

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G520	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/09/2015
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6386 ELLSWORTH PL MERRILLVILLE, IN 46410
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W 0000 Bldg. 00	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of Survey: November 2, 4, 5, 6, and 9, 2015</p> <p>Facility number: 001034 Provider number: 15G520 AIM number: 100245230</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/17/15.</p>	W 0000		
W 0102 Bldg. 00	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on observation, record review, and interview, the Condition of Participation of Governing Body is not met as the facility's governing body failed to exercise general operating direction over the facility by failing to ensure active treatment services affecting 2 of 4 sampled clients (clients #1 and #4) were</p>	W 0102	The governing body and management failed to exercise general operating direction over the facility by failing to ensure active treatment services for two of four sampled clients were developed, implemented, and monitored.	12/09/2015

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>developed, implemented, and monitored.</p> <p>Findings include:</p> <p>1. Please refer to W104 as the governing body failed to: Ensure carpeting, wall coverings, and lighting in the facility were provided and in good repair for 4 of 4 sampled clients (clients #1, #2, #3, and #4), and 3 additional clients (clients #5, #6, and #7). 2. Ensure active treatment services and behavior support plans were implemented for 2 of 4 sampled clients (clients #1 and #4) and, 3. Ensure a program was developed and implemented to meet the active treatment needs pertaining to day services programming for 1 of 4 sampled clients (client #4).</p> <p>2. Please refer to W195 as the governing body failed to implement behavior support plans for 2 of 4 sampled clients (clients #1 and #4), and failed to implement active treatment objectives for 1 of 4 sampled clients (client #4), and failed to develop and implement active treatment for day programming for 1 of 4 sampled clients who required aggressive and consistent active treatment services (client #4).</p> <p>9-3-1(a)</p>		<p>Please refer to the plan of action for W104 for a comprehensive statement regarding the corrective actions that have been initiated and will be completed by December 9, 2015. Specifically addressed are actions pertaining to the physical environment of the facility, implementation of active treatment services and behavior support plans, and active treatment needs pertaining to day service programming.</p> <p>Please refer to the plan of action for W195 for a comprehensive statement regarding the corrective actions that have been initiated and will be completed by December 9, 2015. Specifically addressed are actions pertaining to the implementation of behavior support plans, implementation of active treatment objectives, and the development and implementation of active treatment for consistent day programming services.</p>	

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W 0104 Bldg. 00	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review, and interview, the facility's governing body failed to exercise general operating direction over the facility by failing to:</p> <ol style="list-style-type: none"> 1. Ensure carpeting, wall coverings, and lighting in the facility were provided and in good repair for 4 of 4 sampled clients (clients #1, #2, #3, and #4), and 3 additional clients (clients #5, #6, and #7). 2. Ensure the facility's QIDP (Qualified Intellectual Disabilities Professional) monitored the development and implementation of active treatment services, day program services, and behavior support plan implementation for 2 of 4 sampled clients (clients #1 and #4) and, 3. Ensure a program was developed and implemented to meet the active treatment needs pertaining to day services programming for 1 of 4 sampled clients (client #4). <p>Findings include:</p>	W 0104	<ol style="list-style-type: none"> 1. The governing body failed to ensure carpeting, wall coverings, and lighting in the facility were provided and in good repair. <ol style="list-style-type: none"> a. A wall in the living room was crushed and partially patched. b. Walls in the hallway area had numerous dents and scratches and black marks. c. The carpeting in the living room was wrinkled and torn. d. The atmosphere in the living room and kitchen areas was dark with low visibility. Lighting was available but not used. <p>The maintenance department secured a bid from a local contractor to replace the carpeting with new flooring. The installation should be complete by December 9, 2015. In addition, the hallway will be repainted and the living room wall</p>	12/09/2015
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	<p>1. The group home where clients #1, #2, #3, #4, #5, #6, and #7 resided was inspected during the 11/2/15 observation period from 2:30 P.M. until 6:30 P.M. and during the 11/4/15 observation period from 11:54 A.M. until 12:00 P.M. A wall in the living room of the facility was crushed and partially patched. Walls in the hallway area had numerous scratches and dents and black marks. The carpeting in the living room was wrinkled and torn. The atmosphere in the living room and kitchen areas was dark with low visibility. Lighting in the kitchen and living room was available but not used. The hallway, living room, and kitchen areas of the facility were used and accessible to clients #1, #2, #3, #4, #5, #6, and #7.</p> <p>Program Director #1 was interviewed on 11/5/15 at 11:04 A.M. Program Director #1 stated, "Maintenance will look at repairing these areas (Living room and hallway walls, Living room carpeting) and as far as the lights, they should be turned on so it isn't dark in the home."</p> <p>Please also refer to:</p> <p>2. W159 as the facility's QIDP (Qualified Intellectual Disabilities Professional) failed to: 1. Ensure the implementation of the active treatment</p>		<p>will be repaired by December 9, 2015.</p> <p>The physical environment of the home is assessed on a monthly basis and recorded on the Monthly Site Risk Checklist by the QIDP or Lead DSP. The QIDP and the Lead DSP will be re-trained by December 9, 2015 on how to complete the Site Risk Checklist. In addition, all staff at the facility will receive a retraining by December 9, 2015 on the process for reporting maintenance concerns.</p> <p>Going forward, for quality monitoring and assurance purposes, the QIDP (not the designee) will conduct the Monthly Site Risk Checklist for December 2015 and on a quarterly basis. In addition, the QIDP will immediately address any environmental risk concerns noted during her weekly site visits to the home.</p> <p>2. The governing body failed to ensure the QIDP monitored the development and implementation of active treatment services, day program services, and behavior support plan implementation for</p>	

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	<p>program and behavior support plan, during times of opportunity, for 1 of 4 sampled clients (client #4), 2. Assure the development and implementation of a program to meet the active treatment needs pertaining to day services programming for 1 of 4 sampled clients (client #4) and, 3. Assure the implementation of the behavior support plan for 1 of 4 sampled clients (client #1).</p> <p>3. W196 as the governing body failed to implement active treatment programs, and develop and provide active treatment day services for 1 of 4 sampled clients (client #4) who required aggressive and consistent active treatment services.</p> <p>4. W249 as the governing body failed to implement the client's active treatment program and behavior support plan, during times of opportunity, for 1 of 4 sampled clients (client #4) and, 2. Failed to implement the behavior support plan for 1 of 4 sampled clients (client #1).</p> <p>5. W9999 as the governing body failed to develop and implement a program to meet the active treatment needs pertaining to day services programming for 1 of 4 sampled clients (client #4).</p> <p>9-3-1(a)</p>		<p>two of four sampled clients.</p> <p>By December 9, 2015, the QIDP will be retrained on the expectations of a QIDP according to the standard.</p> <p>By December 9, 2015, the QIDP will develop a meaningful day that meets the active treatment needs for Client #4 in her day program service setting. In addition, the QIDP will ensure that all staff working with Client #4 are trained on how to implement the program.</p> <p>By December 9, 2015, all staff will be retrained on the active treatment program, ISP and the BSP for Client #4.</p> <p>By December 9, 2015, all staff will be retrained on the BSP for Client #1.</p> <p>3. The governing body failed to ensure a program was developed and implemented to meet the active treatment needs pertaining to the day service programming for one of four sampled clients.</p>				

