

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G601	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/28/2015
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NAME OF PROVIDER OR SUPPLIER TANGRAM INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4516 E THOMPSON RD INDIANAPOLIS, IN 46237
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W 0000 Bldg. 00	<p>This visit was for a predetermined full annual recertification and state licensure survey.</p> <p>Dates of Survey: 8/24/15, 8/25/15, 8/26/15, 8/27/15 and 8/28/15.</p> <p>Facility Number: 001183 Provider Number: 15G601 AIMS Number: 100240080</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</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 facility failed to meet the Condition of Participation: Governing Body for 3 of 3 sampled clients (#1, #2 and #3). The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented it's policy</p>	W 0102	<p>Tangram has taken the follow steps to ensure that the citation issues are addressed:</p> <ul style="list-style-type: none"> ·Client #1's ISP and BSP have been updated to include the expanded efforts staff will now take in order to address and prevent the recurrence of skin picking by the client. ·Client #1's HRP addressing 	09/27/2015

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>and procedures to prevent neglect of client #1 regarding supervision and training to prevent recurrent skin picking behaviors, to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients #1, #2 and #3's active treatment programs, to ensure client #1's ISP (Individual Support Plan)/BSP (Behavior Support Plan) addressed client #1's skin picking behaviors, to ensure the facility nursing services monitored client #3's feet for circulation, to ensure client #2's wheelchair was in good repair, to ensure client #3 received a recommended new wheelchair in a timely manner and to ensure client #3 had a recommended weighted sensory vest.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 1 of 3 sampled clients (#1). The governing body failed to implement it's policy and procedures to prevent neglect of client #1 regarding supervision and training to prevent recurrent skin picking behaviors.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating</p>		<p>Skin Picking has also been updated with the expanded efforts staff will now take in order to address and prevent the recurrence of skin picking by the client, including when to notify the RN.</p> <ul style="list-style-type: none"> All staff will be retrained on the ISP, BSP and all updated HRP's for client #1 and also for any other client for whom plans are updated. The following steps will be taken in order to address, document and prevent the recurrence of the client's skin picking. The Program Manager has now created a tracking sheet that will be maintained on the home computer. During waking hours, if staff observe client#1 skin picking, they will begin checking on him every 15 minutes. During those 15 minute intervals, staff will be required to give the client an activity to work on to help distract him from the skin picking. The staff are then required to document on the tracking sheet exactly what activity they have given him and any other actions they have taken to stop the skin picking and prevent it from recurring. If the client doesn't stop skin picking after the third prompt, staff will be required to contact the Program Manager, the Behavioral Consultant and the RN for an assessment. The Program Manager will monitor the tracking sheet on a weekly basis. During 	

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	<p>direction over the facility to ensure the facility implemented it's policy and procedures to prevent neglect of client #1 regarding supervision and training to prevent recurrent skin picking behaviors, to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients #1, #2 and #3's active treatment programs, to ensure client #1's ISP (Individual Support Plan)/BSP (Behavior Support Plan) addressed client #1's skin picking behaviors, to ensure the facility nursing services monitored client #3's for circulation, to ensure client #2's wheelchair was in good repair, to ensure client #3 received a recommended new wheelchair in a timely manner and to ensure client #3 had a recommended weighted sensory vest. Please see W104.</p> <p>2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility met the Condition of Participation: Client Protections for 1 of 3 sampled clients (#1). The governing body failed to implement it's policy and procedures to prevent neglect of client #1 regarding supervision and training to prevent recurrent skin picking behaviors. Please see W122.</p> <p>9-3-1(a)</p>		<p>sleeping hours, client #1 will be monitored every 30 minutes, whether he is asleep or not, and this will be tracked. If client #1 is observed skin picking during this time, staff will move to every 15 minute observations. A manipulation device is kept by client's bed, and this device will be given to client, when he is awake, to allow his hands to keep busy until he gets back to sleep. During transferring and toileting, manipulation devices are also kept in these areas. There is a manipulation device kept on client #1's wheelchair and another device kept on the handrail in the restroom. Client #1 will be prompted to utilize the manipulation device while he is being transferred or toileted, as he has a propensity to pick his skin more while he is sitting.</p> <p>·With regard to client #3's circulation, client#3 saw her podiatrist on September 9, 2015 in order to get the physician's input on the proper protocol for client's feet, as they are naturally a blue color. This protocol has been reviewed by the Program Manager and the RN and Tangram's RN has incorporated this protocol into the client's HRP for Vascular Circulation. Staff will be retrained on this HRP and the new protocol, including when to notify the RN of any issues or changes.</p> <p>·With regard to client #2's wheelchair, the Program Manager</p>	

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			<p>will ensure that if a client needs to utilize a "loaner" chair while his or her wheelchair is being repaired or replaced, the "loaner" chair is in good working order with all parts present. The Program Manager will also work with applicable repair companies to see if a "loaner" chair can be used from the company that is in good working order. Client#2 is now utilizing a "loaner" chair that is in good condition while he is waiting on his new chair to come in. This will be done for all clients when applicable.</p> <p>·With regard to client #3's wheelchair, the Program Manager will ensure that he conducts the follow up with any company that is responsible for ordering a new wheelchair to ensure that any issues that need to be finalized for the order and receipt of the chair are finalized. After the survey, client #3's wheelchair was ordered and was being shipped. This will be done for equipment for all clients.</p> <p>·With regard to client #3's weighted sensory vest, the Program Manager will now review all orders, including Physician's Orders, with the nurse to ensure that an oversight of an order does not occur. The Program Manager is responsible for conducting all equipment orders and for ensuring follow up on orders to ensure that the equipment is received in the home. Any issues with obtaining ordered equipment</p>	

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W 0104 Bldg. 00	<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 observation, record review and interview for 3 of 3 sampled clients (#1, #2 and #3), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented it's policy and procedures to prevent neglect of client #1 regarding supervision and training to prevent recurrent skin picking behaviors, to ensure the QIDP (Qualified Intellectual Disabilities Professional) integrated, coordinated and monitored clients #1, #2 and #3's active treatment programs, to ensure client #1's ISP (Individual Support Plan)/BSP (Behavior Support Plan) addressed client #1's skin picking behaviors, to ensure the facility nursing services monitored client #3's for</p>	W 0104	<p>will be communicated to the Director of Operations or the Director of Compliance and Risk Management so that further follow up can be conducted. This will be done for all clients.</p> <ul style="list-style-type: none"> ·During internal chart and group home audits, the Director of Compliance and Risk Management will ensure that orders, equipment, and tracking for high risk areas are being reviewed to ensure proper follow up. This will occur for all clients. <p>Tangram has taken the follow steps to ensure that the citation issues are addressed:</p> <ul style="list-style-type: none"> ·Client #1's ISP and BSP have been updated to include the expanded efforts staff will now take in order to address and prevent the recurrence of skin picking by the client. ·Client #1's HRP addressing Skin Picking has also been updated with the expanded efforts staff will now take in order to address and prevent the recurrence of skin picking by the client, including when to notify the RN. ·All staff will be retrained on the ISP, BSP and all updated HRPs for client #1 and also for any other client for whom plans are updated. 	09/27/2015

