

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G399	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/02/2012
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NAME OF PROVIDER OR SUPPLIER REM-INDIANA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4313 E 46TH ST INDIANAPOLIS, IN 46226
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W0000	<p>This visit was for an extended recertification and state licensure survey.</p> <p>Survey Dates: October 30, 31, and November 1 and 2, 2012</p> <p>Facility Number: 000913 Provider Number: 15G399 AIM Number: 100249300</p> <p>Surveyor: Tracy Brumbaugh, Medical Surveyor III</p> <p>These deficiencies also reflect state findings under 460 IAC 9. Quality Review completed 11/15/12 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</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation, record review, and interview, the governing body failed to exercise operating direction in a manner that resulted in the facility being well maintained for 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7 and #8) who lived in the group home and to ensure 1 of 8 clients (client #1) didn't pay for her own hygiene items.</p> <p>Findings include:</p> <p>1. On 10-30-12 from 4:35 p.m. until 6:30 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was conducted. The yellow wall in the living room and the door frame going into the kitchen had black marks and chipped paint. Client #4's bedroom was dark with 1 of 2 ceiling lights working. The downstairs bathroom had a broken towel rack and the faucet was stained with a white substance. The down stairs couch and love seat had white stains which covered the seat cushions and the back rest. Client #3 and #6's door frame to their bedroom had a 7 foot piece of trim missing, the closet door had an unfinished drywall patch 1 foot by 1 foot, the walls had black, brown and white stains on</p>	W0104	<p>Area Director will submit reimbursement to client #1 for all personal hygiene items purchased from her personal monies. Maintenance Supervisor submitted repairs request to maintenance to make to all areas deemed as unsatisfactory for consumer living with the Group Home. Program Director will retrain Home Manager on using company per diem for items that are purchased on behalf of client's personal hygiene needs. Home Manager will submit finances monthly to the Program Director for review and reconciliation. Program Director will review all receipts and transaction for appropriate purchases with consumer funds. Responsible Party: Area Director, Program Director, Home Manager, Maintenance Supervisor</p>	12/02/2012	

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	<p>them, the night stands had scratches and dents with the perforated black cardboard covering stripped down to the cork and the vent in the floor was rusted and dusty. In client #3 and #6's bathroom 6 of 8 light bulbs didn't work, the towel rack had the middle bar missing, 2 tiles were missing from around the mirror, and the light switch plate was broken. The wall vent in client #7 and #8's bedroom was covered in dust, the wall had a stain with missing paint in a 6 inch by 6 inch area, and the closet door had a 1 foot by 2 inch area with scuffed and missing paint. The upstairs hallway bathroom had a broken toilet paper holder, a 3 inch by 3 inch ripped area of paint, the vent in the wall had a brown substance covering it, and the door frame was stained and had chipped paint. The kitchen cabinets were worn with a black and brown substance on them. The kitchen/dining room walls and window sills had a brown, black, orange, and yellow substance on them, the 2 vents in the floor were rusted, the 3 plug in covers were rusted, and the ceiling had 25 quarter and dime size stains on it.</p> <p>On 10-31-12 at 11:30 a.m. an interview with the House Manager indicated the above maintenance issues needed to be addressed and the only maintenance requisition available for review pertained to the home's van.</p>						

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	<p>2. On 10-30-12 from 4:35 p.m. until 6:30 p.m. an observation at the home of client #1 was conducted. Client #1 sat in a chair, drank a prepared drink, colored at the dining room table, walked/danced through the house with assistance from direct care staff #1, ate her supper, and was fed the last few bites of her supper in the living room by client #4.</p> <p>On 10-31-12 from 6:30 a.m. until 7:45 a.m. an observation at the home of client #1 was conducted. Client #1 ate her breakfast, took her medications, sat in a chair listening to music, and put her jacket on with assistance from client #4.</p> <p>On 10-31-12 at 8:30 a.m. a record review for client #1 was conducted. The Comprehensive Functional Assessment dated 2-12 indicated client #1 was unable to independently recognize money or what it was used for, to know what a picture was, to know her rights, to understand the house rules or to understand the purpose of the Interdisciplinary Team.</p> <p>On 11-1-12 at 12:30 p.m. a review of client #1's financial receipts was conducted. A receipt dated 5-23-12 with a total purchase amount of \$660.37 indicated client #1 paid for an 18 pack of</p>				

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	<p>"wash" for \$4.00, a sheet set for \$9.47, shampoo for \$6.66, conditioner for \$6.66, sunscreen for \$7.50, body wash for \$7.00, deodorant for \$13.36, hand towels for \$17.48, bath towels for \$19.88, wash cloths for \$14.28, a sprinkler for \$9.97, bed pillows for \$26.00, a 2 in 1 toss game for \$37.86 and bath gloves for \$3.92.</p> <p>On 11-1-12 at 1:40 p.m. an interview with the Qualified Mental Retardation Professional (QMRP) indicated the 2 in 1 toss game was kept in the basement and all clients in the house played the game. The QMRP indicated client #1 purchased the game.</p> <p>On 11-1-12 at 1:45 p.m. an interview with the Area Director indicated clients should not pay for their own hygiene items or active treatment items. The Area Director indicated if clients wanted a brand that they didn't provide then the clients could buy it themselves. The Area Director indicated client #1 would need assistance from staff to make choices for her personal hygiene and active treatment items.</p> <p>9-3-1(a)</p>						