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W 0114 Bldg. 00	483.410(c)(4) CLIENT RECORDS Any individual who makes an entry in a client's record must make it legibly, date it, and sign it. Based on record review and interview, the facility failed to assure the Comprehensive Functional Assessment	W 0114	For monitoring and quality assurance regarding both number 2 & 3, active treatment observations will be conducted at the facility during times of opportunity for Client # 4 and each resident of the facility. Eight observations will be conducted each week for a period of six weeks. During these observations, immediate coaching will occur throughout the observation to ensure staff members understand how to implement active treatment, and the behavior plans. If after six weeks, staff competency has improved, the observations will taper down to four observations per week for two weeks. If after two weeks, staff competency has been established, two observations will be conducted per week on an ongoing basis for monitoring purposes. Each observation will be documented on a specific form for the facility and submitted to the Area Director for additional monitoring purposes. The facility failed to ensure that Comprehensive Functional Assessment for one of four sampled	12/09/2015

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W 0125 Bldg. 00	<p>for 1 of 4 sampled clients (client #1) included the date the assessment was completed.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 11/5/15 at 8:04 A.M. A review of client #1's Comprehensive Functional Assessment failed to indicate the assessment was dated by the person completing the assessment.</p> <p>Program Director #1 was interviewed on 11/5/15 at 11:04 A.M. Program Director #1 stated, "I will see if I can find it (Client #1's dated Comprehensive Functional Assessment)." The information requested was not provided during the survey.</p> <p>9-3-1(a)</p> <p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due</p>		<p>clients was dated, therefore, it was unable to be determined if the assessment was current.</p> <p>By December 9, 2015, the QIDP will ensure that the Comprehensive Functional Assessment for Client #1 is current and dated appropriately. In addition, she will assess that the comprehensive functional assessments for each individual in the home are current and dated appropriately.</p> <p>By December 9, 2015, the QIDP will be re-trained on the expectation that the annual assessments for an individual are required to be completed just prior to the ISP Annual. Going forward, to ensure quality provision of care, the QIDP will conduct an audit of each client file on a quarterly basis to ensure documents are complete.</p>				

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	<p>process.</p> <p>Based on observation, record review and interview, the facility failed to ensure 1 of 4 sampled clients (client #4) had unimpeded access to drinking water.</p> <p>Findings include:</p> <p>Client #4 was observed at the facility during the 11/4/15 observation period from 10:54 A.M. until 12:00 P.M. On four occasions during the observation period, client #4 asked direct care staff #1 if she could have a glass of water. Direct care staff #1 told client #4 that she could not have a glass of water because "you'll wet yourself and just have to be changed."</p> <p>Client #4's record was reviewed on 11/5/15 at 10:34 A.M. A review of the client's record failed to indicate client #4 was restricted in having water when she wanted a drink.</p> <p>Program Director #1 was interviewed on 11/5/15 at 11:04 A.M. Program Director #1 stated, "[Client #4] is not on a water restriction and she can have a glass of water anytime she wants."</p> <p>9-3-2(a)</p>	W 0125	<p>The facility failed to ensure one of four sampled clients had unimpeded access to drinking water.</p> <p>By December 9, 2014, all staff in the facility will be retrained on the policy regarding protection of client rights and staff treatment of clients.</p> <p>Client #4 did not have impeded access to water, as she is capable and quite often gets herself water when she is thirsty. However, the staff's comments to Client #4 may have confused the individual into thinking she could not get herself some water.</p> <p>The QIDP will identify the staff member working with Client #4 in order to provide further training on client rights and administer appropriate disciplinary action by December 9, 2015.</p>	12/09/2015	

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W 0149 Bldg. 00	<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 observation, record review, and interview, the facility neglected to implement their "Policy and Procedure Concerning Abuse, Neglect and Exploitation" (abuse/neglect policy) to prevent client to client emotional/verbal abuse which affected 3 of 4 sampled clients (clients #1, #3, and #4) and 1 additional client (client #7).</p> <p>Findings include:</p> <p>Clients #1, #3, #4, and #7 were observed at the group home on 11/2/15 from 3:30 P.M. until 6:30 P.M. At 4:34 P.M., client #1 was standing in the kitchen/dining area with client #7. In an aggressive tone of voice, client #1 stated to client #7, "Did you sleep in your glasses again? Don't sleep in your glasses again or you know who's going to get you. I will !" Direct care staff #2 was in the kitchen/dining room area, within 5 feet of client #1 during this remark. Direct care staff #2 did not intervene. When dinner was served at 4:57 P.M., client #4 stated, "I want a pork chop." Client #1 leaned across the table and stated to client #4 in</p>	W 0149	<p>The facility failed to implement its policy to prevent client to client emotional/verbal abuse which affected three of four sampled clients and one additional client.</p> <p>The behavior specialist for Client #1 has been contacted and asked to conduct a refresher training for all the DSPs at the facility on Client #1's behavior support plan. This training is scheduled to occur by December 9, 2015.</p> <p>In addition, all staff will be retrained by December 9, 2015 on the policy and procedure pertaining to abuse, neglect and exploitation of an individual.</p> <p>The QIDP will identify the staff member(s) working with Client #1, Client #3, Client #4 and Client #7 in order to provide further training on prevention of client to client aggression, and remind staff of their</p>	12/09/2015

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	<p>an aggressive tone of voice, "You can't have one, you have to wait!" Client #3 stated, "I want a pork chop." Client #1 stated to client #3 in an aggressive tone of voice, "You have to wait. You can't have one now. Yours has to be cut up!" At 5:05 P.M., client #4 asked for the ketchup. Client #1 stated to client #4, "I'll give you the ketchup when I'm done!" Client #4 stated, "Yeah, yeah." Client #1 then stated to client #4, "Don't yeah, yeah me!" During the aforementioned remarks, direct care staff #1, #2, and #4 were within 2 to 5 feet of client #1 but did not intervene in any manner.</p> <p>Direct care staff #1 was interviewed on 11/4/15 at 12:03 P.M. Direct care staff #1 stated, "[Client #1] is bossy. There's no two ways around it."</p> <p>Client #7 was interviewed on 11/5/15 at 7:49 A.M. Client #7 stated, "I don't like what [client #1] says at times. Sometimes she (client #1) makes me afraid of her and afraid of what she might do to me. It makes me not want to be here (at the group home)."</p> <p>Client #1's records were reviewed on 11/5/15 at 8:04 A.M. The review of the client's Behavior Support Plan, dated 6/1/15, indicated client #1's "verbal</p>		<p>responsibilities to implement the strategies outlined in the BSP. Appropriate disciplinary action will be administered by December 9, 2015.</p> <p>For monitoring and quality assurance, the implementation of Client #1's BSP will be observed during times of opportunity. Eight observations will be conducted each week for a period of six weeks. During these observations, immediate coaching will occur throughout the observation to ensure staff members understand how to implement the behavior plan. If after six weeks, staff competency has improved, the observations will taper down to four observations per week for two weeks. If after two weeks, staff competency has been established, two observations will be conducted per week on an ongoing basis for monitoring purposes. Each observation will be documented on a specific form for the facility and submitted to the Area Director for additional monitoring purposes. (The observations will not only be conducted for Client #1 but also on how staff implement the behavior plans for all five of the individuals in the home that currently require a BSP.)</p>		