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	<p>circulation, to ensure client #2's wheelchair was in good repair, to ensure client #3 received a recommended new wheelchair in a timely manner and to ensure client #3 had a recommended weighted sensory vest.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect of client #1 regarding supervision and training to prevent recurrent skin picking behaviors and to ensure client #1's ISP (Individual Support Plan)/BSP (Behavior Support Plan) addressed client #1's skin picking behaviors. Please see W149. 2. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP integrated, coordinated and monitored clients #1, #2 and #3's active treatment programs. Please see W159. 3. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client #1's ISP/BSP addressed client #1's skin picking behaviors. Please see W227. 		<p>The following steps will be taken in order to address, document and prevent the recurrence of the client's skin picking. The Program Manager has now created a tracking sheet that will be maintained on the home computer. During waking hours, if staff observe client #1 skin picking, they will begin checking on him every 15 minutes. During those 15 minute intervals, staff will be required to give the client an activity to work on to help distract him from the skin picking. The staff are then required to document on the tracking sheet exactly what activity they have given him and any other actions they have taken to stop the skin picking and prevent it from recurring. If the client doesn't stop skin picking after the third prompt, staff will be required to contact the Program Manager, the Behavioral Consultant and the RN for an assessment. The Program Manager will monitor the tracking sheet on a weekly basis. During sleeping hours, client #1 will be monitored every 30 minutes, whether he is asleep or not, and this will be tracked. If client #1 is observed skin picking during this time, staff will move to every 15 minute observations. A manipulation device is kept by client's bed, and this device will be given to client, when he is awake, to allow his hands to keep busy until he gets back to</p>	

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	<p>4. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility nursing services monitored client #3's for circulation. Please see W331.</p> <p>5. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure client #2's wheelchair was in good repair, to ensure client #3 received a recommended new wheelchair in a timely manner and to ensure client #3 had a recommended weighted sensory vest. Please see W436.</p> <p>9-3-1(a)</p>		<p>sleep. During transferring and toileting, manipulation devices are also kept in these areas. There is a manipulation device kept on client #1's wheelchair and another device kept on the handrail in the restroom. Client #1 will be prompted to utilize the manipulation device while he is being transferred or toileted, as he has a propensity to pick his skin more while he is sitting.</p> <p>·With regard to client #3's circulation, client#3 saw her podiatrist on September 9, 2015 in order to get the physician's input on the proper protocol for client's feet, as they are naturally a blue color. This protocol has been reviewed by the Program Manager and the RN and Tangram's RN has incorporated this protocol into the client's HRP for Vascular Circulation. Staff will be retrained on this HRP and the new protocol, including when to notify the RN of any issues or changes.</p> <p>·With regard to client #2's wheelchair, the Program Manager will ensure that if a client needs to utilize a "loaner" chair while his or her wheelchair is being repaired or replaced, the "loaner" chair is in good working order with all parts present. The Program Manager will also work with applicable repair companies to see if a "loaner" chair can be used from the company that is in good working order. Client#2 is now utilizing a "loaner" chair that</p>	

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			<p>is in good condition while he is waiting on his new chair to come in. This will be done for all clients when applicable.</p> <p>·With regard to client #3's wheelchair, the Program Manager will ensure that he conducts the follow up with any company that is responsible for ordering a new wheelchair to ensure that any issues that need to be finalized for the order and receipt of the chair are finalized. After the survey, client #3's wheelchair was ordered and was being shipped. This will be done for equipment for all clients.</p> <p>·With regard to client #3's weighted sensory vest, the Program Manager will now review all orders, including Physician's Orders, with the nurse to ensure that an oversight of an order does not occur. The Program Manager is responsible for conducting all equipment orders and for ensuring follow up on orders to ensure that the equipment is received in the home. Any issues with obtaining ordered equipment will be communicated to the Director of Operations or the Director of Compliance and Risk Management so that further follow up can be conducted. This will be done for all clients.</p> <p>·During internal chart and group home audits, the Director of Compliance and Risk Management will ensure that orders, equipment, and tracking for high risk areas are being</p>	

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W 0122 Bldg. 00	<p>483.420 CLIENT PROTECTIONS</p> <p>The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 1 of 3 sampled clients (#1). The facility failed to implement it's policy and procedures to prevent neglect of client #1 regarding supervision and training to prevent recurrent skin picking behaviors.</p> <p>Findings include:</p> <p>1. The facility failed to implement it's policy and procedures to prevent neglect of client #1 regarding supervision and training to prevent recurrent skin picking behaviors. Please see W149.</p> <p>9-3-2(a)</p>	W 0122	<p>reviewed to ensure proper follow up. This will occur for all clients.</p> <p>Tangram has taken the follow steps to ensure that the citation issues are addressed:</p> <ul style="list-style-type: none"> ·Client #1's ISP and BSP have been updated to include the expanded efforts staff will now take in order to address and prevent the recurrence of skin picking by the client. ·Client #1's HRP addressing Skin Picking has also been updated with the expanded efforts staff will now take in order to address and prevent the recurrence of skin picking by the client, including when to notify the RN. ·All staff will be retrained on the ISP, BSP and all updated HRPs for client #1 and also for any other client for whom plans are updated. ·The following steps will be taken in order to address, document and prevent the recurrence of the client's skin picking. The Program Manager has now created a tracking sheet that will be maintained on the home computer. During waking hours, if staff observe client #1 skin picking, they will begin checking on him every 15 minutes. During those 15 minute intervals, staff will be required to 	09/27/2015

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			<p>give the client an activity to work on to help distract him from the skin picking. The staff are then required to document on the tracking sheet exactly what activity they have given him and any other actions they have taken to stop the skin picking and prevent it from recurring. If the client doesn't stop skin picking after the third prompt, staff will be required to contact the Program Manager, the Behavioral Consultant and the RN for an assessment. The Program Manager will monitor the tracking sheet on a weekly basis. During sleeping hours, client #1 will be monitored every 30 minutes, whether he is asleep or not, and this will be tracked. If client #1 is observed skin picking during this time, staff will move to every 15 minute observations. A manipulation device is kept by client's bed, and this device will be given to client, when he is awake, to allow his hands to keep busy until he gets back to sleep. During transferring and toileting, manipulation devices are also kept in these areas. There is a manipulation device kept on client #1's wheelchair and another device kept on the handrail in the restroom. Client #1 will be prompted to utilize the manipulation device while he is being transferred or toileted, as he has a propensity to pick his skin more while he is sitting.</p> <p>·The Director of Compliance</p>	

