed to address the specifics as to when Client #1</p>	01/08/2014

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	<p>attempted to transfer from the shower to his wheelchair and fell on the floor." The 9/14/13 BDDS report indicated the facility's IDT (Interdisciplinary Team) would meet to discuss client #1's transfers and risk plan.</p> <p>-BDDS follow up report dated 9/27/13 indicated, "[Client #1's] Risk Plan was updated." The 9/27/13 follow up BDDS report indicated the facility IDT had met and recommended "[Client #1] ... to be assisted with transfers."</p> <p>-BDDS report dated 8/31/13 indicated client #1 fell to the floor while attempting to independently transfer from the shower to his wheelchair. The 8/31/13 BDDS report indicated the facility's plan to prevent client #1 from falling was "Staff to follow [client #1's] Fall Risk Plan."</p> <p>-BDDS report dated 5/29/13 indicated, "[Client #1] was sitting in his wheelchair and dropped some paper on the floor. [Client #1] bent over to pick up paper off the floor and fell out of wheelchair hitting his face on the floor. Resulting in [client #1] having a gash over his left eye that began to bleed (sic). Staff reported the injury to [former HM (Home Manager)] and was directed to take [client #1] to the ER (Emergency</p>		<p>should wear the seatbelt on his wheelchair, how staff should monitor him when using the restroom, how staff should assist him with transfers and if Client #1 should utilize an implement to reach items he has dropped. Program Director will receive retraining to include ensuring that all consumers' risk plans are reviewed and updated as needed after a major incident, including falls, to determine if any changes need to be made to prevent further incidents. Training will also include ensuring that all recommendations from investigations are followed up on in a timely manner. Retraining will also include ensuring that the Behavior Specialist is notified of any major incidents or patterns of behavior that may need to be reviewed and determined if a new target behavior needs to be added to the Behavior Support Plan. Program Director will also receive retraining to include ensuring that IDT meetings are held after a major incident or patterns of incidents to discuss the incident (s) and determine if further changes or additional protective measures need to be put into place. In addition the PD will be reminded that documentation of IDT meetings needs to be present for review as needed. Ongoing, the Area Director will follow up with the Program Director a minimum of weekly to check on the progress</p>		

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	<p>Room). [Client #1] was evaluated and received five stitches over his left eye." The 5/29/13 BDDS report indicated the facility's plan to prevent client #1 from falling was "Staff will assist [client #1] when he drops things on the floor and ask [client #1] to wear his seat belt while in wheelchair. Staff will continue to follow risk plan and ISP (Individual Support Plan)."</p> <p>-BDDS follow up report dated 9/4/13 regarding client #1's 5/29/13 fall indicated, "[Client #1] is not required to wear his seat belt while in the group home."</p> <p>-BDDS report dated 2/11/13 indicated, "[Client #1] was found on the floor near his chair (sic) staff asked [client #1] what happened (sic) he stated he fell getting into his bed." The BDDS report indicated, "[former PD (Program Director)] consulted with [client #1] and his team regarding his falls. [Client #1] thrives for (sic) attention and is believed to be falling at different times on purpose for the attention of staff and his nurse. [Client #1] is not a reliable source when it comes to getting the correct information of why he continues to fall. [Client #1] is being monitored by staff when he is in the bathtub (sic) staff must be within line of sight and he is to also</p>		<p>of recommendations from investigations and IDT meetings to ensure they are being addressed. The Program Director will provide copies to the Area Director of any IDT meetings held following a major incident or pattern of incidents to determine if any additional protective measures need to be put into place. Responsible Party: Home Manager, Program Director, Area Director</p>		

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	<p>ask for help when transferring to bed but refuses to ask for help and does not want staff around his space."</p> <p>-BDDS follow up report dated 9/3/13 regarding the 2/11/13 fall indicated, "Staff will continue to follow [client #1's] fall risk protocol and will meet again to discuss behavior plan changes if [client #1] continues to have an increase in falls that don't seem accidental."</p> <p>-BDDS report dated 2/4/13 indicated, "[Client #1] was going into the restroom at the group home and fell." The 2/4/13 BDDS report indicated, "Staff will follow [client #1's] Fall Risk Protocol. Staff will monitor [client #1] for his health and safety."</p> <p>-BDDS follow up report dated 9/3/13 regarding the 2/4/13 fall indicated, "[Client #1] was going into the restroom and trying to transfer to the toilet when he slid out of his wheelchair. [Client #1] did not tell staff that he needed to use the restroom. [Client #1] does have a fall protocol in place that staff are to assist him when he is using the restroom, but [client #1] does not like staff to help him and he will often times not tell them that he needs to use the restroom or needs help." The 9/3/13 BDDS report indicated, "Staff will continue to follow</p>						

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	<p>[client #1's] fall protocol. Staff will encourage [client #1] to ask for assistance and let staff know when he needs to use the restroom. Behavior specialist will be consulted to see if there are any incentives that can be built into his plan to encourage him to ask staff for assistance."</p> <p>-BDDS report dated 1/31/13 indicated, "[Client #1] fell to the floor while transferring from his bed to wheelchair." The 1/31/13 BDDS report indicated, "Staff reminded [client #1] that he needs to ask for assistance when he is alone and feels like he cannot effiently (sic) help himself. He is required to have staff with him while in the bathroom for showers/bathing and transfers."</p> <p>-BDDS follow up report dated 9/3/13 regarding the 1/31/13 fall indicated, "An IDT has met and had put measures into place to assist [client #1] with any transfers and in the shower. [Client #1] does have a fall risk protocol that staff is following when [client #1] is in the shower or is transferring."</p> <p>-BDDS report dated 1/15/13 indicated, "[Client #1] was taking a shower and slid out of his shower chair onto the floor." The 1/15/13 BDDS report indicated, "Staff will closely monitor</p>			