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W0120	<p>483.410(d)(3) SERVICES PROVIDED WITH OUTSIDE SOURCES</p> <p>The facility must assure that outside services meet the needs of each client. Based on record review and interview, the facility failed for 1 of 8 clients (client #8) who lived in the home, to ensure the day program met client #8's needs in regard to self injurious behavior (SIB).</p> <p>Findings include:</p> <p>On 10-30-12 at 12:45 p.m. a review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted. The reports indicated the following:</p> <p>-A BDDS report dated 1-5-12 for client #8 indicated he became agitated at work and hit his head on the table. No injury noted.</p> <p>-A BDDS report dated 1-23-12 for client #8 indicated he became upset when not allowed more coffee and began banging his head against the wall. He had a small bleeding scratch and a bump where he had hit his head.</p> <p>-A BDDS report dated 2-13-12 for client #8 indicated he became agitated and hit his head on the wall and floor. No injury noted.</p>	W0120	<p>Area Director will retrain Program Director on ensuring outside services meet the needs of client through programmatic development and monitoring.</p> <p>IDT meeting will be convened with the Day Program to formally address ongoing incidents of SIB behavior for client #8 and determine alternative interventions in conjunction with the Behaviorist.</p> <p>Program Director and Home Manager will complete weekly observation to better determine the antecedents of the SIB behavior occurring solely at Day Program.</p> <p>In conjunction with IDT, revise BSP (if needed) to address ongoing SIB behavior at day placement and/or develop a new goal to be implemented with Day placement staff for redirection or client training to engage in behavior more safely.</p> <p>Train Day Program staff on the updates made to programming based on outcome of IDT; to include, goals and BSP updates.</p> <p>Responsible Party: Program Director, Home Manager, Area Director, Day</p>	12/02/2012			

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	<p>-A BDDS report dated 4-6-12 for client #8 indicated he became agitated at work after having an episode of incontinence. He hit his head into the back of one peer and spit in another's face. No injury noted.</p> <p>-A BDDS report dated 6-4-12 for client #8 indicated he became upset at work and began spitting and hitting his head on the table then bit a peer. No injury noted.</p> <p>-A BDDS report dated 9-24-12 for client #8 indicated he became agitated at work because he didn't receive his snack fast enough. He threw his helmet and hit his head on the table. He had 2 small red scratches on his head.</p> <p>-On 11-1-12 at 6:15 p.m. a BDDS report for client #8 was reviewed. The BDDS report dated 10-30-12 indicated client #8 became upset when he didn't have any money to put in the vending machine at work and began throwing things, spitting, and hitting his head on the wall. He had 2 small open cuts on the top of his head along with a bump. Client #8 was taken to the Emergency Room and was released with no other injuries.</p> <p>On 10-31-12 at 8:45 a.m. a record review for client #8 was conducted. The</p>		Placement, Behaviorist		

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	<p>Behavior Management Plan (BMP) dated 1-28-12 indicated client #8 exhibited self injurious behavior and there had been no updates to the plan since 1-28-12 to address the SIB at day program. The BMP indicated when client #8 had SIB, direct care staff were to tell him to stop, redirect him to another activity, ignore him if he was not causing harm to himself, if he did not stop and was in danger of hurting himself, use the minimum amount of physical guidance necessary to stop the behavior using approved Physical Interventions Alternatives (PIA), and then direct him to another activity.</p> <p>On 10-30-12 at 2:00 p.m. an interview with day program staff #14 indicated client #8 had self injurious behavior (SIB) while at day program. She indicated she was unsure of why he would only have SIB at work and not at home. Day Program staff #14 indicated the facility Qualified Mental Retardation Professional (QMRP) had not been to the day program to address client #8's SIB with them. Day program staff #14 indicated client #8 had a helmet but it had no strap on it so he could take it off then hit his head before staff could get to him.</p> <p>On 10-31-12 at 11:30 a.m. an interview with the Qualified Mental Retardation</p>				

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	<p>Professional indicated staff should try to stop client #8 from self injurious behavior and that he did have a helmet for day program but he takes it off. The QMRP indicated she had not been to the day program since client #8's Individualized Support Plan meeting on 8-15-12 to observe and assist the day program with client #8's self injurious behaviors. The QMRP indicated client #8 exhibited SIB at work because he did not get his way. The QMRP indicated client #8 did not exhibit SIB at the group home.</p> <p>9-3-1(a)</p>			

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W0125	<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 8 of 8 clients (clients #1, #2, #3, #4, #5, #6, #7, and #8) to ensure they had access to their washer, dryer, freezer, bath towels, toilet paper, paper towels, hand soap, and personal hygiene items.</p> <p>Findings include:</p> <p>On 10-30-12 from 4:35 p.m. until 6:30 p.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, and #7 was conducted. Client #8 was at the Emergency Room. The laundry room which contained the washer, dryer and freezer was locked. Client #3 and #6's bathroom did not have any soap, towels, or toilet paper available for use. The hallway closet which contained comforters, deodorant, toothbrushes, hairbrushes, and personal totes with hygiene products in them was locked.</p> <p>On 10-31-12 from 6:30 a.m. until 7:45 a.m. an observation at the home of clients #1, #2, #3, #4, #5, #6, #7, and #8 was</p>	W0125	<p>Home Manager will remove the locked restrictions for the consumers' personal items and hygiene products.</p> <p>In conjunction with IDT, determine the need to update BSP to identify strategies to be used by staff to address products wasting for client #3 with items not longer locked.</p> <p>Program Director will develop a goal to address client #3 behavior of product wasting and Amend ISP if needed.</p> <p>Home Manager and Program Director will train staff on all programmatic updates determined in conjunction with IDT; to include, goals and BSP updates.</p> <p>Home Manager will complete active treatment observations 3 times weekly for the next 30 days to ensure adequate implementation of developed training to address client #3 product wasting.</p> <p>Ongoing, Home Manager will</p>	12/03/2012