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W 0149 Bldg. 00	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>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 3 sampled clients (#1), the facility failed to implement it's policy and procedures to prevent neglect of client #1 regarding supervision and training to prevent recurrent skin picking behaviors.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 8/25/15 at 2:00 PM. The review indicated the following:</p> <p>-BDDS report dated 10/23/14 indicated, "Prior to the incident [client #1] had seen his primary physician [doctor] due to [client #1] picking at his right leg. [Client #1] saw [doctor] and she prescribed Septra (antibiotic) for the infection due to [client #1] picking at his leg. [Doctor]</p>	W 0149	<p>and Risk Management will be notified if there are staff in the home who fails to follow and implement the plans as they are written, who will then review all notes and tracking documentation to determine if a violation of our Incident Reporting policy has occurred.</p> <p>Tangram has taken the follow steps to ensure that the citation issues are addressed:</p> <ul style="list-style-type: none"> ·Client #1's ISP and BSP have been updated to include the expanded efforts staff will now take in order to address and prevent the recurrence of skin picking by the client. ·Client #1's HRP addressing Skin Picking has also been updated with the expanded efforts staff will now take in order to address and prevent the recurrence of skin picking by the client, including when to notify the RN. ·All staff will be retrained on the ISP, BSP and all updated HRPs for client #1 and also for any other client for whom plans are updated. ·The following steps will be taken in order to address, document and prevent the recurrence of the client's skin picking. The Program Manager 	09/27/2015

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	<p>instructed staff to watch the infected area and marked it with a pen to observe any growth. The day of the incident (10/23/14), staff noticed that [client #1's] right foot was swollen, staff notified [nurse #1] she said (sic) to notify the [doctor]. [Program manager (PM) #1] called the [doctor's office] and the doctor said since his leg was swollen to take him to the ER (Emergency Room). [Client #1] was taken to the ER and was seen they (sic) did a sonogram (a visual image produced by ultrasound examination) on his leg to check for blood clots it came back negative for blood clots. The doctor added an (sic) another antibiotic to [client #1's] current antibiotic (Keflex) to help the infection. [Client #1] was released from the hospital and sent home. [Client #1] has a history of picking at himself and has a high risk plan in place. [Client #1] will be observed and checked throughout the night for picking and any side effects. [Client #1] will be prompted to not pick at himself. [Client #1] has a follow up appointment with his primary (care physician) Monday the 27th."</p> <p>-BDDS report dated 8/22/15 indicated, "[PM #1] received a call from staff stating that [client #1's] leg was not looking good and she wanted to take him to the hospital. [PM #1] asked staff to take a picture of the wound and send it to</p>		<p>has now created a tracking sheet that will be maintained on the home computer. During waking hours, if staff observe client #1 skin picking, they will begin checking on him every 15 minutes. During those 15 minute intervals, staff will be required to give the client an activity to work on to help distract him from the skin picking. The staff are then required to document on the tracking sheet exactly what activity they have given him and any other actions they have taken to stop the skin picking and prevent it from recurring. If the client doesn't stop skin picking after the third prompt, staff will be required to contact the Program Manager, the Behavioral Consultant and the RN for an assessment. The Program Manager will monitor the tracking sheet on a weekly basis. During sleeping hours, client #1 will be monitored every 30 minutes, whether he is asleep or not, and this will be tracked. If client #1 is observed skin picking during this time, staff will move to every 15 minute observations. A manipulation device is kept by client's bed, and this device will be given to client, when he is awake, to allow his hands to keep busy until he gets back to sleep. During transferring and toileting, manipulation devices are also kept in these areas. There is a manipulation device kept on client #1's wheelchair and</p>	

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	<p>him and would determine if he should go, (sic) after looking at the picture (sic) staff was instructed to take [client #1] to the ER. [Client #1] was seen by the doctor and they wanted to run some tests on his leg so they were going to admit him for testing the next day to check for infection. Staff stayed with [client #1] until he was checked in. [Client #1] had to be seen because of a (bug) bite or [client #1] picking at his skin. [Client #1] has a history of picking his skin and had to see (sic) wound care specialist and has a high risk plan in place."</p> <p>Client #1's record was reviewed on 8/25/15 at 10:27 AM. Client #1's Health Care Coordination/Monthly Health Reviews (HCC/MHRs) from August 2014 through July 2015 indicated the following:</p> <p>-August 2014, "Several areas on wrists and backs of legs picked open and in healing stages. Requires basic first aid. No signs/symptoms of infection. Right ankle with scabbed area." The August 2014 HCC/MHR indicated, "Increased picking on skin." The August 2014 HCC/MHR indicated, "Orders received... and PCP (Primary Care Physician) assessed right ankle sore and prescribed Keflex 500 milligram.... Ankle is to be cleansed with Hydrogen Peroxide</p>		<p>another device kept on the handrail in the restroom. Client #1 will be prompted to utilize the manipulation device while he is being transferred or toileted, as he has a propensity to pick his skin more while he is sitting.</p> <p>The Director of Compliance and Risk Management will be notified if there are staff in the home who fails to follow and implement the plans as they are written, who will then review all notes and tracking documentation to determine if a violation of our Incident Reporting policy has occurred.</p>	

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	<p>(antiseptic) twice daily." The August 2014 HCC/MHR indicated, "Patient, [client #1], continues to pick at skin and causing open areas on upper and lower extremities."</p> <p>-September 2014, "Several areas on wrists and backs of legs picked open and in healing stages. Requires basic first aid. No signs/symptoms of infection." Client #1's September 2014 HCC/MHR indicated, "Patient, [client #1], received Keflex 50 (sic) milligrams twice a day for 10 days as antibiotic treatment due to area on right ankle that [client #1] continues to pick open." Client #1's September 2014 HCC/MHR indicated, "Patient, [client #1] continues to pick at skin and staff prompts not to."</p> <p>-October 2014, "10/22/14 PCP appointment completed as scheduled. Right superior knee wound red and possible (sic) infected. Wound culture completed by physician. Antibiotic treatment ordered and wound care orders of cleansing with water and soap twice daily and cover with non-adhesive gauze wrap to secure. Staff to monitor for fever and increase (sic) redness of wound. 10/23/14: [Nurse #1] received telephone call from [staff #1] reporting temperature 97.6 right knee to foot swollen, warmer to touch than other leg, right foot swollen</p>			

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	<p>where it was difficult to get shoe on. [Nurse #1] instructed to remove shoe from right foot but ensure [client #1] has on slip resistant sock, keep [client #1] from picking at area, elevate leg and notify PCP of changes in leg/wound status and request same day appointment."</p> <p>-November 2014, "11/6/14: Wound care center appointment completed as scheduled. Orders received to decrease wound care from twice daily to daily, continue to cleanse with normal saline, apply... ointment, cover..." Client #1's November 2014 HCC/MHR indicated, "11/20/14: Wound care center for follow up wound assessment. Provider documented: 'Knee healing nicely. New wound right lateral ankle.' Client #1's November 2014 HCC/MHR indicated, "Staff continues to monitor for [client #1] picking and following BSP (Behavior Support Plan)."</p> <p>-January 2015, "Right ankle continues to have scabbed area and staff provides skin care. January 26, 2015, boil right underarm: picked areas right forearm and wrist." Client #1's January 2015 HCC/MHR indicated, "Patient, [client #1], continues to pick at skin and right ankle area with scab intact. Staff verbally prompts to not pick skin and monitors for</p>			

