

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G791	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/02/2015
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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385
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W000000	<p>This visit was for a full annual recertification and state licensure survey.</p> <p>This survey was done in conjunction with the post certification revisit to the investigation of complaints #IN00158868 and #IN00158936 conducted on November 19, 2014.</p> <p>Dates of Survey: December 29, 30, 31, 2014 and January 2, 2015.</p> <p>Facility number: 012557 Provider number: 15G791 AIM number: 201017960A</p> <p>Surveyor: Christine Colon, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 1/20/15 by Ruth Shackelford, QIDP.</p>	W000000		
W000104	483.410(a)(1) GOVERNING BODY			

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

TITLE

(X6) DATE

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

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	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed for 3 of 3 clients (clients #1, #2, and #3) living at the group home, to exercise general operating direction in a manner to ensure routine maintenance was completed.</p> <p>Findings include:</p> <p>An evening observation was conducted at clients #1, #2 and #3's home on 12/29/14 from 6:00 P.M. until 7:30 P.M.. Upon entering the group home the dining room, living room, kitchen and laundry room walls had a total of 10 holes ranging in measurement of 6 inches by 6 inches to 1 foot by 1 foot.</p> <p>A morning observation was conducted at the group home on 12/30/14 between 7:20 A.M. and 9:00 A.M.. Upon entering the group home the dining room, living room, kitchen and laundry room walls had a total of 10 holes ranging in measurement of 6 inches by 6 inches to 1 foot by 1 foot.</p> <p>An interview with Direct Support Professional (DSP) #1 was conducted on 12/29/14 at 6:25 P.M.. DSP #1 stated the</p>	W000104	<p>W104 483.410(a)(1) GOVERNING BODY</p> <p>The holes in the dining room, living room, kitchen, and laundry room are holes that have been patched in the past, then re-made by Individuals due to physically aggressive behavior/property destruction, then patched again, etc. Maintenance has arranged to reinforce these walls so that no further holes can be made. This project was started a few weeks ago and work will continue until finished; within three weeks from now. The House Manager and QDDP will be retrained on this Standard and on promptly completing Maintenance requests, and follow-up, per procedure. For two weeks and then until compliance has been demonstrated, the House Manager will complete site-visits at least three times per week to ensure the home is free of holes in the walls, and that all maintenance requests and follow-up were completed timely. Thereafter, the House Manager and/or QDDP will complete these checks at least weekly.</p>	02/01/2015			

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W000125	<p>walls needed to be repaired since sometime in November. No further documentation was available for review to indicate when the walls would be repaired.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed at the facility's administrative office on 1/2/15 at 2:45 P.M.. The QIDP indicated the holes have been in the walls since November when clients #1 and #2 would have behaviors. The QIDP stated the repairs were to have been completed "last week" but she did not know why they had not been completed. No further documentation was available for review to indicate when the walls would be repaired.</p> <p>9-3-1(a)</p> <p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Based on record review and interview,</p>	W000125	<p>Will be completed by: 2/1/15</p> <p>Persons Responsible: House Manager, QDDP, and Maintenance Coordinator</p> <p>W 125 483.420 (a)(3) Protection of</p>	02/01/2015			

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	<p>for 1 of 2 sampled clients (client #2), the facility failed to ensure the client's rights by not obtaining a legally sanctioned decision maker to assist in medical and financial decisions.</p> <p>Findings include:</p> <p>A review of client #2's record was conducted at the facility's administrative office on 12/30/14 at 2:00 P.M.. Client #2's Individual Support Plan (ISP) dated 7/14/14 indicated: "Guardian of Self... [Client #2] would like to improve her reading skills and on counting money....High Priority, Basic needs Goals: [Client #2] will learn how to make change from money transactions of up to \$3.00 with staff....[Client #2] will state the names of two of her A.M. medications and what she takes them for....[Client #2] will budget her money to save 5 dollars every week to buy something she wants every two weeks." Review of client #2's "Life Skills Profile" dated 1/31/14 indicated client #2 was unable to independently make medical and financial decisions and further indicated she was unable to independently manage her finances. Review of team meeting notes dated 11/18/14 indicated: "[Psychiatrist Name] has recommended she get an (sic) guardian." Further review of the record</p>		<p>Client Rights</p> <p>House Manager and QDDP will review this standard. QDDP has contacted client #2's Interdisciplinary Team and the Team is in the process of searching for, and obtaining a legally sanctioned decision maker to assist client #2 in medical and financial decisions. House Manager and QDDP will review assessments of all individuals at the home who do not currently have a legally sanctioned decision maker to determine if they are in need of one. In the event it is determined they may need a legally sanctioned decision maker, the QDDP will contact the client's IDT and begin the process of obtaining the decision maker.</p> <p>Will be completed by: 2/1/15</p> <p>Persons Responsible: House Manager and QDDP</p>				

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W000140	<p>indicated the client had limited family involvement.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was completed at the facility's administrative office on 1/2/15 at 2:45 P.M.. The QIDP indicated client #2 did not have a legally sanctioned decision maker to assist her with financial and medical decisions. The QIDP further indicated client #2 could not independently manage her finances and was unable to independently make financial and medical decisions. The QIDP indicated client #2's psychiatrist recommended she have a legally appointed decision maker to assist her in making medical decisions. The QIDP further indicated client #2's IDT agreed she is in need of a legally appointed decision maker.</p> <p>9-3-2(a)</p> <p>483.420(b)(1)(i) CLIENT FINANCES The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based upon record review and interview,</p>	W000140		02/01/2015			

