

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G175	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 11/06/2015
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NAME OF PROVIDER OR SUPPLIER RES CARE COMMUNITY ALTERNATIVES SE IN	STREET ADDRESS, CITY, STATE, ZIP CODE 3607 MIDDLE RD JEFFERSONVILLE, IN 47130
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W 0000 Bldg. 00	<p>This visit was for a full recertification and state licensure survey. This visit included the investigation of Complaint #IN00180413.</p> <p>Complaint #IN00180413: Unsubstantiated, due to lack of sufficient evidence.</p> <p>Dates of Survey: October 26, 27, 28, 29, November 2, and 6.</p> <p>Facility Number: 000709 Provider Number: 15G175 AIM Number: 100243190</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review of this report completed by #15068 on 11/24/15.</p>	W 0000		

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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W 0136 Bldg. 00	<p>483.420(a)(11) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the opportunity to participate in social, religious, and community group activities.</p> <p>Based on record review and interview for 4 of 4 sampled clients (A, B, C and D) and 3 additional clients (E, F and G), the facility failed to ensure clients participated in social and community group outings.</p> <p>Findings include:</p> <p>During record review of the group home's daily progress notes from June through October 2015 on 10/29/15 at 12:40 PM, there was no indication clients A, B, C, D, E, F and G went on community outings or one on one outings with staff for at least 5 months.</p> <p>Interview with staff #1 on 10/26/2015 at 6:30 PM indicated staff didn't take clients on community outings due to insufficient staffing at the group home.</p> <p>A review of all clients' RFMS (Residential Financial Management System) records on 11/2/15 at 11:23 AM indicated money has not been requisitioned from the facility accounting department since April of 2015 for community outings, activities, and/or events.</p> <p>Interview with Day Program staff #4 on 11/2/15 at 11:05 AM stated "the group home seldom lets</p>	W 0136	<p>W136: The facility must ensure the right of all clients therefore, the facility must ensure that the client have the opportunity to participate in social, religious, and community group activities.</p> <p>Corrective Action: (Specific): The Residential Manager and the staff will be in-serviced on client participation in community outings and one on one outing, documentation of those outings in the progress notes and returning signed permission slips to day program so the clients can participate in community outings during day service hours.</p> <p>How others will be identified: (Systemic): A schedule for community outings and one to one outings will be developed for all clients in the home. The QIDP will visit the home at least three times weekly to review progress notes, speak with the individuals and verify</p>	12/06/2015

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	<p>the clients come on days when we are going on outings. They are supposed to return permission slips filled out and we never get them back."</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 11/2/15 at 11:30 AM, he stated " I ' m not surprised the clients don ' t go out much. We have such a staff shortage in most all the group homes " .</p> <p>9-3-2(a)</p>		<p>that community and one on one outings are occurring as scheduled. The Residential Manager will be at the home at least five times weekly to verify that the community and one on one outings are occurring as scheduled and the staff is documenting those outing in the progress notes. The QIDP will follow up with the day service at least weekly to find out if there is any community outings planned for the following week to ensure that all clients who want to participate have a signed permission slip that is turned back in.</p> <p>Measures to be put in place: The Residential Manager and the staff will be in-serviced on client participation in community outings and one on one outing, documentation of those outings in the progress notes and returning signed permission slips to day program so the clients can participate in community outings during day service hours.</p> <p>Monitoring of Corrective Action: A schedule for community outings and one to one outings will be developed for all clients in the home. The QIDP will visit the home at least three times weekly to review progress notes, speak with the individuals and verify that</p>	

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W 0137 Bldg. 00	<p>483.420(a)(12) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure that clients have the right to retain and use appropriate personal possessions and clothing.</p> <p>Based on observation and interview for 2 of 3 additional clients (E and F), the facility failed to clothe the clients in appropriate attire suited to meet their needs at day program.</p> <p>Findings include:</p>	W 0137	<p>community and one on one outings are occurring as scheduled. The Residential Manager will be at the home at least five times weekly to verify that the community and one on one outings are occurring as scheduled and the staff is documenting those outing in the progress notes. The QIDP will follow up with the day service at least weekly to find out if there is any community outings planned for the following week to ensure that all clients who want to participate have a signed permission slip that is turned back in.</p> <p>Completion date: 12/6/2015</p> <p>W137: The facility must ensure the right of all clients therefore, the facility must ensure that clients have the right to retain and use appropriate personal possession and clothing.</p> <p>Corrective Action: (Specific): Staff will be in-serviced on assisting client's E and F as well as all other</p>	12/06/2015

