

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G640	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/06/2014
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NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3102 AIRPORT RD PORTAGE, IN 46368
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W000000	<p>This visit was for an annual recertification and state licensure survey.</p> <p>Dates of Survey: May 27, 28, 30 and June 2 and 6, 2014.</p> <p>Facility number: 001220 Provider number: 15G640 AIM number: 100245730</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 6/18/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview, the governing body failed for 1 additional client (client #4), to exercise general operating direction in a manner to ensure he did not pay for a haircut.</p>	W000104	<p>W104 – On June 3rd, 2014 the participant was fully reimbursed for the amount of the haircut. On June 28th, 2014, the Qualified Developmental Disabilities Professional, hereinafter referred to as QDDP, will retrain staff and the</p>	06/30/2014

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

TITLE

(X6) DATE

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

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W000125	<p>Findings include:</p> <p>A financial record review was conducted on 6/2/14 at 2:30 P.M.. A review of client #4's financial record indicated he paid for a haircut on 5/10/14 in the amount of \$15.00. Further review of the record failed to indicate he had been reimbursed for the expenditure.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/2/14 at 3:25 P.M.. The QIDP indicated clients should not pay for haircuts.</p> <p>9-3-1(a)</p> <p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on observation, record review and interview, the facility failed for 3 of 3 sampled clients (clients #1, #2 and #3) and 2 additional clients (clients #4 and #5), to have paper towels/towels readily accessible in the bathrooms.</p>	W000125	<p>Group Home Manager on what expenses the facility is obligated for payment. Further compliance will be monitored by the Group Home manager and through monthly audits by the financial department. In addition, the Group Home Director will ensure compliance through quarterly quality assurance visits.</p> <p>W125 – Group home staff will be retrained on June 28th, 2014, by the QDDP, on the importance of having paper towels or hand towels available, in all restrooms of the house. To ensure compliance, the Group Home Manager will conduct</p>	06/30/2014			

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	<p>Findings include:</p> <p>A morning observation was conducted at the group home on 5/27/14 from 5:10 A.M. until 7:35 A.M.. During the entire observation period Direct Support Professionals (DSPs) #1 and #2 walked clients #1, #2, #3, #4 and #5 in and out of the medication room to wash their hands in the bathroom located in the medication room. During the entire observation period both bathrooms located in the hallway leading to clients #1, #2, #3, #4 and #5's bedrooms had no paper towels/towels available for use.</p> <p>An evening observation was conducted at the group home on 5/27/14 from 5:10 P.M. until 6:55 P.M.. During the entire observation period DSPs #3, #4 and #5 walked clients #1, #2, #3, #4 and #5 in and out of the medication room to wash their hands in the bathroom located in the medication room. During the entire observation period both bathrooms located in the hallway leading to clients #1, #2, #3, #4 and #5's bedrooms had no paper towels/towels available for use.</p> <p>An interview with DSP #5 was conducted on 5/27/14 at 6:05 P.M.. When asked why there were no paper towels/towels available for clients #1, #2,</p>		<p>inspections of the restroom during the shifts she works, the QDDP will complete inspections during monthly quality assurance visits, and the Group Home Director will check during quarterly house visits.</p>	

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W000130	<p>#3, #4 and #5 to use in their bathrooms located in the hallway, DSP #5 indicated she did not know.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/2/14 at 3:25 P.M.. The QIDP indicated paper towels/towels should be in all bathrooms for clients to use.</p> <p>9-3-2(a)</p> <p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview, the facility failed for 1 of 3 sampled clients and 1 additional client (clients #3 and #5), to ensure privacy during toileting and dressing.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 5/27/14 from 5:10 A.M. until 7:35 A.M.. At 5:26 A.M., Direct Support Professional (DSP) #1 entered into client #3's bedroom and began preparing him for his morning hygiene. DSP #1 exited out of client #3's</p>	W000130	W130 – On June 28th, 2014 the staff will be trained on client rights and privacy. To make certain privacy and rights is being maintained, additional staff will be scheduled to assist during the shifts. To ensure compliance, the QDDP and Group Home Director will review the schedule weekly, to confirm adequate staff support. Compliance will also be monitored through monthly quality assurance visits by the QDDP and quarterly quality assurance visits by the Group Home Director.	06/28/2014			