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	<p>conducted. The hallway closet which contained the personal hygiene items was locked. The laundry room was locked.</p> <p>On 10-30-12 at 5:00 p.m. an interview with direct care staff (DCS) #1 stated the laundry room was kept locked because clients #1, #2, #3, #4, #5, #6, #7, and #8 used too much detergent and tended to be "sneaky" and would pour laundry soap and bleach out and waste it. DCS #1 indicated clients #1, #2, #3, #4, #5, #6, #7, and #8 would get into the freezer if it was not kept locked.</p> <p>On 10-30-12 at 5:10 p.m. an interview with the House Manager indicated clients #3 and #6 needed to go to staff for soap, toilet paper and towels due to client #3 putting items in the toilet. At 5:20 p.m. the House Manager indicated the hallway closet containing personal hygiene items had been locked since he started his position over a year ago and items would be wasted if it was unlocked.</p> <p>On 10-31-12 at 8:30 a.m. a record review for client #1 was conducted. The Individualized Support Plan (ISP) dated 2-3-12 did not indicate client #1 had a need for her washer, dryer, freezer, or personal hygiene items to be locked up. The review indicated client #1 had no Behavior Management Plan (BMP).</p>		<p>complete active treatment observations once weekly.</p> <p>Responsible Party: Home Manager, Program Director, Behaviorist</p>				

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	<p>On 10-31-12 at 7:45 a.m. a record review for client #2 was conducted. The ISP dated 6-2012 did not indicate client #2 had a need for her washer, dryer, freezer, or personal hygiene items to be locked up. The BMP dated 1-31-12 indicated she had targeted behaviors of isolating, fecal smearing, disturbing others property, incontinence, and anxiety during medical appointments. The BMP did not indicate client #2 had a need for items in her home to be locked up.</p> <p>On 10-31-12 at 10:30 a.m. a record review for client #3 was conducted. The ISP dated 10-9-11 indicated client #3 had goals/objectives to identify his medication tote, sweep the floor, wash his body, identify coins, clean his dresser drawers, use his communication board, and apply toothpaste. The ISP did not have a goal to address wasting of stuffing of items. The BMP dated 12-21-11 indicated client #3 had targeted behaviors of having his hands in his pants, extreme irritability, invades personal space, and anxiety at medical appointments. The BMP did not indicate client #3 had a need for items to be locked up.</p> <p>On 10-31-12 at 9:50 a.m. a record review for client #4 was conducted. The ISP dated 2-2-12 did not indicate client #4</p>			

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	<p>had a need for his washer, dryer, freezer, and personal hygiene items to be locked up. Client #4 did not have a BMP.</p> <p>On 10-31-12 at 8:45 a.m. a record review for client #8 was conducted. The Comprehensive Functional Assessment dated 8-1-12 did not include an assessment for locked items.</p> <p>On 10-31-12 at 8:50 a.m. a record review for client #5 was conducted. The Comprehensive Functional Assessment (CFA) dated 10-1-12 did not include an assessment for locked items.</p> <p>On 10-31-12 at 8:55 a.m. a record review for client #6 was conducted. The CFA dated 9-19-12 did not indicate a need for locked items.</p> <p>On 10-31-12 at 9:00 a.m. a record review for client #7 was conducted. The CFA dated 9-22-12 did not indicate a need for locked items.</p> <p>On 10-31-12 at 9:05 a.m. an interview with the Qualified Mental Retardation Professional and the House Manager indicated the assessments did not assess the need for locked items.</p> <p>On 10-31-12 at 11:30 a.m. an interview with the Qualified Mental Retardation</p>			

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	<p>Professional indicated personal items, the freezer, washer, dryer, toilet paper, towels, and soap were locked up for clients #1, #2, #3, #4, #5, #6, #7, and #8 and there were no goals or assessments to indicate the need for the locked items.</p> <p>On 10-31-12 at 11:30 a.m. an interview with the House Manager stated he would have a hard time staying "on his budget" if certain items weren't kept locked. He indicated there were no assessments to determine if items should be locked up.</p> <p>9-3-2(a)</p>			

