

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G742	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/18/2013
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NAME OF PROVIDER OR SUPPLIER  TRANSITIONAL SERVICES SUB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 369 W WASHINGTON ST MORGANTOWN, IN 46160
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey Dates: January 15, 16, 17, and 18, 2013.</p> <p>Facility Number: 005659 Provider Number: 15G742 AIM Number: 100244210</p> <p>Surveyor: Steven Schwing, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/24/13 by Ruth Shackelford, Medical Surveyor III.</p>	W0000		

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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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on interview and record review for 1 of 4 clients in the sample (#7), the governing body failed to ensure client #7 did not pay for his own haircut.</p> <p>Findings include:</p> <p>An interview with client #7 was conducted on 1/17/13 at 5:20 PM. Client #7 indicated he received a haircut on this date. Client #7 indicated he paid for his haircut from his money. He indicated the haircut cost \$17.00.</p> <p>An interview with the Home Manager (HM) was conducted on 1/17/13 at 5:26 PM. The HM indicated client #7 received a haircut on this date. The HM indicated client #7 wanted to go out to get his haircut and he wanted to pay for it. The HM indicated the group home staff usually give client #7 his haircut. The HM indicated the group home would have paid for client #7's haircut if he asked them to pay for it.</p> <p>A review of client #7's receipt from getting his haircut, dated 1/17/13, was conducted on 1/18/13 at 9:23 AM. The receipt indicated the haircut cost \$17.00</p>	W0104	<p>Client #7 was reimbursed on 2/1/13 for cost of haircut. Future haircuts will be paid from group home account. On 2/4/13, Program Director and Home Manager were retrained on Medicaid Guidelines pertaining specifically to personal hygiene and haircuts. Program Director will monitor client accounts monthly to ensure there are no expenses that TSI/Mentor is responsible for paying. Responsible parties: Area Director, Program Director, Home Manager</p>	02/04/2013			

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	<p>plus \$3.00 for a tip. The receipt indicated the amount was paid in cash. Client #7's Cash on Hand Record, dated January 2013, indicated client #7 paid \$20.00 from his cash on 1/17/13 for a haircut.</p> <p>An interview with the Area Director (AD) was conducted on 1/18/13 at 9:15 AM. The AD indicated client #7 should not pay for his haircut. The AD indicated the money should come from the group home account and not client #7's personal money.</p> <p>9-3-1(a)</p>			

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W0120	<p><b>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</b></p> <p>The facility must assure that outside services meet the needs of each client. Based on observation, record review and interview for 1 of 4 clients in the sample who attended an outside services workshop (#8), the facility failed to provide requested information regarding client #8's excessive drinking and ensure the staff at the workshop implemented client #8's plan for excessive drinking.</p> <p>Findings include:</p> <p>An observation was conducted at the outside services workshop on 1/16/13 from 10:08 AM to 11:20 AM. At 10:28 AM, client #8 went to the restroom unsupervised by the workshop staff.</p> <p>A review of client #8's communication book between the group home and the workshop was reviewed on 1/16/13 at 10:52 AM. On 11/16/12, the workshop staff (entry not signed) indicated, "[Client #8] had to be prompted repeatedly to return to his seat. He tried going to the water fountain and bathroom all day." On 11/19/12, the workshop staff (entry not signed) indicated, "[Client #8] repeatedly left his work area to go to the water fountain and bathroom. This continued all day." On 11/30/12, a group home staff</p>	W0120	<p>An inservice was held at Client #8's workshop on 1/18/13 re: Client #8's water intake schedule. A copy of Client #8's water intake schedule was delivered to workshop on 1/18/13 for workshop's use in tracking Client #8's water intake. Observations were done by Home Manager at Client #8's workshop on 1/21/13 and 1/29/13 to ensure that Client #8's water intake schedule was being monitored by workshop staff.</p> <p>Inservices were held at both Client #8's workshop and group home on 1/18/13 re: proper use of communication log between group home and workshop. Program Director and Home Manager will conduct ongoing periodic observations at Client #8's workshop, as well as group home, to ensure Client #8's water intake schedule is being monitored and documented.</p> <p>Program Director and Home Manager will continue to ensure that communication log between Client #8's group home and workshop is properly used. Responsible parties: Program Director and Home Manager</p>	01/29/2013			