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	<p>room with the room door open where client #3 lay on his bed with only an undergarment on. DSP #1 then entered client #5's bedroom, wheeled him to the first bathroom located next to the living room where client #2 walked back and forth, and left him in the bathroom toileting with the door propped open. DSP #1 walked back to client #3's bedroom and began toileting and dressing him with his bedroom door open.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/2/14 at 3:25 P.M.. The QIDP indicated clients #3 and #5 should be provided privacy during toileting and dressing.</p> <p>9-3-2(a)</p>						
W000140	<p>483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview, the facility failed to maintain an accurate accounting system for 3 of 3 clients who</p>	W000140	W140 – The Group Home Manager will be retrained on the banking procedures, by a senior Group Home Manager, on June	07/06/2014			

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	<p>reside at the group home (clients #1, #2 and #3), for whom the facility managed their personal funds accounts.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the group home office on 6/6/14 at 1:50 P.M.. A review of clients #1, #2 and #3's personal financial records was conducted. Review of clients #1, #2 and #3's financial records failed to indicate the facility maintained an accurate accounting system of the clients' personal finances for the months of 6/13, 7/13, 8/13, 9/13, 10/13, 11/13 and 12/13. There were no records of withdrawals and/or deposits of clients #1, #2 and #3's banking accounts and no receipts of expenditures available for review.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/2/14 at 3:25 P.M.. The QIDP indicated the facility managed clients #1, #2 and #3's finances and further indicated the facility was to keep an accurate account of their finances at all times. The QIDP further indicated she did not know why the documentation was not available to indicate the facility maintained an accurate accounting system of clients #1, #2 and #3's personal finances at all times.</p>		<p>30, 2014. The training will include, proper banking procedures and accurate financial record keeping. Training will also include the provision of all requested documentation, as requested by the state surveyor, in a timely manner. To ensure continued compliance, Group home manager will review and sign off daily and in their absence a designee will review daily and sign off for accuracy. The Director of Group Homes will review financial statement monthly with each manager.</p>	

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W000186	<p>9-3-2(a)</p> <p>483.430(d)(1-2) DIRECT CARE STAFF 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 record review, observation and interview, the facility failed for 5 of 5 clients (clients #1, #2, #3, #4 and #5) residing at the group home, to provide sufficient numbers of direct care staff to supervise and to implement Individual Support Plans (ISPs) during formal/informal training opportunities.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 5/27/14 from 5:10 A.M. until 7:35 AM. From 5:10 A.M. until 6:00 A.M., Direct Support Professional (DSP) #1 was the only staff present and working with all clients at the</p>	W000186	<p>W186 – Effective immediately, the Group Home Manager will schedule additional direct care staff beginning at 5:30a.m., followed by an authorized medication passer beginning at 6:00a.m., which will ensure three (3) direct care staff personnel, during the morning shift. In addition, on June 28th, 2014 the QDDP will retrain staff on the importance of providing active treatment, completion of IPP goals, and the ISP. The QDDP and Group Home Director will ensure compliance through reviewing the schedules weekly. In addition, active treatment will be monitored through weekly quality assurance visits by the QDDP and quarterly monthly assurance visits by the Group</p>	07/06/2014

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	<p>group home. During the observation period clients #1 and #2 sat in the living room unsupervised and with no activity. DSP #1 assisted clients with showering and morning hygiene and completed meal preparation. DSP #2 arrived to the group home at 6:00 A.M. and began administering medications while clients #1, #2, #3, #4 and #5 sat unsupervised and with no activity. DSP #3 arrived to the group home at 6:30 A.M. and began assisting with meal preparation. There was no choice of activities offered nor implementation of clients' goals during this observation period.</p> <p>An interview with DSP #1 was conducted on 5/27/14 at 5:55 A.M.. DSP#1 indicated the overnight staff worked by themselves until the 6:00 A.M. staff came in to start administering medications. DSP #1 indicated she began getting clients up at 4:30 A.M. to assist them in showering and morning hygiene.</p> <p>A review of client #1's record was conducted on 5/30/14 at 11:50 A.M.. The Individual Support Plan (ISP) dated 7/12/13 indicated: "Will identify coins with physical prompting...Will do breathing and relaxation techniques independently...State when to call 911...Complete PT (Physical Therapy)</p>		Home Director.				