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	<p>the facility failed to maintain an accurate accounting system for 3 of 3 clients who reside at the group home (clients #1, #2 and #3), for whom the facility managed their personal funds accounts.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the group home on 12/30/14 at 8:35 A.M.. A review of client #1, #2 and #3's personal petty cash financial records was conducted.</p> <p>Review of client #1's personal petty cash ledger, last dated entry 11/22/14 indicated client #1 had a balance of \$28.60. Direct Support Professional (DSP) #3 counted a balance of \$6.26.</p> <p>Review of client #2's personal petty cash ledger, last dated entry 11/22/14 indicated client #2 had a balance of \$2.13. There was no money in client #2's personal petty cash available for review.</p> <p>Review of client #3's personal petty cash ledger, last dated entry 7/29/14 indicated client #3 had a balance of \$29.28. There was no money in client 3's petty cash available for review.</p> <p>An interview with DSP #3 was conducted on 12/30/14 at 8:45 A.M.. DSP #3 indicated the balance on the ledgers and the amount counted out did</p>		<p>W140 483.420(b)(1)(i) CLIENT FINANCES</p> <p>House Manager, QDDP, and Lead DSP will review this standard; to maintain an accurate accounting of clients' funds and ensure the records are available for review upon request of authorized personnel. House Manager, QDDP, and Lead DSP have been trained on the procedure and importance of maintaining an always current, accurate count of each client's checking account and petty cash, and that these records must be maintained in the home and available for review upon request. Initially, and for one month until compliance is ensured, QDDP and/or House Manager will complete weekly audits of each client's checking account ledger and petty cash ledger to ensure the records are available in the home, and have up-to-date and accurate accounting of all funds. After compliance is demonstrated, the House Manager and/or QDDP will complete monthly and random audits of each client's checking account ledger and petty cash ledger. Random audits will be completed at any time and without notice to staff at home.</p> <p>Will be Completed by: 2/1/15</p>				

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W000149	<p>not match. DSP #3 indicated when staff take the clients out and money is spent, the staff initial the receipts and put the unspent money and receipts in each client's individual petty cash pouch. DSP #3 indicated the Group Home Manager (GHM) then documents on the client's personal petty cash ledger. DSP #3 further indicated she was not sure why the amounts did not match.</p> <p>An interview with the Program Director (PD) was conducted on 1/2/15 at 2:45 P.M.. The PD indicated the facility managed clients #1, #2 and #3's finances and further indicated the facility was to keep an accurate account of their finances at all times. The PD further indicated each client should have a financial ledger which should reflect the clients' expenditures and balances to ensure they kept an accurate accounting of their petty cash funds by staff at the group home.</p> <p>9-3-2(a)</p> <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 for 2 of 2 sampled clients and 1 additional</p>	W000149	<p>Persons Responsible: House Manager, QDDP, and Lead DSP</p> <p>W 149 483.420(d)(1) STAFF</p>	02/01/2015			

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	<p>client (clients #1, #2 and #3), the facility failed to implement written policy and procedures to prevent client to client aggression, prevent client neglect and to ensure investigations were conducted in regard to abuse/neglect and investigation results reported within 5 working days.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations was conducted on 12/30/14 at 12:30 P.M. and indicated:</p> <p>-Investigation record dated 11/25/14 to 12/5/14 involving client #1 indicated: "...This investigation is being conducted due to a report from [client #1] to the QDDP (Qualified Developmental Disabilities Professional) that a staff member hit her in the legs, hit her in the stomach and slapped her in the face. The QDDP notified [Area Director]. The staff was suspended and an investigation started into the alleged allegation.</p> <p>Witness/Evidence:...[Maintenance Man #1] stated he saw [Staff #13] sit on the individual when trying to restrain her.... [Maintenance Man #2] stated he did see [Staff #13] sit on the individual...Conclusion Based on Facts: An (sic) proper DCI (crisis intervention)</p>		<p>TREATMENT OF CLIENTS</p> <p>The House Manager, QDDP, and maintenance Coordinator will review this Standard. The House Manager and QDDP have been retrained on this Standard. Dungarvin has written policies and procedures that prohibit mistreatment, neglect, or abuse of our Individuals Served.</p> <p>After investigation, the Maintenance Coordinator received disciplinary action for involvement in the restraint of client #1 and both maintenance personnel have been instructed by their supervisor not to assist staff in applying physical holds unless they have been trained in DCI and on the individuals' BSP. The QDDP is regularly meeting with client #2's IDT in order to address the clients' SIB and to develop and revise strategies/plans to assist client #2 in eliminating her target behavior of SIB.</p> <p>Upon notification of any allegation of client abuse, neglect, or exploitation, the QDDP will immediately notify the administrator, will immediately implement sufficient/corrective action to prevent further possible occurrences, conduct a thorough investigation, notify the</p>	

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	restraint was not done....Recommendation: I recommend [Staff #13] be terminated due to the use of an improper restraint." BDDS report dated 11/25/14 indicated: "On 11/25/14 [client #1] was in the kitchen loading the dishwasher and asked staff if she could have some tea. Staff informed her that she could ask the QDDP if she could have some tea. [Client #1] started to become agitated with staff and went out the front door. Staff then called the QDDP and told her what was going on. The QDDP then talked to [client #1] and she came back to the house and immediately begin (sic) kicking the hole in the wall that was there making it bigger. Staff asked her to stop and tried the (sic) verbally redirect her and asked her to use her coping skills. Then the maintenance man came and asked her to stop. She then punched him in his face and she continued to kick the holes in the wall and started to swing at the maintenance man again and he started using the DCI blocking technique to block her while staff continued to try and redirect her. [Client #1] then started throwing empty water jugs at staff and the maintenance man. Staff and the maintenance man put her in a DCI hold. [Client #1] scratched staff's hand and the maintenance man (sic) hand. Staff and the maintenance man then had to gently		administrator of the results within 5 business days, then coordinate a meeting with the Individual's IDT to discuss the incident, develop and implement sufficient/effective corrective measures to ensure no future incidents. The QDDP and/or House Manager will conduct regular observations at the home, at least 3 times per week until compliance is demonstrated, and thereafter, at least weekly, to ensure staff are following all client protocol as written. The Area Director will follow-up with the QDDP during all investigations and ensure results are obtained within 5 business days and effective, corrective action has been implemented. Will be completed by: 2/1/15 Persons Responsible: Area Director, House Manager, and QDDP				

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	<p>take her to the ground. The maintenance man had one of her arms and her head (he placed his palm on her forehead to prevent her from biting) staff had her other arm and part of her leg and the other maintenance man had her other leg and we held her down till she became calm. Once she was calm staff and the maintenance men let her go and she was sitting Indian style as stated by staff. The QDDP then arrived and [client #1] made an allegation that staff slapped her. Staff was suspended and an investigation started." Further review of the record indicated the investigation was not concluded until 12/5/14. There was no written documentation to indicate the results of the investigation were reported to the administrator within 5 business days.</p> <p>-BDDS report dated 12/2/14 involving clients #1 and #2 indicated: "[Client #2] was upset with [client #1] because [client #1] said it wasn't her night to do dishes. Staff then separated the two individuals. [Client #2] walked outside to talk with staff about how she felt while [client #1] walked to the common area. While in the common area [client #1] starred (sic) outside there (sic) door listening to [client #2] talking to staff about her. Staff used DCI approved blocking technique per her behavior support plan</p>						