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W0149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview, the facility failed for 2 of 8 clients (clients #4 and #8) who lived in the home, to ensure the Abuse/Neglect policy was implemented in regard to client #8's self injurious behaviors at day program and client #4 eloping from the group home.</p> <p>Findings include:</p> <p>1. On 10-30-12 at 12:45 p.m. a review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted. The reports indicated the following:</p> <p>-A BDDS report dated 1-5-12 for client #8 indicated he became agitated at work and hit his head on the table. No injury noted.</p> <p>-A BDDS report dated 1-23-12 for client #8 indicated he became upset when not allowed more coffee and began hitting his head against the wall. He had a small bleeding scratch and a bump where he had hit his head.</p> <p>-A BDDS report dated 2-13-12 for client #8 indicated he became agitated and hit</p>	W0149	<p>Area Director will retrain Program Director on ensuring outside services meet the needs of client through programmatic development and monitoring.</p> <p>IDT meeting will be convened with the Day Program to formally address ongoing incidents of SIB behavior for client #8 and determine alternative interventions in conjunction with the Behaviorist.</p> <p>Program Director and Home Manager will complete weekly observation to better determine the antecedents of the SIB behavior occurring solely at Day Program.</p> <p>In conjunction with IDT, revise BSP (if needed) to address ongoing SIB behavior at day placement and/or develop a new goal to be implemented with Day placement staff for redirection or client training to engage in behavior more safely.</p> <p>Train Day Program staff on the updates made to programming based on outcome of IDT; to include, goals and BSP updates.</p> <p>Behaviorist developed and received guardian and HRC approval for a</p>	12/02/2012			

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	<p>his head on the wall and floor. No injury noted.</p> <p>-A BDDS report dated 4-6-12 for client #8 indicated he became agitated at work after having an episode of incontinence. He hit his head into the back of one peer and spit in another's face. No injury noted.</p> <p>-A BDDS report dated 6-4-12 for client #8 indicated he became upset at work and began spitting and hitting his head on the table then bit a peer. No injury noted.</p> <p>-A BDDS report dated 9-24-12 for client #8 indicated he became agitated at work because he didn't receive his snack fast enough. He threw his helmet and hit his head on the table. He had 2 small red scratches on his head.</p> <p>-On 11-1-12 at 6:15 p.m. a BDDS report for client #8 was reviewed. The BDDS report dated 10-30-12 indicated client #8 became upset when he didn't have any money to put in the vending machine at work and began throwing things, spitting, and hitting his head on the wall. He had 2 small open cuts on the top of his head along with a bump. Client #8 was taken to the Emergency Room and was released with no other injuries.</p>		<p>new behavior support plan for client #4 to address the behavior of elopement.</p> <p>Program Director will develop a goal for client #4 for pedestrian safety.</p> <p>Home Manager and Program Director will retrain staff on newly developed BSP and pedestrian safety goal.</p> <p>Responsible Party: Area Director, Program Director, Home Manager and Behaviorist</p>		

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	<p>On 10-31-12 at 8:45 a.m. a record review for client #8 was conducted. The Behavior Management Plan (BMP) dated 1-28-12 indicated client #8 exhibited self injurious behavior and there had been no updates to the plan since 1-28-12 to address the SIB at day program. The BMP indicated when client #8 had SIB, direct care staff were to tell him to stop, redirect him to another activity, ignore him if he was not causing harm to himself, if he did not stop and was in danger of hurting himself, use the minimum amount of physical guidance necessary to stop the behavior using approved Physical Interventions Alternatives (PIA), and then direct him to another activity.</p> <p>2. On 10-30-12 at 12:45 p.m. a review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted. The reports indicated the following:</p> <p>-A BDDS report dated 2-25-12 for client #4 indicated he left his home without staff and walked to his mother's house.</p> <p>-A BDDS report dated 6-17-12 for client #4 indicated he left his home without staff and walked to his mother's house.</p> <p>On 10-31-12 at 9:50 a.m. a record review</p>						

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	<p>for client #4 was conducted. The ISP dated 2-2-12 did not indicate client #4 had a goal/objective to teach him pedestrian safety skills or a Behavior Management Plan to assist him with elopement from the group home.</p> <p>On 10-30-12 at 12:25 p.m. a review of the facility's Abuse/Neglect policy dated 4-11 was conducted. The policy indicated clients would be free from abuse/neglect and exploitation. The policy also indicated clients would be provided with the appropriate supervision, care and training.</p> <p>On 10-30-12 at 2:00 p.m. an interview with day program staff #14 indicated client #8 exhibited self injurious behavior (SIB) while at day program. She indicated she was unsure of why he would only have the SIB at work and not at home. Day Program staff #14 indicated the facility Qualified Mental Retardation Professional (QMRP) had not been to the day program to address client #8's SIB with them. Day program staff #14 indicated client #8 did have a helmet but it had no strap on it so he could take it off then hit his head before staff could get to him.</p> <p>On 11-1-12 at 7:03 p.m. an interview with client #4's guardian/mother stated she was</p>			

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	<p>"panicked" when client #4 left his home and walked 10 blocks to get to her house on two separate occasions. She stated he had a "great" sense of direction but needed staff supervision to ensure his safety. She indicated client #4 was at her house at least an hour and staff did not contact her to say he was missing. The Mother indicated she called the home and they hadn't realized he was missing until she told them he was at her house. She indicated June 2012 and February 2012 were not the first incidents of him vacating. Client #4 had also vacated in 2009 and she found him walking down the road.</p> <p>On 10-31-12 at 11:30 a.m. an interview with the Qualified Mental Retardation Professional indicated the facility's abuse/neglect policy should be implemented at all times. The QMRP indicated door alarms were put on the doors after the 2-2012 incident to let staff know when client #4 left the house. The QMRP indicated client #4 took out the batteries then vacated the house for the incident in 6-12. The QMRP indicated staff neglected to ensure client #4 didn't leave his home without staff supervision. The QMRP indicated staff should try to stop client #8 from self injurious behaviors and that he did have a helmet for day program but he takes it off. The</p>				