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	<p>(entry not signed) documented, "Please watch [client #8's initials] (with) water he is on a water intake schedule w/ (with) only 67 oz (ounces) per water schedule." On 12/13/12, the workshop staff (entry not signed) documented, "How can we keep track of oz's that he is consuming. (sic) Do you have any water schedules to follow or cups marked by oz?" On 12/20/12, the workshop staff (entry not signed) indicated, "No response to questions on 12-13." On 12/28/12, the workshop staff (entry not signed) documented, "Do these comments get read because I asked a question on 12-13 and haven't received an answer." The communication book did not contain an answer to the workshop staff's question. There was no documentation in the communication book indicating the amount, in ounces, client #8 consumed while at the workshop.</p> <p>A review of client #8's record was conducted on 1/16/13 at 1:59 PM. Client #8's Behavior Support Plan (BSP), dated 3/22/12, indicated he had a targeted behavior of excessive drinking. Excessive drinking was defined as, "Drinking high amounts of liquids. Seeking fluids such as water from sinks, toilets, and others' cups." The plan indicated, "1. [Client #8] is allowed one 8 oz. beverage per hour. 2. [Client #8] is</p>						

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	<p>to be in the line of sight when he is at home. 3. [Client #8] is to be within reach when he is in the kitchen and bathroom. 4. [Client #8] should be kept busy in order to distract him from wanting a drink. 5. If [Client #8] is caught drinking something he was not given, ask for/take the drink from [client #8], redirect [client #8] to a different activity, and record "A" on the BPR (behavior program record)."</p> <p>A review of client #8's Physician's Orders, dated 1/1/13 through 1/31/13, indicated the following, "Beverage schedule 67 ounces daily."</p> <p>An interview with workshop staff (WS) #1 was conducted on 1/16/13 at 10:24 AM. WS #1 indicated client #8 used to be on a water restriction. WS #1 indicated client #8 was not currently on a water restriction. WS #1 indicated client #8 used the restroom frequently. At 10:34 AM, WS #1 indicated she was not aware of a fluid restriction for client #8. WS #1 indicated she wrote a note in the communication book regarding the fluid restriction but did not receive a response from the group home staff. WS #1 indicated she wrote a note asking how the workshop was supposed to track his fluid intake. WS #1 indicated she had not been informed of the ounces client #8 was supposed to have at the workshop. At 10:46 AM, WS #1 indicated client #8</p>						

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	<p>visited the restroom and water fountain frequently throughout the day.</p> <p>An interview with WS #2 was conducted on 1/16/13 at 10:45 AM. WS #2 indicated client #8 used to have cups with fluid ounces marked on the cup. WS #2 indicated client #8 used to have a plan for specific amounts (ounces) at specific times for his time at the workshop.</p> <p>An interview with the Home Manager (HM) was conducted on 1/17/13 at 11:58 AM. The HM indicated client #8's plan indicated he was to be supervised when in the restroom, including while at the workshop. The HM indicated the workshop should be implementing the plan, as written. The HM indicated there was an on-going issue with communication between the workshop and the group home. The HM stated she "just sent in the water schedules." The HM indicated she read through the communication book and did not recall seeing the entries. The HM indicated instead of documenting in the communication book, she usually visited the workshop to provide requested information or documentation.</p> <p>An interview with the Area Director (AD) was conducted on 1/17/13 at 11:58 AM. The AD indicated client #8 should be</p>						

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	<p>supervised when using the restroom at the workshop. The AD indicated it was the group home's responsibility to ensure the workshop staff followed client #8's plan. On 1/18/13 at 9:26 AM, the AD indicated the group home was not receiving documentation indicating the amount of liquids client #8 was consuming during his time at the workshop.</p> <p>9-3-1(a)</p>			