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	<p>During observation at the day program on 11/2/15 between 10:50 AM and 12:00 noon, client E was observed to be wearing pink paisley print pajama type pants. Client F was clothed in a blue paisley print pajama bottom.</p> <p>Day Program staff #4 was interviewed on 11/2/15 at 11:05 AM. She stated "these two clients, [clients E and F] should not be wearing pajama pants to the day program. Does the group home staff know better? If I take these clients out in public, everybody looks at me as if I was the one who is responsible for clothing these two clients."</p> <p>At 11:30 AM on 11/2/15, the QIDP (Qualified Intellectual Disabilities Professional) stated, while pointing to clients E and F, "those pajama pants are totally inappropriate. Staff should have had them change into more appropriate clothing before bringing them to the day program."</p> <p>9-3-2(a)</p>		<p>clients in the home to dress in appropriate clothing for the day and not wearing pajamas to day service.</p> <p>How others will be identified: (Systemic) The Residential Manager will be at the home at least five times weekly to ensure that all clients are dressed in appropriate clothing for the day and according to event, day service or activity that the clients are attending. The QIDP will follow up with the day program supervisor at least three times weekly to ensure that all clients are dressed in appropriate clothing.</p> <p>Measures to be put in place: Staff will be in-serviced on assisting client's E and F as well as all other clients in the home to dress in appropriate clothing for the day and not wearing pajamas to day service.</p> <p>Monitoring of Corrective Action: The Residential Manager will be at the home at least five times weekly to ensure that all clients are dressed in appropriate clothing for the day and according to event, day service or activity that the clients are attending. The QIDP will follow up with the day program supervisor at least three times weekly to ensure that all clients are dressed in appropriate clothing. Completion date: 12/06/2015</p>				

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W 0140 Bldg. 00	<p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>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.</p> <p>Based on record review and interview for 4 of 4 sampled clients (A, B, C and D) and 3 additional clients (E, F and G), the facility failed to assure a full and complete accounting of clients' personal funds.</p> <p>Findings include:</p> <p>During record review of the clients' finances (A, B, C, D, E, F and G) at the group home on 10/28/15 at 7:45 AM, there was no system of monitoring and tracking the clients' personal funds identified.</p> <p>Interview with the RM (Residential Manager) was conducted on 10/28/15 at 7:50 AM. The RM stated "I don't know anything about the clients' money. I've been RM since summer and don't even have the combination to the safe. I have no clue what is in it (the safe)."</p> <p>Interview with the Program Manager was completed on 10/29/15 at 9:46 AM. She stated " I wasn ' t aware [Name of Group Home Manager] didn ' t have the combination to the safe. As you know I have only been the program manager for</p>	W 0140	<p>W140: Client finances. The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted the facility on behalf of clients.</p> <p>Corrective Action: (Specific): All staff will be in-serviced on the client finance policy and procedure and a full and complete accounting of client personal funds. The combination to the safe will be available to then Residential Manager and staff at all times.</p> <p>How others will be identified: (Systemic) The Residential Manager will review all client finances at least five times weekly to ensure full and complete accounting of client personal funds and that all</p>	12/06/2015

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	just a few weeks. I did just call this morning and gave her the combination to the safe in the home. " 9-3-2(a)		<p>transactions are documented as they occur. The QIDP will visit the home at least twice weekly to review all client finance records to ensure a full and complete accounting of personal funds is being completed and that all transactions are documented accordingly. The Residential Manger and the QIDP will initial the client finance record when reviews are completed and any problems will be addressed with staff immediately.</p> <p>Measures to be put in place: All staff will be in-serviced on the client finance policy and procedure and a full and complete accounting of client personal funds. The combination to the safe will be available to then Residential Manager and staff at all times.</p> <p>Monitoring of Corrective Action: The Residential Manager will review all client finances at least five times weekly to ensure full and complete accounting of client personal funds and that all transactions are documented as they occur. The QIDP will visit the home at least twice weekly to review all client finance records to ensure a full and complete accounting of personal funds is being completed and that all transactions are documented accordingly. The Residential Manger and the QIDP will initial the</p>		

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W 0186 Bldg. 00	<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 4 of 4 sampled clients (A, B, C and D) and 3 additional clients (E, F and G), the facility failed to provide sufficient direct care staff to manage and supervise clients in accordance with their needs.</p> <p>Findings include:</p>	W 0186	<p>client finance record when reviews are completed and any problems will be addressed with staff immediately.</p> <p>Completion date: 12/06/2015</p> <p>W186: The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Corrective Action: (Specific): The Residential Manger will be in-serviced on ensuring staffing ratios at the home are consistent with the scheduled hours and client program plans.</p>	12/06/2015

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	<p>During evening observation at the group home on 10/26/15 from 4:05 PM until 6:45 PM, staff #1 was the only staff on duty. From 4:10 PM until 4:45 PM, she administered medications to clients D and E while clients B, F and G all watched television in the living room. Client C was in the local hospital with pneumonia. Client A was in his room entertaining himself with his collection of small replica cars. From 4:45 PM until 6:15 PM staff #1 remained in the kitchen preparing the dinner meal. At 5:15 PM, staff and client A took a trash bag out to the trash receptacle at the end of the driveway leaving the other clients unattended. During the observation period, the clients did not assist with the preparation of the dinner meal or set the table. The clients were not directed by staff to work on their plan objectives and/or goals.</p> <p>The clients' "Active Treatment Schedule" was reviewed on 11/2/15 at 2:10 PM. The schedule indicated from 5:00 PM to 6:00 PM, clients have choices of grooming, dinner prep, laundry and/or socialization. The Active Treatment Schedule indicated from 6:00 PM to 7:00 PM, clients have choices of dinner/dining skills, dinner clean-up, and/or recreation.</p>		<p>How others will be identified: (Systemic) The Office Coordinator and/or the QIDP will review staffing time cards daily to ensure that staffing ratios are consistent with the scheduled hours and client program plans for the home. Any inconsistencies will be addressed immediately.</p> <p>Measures to be put in place: Corrective Action: (Specific): The Residential Manger will be in-serviced on ensuring staffing ratios at the home are consistent with the scheduled hours and client program plans.</p> <p>Monitoring of Corrective Action: The Office Coordinator and/or the QIDP will review staffing time cards daily to ensure that staffing ratios are consistent with the scheduled hours and client program plans for the home. Any inconsistencies will be addressed immediately.</p> <p>Completion date: 12/06/2015</p>				