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	<p>QMRP indicated she had not been to the day program since client #8's Individualized Support Plan meeting on 8-15-12 to observe and assist the day program with client #8's self injurious behaviors. The QMRP indicated client #8 has SIB at work because he did not get his way. The QMRP indicated client #8 did not exhibit SIB at the group home.</p> <p>9-3-2(a)</p>			

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W0157	<p>483.420(d)(4) STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken. Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #4) and 1 additional client (client #8) to ensure effective corrective action was taken to address multiple incidents of self injurious behaviors (#8) and elopement from the group home (#4).</p> <p>Findings include:</p> <p>1. On 10-30-12 at 12:45 p.m. a review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted. The reports indicated the following:</p> <p>-A BDDS report dated 1-5-12 for client #8 indicated he became agitated at work and hit his head on the table. No injury noted.</p> <p>-A BDDS report dated 1-23-12 for client #8 indicated he became upset when not allowed more coffee and began hitting his head against the wall. He had a small bleeding scratch and a bump where he had hit his head.</p> <p>-A BDDS report dated 2-13-12 for client #8 indicated he became agitated and hit his head on the wall and floor. No injury</p>			W0157	<p>Area Director will retrain Program ensuring effective corrective action is taken to address pattern behaviors to safely meet client's needs.</p> <p>IDT meeting will be convened with the Day Program to formally address ongoing incidents of SIB behavior for client #8 and determine alternative interventions in conjunction with the Behaviorist. Program Director and Home Manager will complete weekly observation to better determine the antecedents of the SIB behavior occurring solely at Day Program. In conjunction with IDT, revise BSP (if needed) to address ongoing SIB behavior at day placement and/or develop a new goal to be implemented with Day placement staff for redirection or client training to engage in behavior more safely. Train Day Program staff on the updates made to programming based on outcome of IDT; to include, goals and BSP updates. Behaviorist developed and received guardian and HRC approval for a new behavior support plan for client #4 to address the behavior of elopement. Program Director will develop a goal for client #4 for pedestrian safety. Home Manager and Program Director</p>		12/02/2012

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	<p>noted.</p> <p>-A BDDS report dated 4-6-12 for client #8 indicated he became agitated at work after having an episode of incontinence. He hit his head into the back of one peer and spit in another's face. No injury noted.</p> <p>-A BDDS report dated 6-4-12 for client #8 indicated he became upset at work and began spitting and hitting his head on the table then bit a peer. No injury noted.</p> <p>-A BDDS report dated 9-24-12 for client #8 indicated he became agitated at work because he didn't receive his snack fast enough. He threw his helmet and hit his head on the table. He had 2 small red scratches on his head.</p> <p>-On 11-1-12 at 6:15 p.m. a BDDS report for client #8 was reviewed. The BDDS report dated 10-30-12 indicated client #8 became upset when he didn't have any money to put in the vending machine at work and began throwing things, spitting, and hitting his head on the wall. He had 2 small open cuts on the top of his head along with a bump. Client #8 was taken to the Emergency Room and was released with no other injuries.</p> <p>On 10-31-12 at 8:45 a.m. a record review</p>		<p>will retrain staff on newly developed BSP and pedestrian safety goal. Responsible Party: Area Director, Program Director, Home Manager and Behaviorist</p>		

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	<p>for client #8 was conducted. The Behavior Management Plan (BMP) dated 1-28-12 indicated client #8 exhibited self injurious behavior and there had been no updates to the plan since 1-28-12 to address the SIB at day program. The BMP indicated when client #8 had SIB, direct care staff were to tell him to stop, redirect him to another activity, ignore him if he was not causing harm to himself, if he did not stop and was in danger of hurting himself, use the minimum amount of physical guidance necessary to stop the behavior using approved Physical Interventions Alternatives (PIA), and then direct him to another activity.</p> <p>2. On 10-30-12 at 12:45 p.m. a review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted. The reports indicated the following:</p> <p>-A BDDS report dated 2-25-12 for client #4 indicated he left his home without staff and walked to his mother's house.</p> <p>-A BDDS report dated 6-17-12 for client #4 indicated he left his home without staff and walked to his mother's house.</p> <p>On 10-31-12 at 9:50 a.m. a record review for client #4 was conducted. The ISP</p>						

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	<p>dated 2-2-12 did not indicate client #4 had a goal/objective to teach him pedestrian safety skills or a Behavior Management Plan to assist him with elopement from the group home.</p> <p>On 11-1-12 at 7:03 p.m. an interview with client #4's guardian/mother stated she was "panicked" when client #4 left his home and walked 10 blocks to get to her house on two separate occasions. She stated client #4 had a "great" sense of direction but needed staff supervision to ensure his safety. She indicated client #4 was at her house at least an hour and staff did not contact her to say he was missing. The Mother indicated she called the home and they hadn't realized he was missing until she told them he was at her house. She indicated June 2012 and February 2012 were not the first incidents of client #4 leaving the group home. Client #4 had also vacated in 2009 and she found him walking down the road.</p> <p>On 10-31-12 at 11:30 a.m. an interview with the Qualified Mental Retardation Professional indicated adding the door alarms did not prevent client #4 from vacating from his home without direct care staff. The QMRP indicated client #4 took out the batteries then vacated the house for a second time on 6-17-12. The QMRP indicated client #8 continued to</p>				

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	<p>have SIB at the day program and the last update to his behavior management plan was on 1-28-12.</p> <p>9-3-2(a)</p>				