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	<p>him in the shower to prevent future incidents."</p> <p>-BDDS report dated 1/16/13 indicated, "[Client #1] had just finished taking a shower and was trying to straighten the towels on his wheelchair when [client #1] said his legs gave out on him. Causing [client #1] to fall to the ground, [client #1] stated he was using the door to balance himself but legs gave out (sic). He received a scratch on his shin and scratch on his side of trunk." The 1/16/13 BDDS report indicated, "Continue to monitor the health and safety of [client #1] daily. The team will do an IDT on 1/17/13 to assure staff are with [client #1] at all times in the bathroom and [client #1] needs to ask for help."</p> <p>-BDDS report dated 1/3/13 indicated, "[Client #1] stated that he was in the bathroom when he dropped his toothpaste and leaned over from his wheelchair and fell forward on his knees. Nurse evaluated his knees and found a small scrape on left knee but stated no other injuries and [client #1] was fine."</p> <p>-Investigation dated 1/7/13 regarding client #1's 1/3/13 fall indicated the recommendations to "Consider</p>						

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	<p>purchasing [client #1] a (sic) implement that he can use to grab items out of his reach."</p> <p>Client #1's record was reviewed on 12/3/13 at 9:10 AM. Client #1's record did not indicate documentation of an IDT meeting, agenda, notes or recommendations regarding client #1's falls, transfers from his wheelchair or the possible attention seeking behavior of intentionally falling out of his wheelchair. Client #1's Fall Risk plan dated 5/13/08 indicated revision/review dates of 11/08, 7/1/09, 9/2/09, 12/30/09, 8/12/11, 8/10/12 and 5/30/13. The review did not indicate client #1's Fall Risk Plan had been updated/reviewed following the 9/14/13 fall. Client #1's 11/08 fall risk plan did not indicate documentation regarding when client #1 should use the seatbelt in his wheelchair, how staff should monitor him while using the restroom, how staff should assist client #1 with transfers and if client #1 should utilize an implement to reach items he has dropped. The review did not indicate a review of behavior supports to encourage client #1's compliance with his fall risk plan/asking staff for assistance with transfer. Client #1's undated BSP (Behavior Support Plan) did not indicate client #1's resistance to staff's assistance and</p>			

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	<p>attention seeking behavior had been monitored, assessed or addressed as a targeted behavior.</p> <p>PD (Program Director) #1 was interviewed on 12/5/13 at 11:30 AM. PD #1 indicated client #1's wheelchair had a seatbelt. When asked when client #1 should utilize his seatbelt, PD #1 stated, "[Client #1's] guardian doesn't think he needs to use it in the house. So, he is supposed to use it while out in the community." When asked if the facility had provided client #1 with an implement to reach and grab items, PD #1 stated, "I think there is one in the garage but we've never used it." When asked if client #1's fall risk plan, ISP or BSP included information regarding how staff was to monitor client #1 during showers, toileting, assist during transfers, or to prevent falls, PD #1 stated, "No, there's nothing specific. Staff are to monitor him and assist him but he doesn't always cooperate, let us know when he needs to use the restroom or needs help." When asked if there was any documentation regarding IDT notes or recommendations regarding client #1's falls, PD #1 stated, "No."</p> <p>AD (Area Director) #1 was interviewed on 12/5/13 at 10:56 AM. AD #1 stated, "[Client #1's] record should have</p>			

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W000159	<p>documentation of IDTs." AD #1 indicated the facility should identify measures to prevent client #1 from additional falls and potential injury.</p> <p>9-3-2(a)</p> <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the QIDP (Qualified Intellectual Disabilities Professional)/PD (Program Director) failed to monitor, coordinate and integrate each client's active treatment program by failing to ensure client #1's BSP (Behavior Support Plan) and/or ISP (Individual Support Plan) indicated how staff were to assist client #1 with transfers from his wheelchair to prevent falls, to ensure clients #1, #2 and #3's BSPs were completed to include specific interventions regarding how staff were to assist clients #1, #2 and #3 with their targeted/identified behaviors, to ensure the facility's HRC (Human Rights Committee) reviewed, monitored and approved client #1's use of psychotropic</p>	W000159	<p>1. Client #1 Fall Risk plan has been updated to address the frequent falls over the past several months including when Client #1 should wear the seatbelt on his wheelchair, how staff should monitor him when using the restroom, how staff should assist him with transfers and if Client #1 should utilize an implement to reach items he has dropped. Program Director will discuss with Behavior Specialist if there is a need to amend Client #1 BSP to address resistance to staff assistance and attention seeking behavior. If it is determined that the BSP be amended, Program Director and Home Manager will train staff on changes to BSP. An IDT has been held for Client #1 to address the frequency of falls and determine if any additional protective measures are to be put into place. The ISP will be</p>	01/08/2014