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	<p>exercises with verbal prompts... Will plan outing with physical prompts." Review of the record indicated client #1 had a diagnosis that included but was not limited to seizure disorder. The record further indicated a Behavioral Support Plan (BSP) dated 2/6/14 with targeted behaviors of verbal aggression, physical aggression, property destruction, non-compliance and pseudo seizures.</p> <p>A review of client #2's record was conducted on 5/30/14 at 12:15 P.M.. The ISP dated 4/17/14 indicated: "Will pick out vegetable, pour in bowl and place in microwave...Place silverware on the table...Sign word 'eat' at each meal with physical prompts...Will wear eyeglasses for 1 minute with physical prompts...Use stove appropriately with physical prompts...Will sign bathroom."</p> <p>A review of client #3's record was conducted on 5/30/14 at 12:40 P.M.. The ISP dated 7/12/13 indicated: "Will choose 1-2 CDs to relax to...Sign bathroom...Sign drink...Sign chair...Sign snack...Feed himself...Will participate in listening activity...Will participate in communication activity." Review of the record indicated client #3 had a diagnosis that included but was not limited to seizure disorder. The record further indicated client #3 had a Behavior</p>			

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	<p>Support Plan (BSP) dated 8/16/13 with targeted behaviors of physical aggression, inappropriate sexual behavior, self injurious behavior and verbal aggression.</p> <p>A review of client #4's record was conducted on 5/30/14 at 1:00 P.M.. The ISP dated 9/9/13 indicated: "Will pour milk in glass at mealtime daily...Will practice a behavioral relaxation technique...Will correctly sign 2 out of the 5 pictures...Wipe down kitchen table." Further review of the record indicated a BSP dated 6/21/13 with targeted behaviors of PICA (eating disorder), Screaming, physical aggression and property mishandling/destruction.</p> <p>A review of client #5's record was conducted on 5/30/14 at 1:20 P.M.. The ISP dated 9/16/13 indicated: "Will put vegetable into pot with verbal prompting...Pour water into glasses...Verbally identify each coin independently...Complete 15 minutes in stander...Utilize a stress ball...Exercise."</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 6/2/14 at 3:25 P.M.. The QIDP indicated active treatment should be ongoing and training should be both formal and informal. She further indicated there should be enough staff</p>			

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W000249	<p>present to carry out the training objectives and to supervise the clients at all times.</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, record review and interview, the facility failed to implement written objectives during times of opportunity for 3 of 3 sampled clients and 2 additional clients (clients #1, #2, #3, #4 and #5).</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 5/27/14 from 5:10 A.M. until 7:35 AM. From 5:10 A.M. until 6:00 A.M., Direct Support Professional (DSP) #1 was the only staff</p>	W000249	<p>Citation: 249 -On June 28th, 2014, the QDDP retrained staff on the participant's ISP, including provision of formal and informal treatment and completion of IPP goals. Active treatment will be provided in sufficient number and frequency to support the achievement of the objectives identified in the IPP and staff will document all active treatment, at the conclusion of each shift.Active treatment and documentation will be monitored,daily, by the Group Home Manager, or Assistant Group Home Manager. The QDDP will monitor active treatment and active engagement,3x a week, for the first</p>	06/30/2014

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	<p>present and working with all clients at the group home. During the observation period clients #1 and #2 sat in the living room unsupervised and with no activity. DSP #1 assisted clients with showering and morning hygiene and completed meal preparation. DSP #2 arrived to the group home at 6:00 A.M. and began administering medications while clients #1, #2, #3, #4 and #5 sat unsupervised and with no activity. DSP #3 arrived to the group home at 6:30 A.M. and began assisting with meal preparation. There was no choice of activities offered nor implementation of clients' goals during this observation period.</p> <p>An interview with DSP #1 was conducted on 5/27/14 at 5:55 A.M.. DSP indicated the overnight staff worked by themselves until the 6:00 A.M. staff came in to start administering medications. DSP #1 indicated she began getting clients up at 4:30 A.M. to assist them in showering and morning hygiene.</p> <p>A review of client #1's record was conducted on 5/30/14 at 11:50 A.M.. The Individual Support Plan (ISP) dated 7/12/13 indicated: "Will identify coins with physical prompting...Will do breathing and relaxation techniques independently...State when to call</p>		30 days, and weekly thereafter. The Director will review active treatment and documentation on a monthly basis.				