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	<p>to stop [client #1] from hitting [client #2] and in the process [client #2] hit [client #1] once before walking away following verbal redirection. An approved DCI one person hold per her behavior support plan was then done to stop [client #1] from continuing to attacking (sic) [client #3]. Staff talked to the individual until they calmed down."</p> <p>-BDDS report dated 12/8/14 involving client #2 indicated: "On 12/8/14 [client #2] was in the kitchen then went to her room and said that she wanted to go to sleep because she was tired. At about 6:30 P.M. [client #2] came out of her room and told two staff members that she did something bad that she will regret. Both staff members asked what did she do and she replied that she put a (sic) earring in a scab on her arm and pushed it all the way down in her skin. Staff members looked at her arm but did not see anything. [Client #2] then wanted to talk to QDDP (Qualified Developmental Disabilities Professional) about it and after talking to QDDP she was sent to urgent care. At urgent care a small child stud earring was found under the surface of an old scab on her left arm. The doctor then prescribed antibiotics and [client #2] was sent home. When [client #2] comes in from all outings staff will check her for any items she may have</p>			

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	<p>acquired from any outings that can be used to self harm. Staff will continue to follow the individuals (sic) approved behavior plan which states a plan for the target behavior the individual has for self injurious behavior." Further review of the record failed to indicate an investigation was conducted in regard to this allegation of neglect.</p> <p>-BDDS report dated 12/11/14 involving clients #2 and #3 indicated: "When staff arrived they clocked in at 10:03 P.M.. and went into individual (sic) (client #3) room to talk to her because individual had spit on her. She was upset and needed to vent. Staff talked to individual and needed to go to restroom so staff let housemate go to restroom and housemate [client #2] came out of her room charging at housemate to attack her (client #3). Staff pulled them off of each other. When staff separated [client #2] then she began to tell staff that she was going to beat staff a-- because staff was a n---r b-- -h and that she was going to get staff fired. [Client #2] was redirected by staff multiple times to calm down and use her coping skills. [Client #2] became even more angry and then began to charge towards staff. [Client #2] attacked staff by hitting and scratching staff in the face and pulled staff's hair. Staff intervened to help [client #2] let go of staff's hair and</p>			
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	<p>pulled [client #2] off staff."</p> <p>-BDDS report dated 12/26/14 involving clients #1 and #2 indicated: "On 12/26/14 [client #1] was in the van on an outing and wanted to know how much money she was getting today and staff did not know so staff told her they did not know. [Client #1] immediately began to start calling her housemate [client #2] out of her name (sic). Staff attempted to redirect [client #1] to think about her outing and how much fun she was going to have. [Client #1] ignored redirecting while the van was in motion on the highway and [client #1] started to target her housemate. Staff pulled over on the side of the road. Staff used approved DCI blocking and verbal redirect to prevent [client #1] from hitting housemate [client #2] since she already reached over the seat and slapped housemate in the face as well as kicked housemate when staff was trying to remove the housemate [client #2] from the car. Staff then held her arms in a two person DCI hold. [Client #1] then calmed down and staff was able to drive her home. Once at home [client #1] attempted to run into her housemate's room to attack her but was redirected. [Client #1] the (sic) started to try to hit staff due to her not being able to get to her housemate but the approved BSP DCI</p>						

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	<p>blocking was used to redirect her...."</p> <p>A review of the facility's "Policy and Procedure Concerning Abuse, Neglect and Exploitation", dated 2/27/14 was conducted at the facility's administrative office on 12/31/14 at 1:00 P.M. and indicated, in part, the following: "Dungarvin believes that each individual has the right to be free from mental, emotional and physical abuse in his/her daily life....Abuse, neglect or exploitation of the individuals' served is strictly prohibited in any Dungarvin service delivery setting....Physical abuse is defined as any act which constitutes a violation of the assault, prostitution or criminal sexual conduct statutes including intentionally touching another person in a rude, insolent or angry manner, willful infliction of injury, unauthorized restraint/confinement resulting from physical or chemical intervention....Emotional/verbal abuse is defined as non-therapeutic conduct which produces or could reasonably be expected to produce pain or injury and is not accidental, or any repeated conduct which produces or could reasonably be expected to produce mental or emotional distress, including communicating with words or actions in a individual's presence with intent to cause fear of retaliation, fear of confinement or restraint, cause an</p>			

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	<p>individual to experience emotional humiliation or distress...Neglect is defined as failure to provide appropriate care, supervision, or training, failure to provide food and medical services as needed, failure to provide a safe, clean and sanitary environment and failure to provide medical supplies/safety equipment as indicated in the individual's Individual Support Plan (ISP)...The Supervisor, or Program Coordinator/Senior Director, or his/her delegate will conduct a thorough investigation of the reported incident. The investigation will include the following:</p> <ol style="list-style-type: none"> 1. Review of witnesses. 2. Any evidence or previous abuse or neglect. 3. All other evidence to determine the veracity and seriousness of the charge. <p>...The facility investigation will be completed within five (5) business days, and a summary of results of the investigation will be forwarded to the administrator within five (5) business days of the incident."</p> <p>An interview with the Program Director/Qualified Intellectual Disabilities Professional (PD/QIDP) was conducted on 1/2/15 at 2:45 P.M.. The PD/QIDP indicated the facility's</p>			

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W000154	<p>abuse/neglect policy should be followed at all times. The PD/QIDP indicated the results of the 11/25/14 investigation should be reported to the administrator within 5 business days. The QIDP indicated daily house checks and every shift room sweeps are to be conducted by staff to prevent client #2 from gaining access to items to prevent SIB. The PD/QIDP indicated there was no written evidence an investigation was conducted in regard to the allegation of neglect involving client #2. The PD/QIDP indicated clients #1 and #2's BSPs were not reviewed after the mentioned incidents.</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS</p>			