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	<p>medication for the management of his behavior and to ensure the facility's HRC obtained the written informed consent of clients #1 and #4's HCRs (Health Care Representatives) before the use of psychotropic medication.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The QIDP failed to ensure client #1's BSP and/or ISP indicated how staff were to assist client #1 with transfers from his wheelchair to prevent falls. Please see W240. 2. The QIDP failed to ensure the facility's HRC reviewed, monitored and approved client #1's use of psychotropic medication for the management of his behavior. Please see W262. 3. The QIDP failed to ensure the facility's HRC obtained the written informed consent of clients #1 and #4's HCRs before the use of psychotropic medication. Please see W263. 4. The QIDP failed to ensure clients #1, #2 and #3's BSPs were completed to include specific interventions regarding how staff were to assist clients #1, #2 and #3 with their targeted/identified behaviors. Please see W289. 		<p>amended as needed to address the specifics as to when Client #1 should wear the seatbelt on his wheelchair, how staff should monitor him when using the restroom, how staff should assist him with transfers and if Client #1 should utilize an implement to reach items he has dropped. Program Director will receive retraining to include ensuring that all consumers' risk plans are reviewed and updated as needed after a major incident, including falls, to determine if any changes need to be made to prevent further incidents. Training will also include ensuring that all recommendations from investigations are followed up on in a timely manner. Retraining will also include ensuring that the Behavior Specialist is notified of any major incidents or patterns of behavior that may need to be reviewed and determined if a new target behavior needs to be added to the Behavior Support Plan. Program Director will also receive retraining to include ensuring that IDT meetings are held after a major incident or patterns of incidents to discuss the incident (s) and determine if further changes or additional protective measures need to be put into place. In addition the PD will be reminded that documentation of IDT meetings needs to be present for review as needed. Ongoing, the Area Director will follow up with the</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G417	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/09/2013
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	9-3-3(a)		Program Director a minimum of weekly to check on the progress of recommendations from investigations and IDT meetings to ensure they are being addressed. The Program Director will provide copies to the Area Director of any IDT meetings held following a major incident or pattern of incidents to determine if any additional protective measures need to be put into place. Responsible Party: Home Manager, Program Director, Area Director2. Human Rights Committee Approval will be obtained for Client #1 psychotropic medication. The Home Manager and Program Director will receive retraining to include ensuring that all psychotropic medications have Human Rights Committee approval before use of any psychotropic medications is implemented. Training will include ensuring that documentation is available for review of Human Rights Committee approvals of any additions or increases to psychotropic medications. For the next 3 months, the Program Director will provide documentation to the Area Director that Human Rights Committee approval has been obtained for any additions or increases to consumers' psychotropic medications prior to their implementation. After the 3 month period, the Area Director will review the documentation that		

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			Human Rights Committee has approved any additions or increases to consumers' psychotropic medications a minimum of quarterly to ensure that these requirements continue to be met. Responsible Party: Home Manager, Program Director, Area Director3. The Program Director will receive retraining on ensuring that any updates or changes to consumers' Behavior Support Plans or psychotropic medications are reviewed and written consent is obtained by the consumers Guardian or Health Care Representative or the consumer if they are emancipated prior to getting HRC approval. Ongoing the Program Director will ensure any updates or changes to consumers' Behavior Support Plans or psychotropic medications are reviewed and written consent is obtained by the consumers Guardian or Health Care Representative or the consumer if they are emancipated prior to getting HRC approval. Program Director will ensure that documentation of guardian or client approval is available for review. Prior to any future Human Rights Committee meetings, the HRC will be reminded that they should not approve any changes to Behavior Support Plans or psychotropic medications without ensuring that guardian or client, if emancipated, approvals have	

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			been obtained. Responsible Party: Program Director, Human Rights Committee ⁴ . The Program Director will work with the Behavior Consultant to ensure that complete and accurate Behavior Support Plans are completed and available for all clients including Client #1, #2 and #3. The Program Director will receive retraining to ensure that there are current Behavior Support Plans that are up to date and available for review for all consumers in the home that need them. If Behavior Support plans are not present or need to be updated the Program Director will request from the Behavior Consultant to ensure that they are available for review and to train staff on consumers Behavior interventions. The Program Director will ensure that all targeted behaviors, interventions for behaviors, all restrictive practices and psychotropic medication titration plans are included in all consumers Behavior Support Plans as needed and appropriate approvals by Guardian and HRC are obtained. For the next 3 months, the Area Director will review all of this Program Director's Behavior Support Plans to ensure all targeted behaviors, interventions for behaviors, all restrictive practices and psychotropic medication titration plans are included in all consumers Behavior Support	

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W000240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview for 1 of 4 sampled clients, the facility failed to ensure client #1's BSP (Behavior Support Plan) and/or ISP (Individual Support Plan) indicated how staff were to assist client #1 with transfers from his wheelchair to prevent falls.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and Investigations were reviewed on 12/2/13 at 2:17 PM. The review indicated the following:</p> <p>-BDDS report dated 11/15/13 indicated, "[Client #1] fell out of his wheelchair while bending down to unplug his television."</p> <p>-BDDS report dated 9/14/13 indicated, "[Client #1]... taking a shower (and) refused staff's assistance. [Client #1] attempted to transfer from the shower to</p>	W000240	<p>Plans as needed and appropriate approvals by Guardian and HRC are obtained. Responsible Party: Program Director, Area Director, Behavior Consultant</p> <p>Client #1 Fall Risk plan has been updated to address the frequent falls over the past several months including when Client #1 should wear the seatbelt on his wheelchair, how staff should monitor him when using the restroom, how staff should assist him with transfers and if Client #1 should utilize an implement to reach items he has dropped. Program Director will discuss with Behavior Specialist if there is a need to amend Client #1 BSP to address resistance to staff assistance and attention seeking behavior. If it is determined that the BSP be amended, Program Director and Home Manager will train staff on changes to BSP. An IDT has been held for Client #1 to address the frequency of falls and determine if any additional protective measures are to be put into place. The ISP will be amended as needed to address the specifics as to when Client #1 should wear the seatbelt on his wheelchair, how staff should monitor him when using the restroom, how staff should assist him with transfers and if Client #1</p>	01/08/2014