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	<p>this."</p> <p>-February 2015, "Right ankle continues to have scabbed area and staff provides skin care. February 2, 2015, boil right underarm; picked areas right forearm and wrist healing...."</p> <p>-March 2015, "Right ankle continues to have scabbed area and staff provides skin care." Client #1's March 2015 HCC/MHR indicated, "The following orders were received: Referral to wound care...."</p> <p>-April 2015, "4/3/15, Wound center appointment completed as scheduled for assessment of right ankle ulcer."</p> <p>-May 2015, "Right ankle continues to have scabbed area and staff provides skin care. Multiple areas on UE bilat (unknown) that patient, [client #1] has picked at. Sites healing without signs of infection." Client #1's May 2015 HCC/MHR indicated, "Staff following HRP (High Risk Plan) for picking as patient, [client #1], continues to pick at skin on his extremities."</p> <p>-June 2015, "Right ankle continues to have scabbed area and staff provides skin care. Multiple areas on UE bilat (unknown) that patient, [client #1], has</p>			

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	<p>picked at. Site healing without signs of infection."</p> <p>-July 2015, "Right ankle continues to have scabbed area and staff provides skin care. Multiple areas on UE bilat (unknown) that patient, [client #1], has picked at. Site healing without signs of infection."</p> <p>Client #1's Skin Monitoring form dated from 6/1/15 through 6/30/15 indicated daily occurrence of skin/picking sores on client #1's body including but not limited to his arms, legs, elbows, ankles and knees.</p> <p>Client #1's Skin Monitoring form dated from 7/1/15 through 7/31/15 indicated daily occurrence of skin/picking sores on client #1's body including but not limited to his arms, legs, elbows, ankles and knees.</p> <p>Client #1's Daily Narrative Progress Notes from 3/1/15 through 8/25/15 indicated the following:</p> <p>-3/11/15, "Staff did not observe [client #1] picking his skin today but [client #1] had a spot on his pants at his knee that looked like blood and he has a small sore on his right knee."</p>			

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	<p>-3/18/15, "Staff did not observe [client #1] picking but her (sic) had a spot on his arm that looked like he had been picking at it since staff did his skin assessment yesterday."</p> <p>-3/30/15, "Staff did not observe [client #1] picking his arm and it looked like it was not picked overnight. It was scabbed up and [client #1] had not picked the scab. [Client #1] said he picked his arm at his parents."</p> <p>-4/28/15, "[Client #1] has a small boil or pimple on his left groin that looks like he has been picking it. Staff reminded him not to pick."</p> <p>-5/5/15, "Staff has not observed [client #1] picking but he does have a few small areas on his arms that look like he has been picking himself."</p> <p>-5/27/15, "Staff noticed [client #1] had picked his arm after breakfast and then [client #1] had picked at his knee while using the restroom. Staff reminded [client #1] not to pick himself."</p> <p>-6/12/15, "After getting [client #1] to [day services] the staff noticed he was bleeding (sic) they asked what he did and he said he picked at it."</p>			

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	<p>-6/23/15, "[Client #1] has also been picking when he is in the bathroom. He has marks on his arm and leg."</p> <p>-7/1/15, "[Client #1] did not have any incontinent (sic) issues this shift and staff did not observe him picking his skin. [Client #1] has several areas on his hands, legs and arms from picking."</p> <p>-7/2/15, "[Client #1] did pick at his right knee today while sitting in his chair waiting to go to the office. Staff reviewed social stories with [client #1], bandaged his leg and cut his finger nails."</p> <p>-7/21/15, "Staff did not observe [client #1] picking himself but the band aid was off his ankle an (sic) his ankle looked worse today and he said it hurts."</p> <p>Client #1's High Risk Health Care Plan (HRHCP) for skin picking dated 10/24/14 indicated, "[Client #1] has CSP (Chronic Skin Picking). He has a high pain tolerance, and may not complain of pain at the sites he has picked open. Staff will encourage fluids daily, assist with showering and encourage ambulation/changing positions to promote skin integrity. Staff will keep [client #1's] nails trimmed/filed and clean. Staff will verbally prompt [client #1] not to pick at his skin; he is usually</p>			

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	<p>compliant when told to stop. Staff will assist [client #1] in showering daily. Staff will monitor his skin daily for open areas and provide basic first aid to open areas and then monitor for infection/change in condition. Staff will communicate with all staff and PM of picked/open area that require monitoring and staff will monitor for increase in picking behavior and notify program manager and behaviorist. Staff will follow BSP for picking his skin and attempt to identify picking triggers and communicate these with program manager, behaviorist and staff."</p> <p>Client #1's BSP dated 1/2/15 did not indicate documentation of skin picking as a targeted behavior or strategies to reduce or eliminate the picking behavior.</p> <p>Client #1's record did not indicate documentation of IDT (Interdisciplinary Team) review, recommendations or monitoring of client #1's skin picking behaviors. Client #1's record did not indicate documentation of a functional behavioral assessment of client #1's skin picking behavior.</p> <p>QIDP (Qualified Intellectual Disabilities Professional) #1 was interviewed on 8/25/15 at 2:30 PM. When asked if there was documentation of IDT review, recommendations or monitoring</p>			

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	<p>regarding client #1's skin picking behaviors, QIDP #1 stated, "We have had conversations about it. Myself, the program manager and the nurse. I'll have to check my emails to see if I can find some documentation of our discussions."</p> <p>QIDP #1 provided the following electronic discussions/communications on 8/25/15 at 3:42 PM:</p> <p>-electronic communication from PM #1 to all group home direct care staff dated Thursday, October 23, 2014 at 7:20 PM. The communication indicated, "Because Picking can be such a dangerous thing I am now requiring you do the following: When you check on [client #1] especially when he is in bed we want the note to indicate if [client #1] was picking at his skin or not and what action you took. Here is the protocol highlighted in blue for his picking (sic) please follow this, (sic) also when entering notes into the [electronic record] this will give [behavior consultant (BC) #1] the ability to help us come up with a plan. Staff will ask [client #1] to stop picking at his skin and will attempt to redirect [client #1's] attention to something else. If staff notices laceration (sic) or scarring of skin, nurse and physician will be notified."</p>			

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	<p>-electronic communication from PM #1 to Nurse #1 dated Friday, October 24, 2014 at 9:47 AM. The communication indicated, "[PM #1] and I were speaking yesterday about [client #1's] skin picking and the worry about this occurring at night time when staff cannot redirect him as readily. I wanted to see if you were aware of any medication side effects and changes in his medications that may have led to an uptick (sic) in the frequency and/or intensity of this condition? More than anything we want to rule out the medical side of this prior to viewing this through a behavioral lens...."</p> <p>-electronic communication reply from Nurse #1 to PM #1 dated Friday, October 24, 2014 at 10:12 AM. The communication indicated, "No, to the medication side effects or medication changes. Other than his skin issue he has really been doing well health wise. Perhaps we can do a few environmental things like wash his clothes in fragrance/dye free detergent-especially his bedding. Soap and body lotion fragrance free also. Look at a clothing changes (sic)- making it harder to get to his skin."</p> <p>QIDP #1 provided the following electronic discussions/communications on 8/25/15 at 3:52 PM:</p>			