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	<p>aggression towards others" was a target behavior which was addressed through the behavior support plan. Direct care staff were to "prompt her (client #1) to calm down and use a coping skill from her list." If client #1 was to continue to verbally aggress, direct care staff were to prompt client #1 to "take 5 minutes to calm down."</p> <p>Program Director #1 was interviewed on 11/5/15 at 11:04 A.M. Program Director #1 stated, "Staff (direct care staff) should have intervened when [client #1] was talking to others like that. She (client #1) has a behavior plan which addresses that behavior."</p> <p>The facility's records were further reviewed on 11/6/15 at 11:41 A.M. A review of the facility's "Policy and Procedure Concerning Abuse, Neglect and Exploitation", dated 6/1/15, defined in part, "Emotional/Verbal Abuse is defined as non-therapeutic conduct which produces or could reasonably be expected to produce pain or injury and is not accidental, or any repeated conduct which produces or could reasonable (sic) be expected to produce mental or emotional distress . . ."</p> <p>9-3-2(a)</p>			

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W 0159 Bldg. 00	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>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, the facility's QIDP (Qualified Intellectual Disabilities Professional) failed to: 1. Assure the implementation of the active treatment program and behavior support plan, during times of opportunity, for 1 of 4 sampled clients (client #4), 2. Assure the development and implementation of a program to meet the active treatment needs pertaining to day services programming for 1 of 4 sampled clients (client #4) and, 3. Assure the implementation of the behavior support plan for 1 of 4 sampled clients (client #1).</p> <p>Findings include:</p> <p>1. Client #4 was observed at the group home during the 11/2/15 observation period from 2:30 P.M. until 6:30 P.M. From 2:30 P.M. until 4:50 P.M., client #4 sat in a sofa chair in the living room of the facility. She would periodically cry, yell obscenities, and state that she was hungry. Direct care staff #1 occasionally</p>	W 0159	<p>The facility's QIDP failed to ensure the active treatment objectives and behavior support plan was implemented for Client #4.</p> <p>The facility's QIDP failed to ensure active treatment was implemented in accordance with the day program service needs for Client #4.</p> <p>The facility's QIDP failed to ensure the BSP was implemented for Client #1.</p> <p>By December 9, 2015 the QIDP will be retrained on the expectations of a QIDP according to the standard.</p> <p>The QIDP spends a lot of time in the facility coaching staff on how to implement active treatment objectives for each individual in the</p>	12/09/2015

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	<p>reminded the client that supper would be "in a little while." Client #4 then slept in the chair where she would wake up occasionally and again begin crying and stating she was hungry. Direct care staff #1 would again remind the client that supper would be "in a little while." At 4:50 P.M., client #4 sat at the dining room table where direct care staff #2 prepared the client her evening meal of a pork chop, broccoli, and rice. Direct care staff #4 served the client her meal. After eating, client #4 took her dishes to the sink and proceeded to the living room where she slept in a sofa chair during the remainder of the observation period. During the entire observation period, direct care staff #1, #2, and #4 did not engage the client in meaningful active treatment activities.</p> <p>Client #4 was observed at the group home during the 11/4/15 observation period from 10:54 A.M. until 12:00 P.M. During the observation period, client #4 continuously cried and yelled obscenities and begged direct care staff #4 to "Make me a grilled cheese." Direct care staff #1 repeatedly told client #4, "It's too early yet. You have to wait." Client #4 continued to cry and beg for a grilled cheese sandwich. At 11:10 A.M., as client #4 continued crying and begging for a grilled cheese, direct care staff #1</p>		<p>home; however, Client #4 has behaviors that have been very challenging for staff to address in a consistent manner. The IDT for Client #4 will be meeting together during the first week of December to discuss alternate placement options that may be worth exploring. The Team has recognized that Client #4 has a much better day when there are relatively few people in her environment.</p> <p>The QIDP will ensure that all staff are trained on Client #4's ISP and BSP by December 9, 2015.</p> <p>The QIDP will review and monitor the staff documentation of Client #4's ISP goals and BSP data sheets on a monthly basis. In addition, the QIDP will ensure active treatment objectives and behavior support plans are implemented for each client in the facility during her weekly site observation visits. Immediate feedback and coaching will be provided to the staff members for what needs improvement and what is being done correctly.</p> <p>The QIDP will ensure that a structured calendar is created for Client #4 to meet her alternative Day Program active treatment needs. In</p>	

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	<p>stated to the client, "I'll give you a snack if you stop all this noise." Direct care staff #1 gave client #4 a snack which the client ate. Client #4 then continued to cry and demand a grilled cheese sandwich. Client #4 sat on the couch and continued to yell and demand a grilled cheese sandwich. While sitting on the couch, client #4 twice hit the surveyor who was also sitting on the couch. Direct care staff #1 did not block client #4 from hitting the surveyor. At 11:50 A.M., direct care staff #1 went into the kitchen and began preparing a grilled cheese sandwich for client #4. During the observation period, direct care staff did not engage the client in meaningful active treatment activities.</p> <p>Client #4 was observed at the group home during the 11/5/15 observation period from 5:56 A.M. until 8:00 A.M. Client #4 sat in a sofa chair in the living room and occasionally dozed and, when awake, the client occasionally yelled told direct care staff, "I'm hungry." Direct care staff #6 administered medications to the client at 6:33 A.M. No medication administration training was observed to be provided to client #4. At 6:10 A.M., client #4 again began yelling and stating to direct care staff, "I'm hungry." Direct care staff #5 came into the living room and said to the client, "Here, I've got a</p>		<p>addition, the QIDP will ensure that the staff are trained by December 9, 2015 on how to implement the day program objectives in a way to provide a meaningful day to Client #4. The QIDP will review and monitor the staff documentation that Client #4's assigned staff complete for her day program services on a monthly basis for quality assurance. In addition, the QIDP will conduct biweekly surprise visits (according to the scheduled activity of the day) to ensure the day program active treatment objectives for Client #4 are being implemented.</p> <p>The QIDP will ensure that all staff are trained by December 9, 2015 on the BSP for Client #1. In addition, through routine coaching she will ensure that staff understand that through implementing an individuals BSP the staff in turn are protecting the other individuals in the home from client to client emotional/verbal abuse through immediately responding and redirecting the aggressor as indicated in her plan.</p>	

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	<p>piece of licorice for you if you stop yelling." Client #4 agreed to stop yelling and ate the piece of licorice candy. Client #4 then began yelling again stating, "I'm hungry." Direct care staff #5 told the client, "I ain't giving you no more candy then if you going to continue yelling." Direct care staff #5 then went back into the kitchen as client #4 continued crying and yelling that she was hungry. At 7:12 A.M., client #4 sat at the dining room table as direct care staff #1 served her oatmeal and toast. At 7:33 A.M., client #4 took her dishes to the sink and proceeded into the living room where she slept during the remainder of the observation period. During the observation period, direct care staff did not engage the client in meaningful active treatment activities.</p> <p>Client #4's records were reviewed on 11/5/15 at 10:53 A.M. A review of client #4's 6/12/15 ISP (Individual Support Plan) indicated the client had the following objectives which could have been implemented during the aforementioned observation periods: 1. Select a food item from the cabinet and hand to staff for preparation, 2. Follow Behavior Management Plan, 3. Exercise, and, 4. Wash her face. Review of the client's 2/19/15 Behavior Support Plan indicated client #4 had the following</p>			