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	<p>911...Complete PT (Physical Therapy) exercises with verbal prompts...Will plan outing with physical prompts." Review of the record indicated client #1 had a diagnosis that included but was not limited to seizure disorder. The record further indicated a Behavior Support Plan (BSP) dated 2/6/14 with targeted behaviors of verbal aggression, physical aggression, property destruction, non-compliance and pseudo seizures.</p> <p>A review of client #2's record was conducted on 5/30/14 at 12:15 P.M.. The ISP dated 4/17/14 indicated: "Will pick out vegetable, pour in bowl and place in microwave...Place silverware on the table...Sign word 'eat' at each meal with physical prompts...Will wear eyeglasses for 1 minute with physical prompts...Use stove appropriately with physical prompts...Will sign bathroom."</p> <p>A review of client #3's record was conducted on 5/30/14 at 12:40 P.M.. The ISP dated 7/12/13 indicated: "Will choose 1-2 CDs to relax to...Sign bathroom...Sign drink...Sign chair...Sign snack...Feed himself...Will participate in listening activity...Will participate in communication activity." Review of the record indicated client #3 had a diagnosis that included but was not limited to seizure disorder. The record further</p>			

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	<p>indicated client #3 had a Behavior Support Plan (BSP) dated 8/16/13 with targeted behaviors of physical aggression, inappropriate sexual behavior, self injurious behavior and verbal aggression.</p> <p>A review of client #4's record was conducted on 5/30/14 at 1:00 P.M.. The ISP dated 9/9/13 indicated: "Will pour milk in glass at mealtime daily...Will practice a behavioral relaxation technique...Will correctly sign 2 out of the 5 pictures...Wipe down kitchen table." Further review of the record indicated a BSP dated 6/21/13 with targeted behaviors of PICA (eating disorder), Screaming, physical aggression and property mishandling/destruction.</p> <p>A review of client #5's record was conducted on 5/30/14 at 1:20 P.M.. The ISP dated 9/16/13 indicated: "Will put vegetable into pot with verbal prompting...Pour water into glasses...Verbally identify each coin independently...Complete 15 minutes in stander...Utilize a stress ball...Exercise."</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 6/2/14 at 3:25 P.M.. The QIDP indicated active treatment should be ongoing and training should be both formal and informal.</p>			

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W000331	<p>9-3-4(a)</p> <p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #1), by not ensuring the facility's nursing services reported the pharmacist's recommendations to the physician and Interdisciplinary Team (IDT).</p> <p>Findings include:</p> <p>A review of the facility's pharmacy reviews was conducted on 6/2/14 at 2:30 P.M.. The consulting pharmacist indicated:</p> <p>Consultation Report for Recommendation Created between 4/1/13 and 5/2/13:</p> <p>"This patient (client #1) is on both Oxcarbazepine (bipolar) and Carbamazepine (epilepsy). Recommendation: Re-evaluate the need/necessity of these medications and adjust if appropriate." Further review failed to indicate the</p>	W000331	<p>W331- The lead nurse and/or designee have provided all pharmacist's recommendations to the physicians for review and signatures. The lead nurse will review the physician's orders and update the Medication Administration Records accordingly. All changes will be shared with the IDT. The pharmacist will confirm changes with the lead nurse and/or physician prior to finalizing the Medication Administration Records. To further ensure compliance, the lead nurse and/or designee will conduct quarterly file audits to confirm the pharmacist's recommendations have been shared with the physician and IDT and all appropriate updates/changes have been implemented accordingly.</p>	06/30/2014

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	<p>facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>Consultation Report for Recommendation Created between 10/22/13 and 11/25/13:</p> <p>"[Client #1] has been taking Clonazepam (epilepsy/bipolar) for the past 6 months without a dosage reduction. Please evaluate and consider reducing dose if appropriate." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/2/14 at 3:25 P.M.. The QIDP indicated the facility's nursing staff were responsible for reviewing the pharmacist's recommendations and reporting the recommendations to the IDT. The QIDP indicated the pharmacist's recommendations were not reported to the prescribing physician or the IDT by the former nurse.</p> <p>9-3-6(a)</p>				