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	<p>his wheelchair and fell on the floor." The 9/14/13 BDDS report indicated the facility's IDT (Interdisciplinary Team) would meet to discuss client #1's transfers and risk plan.</p> <p>-BDDS follow up report dated 9/27/13 indicated, "[Client #1's] Risk Plan was updated." The 9/27/13 follow up BDDS report indicated the facility IDT had met and recommended "[Client #1] ... to be assisted with transfers."</p> <p>-BDDS report dated 8/31/13 indicated client #1 fell to the floor while attempting to independently transfer from the shower to his wheelchair. The 8/31/13 BDDS report indicated the facility's plan to prevent client #1 from falling was "Staff to follow [client #1's] Fall Risk Plan."</p> <p>-BDDS report dated 5/29/13 indicated, "[Client #1] was sitting in his wheelchair and dropped some paper on the floor. [Client #1] bent over to pick up paper off the floor and fell out of wheelchair hitting his face on the floor. Resulting in [client #1] having a gash over his left eye that began to bleed (sic). Staff reported the injury to [former HM (Home Manager)] and was directed to take [client #1] to the ER (Emergency Room). [Client #1] was evaluated and</p>		<p>should utilize an implement to reach items he has dropped. Program Director will receive retraining to include ensuring that all consumers' risk plans are reviewed and updated as needed after a major incident, including falls, to determine if any changes need to be made to prevent further incidents. Training will also include ensuring that all recommendations from investigations are followed up on in a timely manner. Retraining will also include ensuring that the Behavior Specialist is notified of any major incidents or patterns of behavior that may need to be reviewed and determined if a new target behavior needs to be added to the Behavior Support Plan. Program Director will also receive retraining to include ensuring that IDT meetings are held after a major incident or patterns of incidents to discuss the incident (s) and determine if further changes or additional protective measures need to be put into place. In addition the PD will be reminded that documentation of IDT meetings needs to be present for review as needed. Ongoing, the Area Director will follow up with the Program Director a minimum of weekly to check on the progress of recommendations from investigations and IDT meetings to ensure they are being addressed. The Program Director will provide copies to the Area</p>	

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	<p>received five stitches over his left eye." The 5/29/13 BDDS report indicated the facility's plan to prevent client #1 from falling was "Staff will assist [client #1] when he drops things on the floor and ask [client #1] to wear his seat belt while in wheelchair. Staff will continue to follow risk plan and ISP (Individual Support Plan)."</p> <p>-BDDS follow up report dated 9/4/13 regarding client #1's 5/29/13 fall indicated, "[Client #1] is not required to wear his seat belt while in the group home."</p> <p>-BDDS report dated 2/11/13 indicated, "[Client #1] was found on the floor near his chair (sic) staff asked [client #1] what happened (sic) he stated he fell getting into his bed." The BDDS report indicated, "[former PD (Program Director)] consulted with [client #1] and his team regarding his falls. [Client #1] thrives for (sic) attention and is believed to be falling at different times on purpose for the attention of staff and his nurse. [Client #1] is not a reliable source when it comes to getting the correct information of why he continues to fall. [Client #1] is being monitored by staff when he is in the bathtub (sic) staff must be within line of sight and he is to also ask for help when transferring to bed but</p>		Director of any IDT meetings held following a major incident or pattern of incidents to determine if any additional protective measures need to be put into place. Responsible Party: Home Manager, Program Director, Area Director				

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	<p>refuses to ask for help and does not want staff around his space."</p> <p>-BDDS follow up report dated 9/3/13 regarding the 2/11/13 fall indicated, "Staff will continue to follow [client #1's] fall risk protocol and will meet again to discuss behavior plan changes if [client #1] continues to have an increase in falls that don't seem accidental."</p> <p>-BDDS report dated 2/4/13 indicated, "[Client #1] was going into the restroom at the group home and fell." The 2/4/13 BDDS report indicated, "Staff will follow [client #1's] Fall Risk Protocol. Staff will monitor [client #1] for his health and safety."</p> <p>-BDDS follow up report dated 9/3/13 regarding the 2/4/13 fall indicated, "[Client #1] was going into the restroom and trying to transfer to the toilet when he slid out of his wheelchair. [Client #1] did not tell staff that he needed to use the restroom. [Client #1] does have a fall protocol in place that staff are to assist him when he is using the restroom, but [client #1] does not like staff to help him and he will often times not tell them that he needs to use the restroom or needs help." The 9/3/13 BDDS report indicated, "Staff will continue to follow [client #1's] fall protocol. Staff will</p>			

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	<p>encourage [client #1] to ask for assistance and let staff know when he needs to use the restroom. Behavior specialist will be consulted to see if there are any incentives that can be built into his plan to encourage him to ask staff for assistance."</p> <p>-BDDS report dated 1/31/13 indicated, "[Client #1] fell to the floor while transferring from his bed to wheelchair." The 1/31/13 BDDS report indicated, "Staff reminded [client #1] that he needs to ask for assistance when he is alone and feels like he cannot effiently (sic) help himself. He is required to have staff with him while in the bathroom for showers/bathing and transfers."</p> <p>-BDDS follow up report dated 9/3/13 regarding the 1/31/13 fall indicated, "An IDT has met and had put measures into place to assist [client #1] with any transfers and in the shower. [Client #1] does have a fall risk protocol that staff is following when [client #1] is in the shower or is transferring."</p> <p>-BDDS report dated 1/15/13 indicated, "[Client #1] was taking a shower and slid out of his shower chair onto the floor." The 1/15/13 BDDS report indicated, "Staff will closely monitor him in the shower to prevent future</p>			