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	<p>target behaviors which were being addressed: Property Destruction, Verbal Aggression, Physical Aggression, Self-Injurious Behavior, and Spitting. Further review indicated direct care staff were to block the client from hitting others if the client is engaging in physical aggression. Direct care staff were to also give the client a small edible, such as a piece of candy, only when the client had gone 15 minutes without displaying a target behavior such as verbal and physical aggression.</p> <p>Program Director #1 was interviewed on 11/5/15 at 11:04 A.M. Program Director #1 stated, "Her (client #4's) behaviors require a lot of staff attention and sometimes it's hard for staff (direct care staff) to implement her (client #4's) goals."</p> <p>2. Client #4 was observed at the group home on 11/2/15 from 2:30 P.M. until 3:30 P.M. During the observation client #4 sat sleeping in a living room chair without any active treatment activity or program. No alternative day services were observed to be provided.</p> <p>Client #4 was observed at the group home on 11/4/15 from 10:54 A.M. until 12:00 P.M. Client #4 sat in a living room chair and continuously cried and stated</p>			

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	<p>she was hungry. Direct care staff prompted client #4 on several occasions to color in a coloring book which the client refused. No active treatment activity or programs were provided to client #4 and no alternative day services were observed to be provided.</p> <p>Direct care staff #1 was interviewed on 11/5/15 at 12:03 P.M. When asked what day services client #4 was involved in, direct care staff #1 stated, "She (client #4) isn't involved in any day programming outside the house (group home). She (client #4) hasn't been in day program for about a year."</p> <p>Client #4's records were reviewed on 11/5/15 at 10:34 A.M. Review of client #4's 6/12/15 Individual Support Plan indicated the client's day program placement had been terminated in November of 2014 due to behavioral issues. Further review of the client's records failed to indicate day service programming outside of the group home had been sought for the client.</p> <p>BDDS (Bureau of Developmental Disabilities Services) case manager was interviewed on 11/4/15 at 2:16 P.M. BDDS case manager indicated she was not aware of any current day programming for client #4.</p>			

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	<p>Program Director #1 was interviewed on 11/5/15 at 11:04 A.M. Program Director #1 stated the facility is working to reduce client #4's behaviors so community activities and meaningful day programming activities could be more substantial, however she (client #4) "is not presently involved in day programming outside the home (facility)."</p> <p>3. Clients #1, #3, #4, and #7 were observed at the group home on 11/2/15 from 3:30 P.M. until 6:30 P.M. At 4:34 P.M., client #1 was standing in the kitchen/dining area with client #7. In an aggressive tone of voice, client #1 stated to client #7, "Did you sleep in your glasses again? Don't sleep in your glasses again or you know who's going to get you. I will !" Direct care staff #2 was in the kitchen/dining room area, within 5 feet of client #1 during this remark. Direct care staff #2 did not intervene. When dinner was served at 4:57 P.M., client #4 stated, "I want a pork chop." Client #1 leaned across the table and stated to client #4 in an aggressive tone of voice, "You can't have one, you have to wait!" Client #3 stated, "I want a pork chop." Client #1 stated to client #3 in an aggressive tone of voice, "You have to wait. You can't have one now. Yours</p>			

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	<p>has to be cut up!" At 5:05 P.M., client #4 asked for the ketchup. Client #1 stated to client #4, "I'll give you the ketchup when I'm done!" Client #4 stated, "Yeah, yeah." Client #1 then stated to client #4, "Don't yeah, yeah me!" During the aforementioned remarks, direct care staff #1, #2, and #4 were within 2 to 5 feet of client #1 but did not intervene in any manner.</p> <p>Direct care staff #1 was interviewed on 11/4/15 at 12:03 P.M. Direct care staff #1 stated, "[Client #1] is bossy. There's no two ways around it."</p> <p>Client #1's records were reviewed on 11/5/15 at 8:04 A.M. The review of the client's Behavior Support Plan, dated 6/1/15, indicated client #1's "verbal aggression towards others" was a target behavior which was addressed through the behavior support plan. Direct care staff were to "prompt her (client #1) to calm down and use a coping skill from her list." If client #1 was to continue to verbally aggress, direct care staff were to prompt client #1 to "take 5 minutes to calm down."</p> <p>Program Director #1 was interviewed on 11/5/15 at 11:04 A.M. Program Director #1 stated, "Staff (direct care staff) should have intervened when [client #1] was</p>			

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W 0195 Bldg. 00	<p>talking to others like that. She (client #1) has a behavior plan which addresses that behavior."</p> <p>9-3-3(a)</p> <p>483.440 ACTIVE TREATMENT SERVICES The facility must ensure that specific active treatment services requirements are met. Based on observation, record review, interview, the Condition of Participation: Active Treatment Services, is not met as the facility to implement behavior support plans for 2 of 4 sampled clients (clients #1 and #4), and failed to implement active treatment objectives for 1 of 4 sampled clients (client #4), and failed to develop and implement active treatment for day programming for 1 of 4 sampled clients who required aggressive and consistent active treatment services (client #4).</p> <p>Findings include:</p> <p>1. Please refer to W159 as the facility's QIDP (Qualified Intellectual Disabilities Professional) failed to: 1. Assure active</p>	W 0195	<p>The facility failed to implement the BSPs for Client #1 and Client #4 and failed to implement active treatment objectives for Client #4, and failed to develop and implement active treatment for day programming for Client #4.</p> <p>The QIDP will ensure that all staff receive training on the BSPs for Client #1 and Client #4 by December 9, 2015.</p> <p>The QIDP will ensure that all staff receive training by December 9, 2015 on the ISP goal and active treatment objectives for Client #4, including day program objectives.</p>	12/09/2015

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	<p>treatment services and behavior support plans were implemented for 2 of 4 sampled clients (clients #1 and #4) and,</p> <p>2. Assure the development and implementation of a day services active treatment program which met the needs of 1 of 4 sampled clients who required aggressive and consistent active treatment services (client #4).</p> <p>2. Please refer to W196 as the facility failed to implement active treatment programs, and develop and provide active treatment day services for 2 of 4 sampled clients (clients #1 and #4) who required aggressive and consistent active treatment services.</p> <p>3. Please refer to W249 as the facility: 1. Failed to implement active treatment program and behavior support plan, during times of opportunity, for 1 of 4 sampled clients (client #4) and, 2. Failed to implement behavior support plan for 1 of 4 sampled clients (client #1).</p> <p>4. Please refer to W9999 as the facility failed to develop and implement a program to meet the active treatment needs pertaining to day services programming for 1 of 4 sampled clients (client #4).</p> <p>9-3-4(a)</p>		<p>For monitoring and quality assurance, the implementation of Client #1's BSP and Client #4's BSP will be observed during times of opportunity. Eight observations will be conducted each week for a period of six weeks. During these observations, immediate coaching will occur throughout the observation to ensure staff members understand how to implement the behavior plans. If after six weeks, staff competency has improved, the observations will taper down to four observations per week for two weeks. If after two weeks, staff competency has been established, two observations will be conducted per week on an ongoing basis for monitoring purposes. Each observation will be documented on a specific form for the facility and submitted to the Area Director for additional monitoring purposes. (The observations will not only be conducted for Client #1 and Client #4 but also on how staff implement the behavior plans for all five of the individuals in the home that currently require a BSP.)</p> <p>These observations will also monitor the active treatment objectives and goals that are offered and implemented throughout the</p>	