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W0186	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, record review and interview for 1 of 4 non-sampled clients (#3), the facility failed to ensure staff were deployed appropriately to supervise client #3 to ensure he did not drink out of the toilet.</p> <p>Findings include:</p> <p>An observation was conducted on 1/17/13 from 5:00 PM to 6:09 PM. At 5:22 PM, client #3 was observed in the south side bathroom bending over and drinking from the toilet. Client #4 observed client #3 and attempted to physically and verbally redirect client #3 without success. Staff did not observe the incident. Client #3 left the bathroom and client #4 closed the bathroom door while verbally prompting client #3 out of the area. Client #3 turned around, opened the door and drank from the toilet again. Client #4 attempted to verbally and physically redirect client #3 without success. Staff #10 heard client #4 attempting to redirect client #3 and went</p>	W0186	<p>An inservice was held with Client #3's group home staff on 1/18/13 to retrain staff on Client #3's behavior plan, particularly its drinking component.</p> <p>Program Director and Home Manager will conduct ongoing periodic observations to ensure that staff are correctly implementing Client #3's behavior plan and are deploying effectively to implement the plan.</p> <p>Responsible parties: Program Director and Home Manager</p>	01/18/2013	

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	<p>to the bathroom. Staff #10 redirected client #3 from the bathroom to the living room. Client #4 indicated to staff #10 the bathroom door had been left open.</p> <p>A review of client #3's record was conducted on 1/18/13 at 9:11 AM. Client #3's Behavior Developmental Program (BDP), dated 3/4/12, indicated client #3 had a targeted behavior of excessive drinking. Excessive drinking was defined as, "Drinking high amounts of liquids. Seeking fluids such as water from sinks, toilets, and others' cups." The plan indicated, "[Client #3] is allowed one 8 oz. beverage per hour. 2. [Client #3] is to be in the line of sight when he is at home. 3. [Client #3] is to be within reach when he is in the kitchen and bathroom. The south side bathroom door will have safety knob covers on them due to [Client #3's] anxiety level if he feels he has open access to the water in the bathroom. 4. [Client #3] should be kept busy in order to distract him from wanting a drink. 5. If [client #3] is caught drinking something he was not given, ask for or take the drink, redirect [client #3] to a different activity, and record " A " on the BPR (behavior problem record)."</p> <p>An interview with the Area Director (AD) was conducted on 1/18/13 at 9:26 AM. The AD indicated client #3's plan should</p>			

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	<p>be implemented as written. The AD indicated the staff should have no problem due to the layout of the home keeping an eye on client #3 at all times. The AD indicated the staff need to deploy themselves in a way to ensure they were able to see the bathrooms at all times.</p> <p>9-3-3(a)</p>			

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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. Based on observation, interview and record review for 1 of 4 non-sampled clients (#6), the facility failed to ensure client #6 had a plan to address eating too fast and taking large bites.</p> <p>Findings include:</p> <p>An observation was conducted on 1/17/13 from 5:00 PM to 6:09 PM. At 5:30 PM, dinner started. At 5:41 PM, client #6 took several large bites of his hamburger one after the other without receiving prompts from staff to slow down or take smaller bites. At 5:44 PM, client #6 ate several fries at once without receiving prompts from staff to take smaller bites. At 5:48 PM, staff #10 prompted client #6 to slow down for the first time. At 5:51 PM, client #6 took bite after bite of his salad without receiving prompts from the staff to slow down.</p> <p>A review of client #6's record was conducted on 1/18/13 at 9:47 AM. Client #6's Risk Management Assessment and Plan, dated 11/14/12, indicated client #6 did not have a risk of</p>	W0227	<p>A dining plan was implemented for Client #6 on 1/31/13 addressing Client #6's pace and bite sizes during meals, as well as risk of choking. An inservice with Client #6's group home staff re: Client #6's dining plan was conducted by agency's nurse on 1/31/13. Program Director and Home Manager will conduct ongoing periodic observations to ensure that staff are correctly implementing Client #6's dining plan. Responsible parties: Program Director and Home Manager</p>	01/31/2013			

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	<p>swallowing/dysphagia or a choking risk. Client #6's Individual Support Plan (ISP), dated 11/14/12, indicated the following, "Assessment of dining skills: [client #6] requires assistance with portion control and eating a well balanced diet." The ISP indicated client #6 had a diagnosis of epilepsy.</p> <p>An interview with the Program Director (PD) was conducted on 1/18/13 at 9:28 AM. The PD indicated client #6 required reminders occasionally to slow down and take appropriate sized bites.</p> <p>An interview with the Area Director (AD) was conducted on 1/18/13 at 9:26 AM. The AD indicated client #6 needed a plan to address his pace and bite sizes during meals. The AD indicated client #6 had epilepsy therefore he should have a dining plan to address the risk of choking.</p> <p>9-3-4(a)</p>			