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	<p>-electronic communication reply from BC #1 to PM #1 dated October 25, 2014 at 9:35 PM. The communication indicated, "I didn't talk to [unknown] until late. Basically, he wants me to do a functional assessment of the picking. Which means the staff need to be very diligent in seeing and documenting when it occurs. Night staff should check on [client #1] often until he is asleep and document any picking they see. I can create a form for this if that would be easier than in [electronic record]."</p> <p>Client #1's HRHCP for skin picking dated 10/24/14 did not indicate documentation of environmental protocols such as using fragrance free detergent, lotions, did not specify methods of utilizing clothing to reduce client #1's access to his skin and did not identify the frequency of staff's monitoring of client #1 during the overnight hours.</p> <p>QIDP #1 provided the following electronic communication on 8/25/15 at 3:32 PM:</p> <p>-8/23/15, "Spoke with [client #1's guardian] about [client #1's] skin picking and asked her if it was ok for me since she was the guardian, if I spoke with the</p>			

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	<p>doctor about a diagnosis of skin picking and see what they could do to help us. I mentioned to her also about gloves that they make for people that are diagnosed with this and asked how she felt about it. I wanted to get the parent involved because [client #1] had done this all his life. She was ok with [client #1] wearing gloves because she said that they have tried everything."</p> <p>-8/24/15, "Had a conversation with [QIDP #1] and [BC #1] regarding [client #1's] picking. I had told them that I had done some me (sic) research on this and there is a skin picking disorder. I informed both of them that some of the issues could be control (sic) with medications and that when [client #1] got out of the hospital I would make an appointment for [client #1] to see his primary doctor to see if she could diagnose him with this disorder and if she could help us get him on any medication that would help him. I also mentioned if we could not help about trying gloves but would use that as a last resort because of restriction (sic) it would bring to [client #1]."</p> <p>-8/25/15, "Called [nurse #1] about [client #1] being in the hospital and see (sic) had some helpful suggestions about getting him diagnosed with a skin picking</p>			

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	<p>disorder before he left the hospital. I informed her I would talk with the physician before he left."</p> <p>The review did not indicate documentation and documentation was not provided of team discussion or communication between October 25, 2014 and August 23, 2015 to address client #1's skin picking behavior.</p> <p>Nurse #1 was interviewed on 8/25/15 at 2:30 PM. Nurse #1 indicated client #1 had a skin picking risk plan. Nurse #1 indicated staff should monitor client #1 every two hours during the night for skin picking and direct him to stop if he is observed picking. Nurse #1 indicated if staff observe client #1 picking they should increase the frequency of observation from two hours to every hour and then if it continues from every hour to every half an hour. Nurse #1 indicated the current skin picking risk plan dated 10/24/14 did not specify or outline progressive observation frequency during client #1's skin picking behaviors.</p> <p>PM #1 was interviewed on 8/25/15 at 10:45 AM. PM #1 indicated staff should monitor client #1 for picking behaviors, prompt him to stop if observed and to check on him every two hours during the overnight hours. PM #1 indicated there</p>			

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	<p>was not additional documentation of IDT notes but indicated the team had communicated regarding client #1's picking behaviors. PM #1 indicated the team had discussed the use of gloves/mitts to prevent client #1 from picking and discussed the possibility of treating the skin picking through medication. PM #1 indicated there was not documentation of an increased monitoring schedule for overnight hours in addition to the two hour protocol already being implemented. PM #1 indicated the facility's abuse and neglect policy should be implemented.</p> <p>The facility's policy and procedures were reviewed on 8/28/15 at 10:00 AM. The facility's Incident Reporting policy dated 11/12/10 indicated, "It is the policy of Tangram, Incorporated to ensure the health, safety and security of all its consumers and staff." The Incident Reporting policy dated 11/12/10 indicated, "3. Alleged, suspected or actual neglect (which also must be reported to APS (Adult Protective Services) or CPS (Child Protective Services) as indicated), which includes but is not limited to: (a.) failure to provide appropriate supervision, care or training."</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 for 3 of 3 sampled clients (#1, #2 and #3), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor clients #1, #2 and #3's active treatment programs by failing to ensure client #1's ISP (Individual Support Plan)/BSP (Behavior Support Plan) addressed client #1's skin picking behaviors, to ensure client #2's wheelchair was in good repair, to ensure client #3 received a recommended new wheelchair in a timely manner and to ensure client #3 had a recommended weighted sensory vest.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The QIDP failed to integrate, coordinate and monitor client #1's active treatment program by failing to ensure client #1's ISP/BSP addressed client #1's skin picking behaviors. Please see W227. 2. The QIDP failed to integrate, 	W 0159	<p>Tangram has taken the follow steps to ensure that the citation issues are addressed:</p> <ul style="list-style-type: none"> ·Client #1's ISP and BSP have been updated to include the expanded efforts staff will now take in order to address and prevent the recurrence of skin picking by the client. ·Client #1's HRP addressing Skin Picking has also been updated with the expanded efforts staff will now take in order to address and prevent the recurrence of skin picking by the client, including when to notify the RN. ·All staff will be retrained on the ISP, BSP and all updated HRP's for client #1 and also for any other client for whom plans are updated. ·The following steps will be taken in order to address, document and prevent the recurrence of the client's skin picking. The Program Manager has now created a tracking sheet that will be maintained on the home computer. During waking hours, if staff observe client#1 skin picking, they will begin checking on him every 15 	09/27/2015

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	<p>coordinate and monitor clients #2 and #3's active treatment program by failing to ensure client #2's wheelchair was in good repair, to ensure client #3 received a recommended new wheelchair in a timely manner and to ensure client #3 had a recommended weighted sensory vest. Please see W436.</p> <p>9-3-3(a)</p>		<p>minutes. During those 15 minute intervals, staff will be required to give the client an activity to work on to help distract him from the skin picking. The staff are then required to document on the tracking sheet exactly what activity they have given him and any other actions they have taken to stop the skin picking and prevent it from recurring. If the client doesn't stop skin picking after the third prompt, staff will be required to contact the Program Manager, the Behavioral Consultant and the RN for an assessment. The Program Manager will monitor the tracking sheet on a weekly basis. During sleeping hours, client #1 will be monitored every 30 minutes, whether he is asleep or not, and this will be tracked. If client #1 is observed skin picking during this time, staff will move to every 15 minute observations. A manipulation device is kept by client's bed, and this device will be given to client, when he is awake, to allow his hands to keep busy until he gets back to sleep. During transferring and toileting, manipulation devices are also kept in these areas. There is a manipulation device kept on client #1's wheelchair and another device kept on the handrail in the restroom. Client #1 will be prompted to utilize the manipulation device while he is being transferred or toileted, as he has a propensity to pick his</p>	