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W 0196 Bldg. 00	<p>483.440(a)(1) ACTIVE TREATMENT</p> <p>Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>Based on observation, record review, and interview, the facility: 1. Failed to implement the client's active treatment program and behavior support plan, during times of opportunity, for 1 of 4 sampled clients (client #4), 2. Failed to develop and implement a program to meet the active treatment needs pertaining to day services programming for 1 of 4 sampled clients (client #4) and, 3. Failed to implement behavior support plan for 1 of 4 sampled clients (client #1).</p>	W 0196	<p>duration of the observation. These will be conducted for each individual that resides in the home that is present during the observation.</p> <p>All staff at the facility will be retrained on each client's ISP, BSP, and meaningful options for additional ways to provide active treatment throughout the day.</p> <p>By December 9, 2015 a structured activity calendar for Client #4 will be created to ensure alternative day program active treatment services are provided. Staff will be trained on the newly structured alternative day program for Client #4.</p>	12/09/2015

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	<p>Findings include:</p> <p>1. Client #4 was observed at the group home during the 11/2/15 observation period from 2:30 P.M. until 6:30 P.M. From 2:30 P.M. until 4:50 P.M., client #4 sat in a sofa chair in the living room of the facility. She would periodically cry, yell obscenities, and state that she was hungry. Direct care staff #1 occasionally reminded the client that supper would be "in a little while." Client #4 then slept in the chair where she would wake up occasionally and again begin crying and stating she was hungry. Direct care staff #1 would again remind the client that supper would be "in a little while." At 4:50 P.M., client #4 sat at the dining room table where direct care staff #2 prepared the client her evening meal of a pork chop, broccoli, and rice. Direct care staff #4 served the client her meal. After eating, client #4 took her dishes to the sink and proceeded to the living room where she slept in a sofa chair during the remainder of the observation period. During the entire observation period, direct care staff #1, #2, and #4 did not engage the client in meaningful active treatment activities.</p> <p>Client #4 was observed at the group home during the 11/4/15 observation period from 10:54 A.M. until 12:00 P.M.</p>		<p>The staff members working with Client #1, Client #3, Client #4, and Client #7 will be identified by the QIDP for appropriate disciplinary action.</p> <p>For monitoring and quality assurance active treatment observations will be conducted at the facility during times of opportunity for Client # 4 and each resident of the facility. Eight observations will be conducted each week for a period of six weeks. During these observations, immediate coaching will occur throughout the observation to ensure staff members understand how to implement active treatment, and the behavior plans. If after six weeks, staff competency has improved, the observations will taper down to four observations per week for two weeks. If after two weeks, staff competency has been established, two observations will be conducted per week on an ongoing basis for monitoring purposes. Each observation will be documented on a specific form for the facility and submitted to the Area Director for additional monitoring purposes.</p>	

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	<p>During the observation period, client #4 continuously cried and yelled obscenities and begged direct care staff #4 to "Make me a grilled cheese." Direct care staff #1 repeatedly told client #4, "It's too early yet. You have to wait." Client #4 continued to cry and beg for a grilled cheese sandwich. At 11:10 A.M., as client #4 continued crying and begging for a grilled cheese, direct care staff #1 stated to the client, "I'll give you a snack if you stop all this noise." Direct care staff #1 gave client #4 a snack which the client ate. Client #4 then continued to cry and demand a grilled cheese sandwich. Client #4 sat on the couch and continued to yell and demand a grilled cheese sandwich. While sitting on the couch, client #4 twice hit the surveyor who was also sitting on the couch. Direct care staff #1 did not block client #4 from hitting the surveyor. At 11:50 A.M., direct care staff #1 went into the kitchen and began preparing a grilled cheese sandwich for client #4. During the observation period, direct care staff did not engage the client in meaningful active treatment activities.</p> <p>Client #4 was observed at the group home during the 11/5/15 observation period from 5:56 A.M. until 8:00 A.M. Client #4 sat in a sofa chair in the living room and occasionally dozed and, when</p>			

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	<p>awake, the client occasionally yelled told direct care staff, "I'm hungry." Direct care staff #6 administered medications to the client at 6:33 A.M. No medication administration training was observed to be provided to client #4. At 6:10 A.M., client #4 again began yelling and stating to direct care staff, "I'm hungry." Direct care staff #5 came into the living room and said to the client, "Here, I've got a piece of licorice for you if you stop yelling." Client #4 agreed to stop yelling and ate the piece of licorice candy. Client #4 then began yelling again stating, "I'm hungry." Direct care staff #5 told the client, "I ain't giving you no more candy then if you going to continue yelling." Direct care staff #5 then went back into the kitchen as client #4 continued crying and yelling that she was hungry. At 7:12 A.M., client #4 sat at the dining room table as direct care staff #1 served her oatmeal and toast. At 7:33 A.M., client #4 took her dishes to the sink and proceeded into the living room where she slept during the remainder of the observation period. During the observation period, direct care staff did not engage the client in meaningful active treatment activities.</p> <p>Client #4's records were reviewed on 11/5/15 at 10:34 A.M. A review of client #4's 6/12/15 ISP (Individual Support</p>			

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	<p>Plan) indicated the client had the following objectives which could have been implemented during the aforementioned observation periods: 1. Select a food item from the cabinet and hand to staff for preparation, 2. Follow Behavior Management Plan, 3. Exercise, and, 4. Wash her face. Review of the client's 2/19/15 Behavior Support Plan indicated client #4 had the following target behaviors which were being addressed: Property Destruction, Verbal Aggression, Physical Aggression, Self-Injurious Behavior, and Spitting. Further review indicated direct care staff were to block the client from hitting others if the client is engaging in physical aggression. Direct care staff were to also give the client a small edible, such as a piece of candy, only when the client had gone 15 minutes without displaying a target behavior such as verbal and physical aggression.</p> <p>Program Director #1 was interviewed on 11/5/15 at 11:04 A.M. Program Director #1 stated, "Her (client #4's) behaviors require a lot of staff attention and sometimes it's hard for staff (direct care staff) to implement her (client #4's) goals."</p> <p>2. Client #4 was observed at the group</p>			

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	<p>home on 11/2/15 from 2:30 P.M. until 3:30 P.M. During the observation client #4 sat sleeping in a living room chair without any active treatment activity or program. No alternative day services were observed to be provided.</p> <p>Client #4 was observed at the group home on 11/4/15 from 10:54 A.M. until 12:00 P.M. Client #4 sat in a living room chair and continuously cried and stated she was hungry. Direct care staff prompted client #4 on several occasions to color in a coloring book which the client refused. No active treatment activity or programs were provided to client #4 and no alternative day services were observed to be provided.</p> <p>Direct care staff #1 was interviewed on 11/5/15 at 12:03 P.M. When asked what day services client #4 was involved in, direct care staff #1 stated, "She (client #4) isn't involved in any day programming outside the house (group home). She (client #4) hasn't been in day program for about a year."</p> <p>Client #4's records were reviewed on 11/5/15 at 10:34 A.M. Review of client #4's 6/12/15 Individual Support Plan indicated the client's day program placement had been terminated in November of 2014 due to behavioral</p>			