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	<p>During record review of the group home's daily progress notes from June through October 2015 on 10/29/15 at 12:40 PM, there was no indication clients A, B, C, D, E, F and G went on community outings or one on one outings with staff for at least 5 months.</p> <p>A review of the clients' RFMS (Residential Financial Management System) records on 11/2/15 at 11:23 AM indicated money has not been requisitioned from the facility accounting department since April of 2015 for community outings, activities, and/or events.</p> <p>Interview with staff #1 on 10/26/2015 at 6:30 PM indicated staff didn't take clients on community outings due to insufficient staffing at the group home.</p> <p>Interview with staff #1 was conducted at 5:20 PM on 10/26/15. She stated "all the clients just love watching television. They don't like to do anything else."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 10/27/15 at 10:15 AM. He stated "the clients should have been assisting in the preparation of the dinner meal as well as setting the table. They should have also assisted in clean up after</p>			

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	the meal. It would have been impossible for the clients to do so if the only staff present was in the medication room for much of the time." 9-3-3(a)			
W 0249 Bldg. 00	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			

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	<p>the individual program plan.</p> <p>Based on observation, record review and interview for 3 of 4 sampled clients (A, B, and D) and 3 of 3 additional clients (D, E and F), the facility failed to ensure each client was continuously engaged in an active treatment program as indicated by their program plans.</p> <p>Findings include:</p> <p>During evening observation at the group home on 10/26/15 from 4:05 PM until 7:15 PM, staff #1 was the only staff on duty. From 4:10 PM until 4:45 PM, she administered medications to clients D and E while clients B, F and G all watched television in the living room. Client A was in his room entertaining himself with his collection of small cars. Client C was in the hospital with pneumonia. From 4:45 PM until 6:15 PM staff #1 remained in the kitchen preparing the dinner meal. At 5:15 PM, staff and client A took a trash bag out to the trash receptacle at the end of the driveway leaving the other clients unattended. During the observation period, the clients did not assist with the preparation of the dinner meal or set the table. The clients were not directed by staff to work on their plan objectives and/or goals.</p> <p>The clients' "Active Treatment Schedule"</p>	W 0249	<p>W249: As soon as the interdisciplinary team has formulated a clients' 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>Corrective Action: (Specific): All staff will be in-serviced on the implementation of all program objectives and goals for all clients. A schedule will be developed that will include a specific time and day that each client to assist with meal prep, cooking, clean up, laundry and house hold chores. All staff will be in-serviced on running program goals associated with medication administration during all medication passes and running program goals associated with laundry, meal prep, clean up and house hold chores as indicated by each client's individual program plan.</p> <p>How others will be identified: (Systemic) The Residential Manager will be at the home at least five times weekly to ensure that all clients program goals are implemented as written in their program plans and that all clients are participating with meal prep, cooking, clean up, laundry and medication administration. The QIDP will visit</p>	12/06/2015			

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	<p>was reviewed on 11/2/15 at 2:10 PM. The schedule indicated from 5:00 PM to 6:00 PM, clients have choices of grooming, dinner prep, laundry and/or socialization. From 6:00 PM to 7:00 PM, clients have choices of dinner/dining skills, dinner clean-up, and/or recreation.</p> <p>During record review for client A on 10/28/15 at 10:03 AM, the Individual Support Plan (ISP) dated 4/13/15 indicated client A's goals included but were not limited to:</p> <p>"1. correctly identify denomination of money with 2 verbal prompts 2. will brush teeth in the correct manner with 3 verbal prompts 3. identify his medication information with 2 verbal prompts 4. display safe eating habits with 3 verbal prompts. "</p> <p>During record review for client B on 10/29/15 at 11:08 AM, the ISP dated 4/21/15 indicated client B's goals included but were not limited to:</p> <p>"1. with staff assistance will maintain his own finance record with 2 verbal prompts 2. with staff assistance will use the restroom and not his urinal with 2 verbal prompts 3. will fill his nebulizer and turn it on</p>		<p>the home at least twice weekly to ensure that all clients program goals are implemented as written in their program plans and that all clients are participating with meal prep, cooking, clean up, laundry and medication administration</p> <p>Measures to be put in place: Corrective Action: (Specific): All staff will be in-serviced on the implementation of all program objectives and goals for all clients. A schedule will be developed that will include a specific time and day that each client to assist with meal prep, cooking, clean up, laundry and house hold chores. All staff will be in-serviced on running program goals associated with medication administration during all medication passes and running program goals associated with laundry, meal prep, clean up and house hold chores as indicated by each client's individual program plan</p> <p>Monitoring of Corrective Action: The Residential Manager will be at the home at least five times weekly to ensure that all clients' program goals are implemented as written in their program plans and that all clients are participating with meal prep, cooking, clean up, laundry and medication administration. The QIDP will visit the home at least twice weekly to ensure that all clients program goals are implemented as written in their program plans and that all clients are participating with</p>	