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W0240	<p>483.440(c)(6)(i) INDIVIDUAL PROGRAM PLAN The individual program plan must describe relevant interventions to support the individual toward independence. Based on record review and interview for 1 of 4 clients in the sample (#8), the facility failed to ensure client #8's Behavior Support Plan, Physician's Orders and risk plan for excessive drinking contained the same information regarding the amount of fluids client #8 could consume during the day.</p> <p>Findings include:</p> <p>A review of client #8's record was conducted on 1/16/13 at 1:59 PM. Client #8's Behavior Support Plan (BSP), dated 3/22/12, indicated he had a targeted behavior of excessive drinking. Excessive drinking was defined as, "Drinking high amounts of liquids. Seeking fluids such as water from sinks, toilets, and others' cups." The plan indicated, "1. [Client #8] is allowed one 8 oz. beverage per hour. 2. [Client #8] is to be in the line of sight when he is at home. 3. [Client #8] is to be within reach when he is in the kitchen and bathroom. 4. [Client #8] should be kept busy in order to distract him from wanting a drink. 5. If [Client #8] is caught drinking something he was not given, ask for/take the drink from [client #8], redirect [client</p>	W0240	<p>Component 3 of Client #8's behavior support plan (BSP) re: drinking procedures was revised on 1/20/13 to match drinking procedures described in Client #8's risk plan and physician orders (i.e., " [Client #8] is allowed 67 oz. of liquids per day" rather than BSP's previous statement that "[Client #8] is allowed one 8 oz. beverage per hour.") Client #8's home water intake schedule was revised on 1/20/13 to add up to 67 oz. per day (rather than previous 66 oz.) An inservice was held on 1/25/13 with Client #8's group home staff re: tracking Client #8's water intake. An inservice was held at Client #8's workshop on 1/18/13 re: Client #8's water intake schedule. A copy of Client #8's water intake schedule was delivered to workshop on 1/18/13 for workshop's use in tracking Client #8's water intake. Observations were done by Home Manager at Client #8's workshop on 1/21/13 and 1/29/13 to ensure that Client #8's water intake schedule was being monitored by workshop staff. Inservices were held at both Client #8's workshop and group home on 1/18/13 re: proper use of communication log between group</p>	01/29/2013			

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	<p>#8] to a different activity, and record "A" on the BPR (behavior program record)." A review of client #8's Physician's Orders, dated 1/1/13 through 1/31/13, indicated the following, "Beverage schedule 67 ounces daily." Client #8's risk plan, dated 6/12/12 (revised 9/5/12), indicated client #8 had polydipsia. The plan indicated, "[Client #8's] water intake will be limited to no more than 67 ounces per day." An undated handwritten note posted in the group home kitchen, reviewed on 1/15/13 on 3:30 PM, indicated client #8 was on a water schedule. The schedule indicated client #8 could have the following amounts: 6:30 AM - 10 oz, 9:00 AM - 5 oz, 10:00 AM - 6 oz, 11:30 AM - 10 oz, 1:00 PM - 5 oz, 2:30 PM - 6 oz, 4:00 PM - 6 oz, 5:30 PM - 10 oz, 7:30 PM - 8 oz. This added up to 66 oz per day. There was no schedule of the times of client #8's fluid intake in client #8's record. There was no tracking sheet for staff to document the amounts of fluids client #8 consumed.</p> <p>An interview with workshop staff (WS) #1 was conducted on 1/16/13 at 10:24 AM. WS #1 indicated client #8 used to be on a water restriction. WS #1 indicated client #8 was not currently on a water restriction. WS #1 indicated client #8 used the restroom frequently. At 10:34 AM, WS #1 indicated she was not</p>		<p>home and workshop. Program Director and Home Manager will conduct ongoing periodic observations at Client #8's group home, as well as workshop, to ensure Client #8's water intake schedule is being monitored and documented. Program Director and Home Manager will continue to ensure that communication log between Client #8's group home and workshop is properly used. Responsible parties: Program Director and Home Manager</p>				