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	<p>The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 2 of 2 sampled clients (clients #1 and #2), the facility failed to provide written evidence thorough investigations were conducted in regard to an unapproved physical restraint and an allegation of neglect.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations was conducted on 12/30/14 at 12:30 P.M. and indicated:</p> <p>-BDDS report dated 12/8/14 involving client #2 indicated: "On 12/8/14 [client #2] was in the kitchen then went to her room and said that she wanted to go to sleep because she was tired. At about 6:30 P.M. [client #2] came out of her room and told two staff members that she did something bad that she will regret. Both staff members asked what did she do and she replied that she put a (sic) earring in a scab on her arm and pushed it all the way down in her skin. Staff members looked at her arm but did not see anything. [Client #2] then wanted to talk to QDDP (Qualified Developmental</p>	W000154	<p>W 154 483.420(d)(3) STAFF TREATMENT OF CLIENTS</p> <p>The House Manager and QDDP will review this Standard. The House Manager and QDDP will be retrained on conducting thorough investigations into any allegation concerning suspected or actual abuse, neglect, and/or exploitation. The House Manager and QDDP will be retrained on the Agency's Policy on Abuse, Neglect, and Exploitation of Individual's served. Ongoing, the facility will conduct a thorough investigation, per Policy and this Standard, into any allegation or suspicion of abuse, neglect, or exploitation, and take appropriate/effective measures to ensure the individuals' safety and prevent any future recurrence. Ongoing, the Area Director will monitor and ensure all allegations concerning suspected or actual abuse, neglect, and/or exploitation are investigated thoroughly.</p> <p>Will be completed by: 2/1/15</p> <p>Persons Responsible: Area Director, House Manager, and QDDP</p>	02/01/2015	

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	<p>Disabilities Professional) about it and after talking to QDDP she was sent to urgent care. At urgent care a small child stud earring was found under the surface of an old scab on her left arm. The doctor then prescribed antibiotics and [client #2] was sent home. When [client #2] comes in from all outings staff will check her for any items she may have acquired from any outings that can be used to self harm. Staff will continue to follow the individuals (sic) approved behavior plan which states a plan for the target behavior the individual has for self injurious behavior." Further review of the record failed to indicate an investigation was conducted in regard to this allegation of neglect.</p> <p>-Investigation record dated 11/25/14 to 12/5/14 involving client #1 indicated: "...This investigation is being conducted due to a report from [client #1] to the QDDP (Qualified Developmental Disabilities Professional) that a staff member hit her in the legs, hit her in the stomach and slapped her in the face. The QDDP notified [Area Director]. The staff was suspended and an investigation started into the alleged allegation. Witness/Evidence:...[Maintenance Man #1] stated he saw [Staff #13] sit on the individual when trying to restrain her.... [Maintenance Man #2] stated he did see</p>						

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	[Staff #13] sit on the individual...Conclusion Based on Facts: An (sic) proper DCI (crisis intervention) restraint was not done...Recommendation: I recommend [Staff #13] be terminated due to the use of an improper restraint." BDDS report dated 11/25/14 indicated: "On 11/25/14 [client #1] was in the kitchen loading the dishwasher and asked staff if she could have some tea. Staff informed her that she could ask the QDDP if she could have some tea. [Client #1] started to become agitated with staff and went out the front door. Staff then called the QDDP and told her what was going on. The QDDP then talked to [client #1] and she came back to the house and immediately begin (sic) kicking the hole in the wall that was there making it bigger. Staff asked her to stop and tried the (sic) verbally redirect her and asked her to use her coping skills. Then the maintenance man came and asked her to stop. She then punched him in his face and she continued to kick the holes in the wall and started to swing at the maintenance man again and he started using the DCI blocking technique to block her while staff continued to try and redirect her. [Client #1] then started throwing empty water jugs at staff and the maintenance man. Staff and the maintenance man put her in a DCI hold.				

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	<p>[Client #1] scratched staff's hand and the maintenance man (sic) hand. Staff and the maintenance man then had to gently take her to the ground. The maintenance man had one of her arms and her head (he placed his palm on her forehead to prevent her from biting) staff had her other arm and part of her leg and the other maintenance man had her other leg and we held her down till she became calm. Once she was calm staff and the maintenance men let her go and she was sitting Indian style as stated by staff. The QDDP then arrived and [client #1] made an allegation that staff slapped her. Staff was suspended and an investigation started." Further review of the record failed to indicate all staff and clients at the group home were interviewed.</p> <p>A review of client #2's record was conducted on 12/30/14 at 2:00 P.M.. Review of client #2's BSP (Behavior Support Plan) dated 3/14 indicated: "Self-Injurious Behavior: Actions performed by [client #2] in which she uses her body or a foreign object to inflict harm on a part of her body causing some damage to skin integrity, including cuts, bruises, burns or rashes. [Client #2] has a history of cutting on her arms and more recently has engaged in scratching her lower forearms and face to the point of skin breakdown." Further review of</p>						

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W000156	<p>client #2's record indicated staff are to conduct daily house sweeps searching for any items she may harm herself with and to conduct sweeps of client #2's bedroom every shift to prevent client #2 from SIB.</p> <p>An interview with the Program Director/Qualified Intellectual Disabilities Professional (PD/QIDP) was conducted on 1/2/15 at 2:45 P.M.. The PD/QIDP indicated there was no written documentation to indicate all staff who worked at the group home and all clients who reside at the group home were interviewed in regard to the incident. The PD/QIDP further indicated an investigation was not conducted in regard to the allegation of neglect involving client #2.</p> <p>9-3-2(a)</p> <p>483.420(d)(4) STAFF TREATMENT OF CLIENTS The results of all investigations must be reported to the administrator or designated representative or to other officials in accordance with State law within five</p>			