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	<p>with 2 verbal prompts 4. will display safe pedestrian skills with 2 verbal prompts."</p> <p>During record review for client D on 10/28/15 at 12:45 PM, the ISP dated 8/20/15 indicated client D's goals included but were not limited to:</p> <p>"1. with staff assistance help to prepare the dinner meal with 2 verbal prompts 2. with staff assistance help to clean up after a meal with 2 verbal prompts 3. correctly identify denominations of money with 2 verbal prompts. 4. clean up his room with 2 verbal prompts."</p> <p>Interview with staff #1 was conducted on 10/26/15 at 5:20 PM. She stated "all the clients just love watching television. They don't like to do anything else when they get home from the day program."</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 10/27/15 at 10:15 AM. He stated "the clients should have been assisting in the preparation of the dinner meal as well as setting the table. They should have also assisted in clean up after the meal. It would have been impossible for the clients to do so if the only staff present was in the medication room for</p>		<p>meal prep, cooking, clean up, laundry and medication administration</p> <p>Completion date: 12/06/2015</p>		

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W 0268 Bldg. 00	<p>much of the time."</p> <p>9-3-4(a)</p> <p>483.450(a)(1)(i) CONDUCT TOWARD CLIENT These policies and procedures must promote the growth, development and independence of the client. Based on observation and interview for 2 of 3 additional clients (E and F), the facility failed to ensure the clients were dressed and groomed in an appropriate manner to ensure the dignity of the clients.</p> <p>Findings include:</p>	W 0268	<p>W268: These policies and procedures must promote the growth, development and independence of the client</p> <p>Corrective Action: (Specific): Staff will be in-serviced on assisting client's E and F as well as all other clients in the home to dress in appropriate clothing for the day and</p>	12/06/2015

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	<p>During observation at the day program on 11/2/15 between 10:50 AM and 12:00 noon, client E was observed to be wearing pink paisley print pajama type pants. Client F was clothed in a blue paisley print pajama bottom. Client F also had 2 - 3 days of facial hair growth and did not appear to have been shaven recently. Client E had an odor about him.</p> <p>Day program staff #4 was interviewed on 11/2/15 at 11:05 AM. She stated "these two clients, [clients E and F] should not be wearing pajama pants to the day program. Does the group home staff know better? If I take these clients out in public, everybody looks at me as if I was the one who is responsible for clothing these two clients. [Client E] should have been shaved several days ago and [Client F] smells of urine because he arrived here at the Day program with his pull-up brief already saturated with urine."</p> <p>At 11:30 AM on 11/2/15, when the QIDP (Qualified Intellectual Disabilities Professional) arrived at the day program, he stated, while pointing to clients E and F, "those pajama pants are totally inappropriate. Staff should have had them change into more appropriate clothing before bringing them to the day program. <u>The group home has recently hired new staff. If they were working by</u></p>		<p>not wearing pajamas to day service.</p> <p>How others will be identified: (Systemic) The Residential Manager will be at the home at least five times weekly to ensure that all clients are dressed in appropriate clothing for the day and according to event, day service or activity that the clients are attending. The QIDP will follow up with the day program supervisor at least three times weekly to ensure that all clients are dressed in appropriate clothing.</p> <p>Measures to be put in place: Staff will be in-serviced on assisting client's E and F as well as all other clients in the home to dress in appropriate clothing for the day and not wearing pajamas to day service.</p> <p>Monitoring of Corrective Action: The Residential Manager will be at the home at least five times weekly to ensure that all clients are dressed in appropriate clothing for the day and according to event, day service or activity that the clients are attending. The QIDP will follow up with the day program supervisor at least three</p>	

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W 0322 Bldg. 00	<p>themselves, they probably didn ' t have time to shave [Client F]. "</p> <p>9-3-5(a)</p> <p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care.</p>		<p>times weekly to ensure that all clients are dressed in appropriate clothing.</p> <p>Completion date: 12/06/2015</p>	

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	<p>Based on record review and interview for 2 of 4 sampled clients (A and D), the facility failed to obtain a physical examination for each client at least annually.</p> <p>Findings include:</p> <p>During record review for client A on 10/28/15 at 10:03 AM, the client's last annual physical was dated 10/21/14. It had been over a year since the last annual physical was completed.</p> <p>Record review for client D, conducted on 10/28/15 at 12:45 PM, indicated the client's last annual physical was completed on 10/20/14. It had been over a year since the last annual physical was completed.</p> <p>Interview with facility nurse was conducted on 10/29/15 at 11:23 AM. When asked why the annual physicals for clients A and D were late, she stated "there is insufficient staff at the group home to take them to their doctor appointments."</p> <p>9-3-6(a)</p>	W 0322	<p>W322: The facility must provide or obtain preventative and general medical care.</p> <p>Corrective Action: (Specific): The nurse and staff will be in-serviced on assisting all clients with attending all medical appointments as scheduled and within the time frames specified by federal, state and local guidelines. Client D will have an appointment scheduled to have an annual physical completed.</p> <p>How others will be identified: (Systemic): All clients' medical record will be reviewed to ensure that all medical appointments are up to date. The Residential Manager will be at the home at least five times weekly to ensure that all medical appointments are completed as scheduled and in a timely manner consistent with federal, state and local guidelines. The nurse will be at the home at least weekly and assist as needed to ensure that all medical appointments are completed as scheduled and in a timely manner consistent with federal, state and local guidelines.</p> <p>Measures to be put in place: The nurse and staff will be in-serviced on</p>	12/06/2015	