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	<p>aware of a fluid restriction for client #8. WS #1 indicated she wrote a note in the communication book regarding the fluid restriction but did not receive a response from the group home staff. WS #1 indicated she wrote a note asking how the workshop was supposed to track his fluid intake. WS #1 indicated she had not been informed of the ounces client #8 was supposed to have at the workshop. At 10:46 AM, WS #1 indicated client #8 visited the restroom and water fountain frequently throughout the day.</p> <p>An interview with WS #2 was conducted on 1/16/13 at 10:45 AM. WS #2 indicated client #8 used to have cups with fluid ounces marked on the cup. WS #2 indicated client #8 used to have a plan for specific amounts (ounces) at specific times for his time at the workshop.</p> <p>An interview with the Area Director (AD) was conducted on 1/17/13 at 11:58 AM. The AD indicated the fluid ounces client #8 was to consume throughout the day should be included within the plan addressing excessive drinking. The AD indicated the plans (BSP, risk plan and Physician's Orders) should match.</p> <p>9-3-4(a)</p>			

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W0249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 1 of 4 clients in the sample (#2) and one additional non-sampled client (#3), the facility failed to ensure staff implemented the clients' plans as written.</p> <p>Findings include:</p> <p>1) Observations were conducted at the group home on 1/15/13 from 5:51 AM to 7:29 AM, 1/15/13 from 3:02 PM to 5:38 PM and 1/17/13 from 5:00 PM to 6:09 PM. During the observations, client #2 was not observed to use a communication board or sign language. Staff did not prompt client #2 to use a communication board or sign language. On 1/17/13 at 5:57 PM, the Home Manager (HM) was unable to locate client #2's communication board in the group home. She asked client #2 where his communication board was located and client #2 indicated he did not know.</p> <p>A review of client #2's record was</p>	W0249	<p>An IDT was held on 1/29/13 to discuss component 2 of Client #2's behavior support plan (BSP) re: communication board. Due to Client #2's progress with communication skills, IDT agreed that communication board was no longer needed and so discontinued component 2. Client #2's BSP was revised to reflect this change.</p> <p>An inservice was held with Client #3's group home staff on 1/18/13 to retrain staff on Client #3's behavior plan, particularly its drinking component.</p> <p>Program Director and Home Manager will conduct ongoing periodic observations to ensure that staff are correctly implementing Client #3's behavior plan and are deploying effectively to implement the plan.</p> <p>Responsible parties: Program Director and Home Manager</p>	01/29/2013

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	<p>conducted on 1/16/13 at 12:55 PM. Client #2's Behavior Support Plan (BSP), dated 2/28/12, indicated the following, "Provide a communication board that [client #2] will be able to use to communicate his wants and needs. The communication board should consist of a variety of pictures including: activities that [client #2] enjoys, preferred food items, common areas in the home, ways to communicate needed breaks, and general emotions. Encourage [client #2] throughout the day to use the communication board or sign language."</p> <p>An interview with the Home Manager (HM) was conducted on 1/17/13 at 5:57 PM. The HM indicated she was not able to locate client #2's communication board.</p> <p>An interview with the Program Director (PD) was conducted on 1/18/13 at 9:28 AM. The PD indicated client #2 had been talking, expressing himself verbally, therefore client #2's plan needed to be revised.</p> <p>An interview with the Area Director (AD) was conducted on 1/18/13 at 9:26 AM. The AD indicated the communication board should have been present and available to client #2.</p> <p>2) An observation was conducted on</p>				

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	<p>1/17/13 from 5:00 PM to 6:09 PM. At 5:22 PM, client #3 was observed in the south side bathroom bending over and drinking from the toilet. Client #4 observed client #3 and attempted to physically and verbally redirect client #3 without success. Staff did not observe the incident. Client #3 left the bathroom and client #4 closed the bathroom door while verbally prompting client #3 out of the area. Client #3 turned around, opened the door and drank from the toilet again. Client #4 attempted to verbally and physically redirect client #3 without success. Staff #10 heard client #4 attempting to redirect client #3 and went to the bathroom. Staff #10 redirected client #3 from the bathroom to the living room. Client #4 indicated to staff #10 the bathroom door had been left open.</p> <p>A review of client #3's record was conducted on 1/18/13 at 9:11 AM. Client #3's Behavior Developmental Program (BDP), dated 3/4/12, indicated client #3 had a targeted behavior of excessive drinking. Excessive drinking was defined as, "Drinking high amounts of liquids. Seeking fluids such as water from sinks, toilets, and others' cups." The plan indicated, "[Client #3] is allowed one 8 oz. beverage per hour. 2. [Client #3] is to be in the line of sight when he is at home. 3. [Client #3] is to be within reach when</p>						