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	<p>working days of the incident.</p> <p>Based on record review and interview, the facility failed to report the results of 1 of 1 reviewed investigation, involving 1 of 2 sampled clients (client #1), to the administrator within five business days.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations was conducted on 12/30/14 at 12:30 P.M. and indicated:</p> <p>-Investigation record dated 11/25/14 to 12/5/14 involving client #1 indicated: "...This investigation is being conducted due to a report from [client #1] to the QDDP (Qualified Developmental Disabilities Professional) that a staff member hit her in the legs, hit her in the stomach and slapped her in the face. The QDDP notified [Area Director]. The staff was suspended and an investigation started into the alleged allegation.</p> <p>Witness/Evidence:...[Maintenance Man #1] stated he saw [Staff #13] sit on the individual when trying to restrain her.... [Maintenance Man #2] stated he did see [Staff #13] sit on the individual...Conclusion Based on Facts: An (sic) proper DCI (crisis intervention) restraint was not</p>	W000156	<p>W 156 483.420(d)(4) STAFF TREATMENT OF CLIENTS</p> <p>The House Manager and QDDP will review this Standard. The House Manager and QDDP have been retrained on this Standard. The House Manager or QDDP will immediately notify the administrator of any allegation, or suspicion, of abuse, neglect, or exploitation of an individual served. Immediate measures will then be put in place to ensure the individual's health and safety and an investigation will be conducted. Within 5 business days, the House Manager or QDDP will notify the administrator of the results of the investigation.</p> <p>Ongoing, in the event an allegation is reported to the administrator, the administrator (Area Director) will arrange to follow-up with the House Manager or QDDP at least every 5 business days in order to obtain the progress or results of the investigation.</p> <p>Will be completed by: 2/1/15</p>	02/01/2015			

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	done....Recommendation: I recommend [Staff #13] be terminated due to the use of an improper restraint." BDDS report dated 11/25/14 indicated: "On 11/25/14 [client #1] was in the kitchen loading the dishwasher and asked staff if she could have some tea. Staff informed her that she could ask the QDDP if she could have some tea. [Client #1] started to become agitated with staff and went out the front door. Staff then called the QDDP and told her what was going on. The QDDP then talked to [client #1] and she came back to the house and immediately begin (sic) kicking the hole in the wall that was there making it bigger. Staff asked her to stop and tried the (sic) verbally redirect her and asked her to use her coping skills. Then the maintenance man came and asked her to stop. She then punched him in his face and she continued to kick the holes in the wall and started to swing at the maintenance man again and he started using the DCI blocking technique to block her while staff continued to try and redirect her. [Client #1] then started throwing empty water jugs at staff and the maintenance man. Staff and the maintenance man put her in a DCI hold. [Client #1] scratched staff's hand and the maintenance man (sic) hand. Staff and the maintenance man then had to gently take her to the ground. The maintenance		Persons Responsible: Area Director, House Manager, and QDDP				

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	<p>man had one of her arms and her head (he placed his palm on her forehead to prevent her from biting) staff had her other arm and part of her leg and the other maintenance man had her other leg and we held her down till she became calm. Once she was calm staff and the maintenance men let her go and she was sitting Indian style as stated by staff. The QDDP then arrived and [client #1] made an allegation that staff slapped her. Staff was suspended and an investigation started." Further review of the record indicated the investigation was not concluded until 12/5/14. There was no written documentation to indicate the results of the investigation were reported to the administrator within 5 business days.</p> <p>An interview with the Area Director (AD) and Program Director/Qualified Intellectual Disability Professional (PD/QIDP) was conducted on 1/2/15 at 2:45 P.M.. The AD indicated the results of the investigation should have been reported to the administrator within 5 business days. The AD further indicated the results of the investigations were not reported to the administrator within 5 business days.</p> <p>9-3-2(a)</p>			

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W000189	<p>483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on record review and interview for 1 of 2 sampled clients (client #1), the facility failed to ensure all staff who worked with client #1 were sufficiently trained to assure competence in regard to the client's behavioral needs/plans.</p> <p>Findings include:</p> <p>A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations was conducted on 12/30/14 at 12:30 P.M. and indicated:</p> <p>-Investigation record dated 11/25/14 to 12/5/14 involving client #1 indicated: "...This investigation is being conducted due to a report from [client #1] to the QDDP (Qualified Developmental Disabilities Professional) that a staff member hit her in the legs, hit her in the stomach and slapped her in the face. The</p>	W000189	<p>W 189 483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The Area Director, House Manager, and QDDP have reviewed this Standard. The QDDP/QMRP has been retrained on ensuring all staff are sufficiently trained to ensure each client's active treatment program is implemented consistently by staff. After investigation, it was determined the staff person involved with the improper physical hold of client #1 had been trained in that client's behavior protocol and was therefore terminated from employment due to the improper hold/abuse. After investigation, the Maintenance Coordinator received disciplinary action for involvement in the restraint of client #1 and both maintenance personnel have been instructed by their supervisor not to assist staff in applying physical holds unless they have been trained in DCI and on the individuals' BSP.</p>	02/01/2015			

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	<p>QDDP notified [Area Director]. The staff was suspended and an investigation started into the alleged allegation. Witness/Evidence:...[Maintenance Man #1] stated he saw [Staff #13] sit on the individual when trying to restrain her.... [Maintenance Man #2] stated he did see [Staff #13] sit on the individual...Conclusion Based on Facts: An (sic) proper DCI (crisis intervention) restraint was not done....Recommendation: I recommend [Staff #13] be terminated due to the use of an improper restraint." BDDS report dated 11/25/14 indicated: "On 11/25/14 [client #1] was in the kitchen loading the dishwasher and asked staff if she could have some tea. Staff informed her that she could ask the QDDP if she could have some tea. [Client #1] started to become agitated with staff and went out the front door. Staff then called the QDDP and told her what was going on. The QDDP then talked to [client #1] and she came back to the house and immediately begin (sic) kicking the hole in the wall that was there making it bigger. Staff asked her to stop and tried the (sic) verbally redirect her and asked her to use her coping skills. Then the maintenance man came and asked her to stop. She then punched him in his face and she continued to kick the holes in the wall and started to swing at the</p>		<p>All staff have been trained to ensure competency in client #1's behavior protocol/plan.</p> <p>The QDDP and/or House Manager will conduct regular observations at the home, at least 3 times per week until compliance is demonstrated, and thereafter, at least weekly, to ensure staff are following all client's protocol/plans as written.</p> <p>Will be completed by: 2/1/15</p> <p>Persons Responsible: House Manager, and QDDP</p>				

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	<p>maintenance man again and he started using the DCI blocking technique to block her while staff continued to try and redirect her. [Client #1] then started throwing empty water jugs at staff and the maintenance man. Staff and the maintenance man put her in a DCI hold. [Client #1] scratched staff's hand and the maintenance man (sic) hand. Staff and the maintenance man then had to gently take her to the ground. The maintenance man had one of her arms and her head (he placed his palm on her forehead to prevent her from biting) staff had her other arm and part of her leg and the other maintenance man had her other leg and we held her down till she became calm. Once she was calm staff and the maintenance men let her go and she was sitting Indian style as stated by staff. The QDDP then arrived and [client #1] made an allegation that staff slapped her. Staff was suspended and an investigation started." No written documentation was submitted for review to indicate Maintenance Man #2 was trained on DCI and client #1's BSP (Behavior Support Plan).</p> <p>A review of client #1's record was conducted on 12/30/14 at 1:15 P.M.. Review of client #1's BSP dated 5/15/14 indicated: "Side Body Hug-Standing beside /slightly behind the person holding</p>						