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			<p>assisting all clients with attending all medical appointments as scheduled and within the time frames specified by federal, state and local guidelines. Client D will have an appointment scheduled to have an annual physical completed</p> <p>Monitoring of Corrective Action: All clients' medical record will be reviewed to ensure that all medical appointments are up to date. The Residential Manager will be at the home at least five times weekly to ensure that all medical appointments are completed as scheduled and in a timely manner consistent with federal, state and local guidelines. The nurse will be at the home at least weekly and assist as needed to ensure that all medical appointments are completed as scheduled and in a timely manner consistent with federal, state and local guidelines.</p> <p>Completion date: 12/06/2015</p>	

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W 0327 Bldg. 00	<p>483.460(a)(3)(iv) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both. Based on record review and interview for 2 of 4 sampled clients (A and D), the facility failed to obtain annual physical examinations of each client that at a minimum include an annual tuberculosis test.</p> <p>Findings include:</p> <p>Client A's record review was conducted on 10/28/15 at 10:03 AM. The record indicated client A's annual physical and Mantoux (Tuberculosis) test were due prior to 10/21/15. Client D's record was reviewed on 10/28/15 at 12:45 PM. The record indicated client D's annual physical was due prior to 10/20/15 and his Mantoux test was due before 9/10/15.</p> <p>The facility's nurse was interviewed on</p>	W 0327	<p>W327: The facility must provide or obtain annual physical examinations of each client that at a minimum includes tuberculosis control, appropriate to the facility's population and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics or both.</p> <p>Corrective Action: (Specific): The nurse and staff will be in-serviced on assisting all clients with attending all medical appointments as scheduled and within the time frames specified by federal, state and local guidelines. Client D will have an</p>	12/06/2015

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	<p>10/29/15 at 11:23 AM. When asked why clients A and D did not have their annual physicals and Mantoux tests done before their annual due date, she stated "there is such a staff shortage. There was no one to take them to the doctor."</p> <p>9-3-6(a)</p>		<p>appointment scheduled to have an annual physical completed. Clients A and D will have an appointment scheduled to have their mantoux test completed.</p> <p>How others will be identified: (Systemic): All clients' medical record will be reviewed to ensure that all medical appointments are up to date and that all clients' Mantoux test or chest x-rays are up to date and noted in the medical record. The Residential Manager will be at the home at least five times weekly to ensure that all medical appointments are completed as scheduled and in a timely manner consistent with federal, state and local guidelines. The nurse will be at the home at least weekly and assist as needed to ensure that all medical appointments are completed as scheduled and in a timely manner consistent with federal, state and local guidelines.</p> <p>Measures to be put in place: The nurse and staff will be in-serviced on assisting all clients with attending all medical appointments as scheduled and within the time frames specified by federal, state and local guidelines. Client D will have an appointment scheduled to have an annual physical completed. Clients A and D will have an appointment scheduled to have their mantoux test</p>	

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W 0331 Bldg. 00	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. Based on record review and interview for 1 of 4 sampled clients (A), the facility's	W 0331	completed Monitoring of Corrective Action: All clients' medical record will be reviewed to ensure that all medical appointments are up to date and that all clients' Mantoux test or chest x-rays are up to date and noted in the medical record. The Residential Manager will be at the home at least five times weekly to ensure that all medical appointments are completed as scheduled and in a timely manner consistent with federal, state and local guidelines. The nurse will be at the home at least weekly and assist as needed to ensure that all medical appointments are completed as scheduled and in a timely manner consistent with federal, state and local guidelines. Completion date: 12/06/2015 W331: The facility must provide	12/06/2015

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	<p>nursing services failed to provide clients with nursing services in accordance with their needs. The facility's nursing services failed to ensure the client had quarterly and semi annual labs completed as indicated by the physician's orders.</p> <p>Findings include:</p> <p>Client A's record was reviewed on 10/28/15 at 10:03 AM. The physician's orders dated 10/1 - 10/31/15 indicated client A was to have the following lab orders: "Anti epileptic (anti-seizure) medications need levels drawn every three months and a liver profile every 6 months." The physician's orders indicated client A receives 3 tablets of Divalproex 250 mg (milligrams) at bedtime for seizures. No records were available indicating client A had the quarterly anti-epileptic (Valproic Acid) levels and the liver panels completed as ordered.</p> <p>The facility nurse was interviewed on 10/29/15 at 11:23 AM. She stated "I'm not sure if those labs were completed. Sometimes we don't always get a copy of all the labs. If they (the labs) are done, a copy usually goes to the ordering physician." Evidence of the labs being completed was not provided prior to the conclusion of the annual survey.</p>		<p>clients with nursing services in accordance with their needs.</p> <p>Corrective Action: (Specific): The nurse will be in-serviced on ensuring all clients have quarterly and semiannual labs completed as indicated by the physician's orders. The nurse will contact the physician and the hospital lab to see if labs were drawn for client A and if so those lab results will be obtained and placed in the medical record. If the labs were not completed Client A will be transported to the lab to have labs drawn as ordered by the physician. The nurse will be in-serviced on following up on all client lab orders to ensure that they are scheduled and completed and obtaining a copy of those lab results to place in the medical record.</p> <p>How others will be identified: (Systemic): The nurse will develop a tracking spreadsheet for all clients in the home that will include a list of all labs ordered, time frame for completion, date when labs were completed and date lab results were obtained and placed in the medical record. The nurse will develop a schedule for all clients in the home that includes all lab orders for all clients and time frames for completion that will be given to the Residential Manager and the QIDP</p>				