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	<p>incidents."</p> <p>-BDDS report dated 1/16/13 indicated, "[Client #1] had just finished taking a shower and was trying to straighten the towels on his wheelchair when [client #1] said his legs gave out on him. Causing [client #1] to fall to the ground, [client #1] stated he was using the door to balance himself but legs gave out (sic). He received a scratch on his shin and scratch on his side of trunk." The 1/16/13 BDDS report indicated, "Continue to monitor the health and safety of [client #1] daily. The team will do an IDT on 1/17/13 to assure staff are with [client #1] at all times in the bathroom and [client #1] needs to ask for help."</p> <p>-BDDS report dated 1/3/13 indicated, "[Client #1] stated that he was in the bathroom when he dropped his toothpaste and leaned over from his wheelchair and fell forward on his knees. Nurse evaluated his knees and found a small scrape on left knee but stated no other injuries and [client #1] was fine."</p> <p>-Investigation dated 1/7/13 regarding client #1's 1/3/13 fall indicated the recommendations to "Consider purchasing [client #1] a (sic) implement</p>						

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	<p>that he can use to grab items out of his reach."</p> <p>Client #1's record was reviewed on 12/3/13 at 9:10 AM. Client #1's record did not indicate documentation of an IDT meeting, agenda, notes or recommendations regarding client #1's falls, transfers from his wheelchair or the possible attention seeking behavior of intentionally falling out of his wheelchair. Client #1's Fall Risk plan dated 5/13/08 indicated revision/review dates of 11/08, 7/1/09, 9/2/09, 12/30/09, 8/12/11, 8/10/12 and 5/30/13. The review did not indicate client #1's Fall Risk Plan had been updated/reviewed following the 9/14/13 fall. Client #1's 11/08 fall risk plan did not indicate documentation regarding when client #1 should use the seatbelt in his wheelchair, how staff should monitor him while using the restroom, how staff should assist client #1 with transfers and if client #1 should utilize an implement to reach items he has dropped. The review did not indicate a review of behavior supports to encourage client #1's compliance with his fall risk plan/asking staff for assistance with transfer. Client #1's undated BSP (Behavior Support Plan) did not indicate client #1's resistance to staff's assistance and attention seeking behavior had been</p>			

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	<p>monitored, assessed or addressed as a targeted behavior. Client #1's ISP dated 6/18/13 did not indicate documentation of guidelines for transfers.</p> <p>PD (Program Director) #1 was interviewed on 12/5/13 at 11:30 AM. PD #1 indicated client #1's wheelchair had a seatbelt. When asked when client #1 should utilize his seatbelt, PD #1 stated, "[Client #1's] guardian doesn't think he needs to use it in the house. So, he is supposed to use it while out in the community." When asked if the facility had provided client #1 with an implement to reach and grab items, PD #1 stated, "I think there is one in the garage but we've never used it." When asked if client #1's fall risk plan, ISP or BSP included information regarding how staff was to monitor client #1 during showers, toileting, assist during transfers, or to prevent falls, PD #1 stated, "No, there's nothing specific. Staff are to monitor him and assist him but he doesn't always cooperate, let us know when he needs to use the restroom or needs help." When asked if there was any documentation regarding IDT notes or recommendations regarding client #1's falls, PD #1 stated, "No."</p> <p>AD (Area Director) #1 was interviewed on 12/5/13 at 10:56 AM. AD #1 stated,</p>						

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W000262	<p>"[Client #1's] record should have documentation of IDTs." AD #1 indicated the facility should identify measures to prevent client #1 from additional falls and potential injury.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Based on record review and interview for 1 of 2 sampled clients (#1) with restrictive programs, the facility's HRC (Human Rights Committee) failed to review, monitor and approve client #1's use of psychotropic medication for the management of his behavior.</p> <p>Findings include:</p> <p>Electronic Correspondence (EC) from AD (Area Director) #1 dated 12/3/13 at 11:44 AM was reviewed on 12/5/13 at 12:00 PM. EC dated 12/3/13 contained an electronic BSP for client #1. Client #1's undated electronic BSP indicated client #1 received Escitalopram 10 milligrams (depression).</p>	W000262	Human Rights Committee Approval will be obtained for Client #1 psychotropic medication. The Home Manager and Program Director will receive retraining to include ensuring that all psychotropic medications have Human Rights Committee approval before use of any psychotropic medications is implemented. Training will include ensuring that documentation is available for review of Human Rights Committee approvals of any additions or increases to psychotropic medications. For the next 3 months, the Program Director will provide documentation to the Area Director that Human Rights Committee approval has been obtained for any additions or	01/08/2014