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W000249	<p>one of the arms against the person's body and your, hugging along the person's natural waist...One Arm Standing-Standing behind the person, holding one arm of the person in front of their body with both of your hands, hugging around the natural waistline from behind the person...Two Person Hold-Standing behind the person with hands in a 'c' formation at wrist with opposite arm to individual and arm closest to individual on the shoulder. Inner leg should be behind client next to their inside foot for stability."</p> <p>An interview with the Area Director (AD) and Program Director/Qualified Intellectual Disability Professional (PD/QIDP) was conducted on 1/2/15 at 2:45 P.M.. The AD indicated there was no documentation to indicate Maintenance Man #2 was trained in DCI and client #1's BSP. The PD indicated staff improperly restrained client #1 and did not follow her BSP approved techniques.</p> <p>9-3-3(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active</p>				

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	<p>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, for 2 of 2 sampled clients (clients #1 and #2), the facility failed to ensure the clients' Behavior Support Plans (BSP) were implemented as written.</p> <p>Findings include:</p> <p>1. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations was conducted on 12/30/14 at 12:30 P.M. and indicated:</p> <p>-Investigation record dated 11/25/14 to 12/5/14 involving client #1 indicated: "...This investigation is being conducted due to a report from [client #1] to the QDDP (Qualified Developmental Disabilities Professional) that a staff member hit her in the legs, hit her in the stomach and slapped her in the face. The QDDP notified [Area Director]. The staff was suspended and an investigation started into the alleged allegation. Witness/Evidence:...[Maintenance Man #1] stated he saw [Staff #13] sit on the individual when trying to restrain her.... [Maintenance Man #2] stated he did see</p>	W000249	<p>W 249 483.440 (d)(1) PROGRAM IMPLEMENTATION</p> <p>The Area Director, House Manager, and QDDP have reviewed this Standard. The QDDP/QMRP and House Manager have been retrained on ensuring all staff are sufficiently trained to ensure each client's active treatment program, including BSP, is implemented consistently by staff. After investigation, it was determined the staff person involved with the improper physical hold of client #1 had been trained in that client's behavior protocol and was therefore terminated from employment due to the improper hold/abuse. After investigation, the Maintenance Coordinator received disciplinary action for involvement in the restraint of client #1 and both maintenance personnel have been instructed by their supervisor not to assist staff in applying physical holds unless they have been trained in DCI and on the individuals' BSP.</p> <p>All staff have been trained to ensure</p>	02/01/2015

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	[Staff #13] sit on the individual...Conclusion Based on Facts: An (sic) proper DCI (crisis intervention) restraint was not done...Recommendation: I recommend [Staff #13] be terminated due to the use of an improper restraint." BDDS report dated 11/25/14 indicated: "On 11/25/14 [client #1] was in the kitchen loading the dishwasher and asked staff if she could have some tea. Staff informed her that she could ask the QDDP if she could have some tea. [Client #1] started to become agitated with staff and went out the front door. Staff then called the QDDP and told her what was going on. The QDDP then talked to [client #1] and she came back to the house and immediately begin (sic) kicking the hole in the wall that was there making it bigger. Staff asked her to stop and tried the (sic) verbally redirect her and asked her to use her coping skills. Then the maintenance man came and asked her to stop. She then punched him in his face and she continued to kick the holes in the wall and started to swing at the maintenance man again and he started using the DCI blocking technique to block her while staff continued to try and redirect her. [Client #1] then started throwing empty water jugs at staff and the maintenance man. Staff and the maintenance man put her in a DCI hold.		competency in client #1, and all other clients' behavior protocol/plans. The QDDP and/or House Manager will conduct regular observations at the home, at least 3 times per week until compliance is demonstrated, and thereafter, at least weekly, to ensure staff are following all client's protocol/plans as written. Completion Date: 2/1/15 Persons Responsible: House Manager and QDDP	

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	<p>[Client #1] scratched staff's hand and the maintenance man (sic) hand. Staff and the maintenance man then had to gently take her to the ground. The maintenance man had one of her arms and her head (he placed his palm on her forehead to prevent her from biting) staff had her other arm and part of her leg and the other maintenance man had her other leg and we held her down till she became calm. Once she was calm staff and the maintenance men let her go and she was sitting Indian style as stated by staff. The QDDP then arrived and [client #1] made an allegation that staff slapped her. Staff was suspended and an investigation started."</p> <p>A review of client #1's record was conducted on 12/30/14 at 1:15 P.M.. Review of client #1's BSP dated 5/15/14 indicated: "Side Body Hug-Standing beside /slightly behind the person holding one of the arms against the person's body and your, hugging along the person's natural waist...One Arm Standing-Standing behind the person, holding one arm of the person in front of their body with both of your hands, hugging around the natural waistline from behind the person...Two Person Hold-Standing behind the person with hands in a 'c' formation at wrist with opposite arm to individual and arm</p>			

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	<p>closest to individual on the shoulder. Inner leg should be behind client next to their inside foot for stability."</p> <p>An interview with the Program Director/Qualified Intellectual Disability Professional (PD/QIDP) was conducted on 1/2/15 at 2:45 P.M.. The PD/QIDP indicated staff should have used the DCI restraints as written in client #1's BSP. The PD/QIDP further indicated the staff did not use the approved DCI restraints written in client #1's BSP.</p> <p>2. A review of the facility's Bureau of Developmental Disabilities Services (BDDS) reports and investigations was conducted on 12/30/14 at 12:30 P.M. and indicated:</p> <p>-BDDS report dated 12/8/14 involving client #2 indicated: "On 12/8/14 [client #2] was in the kitchen then went to her room and said that she wanted to go to sleep because she was tired. At about 6:30 P.M. [client #2] came out of her room and told two staff members that she did something bad that she will regret. Both staff members asked what did she do and she replied that she put a (sic) earring in a scab on her arm and pushed it all the way down in her skin. Staff members looked at her arm but did not see anything. [Client #2] then wanted to</p>						