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	9-3-6(a)		<p>to ensure labs are completed as ordered by the physician. The Residential Manager will be in the home at least five times weekly to ensure that all lab orders are completed as ordered. The QIDP will be in the home at least weekly and will follow up with the nurse and the Residential Manager on any labs that were completed and verify that lab results are in the medical record.</p> <p>Measures to be put in place: The nurse will be in-serviced on ensuring all clients have quarterly and semiannual labs completed as indicated by the physician's orders. The nurse will contact the physician and the hospital lab to see if labs were drawn for client A and if so those lab results will be obtained and placed in the medical record. If the labs were not completed Client A will be transported to the lab to have labs drawn as ordered by the physician. The nurse will be in-serviced on following up on all client lab orders to ensure that they are scheduled and completed and obtaining a copy of those lab results to place in the medical record.</p> <p>Monitoring of Corrective Action: The nurse will develop a tracking spreadsheet for all clients in the home that will include a list of all labs ordered, time frame for</p>	

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W 0368 Bldg. 00	483.460(k)(1) DRUG ADMINISTRATION The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on record review and interview for 1 of 4 sampled clients (A), the facility failed to assure that all drugs are administered in accordance with the physician's orders. Findings include:	W 0368	completion, date when labs were completed and date lab results were obtained and placed in the medical record. The nurse will develop a schedule for all clients in the home that includes all lab orders for all clients and time frames for completion that will be given to the Residential Manager and the QIDP to ensure labs are completed as ordered by the physician. The Residential Manager will be in the home at least five times weekly to ensure that all lab orders are completed as ordered. The QIDP will be in the home at least weekly and will follow up with the nurse and the Residential Manager on any labs that were completed and verify that lab results are in the medical record. Completion date: 12/06/2015 W368: The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.	12/06/2015	

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	<p>During client A's record review on 10/28/15 at 10:03 AM, the 10/1 - 10/31, 2015 physician's orders indicated client A received Oxybutynin Tab 5 mg (milligrams) for bladder spasms PO (by mouth) twice daily at 7 AM and 8 PM. The physician's orders also indicated client A receives Boost supplement - give one can by mouth three times daily with meals.</p> <p>During the record review, client A's MAR (Medication Administration Record) dated 10/1/15 - 10/31/15 indicated client A did not receive the 7 PM dose of Oxybutynin 5 mg on 10/7, 10/10 and 10/14, 2015. The entry log on the MAR for those respective dates was blank. The 9/1/15 - 9/30/15 MAR also indicated client A did not receive his Boost supplement at the noon meal on 9/3, 9/4, 9/10, 9/11, 9/14, 9/15, 9/16, 9/18, 9/21, 9/22, 9/23, 9/24, 9/25, 9/26, 9/28, 9/29 and 9/30, 2015.</p> <p>The facility nurse was interviewed on 11/2/15 at 10:40 AM. In regards to the missing doses of Oxybutynin 5 mg and the Boost supplement, she stated "I think it's safe to say the client did not receive those on the dates the MAR was not initialed."</p>		<p>Corrective Action: (Specific): An investigation will be completed to determine if client A received the 7pm dose of Oxybutynin on 10/7, 10/10 and 10/14, 2015 and the noon dose of the boost supplement. All staff will be in-serviced on the medication administration policy and procedure.</p> <p>How others will be identified: (Systemic): The Residential Manager will be at the home at least five times weekly to ensure that all medications are administered as ordered by the physician and that all documentation is completed accurately and timely. For those medications that are administered at the day program a copy of the day program documentation of the administration will be obtained at the end of each month and placed in the medical record. The nurse will visit the home at least weekly to ensure that all medications are administered as ordered by the physician and that all documentation is completed accurately and timely. For those medications that are administered at the day program a copy of the day program documentation of the administration will be obtained at the end of each month and placed in the medical record.</p> <p>Measures to be put in place: An</p>				

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	9-3-6(a)		<p>investigation will be completed to determine if client A received the 7pm dose of Oxybutynin on 10/7, 10/10 and 10/14, 2015 and the noon dose of the boost supplement. All staff will be in-serviced on the medication administration policy and procedure.</p> <p>Monitoring of Corrective Action: The Residential Manager will be at the home at least five times weekly to ensure that all medications are administered as ordered by the physician and that all documentation is completed accurately and timely. For those medications that are administered at the day program a copy of the day program documentation of the administration will be obtained at the end of each month and placed in the medical record. The nurse will visit the home at least weekly to ensure that all medications are administered as ordered by the physician and that all documentation is completed accurately and timely. For those medications that are administered at the day program a copy of the day program documentation of the administration will be obtained at the end of each month and placed in the medical record.</p>		