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			<p>skin more while he is sitting.</p> <p>·With regard to client #3's circulation, client#3 saw her podiatrist on September 9, 2015 in order to get the physician's input on the proper protocol for client's feet, as they are naturally a blue color. This protocol has been reviewed by the Program Manager and the RN and Tangram's RN has incorporated this protocol into the client's HRP for Vascular Circulation. Staff will be retrained on this HRP and the new protocol, including when to notify the RN of any issues or changes.</p> <p>·With regard to client #2's wheelchair, the Program Manager will ensure that if a client needs to utilize a "loaner" chair while his or her wheelchair is being repaired or replaced, the "loaner" chair is in good working order with all parts present. The Program Manager will also work with applicable repair companies to see if a "loaner" chair can be used from the company that is in good working order. Client#2 is now utilizing a "loaner" chair that is in good condition while he is waiting on his new chair to come in. This will be done for all clients when applicable.</p> <p>·With regard to client #3's wheelchair, the Program Manager will ensure the he conducts the follow up with any company that is responsible for ordering a new wheelchair to ensure that any issues that need to be finalized</p>	

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			<p>for the order and receipt of the chair are finalized. After the survey, client #3's wheelchair was ordered and was being shipped. This will be done for equipment for all clients.</p> <p>·With regard to client #3's weighted sensory vest, the Program Manager will now review all orders, including Physician's Orders, with the nurse to ensure that an oversight of an order does not occur. The Program Manager is responsible for conducting all equipment orders and for ensuring follow up on orders to ensure that the equipment is received in the home. Any issues with obtaining ordered equipment will be communicated to the Director of Operations or the Director of Compliance and Risk Management so that further follow up can be conducted. This will be done for all clients.</p> <p>·During internal chart and group home audits, the Director of Compliance and Risk Management will ensure that orders, equipment, and tracking for high risk areas are being reviewed to ensure proper follow up. This will occur for all clients. Addition: The QIDP will complete and submit to the Director of Compliance and Risk Management a monthly report to show that she has reviewed the goals and active treatment programming for all group home clients. This report will also note any issues that are being</p>	

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W 0227 Bldg. 00	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on record review and interview for 1 of 3 sampled clients (#1), the facility failed to ensure client #1's ISP (Individual Support Plan)/BSP (Behavior Support Plan) addressed client #1's skin picking behaviors.</p> <p>Findings include:</p> <p>The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 8/25/15 at 2:00 PM. The review indicated the following:</p> <p>-BDDS report dated 10/23/14 indicated, "Prior to the incident [client #1] had seen his primary physician [doctor] due to [client #1] picking at his right leg. [Client #1] saw [doctor] and she prescribed Septra (antibiotic) for the infection due to</p>	W 0227	<p>addressed with programs that are not meeting the needs of the group home clients. The Director of Compliance and Risk Management will oversee QIDP responsibilities to ensure they are compliant with state regulations.</p> <p>Tangram has taken the follow steps to ensure that the citation issues are addressed: ·Client #1's ISP and BSP have been updated to include the expanded efforts staff will now take in order to address and prevent the recurrence of skin picking by the client. ·Client #1's HRP addressing Skin Picking has also been updated with the expanded efforts staff will now take in order to address and prevent the recurrence of skin picking by the client, including when to notify the RN. ·All staff will be retrained on the ISP, BSP and all updated HRPs for client #1 and also for any other client for whom plans are updated. ·The following steps will be taken in order to address, document and prevent the recurrence of the client's skin</p>	09/27/2015

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	<p>[client #1] picking at his leg. [Doctor] instructed staff to watch the infected area and marked it with a pen to observe any growth. The day of the incident (10/23/14), staff noticed that [client #1's] right foot was swollen, staff notified [nurse #1] she said (sic) to notify the [doctor]. [Program manager (PM) #1] called the [doctor's office] and the doctor said since his leg was swollen to take him to the ER (Emergency Room). [Client #1] was taken to the ER and was seen they (sic) did a sonogram (a visual image produced by ultrasound examination) on his leg to check for blood clots it came back negative for blood clots. The doctor added an (sic) another antibiotic to [client #1's] current antibiotic (Keflex) to help the infection. [Client #1] was released from the hospital and sent home. [Client #1] has a history of picking at himself and has a high risk plan in place. [Client #1] will be observed and checked throughout the night for picking and any side effects. [Client #1] will be prompted to not pick at himself. [Client #1] has a follow up appointment with his primary (care physician) Monday the 27th."</p> <p>-BDDS report dated 8/22/15 indicated, "[PM #1] received a call from staff stating that [client #1's] leg was not looking good and she wanted to take him to the hospital. [PM #1] asked staff to</p>		<p>picking. The Program Manager has now created a tracking sheet that will be maintained on the home computer. During waking hours, if staff observe client#1 skin picking, they will begin checking on him every 15 minutes. During those 15 minute intervals, staff will be required to give the client an activity to work on to help distract him from the skin picking. The staff are then required to document on the tracking sheet exactly what activity they have given him and any other actions they have taken to stop the skin picking and prevent it from recurring. If the client doesn't stop skin picking after the third prompt, staff will be required to contact the Program Manager, the Behavioral Consultant and the RN for an assessment. The Program Manager will monitor the tracking sheet on a weekly basis. During sleeping hours, client #1 will be monitored every 30 minutes, whether he is asleep or not, and this will be tracked. If client #1 is observed skin picking during this time, staff will move to every 15 minute observations. A manipulation device is kept by client's bed, and this device will be given to client, when he is awake, to allow his hands to keep busy until he gets back to sleep. During transferring and toileting, manipulation devices are also kept in these areas. There is a manipulation device kept on</p>	

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	<p>take a picture of the wound and send it to him and would determine if he should go, (sic) after looking at the picture (sic) staff was instructed to take [client #1] to the ER. [Client #1] was seen by the doctor and they wanted to run some tests on his leg so they were going to admit him for testing the next day to check for infection. Staff stayed with [client #1] until he was checked in. [Client #1] had to be seen because of a (bug) bite or [client #1] picking at his skin. [Client #1] has a history of picking his skin and had to see (sic) wound care specialist and has a high risk plan in place."</p> <p>Client #1's record was reviewed on 8/25/15 at 10:27 AM. Client #1's Health Care Coordination/Monthly Health Reviews (HCC/MHRs) from August 2014 through July 2015 indicated the following:</p> <p>-August 2014, "Several areas on wrists and backs of legs picked open and in healing stages. Requires basic first aid. No signs/symptoms of infection. Right ankle with scabbed area." The August 2014 HCC/MHR indicated, "Increased picking on skin." The August 2014 HCC/MHR indicated, "Orders received... and PCP (Primary Care Physician) assessed right ankle sore and prescribed Keflex 500 milligram.... Ankle is to be</p>		<p>client #1's wheelchair and another device kept on the handrail in the restroom. Client #1 will be prompted to utilize the manipulation device while he is being transferred or toileted, as he has a propensity to pick his skin more while he is sitting.</p>	