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	<p>issues. Further review of the client's records failed to indicate day service programming outside of the group home had been sought for the client.</p> <p>BDDS (Bureau of Developmental Disabilities Services) case manager was interviewed on 11/4/15 at 2:16 P.M. BDDS case manager indicated she was not aware of any current day programming for client #4.</p> <p>Program Director #1 was interviewed on 11/5/15 at 11:04 A.M. Program Director #1 stated the facility is working to reduce client #4's behaviors so community activities and meaningful day programming activities could be more substantial, however she (client #4) "is not presently involved in day programming outside the home (facility)."</p> <p>3. Clients #1, #3, #4, and #7 were observed at the group home on 11/2/15 from 3:30 P.M. until 6:30 P.M. At 4:34 P.M., client #1 was standing in the kitchen/dining area with client #7. In an aggressive tone of voice, client #1 stated to client #7, "Did you sleep in your glasses again? Don't sleep in your glasses again or you know who's going to get you. I will !" Direct care staff #2 was</p>			

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	<p>in the kitchen/dining room area, within 5 feet of client #1 during this remark. Direct care staff #2 did not intervene. When dinner was served at 4:57 P.M., client #4 stated, "I want a pork chop." Client #1 leaned across the table and stated to client #4 in an aggressive tone of voice, "You can't have one, you have to wait!" Client #3 stated, "I want a pork chop." Client #1 stated to client #3 in an aggressive tone of voice, "You have to wait. You can't have one now. Yours has to be cut up!" At 5:05 P.M., client #4 asked for the ketchup. Client #1 stated to client #4, "I'll give you the ketchup when I'm done!" Client #4 stated, "Yeah, yeah." Client #1 then stated to client #4, "Don't yeah, yeah me!" During the aforementioned remarks, direct care staff #1, #2, and #4 were within 2 to 5 feet of client #1 but did not intervene in any manner.</p> <p>Direct care staff #1 was interviewed on 11/4/15 at 12:03 P.M. Direct care staff #1 stated, "[Client #1] is bossy. There's no two ways around it."</p> <p>Client #1's records were reviewed on 11/5/15 at 8:04 A.M. The review of the client's Behavior Support Plan, dated 6/1/15, indicated client #1's "verbal aggression towards others" was a target behavior which was addressed through</p>			

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	<p>the behavior support plan. Direct care staff were to "prompt her (client #1) to calm down and use a coping skill from her list." If client #1 was to continue to verbally aggress, direct care staff were to prompt client #1 to "take 5 minutes to calm down."</p> <p>Program Director #1 was interviewed on 11/5/15 at 11:04 A.M. Program Director #1 stated, "Staff (direct care staff) should have intervned when [client #1] was talking to others like that. She (client #1) has a behavior plan which addresses that behavior."</p> <p>9-3-4(a)</p>						
W 0249 Bldg. 00	<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, record review, and</p>	W 0249	Upon observation and record	12/09/2015			

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	<p>interview, the facility: Failed to implement active treatment program and behavior support plan, during times of opportunity, for 1 of 4 sampled clients (client #4) and 2. Failed to implement behavior support plan for 1 of 4 sampled clients (client #1).</p> <p>Findings include:</p> <p>1. Client #4 was observed at the group home during the 11/2/15 observation period from 2:30 P.M. until 6:30 P.M. From 2:30 P.M. until 4:50 P.M., client #4 sat in a sofa chair in the living room of the facility. She would periodically cry, yell obscenities, and state that she was hungry. Direct care staff #1 occasionally reminded the client that supper would be "in a little while." Client #4 then slept in the chair where she would wake up occasionally and again begin crying and stating she was hungry. Direct care staff #1 would again remind the client that supper would be "in a little while." At 4:50 P.M., client #4 sat at the dining room table where direct care staff #2 prepared the client her evening meal of a pork chop, broccoli, and rice. Direct care staff #4 served the client her meal. After eating, client #4 took her dishes to the sink and proceeded to the living room where she slept in a sofa chair during the remainder of the observation period.</p>		<p>review, the facility failed to implement an active treatment program for one individual and the behavior support plans for two individuals. Implementing the programs that are established by the Team are to be continuously offered in a consistent manner in order that the individuals reach their goals and/or don't lose their ability to maintain previously acquired skills, techniques, and abilities.</p> <p>All staff will be trained on the ISPs and the BSPs of each individual in the home by December 9, 2015. In addition, observations will be conducted at the home over the course of the next two and a half months to ensure the programs that the staff members have been trained on are consistently implemented per the direction provided within the plans.</p> <p>For monitoring and quality assurance, active treatment observations will be conducted at the facility during times of opportunity for Client # 4 and each resident of the facility. Eight observations will be conducted each week for a period of six weeks. During these observations, immediate coaching will occur throughout the observation to</p>	

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	<p>During the entire observation period, direct care staff #1, #2, and #4 did not engage the client in meaningful active treatment activities.</p> <p>Client #4 was observed at the group home during the 11/4/15 observation period from 10:54 A.M. until 12:00 P.M. During the observation period, client #4 continuously cried and yelled obscenities and begged direct care staff #4 to "Make me a grilled cheese." Direct care staff #1 repeatedly told client #4, "It's too early yet. You have to wait." Client #4 continued to cry and beg for a grilled cheese sandwich. At 11:10 A.M., as client #4 continued crying and begging for a grilled cheese, direct care staff #1 stated to the client, "I'll give you a snack if you stop all this noise." Direct care staff #1 gave client #4 a snack which the client ate. Client #4 then continued to cry and demand a grilled cheese sandwich. Client #4 sat on the couch and continued to yell and demand a grilled cheese sandwich. While sitting on the couch, client #4 twice hit the surveyor who was also sitting on the couch. Direct care staff #1 did not block client #4 from hitting the surveyor. At 11:50 A.M., direct care staff #1 went into the kitchen and began preparing a grilled cheese sandwich for client #4. During the observation period, direct care staff did</p>		<p>ensure staff members understand how to implement active treatment, and the behavior plans. If after six weeks, staff competency has improved, the observations will taper down to four observations per week for two weeks. If after two weeks, staff competency has been established, two observations will be conducted per week on an ongoing basis for monitoring purposes. Each observation will be documented on a specific form for the facility and submitted to the Area Director for additional monitoring purposes.</p> <p>In addition, the QIDP will offer additional coaching and training to the staff during her weekly site visits to the facility. Immediate feedback will be provided to the staff members.</p>	

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	<p>not engage the client in meaningful active treatment activities.</p> <p>Client #4 was observed at the group home during the 11/5/15 observation period from 5:56 A.M. until 8:00 A.M. Client #4 sat in a sofa chair in the living room and occasionally dozed and, when awake, the client occasionally yelled told direct care staff, "I'm hungry." Direct care staff #6 administered medications to the client at 6:33 A.M. No medication administration training was observed to be provided to client #4. At 6:10 A.M., client #4 again began yelling and stating to direct care staff, "I'm hungry." Direct care staff #5 came into the living room and said to the client, "Here, I've got a piece of licorice for you if you stop yelling." Client #4 agreed to stop yelling and ate the piece of licorice candy. Client #4 then began yelling again stating, "I'm hungry." Direct care staff #5 told the client, "I ain't giving you no more candy then if you going to continue yelling." Direct care staff #5 then went back into the kitchen as client #4 continued crying and yelling that she was hungry. At 7:12 A.M., client #4 sat at the dining room table as direct care staff #1 served her oatmeal and toast. At 7:33 A.M., client #4 took her dishes to the sink and proceeded into the living room where she slept during the remainder of</p>			