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W 0382 Bldg. 00	<p>483.460(l)(2) DRUG STORAGE AND RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration. Based on observation and interview for 3 of 4 sampled clients (A, B, and D) and 3 of 3 additional clients (E, F and G), the facility failed to ensure all drugs were locked except when being prepared for administration.</p> <p>Findings include:</p> <p>During the morning observation at the group home on 10/28/15 between 6:10 AM and 8:00 AM, the only staff on duty was the RM (Residential Manager). Clients A, B, D, E, F and G were sitting in the kitchen eating breakfast. Between 7:15AM and 7:45AM, the RM was administering medications from the med room. On 3 different occasions, the RM was observed leaving the med room with</p>	W 0382	<p>Completion date: 12/06/2015</p> <p>W382: The facility must keep all drugs and biological locked except when being prepared for administration.</p> <p>Corrective Action: (Specific): The Residential Manager and all staff will be in-serviced on keeping the medication room and all medications locked except when medications are being prepared for administration.</p> <p>How others will be identified: (Systemic): The QIDP and the Nurse will be at the home at least three times weekly to ensure that the medication room and all medications are locked unless they are being</p>	12/06/2015

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W 0440 Bldg. 00	<p>the door left unlocked and the door open with clients' medications unlocked. During the last incident of leaving the med room unlocked, she stated "I know it (medication room) should be locked."</p> <p>The facility nurse was interviewed on 10/29/15 at 11:23 AM. She stated "the med room at the group home should always be locked when unoccupied, especially when the medications are not locked."</p> <p>9-3-6(a)</p> <p>483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.</p> <p>Based on record review and interview for 4 of 4 sampled clients (A, B, C and D) and 3 of 3 additional clients (E, F and G),</p>	W 0440	<p>prepared for administration.</p> <p>Measures to be put in place: The Residential Manager and all staff will be in-serviced on keeping the medication room and all medications locked except when medications are being prepared for administration.</p> <p>Monitoring of Corrective Action: The QIDP and the Nurse will be at the home at least three times weekly to ensure that the medication room and all medications are locked unless they are being prepared for administration.</p> <p>Completion date: 12/06/2015</p> <p>W440: The facility must hold evacuation drills at least quarterly for each shift of personnel.</p>	12/06/2015	

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	<p>the facility failed to conduct evacuation drills at least quarterly for each shift.</p> <p>Findings include:</p> <p>During review of the group home's fire evacuation drills on 10/28/15 at 7:15 PM for all clients in the home (A, B, C, D, E, F and G), there were no drills conducted for 2nd shift for the first quarter of 2015 (January, February and March), 1st and 3rd shifts for the second quarter of 2015 (April, May and June) and no shifts for the third quarter for 2015 (July, August and September).</p> <p>Staff #1 was interviewed at 10/28/15 at 6:56 PM. She stated that "all the fire drills that were done are in the Fire Evacuation Drill Binder."</p> <p>9-3-7(a)</p>		<p>Corrective Action: (Specific): The Residential Manager and the staff will be in-serviced on the completion of evacuation drills at least quarterly for each shift of personnel.</p> <p>How others will be identified: (Systemic) The QIDP will review all evacuation drills at least weekly to ensure that evacuation drills are being completed for each shift of personnel at least quarterly. QA will begin monitoring evacuation drills at least monthly to ensure that evacuation drills are completed for each shift of personnel at least quarterly.</p> <p>Measures to be put in place: The Residential Manager and the staff will be in-serviced on the completion of evacuation drills at least quarterly for each shift of personnel.</p> <p>Monitoring of Corrective Action: The QIDP will review all evacuation drills at least weekly to ensure that evacuation drills are being completed for each shift of personnel at least quarterly. QA will begin monitoring evacuation drills at least monthly to ensure that evacuation drills are completed for each shift of personnel at least quarterly.</p>		

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W 0455 Bldg. 00	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview for 3 of 4 sampled clients (A, B, and D) and 3 of 3 additional clients (E, F and G), the facility failed to ensure the clients washed their hands prior to the dinner meal.</p> <p>Findings include:</p> <p>During evening observation at the group home on 10/26/15 from 4:05 PM until 7:15 PM, staff #1 was the only staff on duty. From 4:10 PM until 4:45 PM, she administered medications to clients D and E while clients B, F and G all watched television in the living room. Client A was in his room entertaining himself with his collection of small cars.</p>	W 0455	<p>Completion date: 12/06/2015</p> <p>W455: There must be an active program for the prevention, control and investigation of infection and communicable diseases.</p> <p>Corrective Action: (Specific): All staff will be in-serviced on prompting all clients to wash their hands prior to meals, after using the restroom and any other time that the risk for infection and/or contamination is present.</p> <p>How others will be identified: (Systemic) The Residential Manager will be in the home at least five times weekly to ensure that staff is promoting the individuals to wash</p>	12/06/2015

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	<p>Client D eventually went to his room to watch his own television. From 4:45 PM until 6:15 PM staff #1 remained in the kitchen preparing the dinner meal consisting of sloppy joes, green beans, macaroni and cheese, juice and water. No clients were prompted to wash their hands or to utilize any alcohol hand sanitizer prior to the meal.</p> <p>The facility nurse indicated during an interview on 10/29/15 at 11:23 AM that all the clients should be prompted to wash their hands with soap and water or utilize an alcohol based hand sanitizer prior to all meals.</p> <p>9-3-7(a)</p>		<p>their hands prior to meals; after using the restroom and any other time that the risk for infection and/or contamination is present. The QIDP and the nurse will be in the home at least weekly to ensure that staff is promoting the individuals to wash their hands prior to meals; after using the restroom and any other time that the risk for infection and/or contamination is present.</p> <p>Measures to be put in place: All staff will be in-serviced on prompting all clients to wash their hands prior to meals, after using the restroom and any other time that the risk for infection and/or contamination is present.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly to ensure that staff is promoting the individuals to wash their hands prior to meals, after using the restroom and any other time that the risk for infection and/or contamination is present. The QIDP and the nurse will be in the home at least weekly to ensure that staff is promoting the individuals to wash their hands prior to meals; after using the restroom and any other time that the risk for infection and/or contamination is present.</p>		