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W000336	<p>483.460(c)(3)(iii) NURSING SERVICES</p> <p>Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>Based on record review and interview for 3 of 3 sampled clients (clients #1, #2 and #3), the facility's nursing services failed to conduct quarterly nursing assessments of the clients' health status and medical needs.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 5/30/14 at 11:50 A.M.. Client #1's record indicated a nursing quarterly was completed on 2/18/14. Client #1's most current annual physical was dated 3/3/13. Client #1's 6/14 physician orders indicated client #1 received routine medications. There was no documentation to indicate nursing quarterlies were completed for the quarters of 4/13, 7/13 and 10/13.</p> <p>A review of client #2's record was conducted on 5/30/14 at 12:30 P.M.. Client #2's record indicated a nursing quarterly was completed on 2/18/14.</p>	W000336	W 336- The nursing department will continue to provide quarterly nursing reports for all Group Home participants. To ensure compliance, the Social Services Senior Director will review the quarterly reports upon completion. The lead nurse will conduct bi-annual file audits to ensure quarterly nursing reports are completed and present in all participant files.	06/30/2014

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	<p>Client #2's most current annual physical was dated 8/26/13. Client #2's 5/14 physician orders indicated client #2 received routine medications. There was no documentation to indicate nursing quarterlies were completed for the quarters of 4/13 and 10/13.</p> <p>A review of client #3's record was conducted on 5/30/14 at 1:00 P.M.. Client #3's record indicated a nursing quarterly was completed on 2/18/14. Client #3's most current annual physical was dated 5/19/14. Client #3's 5/14 physician orders indicated client #3 received routine medications. There was no documentation to indicate nursing quarterlies were completed for the quarters of 4/13, 7/13 and 10/13.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/2/14 at 3:25 P.M.. The QIDP indicated nursing quarterlies are to be completed quarterly. The QIDP further indicated there was no documentation available for review to indicate the former nurse conducted nursing quarterlies.</p> <p>9-3-6(a)</p>			

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W000383	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING Only authorized persons may have access to the keys to the drug storage area. Based on observation and interview, the facility failed for 5 of 5 clients residing at the group home (clients #1, #2, #3, #4 and #5), to ensure only authorized persons had access to the keys to the medication office, medication lock box and medication cabinet.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 5/27/14 from 5:10 A.M. until 7:35 A.M.. During the entire observation Direct Support Professionals (DSPs) #1 and #2 and clients #1, #2, #3, #4 and #5 went back and forth past the medication room and in and out of the medication room where the medication room keys were hanging from the door knob. Each time DSP #2 entered the medication room she retrieved the keys from the door knob, and entered and administered each client's morning prescribed medications and placed the keys back on the door knob.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/2/14 at 3:25</p>	W000383	<p>W 383- On June 28th, 2014, staff will be re-trained by the QDDP on the importance of maintaining sufficient security of medication and the proper procedure for safeguarding the medication cabinet keys. Beginning June 28th, 2014, procedure will designate a combination lock box will be mounted to a wall, in close proximity to the medication storage cabinet. This lock box will store the keys that allows access to all medications in the house. Only staff, who are authorized medication passers, will have access to the keys. To ensure compliance, confirmation of this procedure will occur on an on-going basis by the Group Home Manager, monthly, during quality assurance checks, by the QDDP and quarterly, during quality assurance checks, by the Group Home Director.</p>	06/30/2014

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W000484	<p>P.M.. The QIDP indicated the keys should only be available to authorized persons and further indicated the person responsible for administering medications should have the keys on them at all times.</p> <p>9-3-6(a)</p> <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. Based on observation and interview, the facility failed for 2 of 2 clients who were observed to require the use of knives to cut their food (clients #4 and #5), to provide table knives at the dining table.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 5/27/14 from 5:10 P.M. until 6:55 P.M.. At 6:30 P.M., clients #1, #2, #3, #4 and #5 began eating their dinner which consisted of lasagna, carrots, green beans, milk and water. Direct Support Professional #3 asked client #5, "[Client #5] do you need me to cut up your lasagna?" DSP #3 then walked to the kitchen and retrieved a</p>	W000484	W 484- On June 28th, 2014, staff will be re-trained by the QDDP on the importance of ensuring all participants have a full place setting of eating utensils, designed to meet the needs of each client. To further ensure compliance, confirmation of this procedure will occur on an on-going basis by the Group Home manager, monthly, during quality assurance checks, by the QDDP and quarterly, during quality assurance checks, by the Group Home Director.	06/30/2014			

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	<p>table knife from the kitchen drawer, walked to client #5's place at the table and began cutting his lasagna. DSP #3 then walked to client #4 and began cutting his lasagna. No table knives were on the table for clients #4 and #5's use.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 6/2/14 at 3:25 P.M.. The QIDP indicated table knives should be put on the table for the clients to use.</p> <p>9-3-8(a)</p>				