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	<p>the observation period. During the observation period, direct care staff did not engage the client in meaningful active treatment activities.</p> <p>Client #4's records were reviewed on 11/5/15 at 10:34 A.M. A review of client #4's 6/12/15 ISP (Individual Support Plan) indicated the client had the following objectives which could have been implemented during the aforementioned observation periods: 1. Select a food item from the cabinet and hand to staff for preparation, 2. Follow Behavior Management Plan, and, 3. Exercise, 4. Wash her face. Review of the client's 2/19/15 Behavior Support Plan indicated client #4 had the following target behaviors which were being addressed: Property Destruction, Verbal Aggression, Physical Aggression, Self-Injurious Behavior, and Spitting. Further review indicated direct care staff were to block the client from hitting others if the client is engaging in physical aggression. Direct care staff were to also give the client a small edible, such as a piece of candy, only when the client had gone 15 minutes without displaying a target behavior such as verbal and physical aggression.</p> <p>Program Director #1 was interviewed on 11/5/15 at 11:04 A.M. Program Director</p>			

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	<p>#1 stated, "Her (client #4's) behaviors require a lot of staff attention and sometimes it's hard for staff (direct care staff) to implement her (client #4's) goals."</p> <p>2. Clients #1, #3, #4, and #7 were observed at the group home on 11/2/15 from 3:30 P.M. until 6:30 P.M. At 4:34 P.M., client #1 was standing in the kitchen/dining area with client #7. In an aggressive tone of voice, client #1 stated to client #7, "Did you sleep in your glasses again? Don't sleep in your glasses again or you know who's going to get you. I will !" Direct care staff #2 was in the kitchen/dining room area, within 5 feet of client #1 during this remark. Direct care staff #2 did not intervene. When dinner was served at 4:57 P.M., client #4 stated, "I want a pork chop." Client #1 leaned across the table and stated to client #4 in an aggressive tone of voice, "You can't have one, you have to wait!" Client #3 stated, "I want a pork chop." Client #1 stated to client #3 in an aggressive tone of voice, "You have to wait. You can't have one now. Yours has to be cut up!" At 5:05 P.M., client #4 asked for the ketchup. Client #1 stated to client #4, "I'll give you the ketchup when I'm done!" Client #4 stated, "Yeah, yeah." Client #1 then stated to client #4,</p>			

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	<p>"Don't yeah, yeah me!" During the aforementioned remarks, direct care staff #1, #2, and #4 were within 2 to 5 feet of client #1 but did not intervene in any manner.</p> <p>Direct care staff #1 was interviewed on 11/4/15 at 12:03 P.M. Direct care staff #1 stated, "[Client #1] is bossy. There's no two ways around it."</p> <p>Client #1's records were reviewed on 11/5/15 at 8:04 A.M. The review of the client's Behavior Support Plan, dated 6/1/15, indicated client #1's "verbal aggression towards others" was a target behavior which was addressed through the behavior support plan. Direct care staff were to "prompt her (client #1) to calm down and use a coping skill from her list." If client #1 was to continue to verbally aggress, direct care staff were to prompt client #1 to "take 5 minutes to calm down."</p> <p>Program Director #1 was interviewed on 11/5/15 at 11:04 A.M. Program Director #1 stated, "Staff (direct care staff) should have intervened when [client #1] was talking to others like that. She (client #1) has a behavior plan which addresses that behavior."</p> <p>9-3-4(a)</p>			

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W 0268 Bldg. 00	<p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT</p> <p>These policies and procedures must promote the growth, development and independence of the client.</p> <p>Based on observation and interview, the facility failed to assure direct care staff interacted in a professional manner with 1 of 4 sampled clients (client #4).</p> <p>Findings include:</p> <p>Client #4 was observed during the 11/2/15 observation period from 3:30 P.M. until 6:30 P.M. While sitting in the living room of the facility, Direct care staff #1 stated to client #3, in client #4's presence, "Doesn't [client #4] get on your nerves?"</p> <p>Program Director #1 was interviewed on 11/5/15 at 11:04 A.M. Program Director #1 stated, "Staff (direct care staff) shouldn't say such things in front of [client #4]."</p> <p>9-3-5(a)</p>	W 0268	<p>Direct care Staff #1 will be retrained on the policy regarding staff treatment of clients, and professionalism and appropriate disciplinary action will be administered by December 9, 2015.</p> <p>All staff at the facility will be trained on the policy regarding staff treatment of clients and professionalism by December 9, 2015.</p> <p>Going forward, staff treatment toward clients will be observed by the QIDP in her weekly site visits to the facility. Immediate feedback will be provided to the staff for suggestions at improvement or encouragement on positive engagement.</p>	12/09/2015

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W 0336 Bldg. 00	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need. Based on record review and interview, the facility failed to assure health status assessments were conducted at least quarterly (every ninety days) for 4 of 4 sampled clients (clients #1, #2, #3, and #4).</p> <p>Findings include:</p> <p>Client #1's records were reviewed on 11/5/15 at 8:04 A.M. A review of the client's quarterly quarterly health assessments from 9/30/14 to 11/5/15 indicated the client received an annual physical on 9/1/15 and quarterly health assessments on 10/12/15 and 8/4/14. The review failed to indicate the client received a quarterly health status assessments during the period from 8/4/14 to 9/1/15.</p> <p>Client #2's records were reviewed on 11/5/15 at 8:51 A.M. A review of the client's quarterly quarterly health</p>	W 0336	<p>The QIDP and the staff of the home will be trained by December 9, 2015 that the facility nurse is responsible to complete quarterly nursing assessments within the month they are due. The facility nurse of the home will be trained by December 9, 2015 on the nursing services standard which states a review of the health status must be on a quarterly or more frequent basis depending on client need. Going forward, the quarterly nursing assessments for each individual in the home will be tracked on a master spreadsheet to ensure that the QIDP and Nurse are aware of the upcoming due dates for an assessment. This tracking sheet will be reviewed weekly at the QIDP, Nurse and Lead DSP team meeting. The master spreadsheet will be reviewed on a monthly basis by the nursing services supervisor for quality assurance monitoring.</p>	12/09/2015

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	<p>assessments from 9/30/14 to 11/5/15 indicated the client received an annual physical on 9/24/15 and quarterly health assessments on 10/7/15 and 8/4/14. The review failed to indicate the client received a quarterly health status assessments during the period from 8/4/14 to 9/24/15.</p> <p>Client #3's records were reviewed on 11/5/15 at 9:44 A.M. A review of the client's quarterly health assessments from 9/30/14 to 11/5/15 indicated the client received an annual physical on 7/8/15 and quarterly health assessments on 9/25/15, 3/30/15, and 1/29/15. The review failed to indicate the client received a quarterly health status assessment during the period from 10/30/14 to 1/29/15, and from 3/30/15 to 7/8/15.</p> <p>Client #4's records were reviewed on 11/5/15 at 10:34 A.M. A review of the client's quarterly health assessments from 9/30/14 to 11/5/15 indicated the client received an annual physical on 4/24/15 and quarterly health assessments on 9/25/15 and 8/4/14. The review failed to indicate the client received a quarterly health status assessment during the period from 8/4/14 to 9/25/15.</p> <p>Program Director #1 was interviewed on</p>			