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	<p>cleansed with Hydrogen Peroxide (antiseptic) twice daily." The August 2014 HCC/MHR indicated, "Patient, [client #1], continues to pick at skin and causing open areas on upper and lower extremities."</p> <p>-September 2014, "Several areas on wrists and backs of legs picked open and in healing stages. Requires basic first aid. No signs/symptoms of infection." Client #1's September 2014 HCC/MHR indicated, "Patient, [client #1], received Keflex 50 (sic) milligrams twice a day for 10 days as antibiotic treatment due to area on right ankle that [client #1] continues to pick open." Client #1's September 2014 HCC/MHR indicated, "Patient, [client #1] continues to pick at skin and staff prompts not to."</p> <p>-October 2014, "10/22/14 PCP appointment completed as scheduled. Right superior knee wound red and possible (sic) infected. Wound culture completed by physician. Antibiotic treatment ordered and wound care orders of cleansing with water and soap twice daily and cover with non-adhesive gauze wrap to secure. Staff to monitor for fever and increase (sic) redness of wound. 10/23/14: [Nurse #1] received telephone call from [staff #1] reporting temperature 97.6 right knee to foot swollen, warmer</p>			

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	<p>to touch than other leg, right foot swollen where it was difficult to get shoe on. [Nurse #1] instructed to remove shoe from right foot but ensure [client #1] has on slip resistant sock, keep [client #1] from picking at area, elevate leg and notify PCP of changes in leg/wound status and request same day appointment."</p> <p>-November 2014, "11/6/14: Wound care center appointment completed as scheduled. Orders received to decrease wound care from twice daily to daily, continue to cleanse with normal saline, apply... ointment, cover..." Client #1's November 2014 HCC/MHR indicated, "11/20/14: Wound care center for follow up wound assessment. Provider documented: 'Knee healing nicely. New wound right lateral ankle.' Client #1's November 2014 HCC/MHR indicated, "Staff continues to monitor for [client #1] picking and following BSP (Behavior Support Plan)."</p> <p>-January 2015, "Right ankle continues to have scabbed area and staff provides skin care. January 26, 2015, boil right underarm: picked areas right forearm and wrist." Client #1's January 2015 HCC/MHR indicated, "Patient, [client #1], continues to pick at skin and right ankle area with scab intact. Staff verbally</p>			

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	<p>prompts to not pick skin and monitors for this."</p> <p>-February 2015, "Right ankle continues to have scabbed area and staff provides skin care. February 2, 2015, boil right underarm; picked areas right forearm and wrist healing...."</p> <p>-March 2015, "Right ankle continues to have scabbed area and staff provides skin care." Client #1's March 2015 HCC/MHR indicated, "The following orders were received: Referral to wound care...."</p> <p>-April 2015, "4/3/15, Wound center appointment completed as scheduled for assessment of right ankle ulcer."</p> <p>-May 2015, "Right ankle continues to have scabbed area and staff provides skin care. Multiple areas on UE bilat (unknown) that patient, [client #1] has picked at. Sites healing without signs of infection." Client #1's May 2015 HCC/MHR indicated, "Staff following HRP (High Risk Plan) for picking as patient, [client #1], continues to pick at skin on his extremities."</p> <p>-June 2015, "Right ankle continues to have scabbed area and staff provides skin care. Multiple areas on UE bilat</p>			

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	<p>(unknown) that patient, [client #1], has picked at. Site healing without signs of infection."</p> <p>-July 2015, "Right ankle continues to have scabbed area and staff provides skin care. Multiple areas on UE bilat (unknown) that patient, [client #1], has picked at. Site healing without signs of infection."</p> <p>Client #1's Skin Monitoring form dated from 6/1/15 through 6/30/15 indicated daily occurrence of skin/picking sores on client #1's body including but not limited to his arms, legs, elbows, ankles and knees.</p> <p>Client #1's Skin Monitoring form dated from 7/1/15 through 7/31/15 indicated daily occurrence of skin/picking sores on client #1's body including but not limited to his arms, legs, elbows, ankles and knees.</p> <p>Client #1's Daily Narrative Progress Notes from 3/1/15 through 8/25/15 indicated the following:</p> <p>-3/11/15, "Staff did not observe [client #1] picking his skin today but [client #1] had a spot on his pants at his knee that looked like blood and he has a small sore on his right knee."</p>				

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	-3/18/15, "Staff did not observe [client #1] picking but her (sic) had a spot on his arm that looked like he had been picking at it since staff did his skin assessment yesterday."			
	-3/30/15, "Staff did not observe [client #1] picking his arm and it looked like it was not picked overnight. It was scabbed up and [client #1] had not picked the scab. [Client #1] said he picked his arm at his parents."			
	-4/28/15, "[Client #1] has a small boil or pimple on his left groin that looks like he has been picking it. Staff reminded him not to pick."			
	-5/5/15, "Staff has not observed [client #1] picking but he does have a few small areas on his arms that look like he has been picking himself."			
	-5/27/15, "Staff noticed [client #1] had picked his arm after breakfast and then [client #1] had picked at his knee while using the restroom. Staff reminded [client #1] not to pick himself."			
	-6/12/15, "After getting [client #1] to [day services] the staff noticed he was bleeding (sic) they asked what he did and he said he picked at it."			

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	<p>-6/23/15, "[Client #1] has also been picking when he is in the bathroom. He has marks on his arm and leg."</p> <p>-7/1/15, "[Client #1] did not have any incontinent (sic) issues this shift and staff did not observe him picking his skin. [Client #1] has several areas on his hands, legs and arms from picking."</p> <p>-7/2/15, "[Client #1] did pick at his right knee today while sitting in his chair waiting to go to the office. Staff reviewed social stories with [client #1], bandaged his leg and cut his finger nails."</p> <p>-7/21/15, "Staff did not observe [client #1] picking himself but the band aid was off his ankle an (sic) his ankle looked worse today and he said it hurts."</p> <p>Client #1's BSP dated 1/2/15 did not indicate documentation of skin picking as a targeted behavior or strategies to reduce or eliminate the picking behavior.</p> <p>Client #1's ISP dated 11/25/14 did not indicate documentation of objectives or training regarding skin picking to reduce or eliminate the picking behavior.</p> <p>Nurse #1 was interviewed on 8/25/15 at 2:30 PM. Nurse #1 indicated client #1</p>			

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	<p>had a skin picking risk plan. Nurse #1 indicated staff should monitor client #1 every two hours during the night for skin picking and direct him to stop if he is observed picking. Nurse #1 indicated if staff observe client #1 picking they should increase the frequency of observation from two hours to every hour and then if it continues from every hour to every half an hour. Nurse #1 indicated the current skin picking risk plan dated 10/24/14 did not specify or outline progressive observation frequency during client #1's skin picking behaviors.</p> <p>PM #1 was interviewed on 8/25/15 at 10:45 AM. PM #1 indicated staff should monitor client #1 for picking behaviors, prompt him to stop if observed and to check on him every two hours during the overnight hours. PM #1 indicated the team had discussed the use of gloves/mitts to prevent client #1 from picking and discussed the possibility of treating the skin picking through medication. PM #1 indicated there was not documentation of an increased monitoring schedule for overnight hours in addition to the two hour protocol already being implemented.</p> <p>9-3-4(a)</p>			