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	<p>talk to QDDP (Qualified Developmental Disabilities Professional) about it and after talking to QDDP she was sent to urgent care. At urgent care a small child stud earring was found under the surface of an old scab on her left arm. The doctor then prescribed antibiotics and [client #2] was sent home. When [client #2] comes in from all outings staff will check her for any items she may have acquired from any outings that can be used to self harm. Staff will continue to follow the individuals (sic) approved behavior plan which states a plan for the target behavior the individual has for self injurious behavior."</p> <p>An evening observation was conducted at the group home on 12/29/14 from 6:00 P.M. until 7:30 P.M.. Upon entering into the group home a clear plastic container with several serving utensils in it was observed on the kitchen counter next to the kitchen sink. Further observation indicated a butcher knife in the container. An unlocked black and red tackle box containing silverware including table knives, was sitting on the counter. Throughout the observation clients #1 and #2 walked in and out of the kitchen area. At 7:00 P.M., client #2 walked over to the kitchen sink and began washing dishes while the butcher knife sat in the clear plastic container and the unlocked</p>			

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	<p>black and red tackle box sat on the counter. At 7:10 P.M., client #3 walked into the kitchen, saw the clear plastic container and the black and red tackle box, walked over to staff, handed staff the plastic bin and whispered in staff's ear.</p> <p>A review of client #1's record was conducted on 12/30/14 at 1:15 P.M.. Review of client #1's BSP dated 5/15/14 indicated: "Due to history of self-injury, recent resurfacing of the behavior, as well as [client #1]'s placement at an ESN (Extensive Support Needs) home with roommates who also have a history of self injury, whole house sweeps of common area each shift. Items that can be used for self harm or weapons will be removed, such as magazines with staples, pencils, pens, plastic wrapping, string, beads, etc.."</p> <p>A review of client #2's record was conducted on 12/30/14 at 2:00 P.M.. Review of client #2's BSP dated 3/14 indicated: "Self-Injurious Behavior: Actions performed by [client #2] in which she uses her body or a foreign object to inflict harm on a part of her body causing some damage to skin integrity, including cuts, bruises, burns or rashes. [Client #2] has a history of cutting on her arms and more recently has</p>			

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W000252	<p>engaged in scratching her lower forearms and face to the point of skin breakdown." Further review of client #2's record indicated staff are to keep all sharps locked up and are not to leave them unattended where client #2 may have access to harm herself.</p> <p>An interview with the Program Director/Qualified Intellectual Disabilities Professional (PD/QIDP) was conducted on 1/2/15 at 2:45 P.M.. The QIDP indicated all objects and sharps are to be locked up to ensure clients #1 and #2 do not have access to harm themselves.</p> <p>9-3-4(a)</p> <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the</p>				

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	<p>criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview, the facility failed to provide evidence data was collected for training objectives for 2 of 2 sampled clients (clients #1 and #2).</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 12/30/14 at 1:15 P.M.. Review of client #1's Individual Support Plan (ISP) dated 6/11/14 indicated: "Will participate in a weekly activity of her choice...Will follow the house chore chart in addition to maintaining a clean living space....Will get dressed daily in clean appropriate clothing...Will use her v tech learning device to enhance her communication skills, using direct prompts...Will count change combinations up to \$3.00...Will daily state the name of her 8 A.M. medication...Will learn knife safety with staff assistance by hand over hand or modeling demonstrations...Will complete her laundry daily as needed...Will assist in cooking a side dish one meal time per week...Will read for 10 minutes out loud with staff...Will brush her teeth." There was no documentation available for review of client #1's training</p>	W000252	<p>W 252 483.440(e)(1) PROGRAM DOCUMENTATION</p> <p>The House Manager and QDDP have reviewed this standard. The House Manager and QDDP have been retrained on this Standard. The House Manager and QDDP will ensure that all clients' goals/objectives are documented as written/required in each client's ISP. QDDP will complete Monthly Summaries, containing a summary of the data recorded relating to the progress of each clients' goal/objective, in measurable terms.</p> <p>The QDDP and/or House Manager will conduct regular observations at the home, at least 3 times per week until compliance is demonstrated, and thereafter, at least weekly, to ensure all IPPs, consistent active treatment is being provided, and goals/objectives are being implemented and documented by staff as written.</p> <p>Will be completed by: 2/1/15</p>	02/01/2015			

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	<p>objectives/behavior data.</p> <p>A review of client #2's record was conducted on 12/30/14 at 2:00 P.M.. Review of client #2's record indicated an ISP dated 7/14/14 which indicated: "Will learn how to make change from money transaction of up to \$3.00 with staff... Will complete daily chores in addition to her personal living space... Will exercise once daily 7 days for 10 minutes... Will state the name of two of her A.M. medications (Lipitor and Norgestimate) and what she takes them for... Will use a knife correctly while cooking dinner with staff assistance... Will budget her money to save 5 dollars every week to buy something she wants every two weeks... Will complete her laundry... Will have leisure time 5 times a week which will consist of listening to music, coloring, journaling... Will read in rotation with staff for 15 minutes... Will brush her teeth." There was no documentation available for review of client #2's training objectives/behavior data.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed on 1/2/15 at 2:45 P.M.. The QIDP indicated clients' objectives are to be documented daily. The QIDP indicated there was no</p>		<p>Persons Responsible: House Manager and QDDP</p>				

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W000257	<p>written documentation to indicate staff documented clients' objectives daily for every month of 2014.</p> <p>9-3-4(a)</p> <p>483.440(f)(1)(iii) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is failing to progress toward identified objectives after reasonable efforts have been made. Based on interview and record review for 2 of 2 sampled clients and 1 additional client (clients #1, #2 and #3), the Qualified Intellectual Disability Professional (QIDP) failed to revise objectives when the clients failed to progress after three months.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 12/29/14 from 6:00 P.M. until 7:30 P.M.. During the entire observation period, clients #1, #2 and #3 did not and were not prompted to wear their prescribed eyeglasses. Direct Support Professionals (DSPs) #1, #2 and</p>	W000257	<p>W 257 483.440(f)(1)(iii) PROGRAM MONITORING AND CHANGE</p> <p>The QDDP has reviewed this standard. The Area Director has retrained the QDDP on this Standard and agency expectations regarding the review and revision of client goals/objectives. The QDDP will review all client goals/objectives and their progress and will revise them as necessary based on progress or lack of progress. Ongoing, the QDDP will ensure that all clients' goals/objectives are documented as written/required in each client's ISP and review the data monthly. At</p>	02/01/2015			