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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on interview and record review for 1 of 4 sampled clients (#4), plus 1 additional client (client #8), the Qualified Mental Retardation Professional (QMRP) failed to monitor client #8 exhibiting self injurious behavior at the day program and to ensure data was documented to determine if client #8's behavior plan at the day program was effective. The QMRP also failed to initiate programming to address client #4 eloping from the group home.</p> <p>Findings include:</p> <p>1. On 10-30-12 at 12:45 p.m. a review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted. The reports indicated the following:</p> <p>-A BDDS report dated 1-5-12 for client #8 indicated he became agitated at work and hit his head on the table. No injury noted.</p> <p>-A BDDS report dated 1-23-12 for client #8 indicated he became upset when not allowed more coffee and began hitting his</p>	W0159	<p>Area Director will retrain Program Director on developing clients programming to better monitor client's behavioral patterns and amending as needed to ensure client's needs are being met.</p> <p>IDT meeting will be convened with the Day Program to formally address ongoing incidents of SIB behavior for client #8 and determine alternative interventions in conjunction with the Behaviorist.</p> <p>Program Director and Home Manager will complete weekly observation to better determine the antecedents of the SIB behavior occurring solely at Day Program.</p> <p>In conjunction with IDT, revise BSP (if needed) to address ongoing SIB behavior at day placement and/or develop a new goal to be implemented with Day placement staff for redirection or client training to engage in behavior more safely.</p> <p>Train Day Program staff on the updates made to programming based on outcome of IDT; to include, goals and BSP updates.</p>	12/02/2012

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	<p>head against the wall. He had a small bleeding scratch and a bump where he had hit his head.</p> <p>-A BDDS report dated 2-13-12 for client #8 indicated he became agitated and hit his head on the wall and floor. No injury noted.</p> <p>-A BDDS report dated 4-6-12 for client #8 indicated he became agitated at work after having an episode of incontinence. He hit his head into the back of one peer and spit in another's face. No injury noted.</p> <p>-A BDDS report dated 6-4-12 for client #8 indicated he became upset at work and began spitting and hitting his head on the table then bit a peer. No injury noted.</p> <p>-A BDDS report dated 9-24-12 for client #8 indicated he became agitated at work because he didn't receive his snack fast enough. He threw his helmet and hit his head on the table. He had 2 small red scratches on his head.</p> <p>-On 11-1-12 at 6:15 p.m. a BDDS report for client #8 was reviewed. The BDDS report dated 10-30-12 indicated client #8 became upset when he didn't have any money to put in the vending machine at work and began throwing things, spitting,</p>		<p>Behaviorist developed and received guardian and HRC approval for a new behavior support plan for client #4 to address the behavior of elopement.</p> <p>Program Director will develop a goal for client #4 for pedestrian safety.</p> <p>Home Manager and Program Director will retrain staff on newly developed BSP and pedestrian safety goal.</p> <p>Responsible Party: Area Director, Program Director, Home Manager and Behaviorist</p>				

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	<p>and hitting his head on the wall. He had 2 small open cuts on the top of his head along with a bump. Client #8 was taken to the Emergency Room and was released with no other injuries.</p> <p>On 10-31-12 at 8:45 a.m. a record review for client #8 was conducted. The Behavior Management Plan (BMP) dated 1-28-12 indicated client #8 exhibited self injurious behavior and there had been no updates to the plan since 1-28-12 to address the SIB at day program. The BMP indicated when client #8 had SIB, direct care staff were to tell him to stop, redirect him to another activity, ignore him if he was not causing harm to himself, if he did not stop and was in danger of hurting himself, use the minimum amount of physical guidance necessary to stop the behavior using approved Physical Interventions Alternatives (PIA), and then direct him to another activity.</p> <p>On 10-30-12 at 2:00 p.m. an interview with day program staff #14 indicated client #8 exhibited self injurious behavior (SIB) while at day program. She indicated she was unsure of why he would only have the SIB at work and not at home. Day Program staff #14 indicated the facility Qualified Mental Retardation Professional (QMRP) had not been to the</p>				

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	<p>day program to address client #8's SIB with them. Day program staff #14 indicated client #8 had a helmet but it had no strap on it so he could take it off then hit his head before staff could get to him.</p> <p>On 10-31-12 at 11:30 a.m. an interview with the Qualified Mental Retardation Professional was conducted. The QMRP indicated staff should try to stop client #8 from self injurious behaviors and that he did have a helmet for day program but he takes it off. The QMRP indicated she had not been to the day program since client #8's Individualized Support Plan meeting on 8-15-12 to observe and assist the day program with client #8's self injurious behaviors. The QMRP indicated client #8 has SIB at work because he did not get his way. The QMRP indicated client #8 does not exhibit SIB at the group home.</p> <p>2. On 10-30-12 at 12:45 p.m. a review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports was conducted. The reports indicated the following:</p> <p>-A BDDS report dated 2-25-12 for client #4 indicated he left his home without staff and walked to his mother's house.</p> <p>-A BDDS report dated 6-17-12 for client #4 indicated he left his home without staff</p>				