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	11/5/15 at 11:04 A.M. Program Director #1 stated, "Our nurse left employment last August (8/14) and we had missed completing some of our quarterly nursing assessments." 9-3-6(a)				
W 0475 Bldg. 00	483.480(b)(2)(iv) MEAL SERVICES Food must be served with appropriate utensils. Based on observation and interview, the facility failed to assure table knives were available for 4 of 4 sampled clients (clients #1, #2, #3, and #4) during the evening meal. Findings include: Clients #1, #2, #3, and #4 were observed during the 11/2/15 observation period from 3:30 P.M. until 6:30 P.M. At 4:57 P.M., Clients #1, #2, #3, and #4 sat down to dinner and began eating a pork chop, broccoli, and rice. The clients were given only a fork to eat their dinner with. Clients #1, #3, and #4 ate their individual	W 0475	All staff will be retrained by December 9, 2015 on the expectation that a full place setting is supposed to be provided to each individual at meal time. There is a placemat example hanging on the refrigerator of the home to serve as a guide for where the glass, plate, knife, fork and spoon belong at each place setting. Additional placemats have been purchased to serve as a guide. During the observations that will be conducted at the home to ensure active treatment, ISP goals and BSP plans are implemented, at least five mealtimes per week will also be observed. This will ensure that	12/09/2015	

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W 0488 Bldg. 00	<p>pork chops with their fingers. Direct care staff #1, #2, and #4 did not assist or provide clients with a knife and spoon to eat their dinner with.</p> <p>Program Director #1 was interviewed on 11/5/15 at 11:04 A.M. Program Director #1 stated, "Staff (direct care staff) should have given each person (client) a knife and spoon also."</p> <p>9-3-8(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, record review, and interview, the facility failed to encourage 4 of 4 sampled clients (clients #1, #2, #3, and #4), to assist in the preparation of their evening meal to the extent of their assessed capabilities.</p> <p>Findings include: Clients #1, #2, #3, and #4 were observed during the 11/2/15 observation period from 3:30 P.M. until 6:30 P.M. Direct</p>	W 0488	<p>proper place settings are being provided and prompted by staff members for the individuals to set up at mealtime.</p> <p>All staff will be retrained by December 9, 2015 on the expectation that a each individual should be encouraged to participate in meal preparation and their meal participation goals at meal time. For the next 8 weeks at least five mealtimes per week will be observed. This will ensure that opportunities to participate in meal preparation and dining goals, are provided to each individual in the facility on a consistent basis. Once competency is demonstrated the</p>	12/09/2015

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	<p>care staff #2 prompted the clients to sit at the dining room table. Direct care staff #2 prepared a meal consisting of pork chops, broccoli, and rice. Direct care staff #2 placed all of the foods and assorted beverages on the dining room table as direct care staff #1 and #4 served the clients. Direct care staff #1 and #4 individually prepared the plates for each client in a custodial manner and served the clients as they sat at the table. Clients #1, #2, #3, and #4 did not participate in the preparation or serving of their evening meal.</p> <p>Client #1's record was reviewed on 11/5/15 at 8:04 A.M. A review of the client's Comprehensive Functional Assessment (no date) indicated the client was capable of independently participating in the preparation and serving of her meals.</p> <p>Client #2's record was reviewed on 11/5/15 at 8:51 A.M. A review of the client's Comprehensive Functional Assessment, dated 10/16/15, indicated the client was capable of independently participating in the preparation and serving of her meals.</p> <p>Client #3's record was reviewed on 11/5/15 at 9:44 A.M. A review of the client's Comprehensive Functional</p>		<p>observations will taper to 2 meals per week for two weeks and then as observed by the QIDP during her weekly site visits. Immediate feedback will be provided to the staff in an effort to coach them through their ongoing responsibilities toward implementing active treatment throughout the day.</p>	

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W 9999	<p>Assessment, dated 1/29/15, indicated the client was capable participating in the preparation and serving of her meals with the use of verbal cues.</p> <p>Client #4's record was reviewed on 11/5/15 at 10:34 A.M. A review of the client's Comprehensive Functional Assessment, dated 6/9/15, indicated the client was capable participating in the preparation and serving of her meals with the use of verbal cues and hand over hands assistance.</p> <p>Program Director #1 was interviewed on 11/5/15 at 11:04 A.M. Program Director #1 stated, "Staff (direct care staff #1, #2, and #4) should have never prepared and served the food to them (clients #1, #2, #3, #4). They (clients #1, #2, #3, and #4) should eat family style meals and staff (direct care staff) should assist them in preparing their meals."</p> <p>9-3-8(a)</p>			

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Bldg. 00	<p>State Findings</p> <p>460 IAC 9-3-4 Active Treatment Services</p> <p>(b) The provider shall obtain day services for each resident which: (1) meet the criteria and certification requirements established by the division of aging and rehabilitative services for all day service providers; (2) meet the resident's active treatment needs set forth in the resident's individual program plan as determined by the interdisciplinary team conference with preferences for services in the least restrictive environment.</p> <p>This state rule was not met as evidenced by:</p> <p>Based on observation, record review, and interview, the facility failed to develop and implement a program to meet the active treatment needs pertaining to day services programming for 1 of 4 sampled clients (client #4).</p> <p>Findings include:</p> <p>Client #4 was observed at the group home on 11/2/15 from 2:30 P.M. until 3:30 P.M. During the observation client #4 sat sleeping in a living room chair without any active treatment activity or program. No alternative day services were observed to be provided.</p>	W 9999	<p>The facility failed to ensure that Client #4 was enrolled in a day program or structured alternative day program. The QIDP will be retrained on this standard by December 9, 2015. The QIDP will ensure that a meaningful schedule / personalized curriculum is created for Client #4 and that the staff are trained on how to implement the active treatment objectives for her day programming services. Going forward, Dungarvin will launch a committee amongst all of its ICF Area Directors and QIDPs that also have internal alternate day programming services. This group will discuss coordinating efforts statewide to possibly develop a more unified and comprehensive alternate day program curricula.</p>	12/09/2015			

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	<p>Client #4 was observed at the group home on 11/4/15 from 10:54 A.M. until 12:00 P.M. Client #4 sat in a living room chair and continuously cried and stated she was hungry. Direct care staff prompted client #4 on several occasions to color in a coloring book which the client refused. No active treatment activity or programs were provided to client #4 and no alternative day services were observed to be provided.</p> <p>Direct care staff #1 was interviewed on 11/5/15 at 12:03 P.M. When asked what day services client #4 was involved in, direct care staff #1 stated, "She (client #4) isn't involved in any day programming outside the house (group home). She (client #4) hasn't been in day program for about a year."</p> <p>Client #4's records were reviewed on 11/5/15 at 10:34 A.M. Review of client #4's 6/12/15 Individual Support Plan indicated the client's day program placement had been terminated in November of 2014 due to behavioral issues. Further review of the client's records failed to indicate day service programming outside of the group home had been sought for the client.</p> <p>BDDS (Bureau of Developmental</p>			

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	<p>Disabilities Services) case manager was interviewed on 11/4/15 at 2:16 P.M. BDDS case manager indicated she was not aware of any current day programming for client #4.</p> <p>Program Director #1 was interviewed on 11/5/15 at 11:04 A.M. Program Director #1 stated the facility is working to reduce client #4's behaviors so community activities and meaningful day programming activities could be more substantial, however she (client #4) "is not presently involved in day programming outside the home (facility)."</p> <p>9-3-4(a</p>			