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W000263	<p>Client #1's record was reviewed on 12/3/13 at 9:10 AM. Client #1's POF (Physician Orders Form) dated 10/28/13 indicated client #1 received Escitalopram 10 milligrams daily at 7:00 AM (10/5/12). Client #1's record did not indicate documentation of review/approval by the facility's HRC for the use of psychotropic medications.</p> <p>AD #1 was interviewed on 12/5/13 at 10:56 AM. AD #1 indicated the use of psychotropic medication should be reviewed and approved by the facility's HRC.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>Based on record review and interview for 2 of 2 sampled clients (#1 and #4) with restrictive programs, the facility's HRC (Human Rights Committee) failed to obtain the written informed consent of clients #1 and #4's HCRs (Health Care Representatives) before the use of psychotropic medications for the</p>			W000263	<p>increases to consumers' psychotropic medications prior to their implementation. After the 3 month period, the Area Director will review the documentation that Human Rights Committee has approved any additions or increases to consumers' psychotropic medications a minimum of quarterly to ensure that these requirements continue to be met. Responsible Party: Home Manager, Program Director, Area Director</p> <p>The Program Director will receive retraining on ensuring that any updates or changes to consumers' Behavior Support Plans or psychotropic medications are reviewed and written consent is obtained by the consumers Guardian or Health Care Representative or the consumer if they are</p>		01/08/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G417		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/09/2013	
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	<p>management of clients #1 and #4's behavior.</p> <p>Findings include:</p> <p>1. Electronic Correspondence (EC) from AD (Area Director) #1 dated 12/3/13 at 11:44 AM was reviewed on 12/5/13 at 12:00 PM. EC dated 12/3/13 contained an electronic BSP for client #1. Client #1's undated electronic BSP indicated client #1 received Escitalopram 10 milligrams (depression).</p> <p>Client #1's record was reviewed on 12/3/13 at 9:10 AM. Client #1's POF (Physician Order Form) dated 10/28/13 indicated client #1 received Escitalopram 10 milligrams daily at 7:00 AM (started on 10/5/12). Client #1's ISP (Individual Support Plan) dated 6/18/13 indicated client #1 had a HCR (Health Care Representative). Client #1's record did not indicate documentation of client #1 or client #1's HCR's written informed consent before the use of Escitalopram 10 milligrams for depression.</p> <p>2. Client #4's record was reviewed on 12/3/13 at 1:00 PM. Client #4's undated BSP indicated client #4 received Prozac 10 milligram (depression). Client #4's POF dated 10/28/13 indicated client #1 received Prozac 10 milligrams daily at</p>		<p>emancipated prior to getting HRC approval. Ongoing the Program Director will ensure any updates or changes to consumers' Behavior Support Plans or psychotropic medications are reviewed and written consent is obtained by the consumers Guardian or Health Care Representative or the consumer if they are emancipated prior to getting HRC approval. Program Director will ensure that documentation of guardian or client approval is available for review. Prior to any future Human Rights Committee meetings, the HRC will be reminded that they should not approve any changes to Behavior Support Plans or psychotropic medications without ensuring that guardian or client, if emancipated, approvals have been obtained. Responsible Party: Program Director, Human Rights Committee</p>				

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W000289	<p>7:00 AM (started on 6/4/12). Client #4's ISP dated 6/18/13 indicated client #4 had a HCR. Client #4's record did not indicate documentation of client #4 or client #4's HCR's written informed consent before the use of Prozac 10 milligrams for depression.</p> <p>AD #1 was interviewed on 12/5/13 at 10:56 AM. AD #1 indicated written informed consent was needed for the use of psychotropic medications prior to implementation.</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. Based on record review and interview for 3 of 4 sampled clients (#1, #2 and #3), the facility failed to ensure the clients' BSPs (Behavior Support Plans) were completed to show specific interventions to address the clients' behaviors.</p> <p>Findings include:</p>	W000289	The Program Director will work with the Behavior Consultant to ensure that complete and accurate Behavior Support Plans are completed and available for all clients including Client #1, #2 and #3. The Program Director will receive retraining to ensure that there are current Behavior Support Plans that are up to date and available for review for all consumers in the home that need	01/08/2014			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G417	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/09/2013
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	<p>1. Client #1's record was reviewed on 12/3/13 at 9:10 AM. Client #1's record did not indicate documentation of a BSP.</p> <p>Electronic Correspondence (EC) from AD (Area Director) #1 dated 12/3/13 at 11:44 AM was reviewed on 12/5/13 at 12:00 PM. EC dated 12/3/13 contained an electronic BSP for client #1. Client #1's undated electronic BSP was not completed in that sections of the plan were blank. The following sections of client #1's undated electronic BSP were blank:</p> <p>-Behaviors to Increase: Progress Goals and Baseline information was blank.</p> <p>-Behaviors to Decrease: Progress Goal and Baseline information section was blank.</p> <p>-Preventative Measures: Health and Wellness, Personnel Development, Environmental, Communication Methods, Incidental Instruction, Reinforcement of Preferred Behavior, Antecedent Management and Replacement Skill Teaching restrictive and non restrictive measure sections were blank.</p> <p>-Response Measures to targeted</p>		<p>them. If Behavior Support plans are not present or need to be updated the Program Director will request from the Behavior Consultant to ensure that they are available for review and to train staff on consumers Behavior interventions. The Program Director will ensure that all targeted behaviors, interventions for behaviors, all restrictive practices and psychotropic medication titration plans are included in all consumers Behavior Support Plans as needed and appropriate approvals by Guardian and HRC are obtained. For the next 3 months, the Area Director will review all of this Program Director's Behavior Support Plans to ensure all targeted behaviors, interventions for behaviors, all restrictive practices and psychotropic medication titration plans are included in all consumers Behavior Support Plans as needed and appropriate approvals by Guardian and HRC are obtained. Responsible Party: Program Director, Area Director, Behavior Consultant</p>		