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	<p>and walked to his mother's house.</p> <p>On 10-31-12 at 9:50 a.m. a record review for client #4 was conducted. The ISP dated 2-2-12 did not indicate client #4 had a goal/objective to teach him pedestrian safety skills or a Behavior Management Plan to assist him with elopement from the group home.</p> <p>On 11-1-12 at 7:03 p.m. an interview with client #4's guardian/mother stated she was "panicked" when client #4 left his home and walked 10 blocks to get to her house on two separate occasions. She stated client #4 had a "great" sense of direction but needed staff supervision to ensure his safety. She indicated client #4 was at her house at least an hour and staff did not contact her to say he was missing. The Mother indicated she called the home and they hadn't realized he was missing until she told them he was at her house. She indicated June 2012 and February 2012 were not the first incidents of client #4 leaving the group home. Client #4 had also vacated in 2009 and she found him walking down the road.</p> <p>On 10-31-12 at 11:30 a.m. an interview with the Qualified Mental Retardation Professional indicated adding the door alarms did not prevent client #4 from vacating from his home without direct</p>						

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	<p>care staff. The QMRP indicated client #4 took out the batteries then vacated the house for a second time on 6-17-12. The QMRP also indicated client #4 did not have a plan to address his elopement from the group home.</p> <p>9-3-3(a)</p>				

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W0227	<p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>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.</p> <p>Based on record review and interview, the facility failed for 3 of 4 sampled clients (clients #2, #3, and #4) to develop a plan to address the client's elopement from the group home (client #4) and to ensure dental goals were included in the Individualized Support Plan (ISP) per professional recommendations (clients #2, #3 and #4).</p> <p>Findings include:</p> <p>1. On 10-30-12 at 12:45 p.m. a review of the facility's Bureau of Developmental Disabilities (BDDS) reports was conducted. The reports indicated the following:</p> <p>-A BDDS report dated 2-25-12 for client #4 indicated he left his home without staff and walked to his mother's house.</p> <p>-A BDDS report dated 6-17-12 for client #4 indicated he left his home without staff and walked to his mother's house.</p> <p>On 10-31-12 at 9:50 a.m. a record review for client #4 was conducted. The ISP</p>	W0227	<p>Area Director will retrain Program Director on goal development; to include, addressing medical recommendations and identifying client needs.</p> <p>Program Director will review all clients ISPs and dental exams to ensure that training goals have been implemented based on recommendations or ongoing client needs.</p> <p>Program Director will develop a pedestrian safety goal for client #4 and dental hygiene goals for clients #2 and #3.</p> <p>Program Director will amend ISP as needed to include these updates.</p> <p>Home Manager and Program Director will train staff on newly developed goals.</p> <p>Home Manager will complete active treatment observations 3 times weekly for the next 30 days to ensure adequate implementation of these developed goals.</p> <p>Ongoing, Home Manager will</p>	12/02/2012

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	<p>dated 2-2-12 did not indicate client #4 had a goal/objective to assist him with eloping from the group home or pedestrian safety skills. Client #4 did not have a Behavior Management Plan (BMP). Client #4's Pedestrian Safety Test dated 1-20-12 indicated he needed staff supervision when in the community.</p> <p>On 10-31-12 at 11:30 a.m. an interview with the Qualified Mental Retardation Professional indicated client #4 did not have a Behavior Management Plan or a goal/objective to assist him with his vacating without staff supervision. The QMRP indicated direct care staff should supervise client #4 while he is in his home and in the community.</p> <p>2. On 10-31-12 at 7:45 a.m. a record review for client #2 was conducted. The dental form for client #2 indicated she had a dental exam on 4-20-12 with recommendations to brush her teeth 2 times a day and floss if possible. The ISP dated 6-20-12 indicated client #2 had a goal to identify her medication tote, take her dishes to the sink, make a purchase, bring her dirty laundry to the washing machine, and use gestures/picture book. The ISP did not include a dental goal to assist her with her dental needs.</p> <p>On 10-31-12 at 10:30 a.m. a record</p>		<p>complete active treatment observations once weekly.</p> <p>Responsible Party: Area Director, Home Manager, Program Director</p>				

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	<p>review for client #3 was conducted. The dental form dated 9-10-12 for client #3 recommended he brush his teeth 3 times a day and floss. The ISP dated 10-9-11 indicated client #3 had goals/objectives to identify his medication tote, sweep the floor, wash his body, identify coins, clean his dresser drawers, use his communication board, and apply toothpaste. The ISP did not include a dental goal to assist client #3 with his brushing or flossing.</p> <p>On 10-31-12 at 9:50 a.m. a record review for client #4 was conducted. The dental form dated 10-3-12 indicated client #4 needed to brush better. The ISP dated 2-2-12 indicated client #4 had a goal to put shaving cream on his face, ride a stationary bike, clean his glasses, make a purchase, remove his clothes from the dryer, and make a personal call. The ISP did not indicate client #4 had a goal to assist him with his dental needs.</p> <p>On 10-31-12 at 11:30 a.m. an interview with the Qualified Mental Retardation Professional indicated clients #2, #3, and #4 didn't have dental goals per their dental recommendations.</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, record review, and interview, the facility failed for 3 of 4 sampled clients (clients #1, #2, and #3) to ensure their medication, communication and dining goals/objectives were implemented at all opportunities per their Individualized Support Plan (ISP).</p> <p>Findings include:</p> <p>1. On 10-30-12 from 4:35 p.m. until 6:30 p.m. an observation at the home of clients #1, #2, and #3 was conducted. Client #4 set the table for supper. Client #1 sat at a prepared place setting to eat her supper. Client #3 had a banana; direct care staff (DCS) #1 prompted him to smash his banana. DCS #1 did not use a communication board to assist client #3. Client #3 listened to music and danced. Client #3 ate his supper. Client #3 did not use a communication board. Client #1 did not get her adaptive spoon and divided plate out and place her own setting.</p>	W0249	<p>Home Manager and Program Director will retrain staff on running goals with all clients in the home at every training opportunity; to include, the use of client #3 communication board, client #1 adaptive equipment during mealtime and client #2, #3 identifying their medication totes at medication administration.</p> <p>Home Manager will complete mealtime observations 3 times weekly for the next 30 days to ensure use of adaptive equipment for client #3.</p> <p>Home Manager will complete active treatment observations 3 times weekly to ensure to ensure goals are ran appropriately with client #3 communication board.</p> <p>Home Manager will complete Medication observation 2 times weekly to ensure goals are run during med administration time.</p> <p>Ongoing, Home Manager will</p>	12/02/2012			