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	<p>he is in the kitchen and bathroom. The south side bathroom door will have safety knob covers on them due to [Client #3's] anxiety level if he feels he has open access to the water in the bathroom. 4. [Client #3] should be kept busy in order to distract him from wanting a drink. 5. If [client #3] is caught drinking something he was not given, ask for or take the drink, redirect [client #3] to a different activity, and record " A " on the BPR (behavior problem record)."</p> <p>An interview with the Area Director (AD) was conducted on 1/18/13 at 9:26 AM. The AD indicated client #3's plan should be implemented as written. The AD indicated the staff should have no problem due to the layout of the home keeping an eye on client #3 at all times.</p> <p>9-3-4(a)</p>						

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W0317	<p>483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually in a carefully monitored program conducted in conjunction with the interdisciplinary team, unless clinical evidence justifies that this is contraindicated. Based on record review and interview for 2 of 2 clients in the sample with psychotropic medications (#2 and #8), the facility failed to ensure their psychotropic medication reduction plans were attainable.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted on 1/16/13 at 12:55 PM. Client #2's Behavior Development Program (BDP), dated 2/28/12, indicated he was prescribed risperidone, miratazapine and metadate for behavior control. The plan indicated, "The first review period will commence at the start of the first full ISP quarter after this plan is approved by [Client #2's] IST (individual support team). Data will be reviewed by [name of company] for possible medication reduction during each quarterly review and documented in the written quarterly report. If the average daily rate of each of the behaviors listed above is at or below the specified criterion for the full review period, [name</p>	W0317	<p>Client #3's medication reduction plan was revised on 1/29/13 in order to clarify plan, as well as make it more attainable.</p> <p>Client #8's medication reduction plan was revised on 1/29/13 in order to clarify plan, as well as make it more attainable.</p> <p>Behavior consultant will monitor behavior tracking for Clients #3 and #8 monthly and confer with clients' psychiatrist quarterly to ascertain whether medication changes or reductions need to occur based on revised medication reduction plans.</p> <p>Responsible parties: Behavior Consultant, Program Director, and Home Manager</p>	01/29/2013			

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	<p>of company] will recommend medication reduction. Such recommendations will be written in the quarterly report and presented at the quarterly meeting. Considering [Client #2's] probable responses to the medications he receives, mirtazapine will be targeted for reduction first. When the mirtazapine has been discontinued, the subsequent reduction will target metadate. When both of these medications have been successfully discontinued, risperidone will be targeted for reduction. To determine each reduction, the minimum dosage size specified above will be subtracted from the daily dosage of drug received at the reduction review. The prescribing psychiatrist may choose at any time to increase the size of reductions or to speed up the reduction timetable." The plan indicated the criteria (average daily rate) for reduction was .03 for type 1 resistance and zero instances for type 2 resistance, physical assault and vacating.</p> <p>A review of client #8's record was conducted on 1/16/13 at 1:59 PM. Client #8's BDP, dated 3/22/12, indicated he was prescribed the following psychotropic medications: clonazepam, escitalopram, and olanzapine for behavior control. The plan indicated, "The first review period will commence at the start of the first full ISP (individual support plan) quarter after</p>				