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	<p>behaviors: Verbal Aggression, Physical Aggression and Extreme Irritability restrictive and non restrictive measure sections were blank.</p> <p>Client #1's undated electronic BSP did not indicate documentation regarding how staff were to support client #1 regarding his targeted behaviors of verbal aggression, physical aggression and extreme irritability.</p> <p>2. Client #2's record was reviewed on 12/3/13 at 11:02 AM. Client #2's record did not indicate documentation of a BSP.</p> <p>Electronic Correspondence from AD #1 dated 12/3/13 at 11:44 AM was reviewed on 12/5/13 at 12:00 PM. EC dated 12/3/13 contained an electronic BSP for client #2. Client #2's undated electronic BSP was not completed in that sections of the plan were blank. The following sections of client #2's undated electronic BSP were blank:</p> <p>-Behaviors to Increase: Progress Goals and Baseline information was blank.</p> <p>-Behaviors to Decrease: Progress Goal and Baseline information section was blank.</p>						

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	<p>-Preventative Measures: Health and Wellness, Personnel Development, Environmental, Communication Methods, Incidental Instruction, Reinforcement of Preferred Behavior, Antecedent Management and Replacement Skill Teaching restrictive and non restrictive measure sections were blank.</p> <p>-Response Measures to targeted behaviors: Resistance to Instruction and Aggressive outburst restrictive and non restrictive measure sections were blank.</p> <p>Client #2's undated electronic BSP did not indicate documentation regarding how staff were to support client #2 regarding the targeted behaviors of resistance to instruction and aggressive outbursts.</p> <p>3. Client #3's record was reviewed on 12/3/13 at 12:26 PM. Client #3's record did not indicate documentation of a BSP.</p> <p>Electronic Correspondence from AD #1 dated 12/3/13 at 11:44 AM was reviewed on 12/5/13 at 12:00 PM. EC dated 12/3/13 contained an electronic BSP for client #3. Client #3's undated electronic BSP was not completed in that sections of the plan were blank. The</p>			

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	<p>following sections of client #3's undated electronic BSP were blank:</p> <ul style="list-style-type: none"> -Behaviors to Increase: Progress Goals and Baseline information was blank. -Behaviors to Decrease: Progress Goal and Baseline information section was blank. -Preventative Measures: Health and Wellness, Personnel Development, Environmental, Communication Methods, Incidental Instruction, Reinforcement of Preferred Behavior, Antecedent Management and Replacement Skill Teaching restrictive and non restrictive measure sections were blank. -Response Measures to targeted behaviors: Verbal Aggression, Physical Aggression and Temper Outbursts restrictive and non restrictive measure sections were blank. <p>Client #3's undated electronic BSP did not indicate documentation regarding how staff were to support client #3 regarding the targeted behaviors of verbal aggression, physical aggression and temper outburst.</p> <p>AD (Area Director) #1 was interviewed</p>			

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W000312	<p>on 12/5/13 at 10:56 AM. AD #1 indicated clients #1, #2 and #3's BSP's were sent electronically. AD #1 indicated clients #1, #2 and #3's BSPs should be completed and available for facility staff to review. When asked if the electronic BSPs for clients #1, #2 and #3 were completed, AD #1 stated, "No." AD #1 indicated the QIDP (Qualified Intellectual Disabilities Professional) was responsible for implementing clients #1, #2 and #3's behavior programs.</p> <p>9-3-5(a)</p> <p>483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 2 of 4 sampled clients receiving medications to control behaviors (clients #1 and #3), the facility failed to implement plans of reduction the clients could achieve to reduce and eventually eliminate the behavior for which the clients received psychoactive medication.</p>	W000312	The QIDP will convene the IDT for client #1 and #3. The IDT will assess the behaviors for which clients #1 and #3 are prescribed medication and develop appropriate and attainable titration plans. The Behavior Consultant will be retrained on the requirement to include an appropriate plan to address medication withdrawal based on behaviors and ensure that the	01/08/2014	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G417	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/09/2013
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	<p>Findings include:</p> <p>1. Electronic Correspondence (EC) from AD (Area Director) #1 dated 12/3/13 at 11:44 AM was reviewed on 12/5/13 at 12:00 PM. EC dated 12/3/13 contained an electronic BSP (Behavior Support Plan) for client #1. Client #1's undated electronic BSP indicated client #1 received Escitalopram 10 milligrams (depression). Client #1's BSP did not indicate documentation of criteria for medication reduction.</p> <p>2. EC from AD #1 dated 12/3/13 at 11:44 AM was reviewed on 12/5/13 at 12:00 PM. EC dated 12/3/13 contained an electronic BSP for client #3. Client #3's undated electronic BSP indicated client #3 received Cymbalta 60 milligrams (depression). Client #3's BSP did not indicate documentation of criteria for medication reduction.</p> <p>AD #1 was interviewed on 12/5/13 at 10:56 AM. AD #1 indicated clients #1 and #3's BSPs were sent electronically. AD #1 indicated clients #1 and #3's psychotropic medication plan of reduction should be completed.</p> <p>9-3-5(a)</p>		<p>titration plan is measurable and attainable. The Behavior Consultant will revise the Behavior Plans to include the titration plan developed by the IDT. The QIDP will obtain required approvals as soon as the plans are available. The QIDP will also ensure the staff is trained on the implementation of the plans. The QIDP will review each client's files to ensure each client that receives medication to manage behavior has an appropriate titration plan. Responsible Staff: Program Director, Area Director, Behavior Consultant</p>		