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	<p>On 10-31-12 at 8:30 a.m. a record review for client #1 was conducted. The Individualized Support Plan (ISP) dated 2-3-12 indicated client #1 had a goal to get her adaptive spoon and divided plate out and place her own setting in the p.m.</p> <p>On 10-31-12 at 10:30 a.m. a record review for client #3 was conducted. The ISP dated 10-9-11 indicated client #3 had goals/objectives to use his communication board.</p> <p>2. On 10-31-12 from 6:41 a.m. until 7:00 a.m. a medication administration for clients #2 and #3 was conducted. Client #2 was administered her atenolol 25 milligram (mg) for her pulse, an animal shape chew and fish oil 1000 mg. Client #2 was asked to assist with her blood pressure cuff. Direct care staff (DCS) #8 did not ask client #2 to identify her medication tote. Client #3 was administered his animal shape chew, his Lamotrigine 100 mg for his Pervasive Developmental Disorder (PDD), and his Clonazepam 2 mg for PDD. Client #3 got himself a cup of water. DCS #8 did not ask client #3 to identify his medication tote.</p> <p>On 10-31-12 at 7:45 a.m. a record review for client #2 was conducted. The ISP dated 6-20-12 indicated client #2 had a</p>		<p>complete mealtime, medication and active treatment observations once weekly.</p> <p>Responsible parties: Home Manager, Program Director.</p>	

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	<p>goal to identify her medication tote.</p> <p>On 10-31-12 at 10:30 a.m. a record review for client #3 was conducted. The ISP dated 10-9-11 indicated client #3 had a goal to identify his medication tote.</p> <p>On 10-31-12 at 11:30 a.m. an interview with the Qualified Mental Retardation Professional indicated medication, dining, and communication goals should be implemented for clients #1, #2, and #3 at all times of opportunities.</p> <p>9-3-4(a)</p>				

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W0323	<p>483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.</p> <p>Based on record review and interview, the facility failed for 1 of 4 sampled clients (client #1) to ensure her hearing was evaluated at least annually.</p> <p>Findings include:</p> <p>On 10-31-12 at 8:30 a.m. a record review for client #1 was conducted. The hearing evaluation dated 6-17-11 was the most current hearing evaluation available for review. The annual physical dated 4-2-12 did not evaluate the hearing of client #1.</p> <p>On 10-31-12 at 11:30 a.m. an interview with the House Manager indicated 6-17-11 was the most hearing evaluation available for review. He indicated client #1 had not had a hearing evaluation yearly.</p> <p>9-3-6(a)</p>	W0323	<p>Client #1 will be taken for a new hearing evaluation.</p> <p>The Facility's Annual Physical Form includes a screening section for hearing and vision to be completed on an annual basis.</p> <p>Facility nurse will review all consumers annual exam to ensure the physician notated their hearing and vision as assessed.</p> <p>Ongoing, Facility Nurse will ensure that hearing and vision screening are completed by the primary physician at the annual physical appointment.</p> <p>Responsible Party: Facility Nurse</p>	12/02/2012			

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review, and interview, the facility failed for 1 of 4 sampled clients (client #1) to ensure she assisted with meal preparation consistent with her developmental level.</p> <p>Findings include:</p> <p>On 10-31-12 from 4:35 p.m. until 6:30 p.m. an observation at the home of client #1 was conducted. Direct care staff (DCS) #1 poured milk into a sippy cup for client #1. The House Manager wiped off the dining table as client #1 sat in a chair. DCS #2 opened the cans of fruit as client #1 walked to the table. DCS #2 poured client #1's juice for her. The House Manager poured more juice in client #1's cup for her. DCS #1 served client #1 her applesauce. DCS #2 cut client #1's food for her. DCS #1 poured more drink for client #1. DCS #2 placed the lid on client #1's cup for her. DCS #2 cleaned client #1's area at the table and took her plate to the sink.</p> <p>On 10-31-12 at 11:30 a.m. an interview with the House Manager indicated client #1 should pour her own drink, assist with serving herself, and assist with cutting up</p>	W0488	<p>Program Director will retrain staff on providing clients with the minimum amount of assistance required to promote independence consistent with their developmental plan.</p> <p>Home Manager will complete observations 3 times weekly for the next 30 days to ensure staff are assisting the clients consistent with their developmental level.</p> <p>Ongoing, Home Manager will complete observations weekly.</p> <p>Responsible Party: Program Director, Home Manager</p>	12/02/2012			

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	her own food with assistance. 9-3-8(a)			