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W 0331 Bldg. 00	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 3 sampled clients (#3), the facility nursing services failed to ensure client #3's feet were monitored for circulation.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/25/15 from 6:25 AM through 8:00 AM. Client #3 utilized a manual wheelchair for mobility in the home. Client #3 was seated in her wheelchair and propelled herself throughout the home using her feet. Client #3 did not wear socks or slippers. Client #3's left foot and toes were dark purple to black. Client #3's left foot and ankle areas were dark red in color.</p> <p>Staff #2 was interviewed on 8/25/15 at 7:51 AM. Staff #2 indicated client #3's feet were discolored and appeared dark purple to black. Staff #2 stated, "They are like that in the mornings. When she gets finished with her shower in the morning, the color looks better."</p> <p>PM (Program Manager) #1 was interviewed on 8/25/15 at 10:45 AM. PM</p>	W 0331	<p>With regard to client #3's circulation, client #3 saw her podiatrist on September 9, 2015 in order to get the physician's input on the proper protocol for client's feet, as they are naturally a blue color. This protocol has been reviewed by the Program Manager and the RN and Tangram's RN has incorporated this protocol into the client's HRP for Vascular Circulation. Staff will be retrained on this HRP and the new protocol, including when to notify the RN of any issues or changes. Client #3's updated HRP now includes the following: "9/10/15: Staff will monitor for an increase in swelling (if shoes are too tight, socks leave indents) and increase in discoloration, if noted, staff will assist [client] in elevating her feet, doing range of motion exercises, and or ambulating. If condition does not improve with these techniques, staff will notify Nurse. Staff will check for pedal pulses and temperature of the skin on her feet. Staff will seek care with [client]'s podiatrist as needed for changes in lower leg and feet changes. Support stocking may be considered if circulation in the lower extremities decreases."</p>	09/27/2015

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	<p>#1 indicated client #3's feet were discolored due to poor circulation. PM #1 indicated client #3 had a risk plan for poor circulation and had a goal to reposition and walk with staff assistance to increase her circulation. PM #1 indicated client #3's circulation risk plan did not indicate if client #3's feet should be elevated to increase circulation or if she would benefit from using compression stockings.</p> <p>Client #3's record was reviewed on 8/25/15 at 8:34 AM. Client #3's High Risk Health Care Plan addressing: Impaired Peripheral Vascular Circulation (low blood circulation to the legs) dated 10/28/13 indicated signs and symptoms of poor circulation which included but was not limited to skin that looks dark and blue. Client #3's High Risk Health Care Plan addressing: Impaired Peripheral Vascular Circulation dated 10/28/13 indicated, "Staff should ensure that [client #3] avoids rubbing her legs against each other or against anything else such as wheelchair to avoid injury to the affected area. Staff will check for discoloration or edema of the affected part and will notify the nurse of any such changes. Staff will pay attention to see if [client #3] has pain in the leg, or is having difficulty ambulation."</p>			

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W 0436 Bldg. 00	<p>Nurse #1 was interviewed on 8/25/15 at 2:30 PM. Nurse #1 indicated client #3 had poor blood circulation and her legs and feet were discolored. Nurse #1 indicated staff should follow client #3's High Risk Health Care Plan for monitoring, documenting and communicating concerns regarding client #3's feet. Nurse #1 indicated she had not been notified of concerns regarding client #3's feet during the morning of 8/25/15.</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.</p> <p>Based on observation, record review and interview for 2 of 6 clients with adaptive equipment, the facility failed to ensure client #2's wheelchair was in good repair, to ensure client #3 received a recommended new wheelchair in a timely manner and to ensure client #3 had a recommended weighted sensory vest.</p> <p>Findings include:</p>	W 0436	<p>Tangram has taken the follow steps to ensure that the citation issues are addressed:</p> <ul style="list-style-type: none"> ·With regard to client #2's wheelchair, the Program Manager will ensure that if a client needs to utilize a "loaner" chair while his or her wheelchair is being repaired or replaced, the "loaner" chair is in good working order with all parts present. The Program Manager will also work with applicable repair companies to 	09/27/2015

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	<p>Observations were conducted at the group home on 8/24/15 from 4:45 PM through 6:00 PM. Clients #2 and #3 were present in the home throughout the observation period. Clients #2 and #3 both utilized manual wheelchairs for mobility. Client #2's wheelchair was missing the rubber tire on the right rear wheel. The left rear wheel had a rubber/hard plastic tire attached to the metal rim while the right side did not have the rubber/hard plastic tire. At 5:02 PM, staff #1 was standing in the kitchen area next to client #2 as he attempted to maneuver his wheelchair over a ridge in the floor. Staff #1 stated, "Oh, that's not your wheelchair." Staff #1 indicated client #2's wheelchair was broken and that the wheelchair he was currently using was a backup chair. Client #3 did not wear a weighed sensory vest.</p> <p>Observations were conducted at the group home on 8/25/15 from 6:22 PM through 8:00 AM. Clients #2 and #3 were present in the home throughout the observation period. Clients #2 and #3 both utilized manual wheelchairs for mobility. Client #2's wheelchair was missing the rubber tire on the right rear wheel. The left rear wheel had a rubber/hard plastic tire attached to the metal rim while the right side did not</p>		<p>see if a "loaner" chair can be used from the company that is in good working order. Client#2 is now utilizing a "loaner" chair that is in good condition while he is waiting on his new chair to come in. This will be done for all clients when applicable.</p> <ul style="list-style-type: none"> ·With regard to client #3's wheelchair, the Program Manager will ensure that he conducts the follow up with any company that is responsible for ordering a new wheelchair to ensure that any issues that need to be finalized for the order and receipt of the chair are finalized. After the survey, client #3's wheelchair was ordered and was being shipped. This will be done for equipment for all clients. ·With regard to client #3's weighted sensory vest, the Program Manager will now review all orders, including Physician's Orders, with the nurse to ensure that an oversight of an order does not occur. The Program Manager is responsible for conducting all equipment orders and for ensuring follow up on orders to ensure that the equipment is received in the home. Any issues with obtaining ordered equipment will be communicated to the Director of Operations or the Director of Compliance and Risk Management so that further follow up can be conducted. This will be done for all clients. ·During internal chart and group home audits, the Director of 	

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	<p>have the rubber/hard plastic tire. Client #3 did not wear a weighed sensory vest.</p> <p>1. Client #2's record was reviewed on 8/25/15 at 9:45 AM. Client #2's ISP (Individual Support Plan) dated 11/4/14 indicated client #2 utilized a manual wheelchair for mobility.</p> <p>2. Client #3's record was reviewed on 8/25/15 at 8:34 AM. Client #3's Physician's Order Form (POF) dated 7/27/15 indicated, "Weighted vest for sensory integrative disorder." Client #3's PT (Physical Therapy) evaluation form dated 1/28/15 indicated, "Wheelchair evaluation. Recommend new chair."</p> <p>PM (Program Manager) #1 was interviewed on 8/25/15 at 10:45 AM. PM #1 indicated client #2's wheelchair had broken on Friday 8/21/15 and was using a backup chair. PM #1 indicated client #3 did not have a weighted sensory vest. PM #1 indicated the facility was in the process of obtaining client #3's new wheelchair.</p> <p>9-3-7(a)</p>		Compliance and Risk Management will ensure that orders, equipment, and tracking for high risk areas are being reviewed to ensure proper follow up. This will occur for all clients.	