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W 0474 Bldg. 00	<p>483.480(b)(2)(iii) MEAL SERVICES</p> <p>Food must be served in a form consistent with the developmental level of the client. Based on record review, observation and interview for 1 of 4 sampled clients (D), the facility failed to prepare the client's food for the day program according to his dietary needs/plan.</p> <p>Findings include:</p> <p>During observation at the day program on 11/2/15 between 10:50 AM and 12:00 noon, while reviewing the lunches of the clients, client D was sent to the day program with pudding, applesauce and a can of macaroni with beef in tomato sauce for the lunch meal. Inside of client D's lunch box was an empty plastic 6" (inch) x 6"x 2" container. The macaroni was still in the can and had not been pureed.</p> <p>During client D's record review on 10/28/15 at 12:45 PM, <u>the physician 's orders dated 10/1 - 10/31, 2015 indicated</u></p>	W 0474	<p>Completion date: 12/06/2015</p> <p>W474: Food must be served in a form consistent with the developmental level of the client</p> <p>Corrective Action: (Specific): All staff will be in-serviced on serving meals to all clients that are consistent with their current physician ordered diet. All staff will be in-serviced on Client D's current physicians ordered diet and dining plan as well as all other clients' physician ordered diet and dining plan.</p> <p>How others will be identified: (Systemic) The Residential Manager will be in the home at least five times weekly to ensure that staff is serving meals according to al clients physician ordered diet and dining plan. The QIDP and the nurse will be in the home at least weekly to ensure that staff is serving meals according to al clients physician ordered diet and dining plan.</p> <p>Measures to be put in place: All</p>	12/06/2015

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W 0488 Bldg. 00	<p>the client is on a " pureed diet due to dysphagia, may have seconds and snacks, thin liquids, adaptive cup. "</p> <p>Day program staff #4 was interviewed on 11/2/15 at 11:05 AM. She indicated it is the day program's policy that the clients are supposed to be sent with an appropriate meal as indicated by their dietary needs. She stated "we are not supposed to change the consistency of the food to a pureed diet."</p> <p>9-3-8(a)</p> <p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation and interview for 3 of 4 sampled clients (A, B, and D) and 3 additional clients (E, F and G), the facility failed to ensure clients assisted with meal preparation and setting the</p>	W 0488	<p>staff will be in-serviced on serving meals to all clients that are consistent with their current physician ordered diet. All staff will be in-serviced on Client D's current physicians ordered diet and dining plan as well as all other clients physician ordered diet and dining plan.</p> <p>Monitoring of Corrective Action: The Residential Manager will be in the home at least five times weekly to ensure that staff is serving meals according to al clients physician ordered diet and dining plan. The QIDP and the nurse will be in the home at least weekly to ensure that staff is serving meals according to al clients physician ordered diet and dining plan.</p> <p>Completion date: 12/06/2015</p> <p>W488: The facility must assure that each client eats in a manner consistent with his or her developmental level. Corrective Action: (Specific): All staff will be in-serviced on involving all</p>	12/06/2015

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	<p>table.</p> <p>Findings include:</p> <p>During evening observation at the group home on 10/26/15 from 4:05 PM until 7:15 PM, staff #1 was the only staff on duty. From 4:10 PM until 4:45 PM, she administered medications to clients D and E while clients B, F and G all watched television in the living room. Client A was in his room entertaining himself with his collection of small cars. Client C was in the hospital with pneumonia. From 4:45 PM until 6:15 PM staff #1 remained in the kitchen preparing the dinner meal. At 5:15 PM, staff and client A took a trash bag out to the trash receptacle at the end of the driveway leaving the other clients unattended. During the observation period, the clients did not assist with the preparation of the dinner meal or set the table.</p> <p>The QIDP (Qualified Intellectual Disabilities Professional) was interviewed on 10/27/15 at 10:15 AM. He stated "the clients should have been assisting in the preparation of the dinner meal as well as setting the table. They should have also assisted in clean up after the meal. It would have been impossible for the clients to do so if the only staff present was in the medication room for</p>		<p>clients in meal preparation and setting the table. A schedule will be developed that will include a specific time and day each client will assist with meal preparation and setting the table. How others will be identified: (Systemic) The Residential Manager will be at the home at least five times weekly to ensure that all clients are involved in meal preparation and setting the table according to the schedule. The QIDP will visit the home at least twice weekly to ensure that all clients are involved in meal preparation and setting the table according to the schedule.</p> <p>Measures to be put in place: Corrective Action: (Specific): All staff will be in-serviced on involving all clients in meal preparation and setting the table. A schedule will be developed that will include a specific time and day each client will assist with meal preparation and setting the table. Monitoring of Corrective Action: The Residential Manager will be at the home at least five times weekly to ensure that all clients are involved in meal preparation and setting the table according to the schedule. The QIDP will visit the home at least twice weekly to ensure that all clients are involved in meal preparation and setting the table according to the schedule.</p> <p>Completion date: 12/06/2015</p>				

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