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	<p>this plan is approved by [Client #8's] IST. Data will be reviewed by [name of company] for possible medication reduction during each quarterly review and documented in the written quarterly report. If the average daily rate of each of the behaviors listed above is at or below the specified criterion for the full review period, [name of company] will recommend medication reduction. Such recommendations will be written in the quarterly report and presented at the quarterly meeting. Considering [Client #8's] probable responses to the medications he receives, escitalopram will be targeted for reduction first. When the escitalopram has been discontinued, the subsequent reduction will target olanzapine. Clonazepam will be targeted last; once olanzapine has been discontinued. To determine each reduction, the minimum dosage size specified above will be subtracted from the daily dosage of drug received at the reduction review. The prescribing psychiatrist may choose at any time to increase the size of reductions or to speed up the reduction timetable." The plan indicated the criteria for reduction was zero instances for depressive signs, type 2 resistance, water seeking and psychosomatic complaints, .01 instances of stealing and incontinence, and .02 instances of type 1 resistance.</p>				

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	<p>An interview with the current (not the author of the plan) behavior consultant (BC) was conducted on 1/16/13 at 1:38 PM. The BC indicated the plans were difficult to achieve and not realistic. The BC indicated the plans were setting the clients up for failure. The BC indicated the plan was difficult to understand including the criteria and time frames for the criteria.</p> <p>An interview with the Home Manager (HM) was conducted on 1/16/13 at 1:33 PM. The HM indicated the criteria was low and may not be achievable for the time periods. The HM indicated the criteria needed to be higher.</p> <p>An interview with the Program Director (PD) was conducted on 1/16/13 at 1:17 PM. The PD indicated the criteria may as well be zero for all the targeted behaviors. The PD indicated a medication reduction would be difficult to attain using the criteria.</p> <p>9-3-5(a)</p>				

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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing. Based on record review and interview for 1 of 4 clients in the sample (#8), the facility failed to ensure an annual follow-up appointment was conducted for his vision.</p> <p>Findings include:</p> <p>A review of client #8's record was conducted on 1/16/13 at 1:59 PM. On 7/23/11, client #8 was seen by his optometrist. The report indicated, "Ocular health significant for mild cataracts. Continue to monitor &amp; mild macular degeneration. 1 year full exam." There was no documentation a full exam was conducted in 2012.</p> <p>An interview with the Area Director (AD) was conducted on 1/18/13 at 9:26 AM. The AD indicated the facility was unable to locate documentation indicating a full exam was conducted since 7/23/11.</p> <p>9-3-6(a)</p>	W0323	<p>Client #8's annual follow-up appointment with optometrist has been scheduled for 7/25/13 at 4:00 pm. Agency nurse has revised each group home's monthly to-do list to include all appointments that need to be scheduled and all appointments already scheduled to help ensure that no appointments are missed. Agency nurse conducted inservice on 2/1/13 to retrain group home staff on completing all scheduled appointments for all clients. Program Director and Home Manager will monitor that all appointments are scheduled and completed for clients' health and safety. Responsible parties: Program Director and Home Manager</p>	02/01/2013			

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W0484	<p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview for 7 of 7 clients observed to eat dinner (#1, #2, #3, #4, #5, #6 and #8), the facility failed to ensure the clients had spoons and knives for the meal.</p> <p>Findings include:</p> <p>An observation was conducted at the group home on 1/17/13 from 5:00 PM to 6:09 PM. During dinner (5:30 PM to 6:02 PM), clients #1, #2, #3, #4, #5, #6 and #8 did not have spoons or knives on the table during the meal. At 5:34 PM, client #6 was using his fork to cut his hamburger. At 5:42 PM, client #6 was unable to cut his hamburger with his fork. Staff #10 prompted client #6 to pick up his hamburger and eat it (no bun) with his fingers. Staff #10 did not prompt client #6 to get a knife or get one for client #6.</p> <p>An interview with the Area Director (AD) was conducted on 1/18/13 at 9:26 AM. The AD indicated the clients should set the table with forks, spoons and knives for every meal. The AD indicated the clients should have a knife in order to cut up their food.</p>	W0484	<p>An inservice re: family-style dining—particularly the setting of forks, spoons, and knives at every meal—was conducted for group home staff on 1/18/13.</p> <p>Program Director and Home Manager conducted meal-time observations on 1/21/13 and 1/26/13 to ensure that the table was being set with forks, spoons, and knives and that family-style dining was being implemented.</p> <p>Program Director and Home Manager will conduct ongoing periodic observations to ensure that family-style dining—particularly setting of forks, spoons, and knives at every meal—is being consistently implemented.</p> <p>Responsible parties: Program Director and Home Manager</p>	01/18/2013			

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