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W000323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview for 1 of 4 sampled clients (#4), the facility nurse failed to meet the health needs of client #4 by not ensuring client #4 received a recommended vision assessment.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 12/3/13 at 1:00 PM. Client #4's vision examination form dated 11/26/12 indicated "Return in 6 months for follow up." Client #4's record did not indicate documentation of additional follow up vision assessment.</p> <p>LPN (Licensed Practical Nurse) #1 was interviewed on 12/5/13 at 11:53 AM. LPN #1 indicated vision assessment recommendations should be followed. LPN #1 stated, "I wasn't the nurse for this house at that time but I will follow up to see if I can find any documentation of [client #4's] follow up vision appointment." LPN #1 did not provide additional documentation regarding client #1's recommended vision follow</p>	W000323	<p>A follow up vision assessment will be scheduled for Client #4. The Program Nurse will review all consumers medical appointment records (including Client #4) and note when their last vision and hearing screening/evaluations were completed. Program Nurse will work with the Home Manager to ensure vision and/or hearing screenings are scheduled for all consumers as needed to ensure they have been reviewed annually. The Program Nurse will ensure that once screenings/evaluations have been completed, documentation is present in the medical charts for review. The Program Nurse will receive retraining to include ensuring that all consumers have annual vision and hearing screenings/evaluations a minimum of annually. Ongoing, the Program Nurse will track all consumers' annual medical appointments and ensure that all consumers have hearing and vision screenings/evaluations a minimum of annually to determine if further follow up is needed.</p> <p>Responsible Party: Home Manager, Program Nurse.</p>	01/08/2014	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G417	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 12/09/2013
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W000436	<p>up appointment.</p> <p>AD (Area Director) #1 was interviewed on 12/5/13 at 12:04 PM. AD #1 indicated vision assessment recommendations should be followed.</p> <p>9-3-6(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 5 clients (#1) with adaptive equipment, the facility failed to ensure client #1 had recommended hearing aids.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 12/2/13 from 4:30 PM through 6:00 PM. Client #1 was observed in the home throughout the observation period. Client #1 did not wear hearing aids.</p> <p>Client #1's record was reviewed on</p>	W000436	<p>Program Nurse will receive clarification from Client #1 physician on if he needs to continue to wear his hearing aids as recommended in a previous hearing evaluation. If it is determined that Client #1 still needs hearing aids, they will be ordered and provided to him as soon as possible. If it is determined that he does not need to continue to wear his hearing aids, written clarification from the physician will be obtained.</p> <p>Home Manager and Program Director will receive retraining to ensure that if any adaptive equipment is recommended for any consumers that it is provided to them and is in good working</p>	01/08/2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G417	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/09/2013
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W000440	<p>12/3/13 at 9:10 AM. Client #1's Audiology Assessment form dated 9/15/09 indicated the recommendation for client #1 to utilize hearing aids. Client #1's ISP (Individual Support Plan) dated 6/18/13 indicated, "Results of last audio-logical exam: Hearing lost (sic). Date of last hearing assessment: 10/29/12. Results of last hearing assessment: mild to severe hearing lost (sic). Are amplification devices used: hearing aid. Assessment of ability to care for amplification devices: [client #1] needs staff assistance in caring for his hearing aid."</p> <p>Interview with QIDP (Qualified Intellectual Disabilities Professional)/PD (Program Director) #1 on 12/5/13 at 11:00 AM indicated client #1 did not have hearing aids.</p> <p>AD (Area Director) #1 was interviewed on 12/5/13 at 10:56 AM. AD #1 indicated client #1 should have recommended adaptive equipment.</p> <p>9-3-7(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview</p>	W000440	<p>order. Ongoing the Program Director and Home manager will work with Program Nurse to ensure that all consumers recommended adaptive equipment is provided to consumers and is in good working order. If there are questions or concerns if a consumer still needs recommended adaptive equipment, Home Manager, Program Director and Program Nurse will work together with consumers physicians to obtain reassessments or written clarification regarding the adaptive equipment. The Program Nurse will review each consumer's medical records a minimum of monthly to ensure that all recommendations from physicians for clients are being implemented as directed.</p> <p>Responsible Party: Program Director, Home Manager</p>	01/08/2014	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G417	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 12/09/2013
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	<p>for 4 of 4 sampled clients (#1, #2, #3 and #4) plus 3 additional clients (#5, #6 and #7), the facility failed to conduct evacuation drills for each quarter on each shift.</p> <p>Findings include:</p> <p>The facility's evacuation drill record was reviewed on 12/2/13 at 3:45 PM. The review indicated the facility failed to conduct an evacuation drill for 7 of 7 clients (#1, #2, #3, #4, #5, #6 and #7) for the second quarter, April 2013 through June 2013 for the evening shift and the third quarter July 2013 through September 2013 for the evening shift.</p> <p>AD (Area Director) #1 was interviewed on 12/5/13 at 10:56 AM. AD #1 indicated clients #1, #2, #3, #4, #5, #6 and #7 should be evacuated one time per quarter on each shift. AD #1 indicated there was no additional documentation of fire/evacuation drills available for review.</p> <p>9-3-7(a)</p>		<p>will receive a retraining to ensure that they understand the importance of completing the monthly fire drills. The training will include reviewing a copy of the fire drill schedule. Ongoing, the Direct Support Professionals will complete one fire drill per month (or more as needed) according to the schedule to ensure that the health and safety of the client's needs are met.</p> <p>The Home Manager will be retrained on the policy and procedures for the completion of evacuation drills. The Home Manager will be responsible for submitting a copy of the fire drill to the Program Director and Quality Assurance Specialist before the last day of each month. The Quality Assurance Specialist will review the report and request any necessary follow-up. The Program Director will be responsible for ensuring the needed follow-up is completed. Responsible Staff: Program Director, Home Manager, Quality Assurance Specialist</p>		