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	<p>#3 did not prompt clients #1, #2 and #3 to wear their eyeglasses.</p> <p>A morning observation was conducted at the group home on 12/30/14 between 7:20 A.M. and 9:00 A.M.. Clients #1, #2 and #3 were observed the entire observation period not wearing eyeglasses. Direct Support Professionals (DSP) #3 and #4 did not prompt clients #1, #2 and #3 to wear their eyeglasses.</p> <p>A review of client #1's record was conducted on 12/30/14 at 1:15 P.M.. A review of client #1's Individual Support Plan (ISP) dated 6/11/14 indicated client #1 had an objective to wear her eyeglasses. Review of staff documentation dated 7/1/14 to 12/31/14 indicated client #1 refused to wear her eyeglasses. There was no documentation to indicate the QIDP reviewed the objective data and revised the objective.</p> <p>A review of client #2's record was conducted on 12/30/14 at 2:00 P.M.. A review of client #2's ISP dated 7/14/14 indicated client #2 was prescribed eyeglasses. Client #2's "General Eye Exam" dated 11/12/14 indicated she was prescribed eyeglasses full time. Review of staff documentation indicated client #2 refused to wear her glasses. There was no documentation to indicate the QIDP</p>		<p>least every three months and as necessary, the QDDP will revise all clients' goals/objectives as necessary. QDDP will complete Monthly Summaries, containing a summary of the data recorded relating to the progress of each clients' goal/objective, in measurable terms.</p> <p>The QDDP will provide the Area Director with the last 3 months of client monthly summaries and the Area Director will review to ensure goals/objectives are revised per this Standard and Agency policy/procedures. Ongoing, the QDDP will provide the summaries to the Area Director on a monthly basis.</p> <p>Will be completed by: 2/1/15</p> <p>Persons Responsible: House Manager and QDDP</p>				

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W000261	<p>reviewed the objective data and revised the objective.</p> <p>A review of client #3's record was conducted on 12/30/14 at 2:30 P.M.. A review of client #3's "General Eye Exam" dated 11/11/14 indicated she was prescribed eyeglasses. Review of staff documentation indicated client #3 refused to wear her glasses. There was no documentation to indicate the QIDP reviewed the objective data and revised the objective.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed at the facility's administrative office on 1/2/15 at 2:45 P.M.. The QIDP did not provide any additional monitoring and/or monthly reviews of the clients' objectives to determine if the clients had failed to make progress on the objectives after 3 months.</p> <p>9-3-4(a)</p> <p>483.440(f)(3) PROGRAM MONITORING & CHANGE The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as</p>			

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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385			
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	<p>appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility.</p> <p>Based upon record review and interview, the facility failed for 2 of 2 sampled clients and 1 additional client (clients #1, #2 and #3), to ensure the facility participated in the Human Rights Committee (HRC) who reviewed the use of restrictive measures.</p> <p>Findings include:</p> <p>A request for the facility's HRC's meeting minutes from 12/13 to current was requested on 12/29/14 at 6:30 P.M., 12/30/14 at 1:15 P.M. and 1/2/15 at 2:00 P.M.. No meeting minutes for clients #1, #2 and #3 were submitted for review.</p> <p>The Area Director (AD) and Program Director/Qualified Intellectual Disabilities Professional (PD/QIDP) were interviewed on 1/2/15 at 2:45 PM and indicated no one from the facility participated in the HRC meetings. The AD indicated an outside facility reviewed the facility's restrictive measures but members from the facility did not participate or attend the meetings. When asked how the facility obtained approvals, they indicated the outside HRC coordinator electronically mailed</p>	W000261	<p>W 261 483.440(f)(3) PROGRAM MONITORING AND CHANGE</p> <p>The Area Director and QDDP have reviewed this standard. The Area Director has retrained the QDDP on this Standard. The facility utilizes an outside agency's HRC that meets the criteria for adhering to this Standard, for all review and approval of restrictions. In the event new restrictions are added to a clients' protocol, the client's IDT will meet, develop and discuss, then finally approve of the new restrictions. Once the IDT approves of the restrictions, the Protocol is sent to the HRC members/chair, via email, for approval. If emergency urgent approval is needed, the HRC will discuss, review, and either disapprove or give contingent approval of the restrictions via email, for full review at the next available HRC meeting. The Area Director will arrange to obtain all HRC meeting notes on a regular basis from the committee, so they are available for review.</p> <p>The QDDP will promptly notify the</p>	02/01/2015			

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W000262	<p>each HRC member individually for restrictive intervention approvals between meetings and the HRC would discuss the interventions at the next quarterly meeting. The AD indicated there was not opportunity for HRC deliberation and discussion as a group when approvals for interventions were gained via individual electronic mail with committee members.</p> <p>9-3-4(a)</p> <p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. Based upon record review and interview, the facility failed to ensure the facility's Human Rights Committee (HRC) approved the monitoring of 1 of 2 sampled clients (client #2)'s telephone calls via speaker phone.</p>	W000262	<p>administrator of all new/revised restrictions on client rights and the administrator will review to ensure HRC approval has been granted and documented.</p> <p>Will be completed by: 2/1/15</p> <p>Persons Responsible: QDDP and Area Director</p> <p>W 262 483.440(f)(3)(i) PROGRAM MONITORING AND CHANGE</p> <p>The Area Director and QDDP have</p>	02/01/2015	

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	<p>Findings include:</p> <p>A request for the facility's HRC's meeting minutes from 12/13 to current was requested on 12/29/14 at 6:30 P.M., 12/30/14 at 1:15 P.M. and 1/2/15 at 2:00 P.M.. No meeting minutes were submitted for review.</p> <p>A review of the facility's "IDT (Inter Disciplinary Team) in Attendance at Team Meeting" dated 11/2/14 for client #2 was reviewed on 12/31/14 at 2:30 P.M. and indicated "Look at a more restrictive setting. There are holes in every wall....Will have phone calls monitored via speaker phone." Further review failed to indicate the monitoring of client #2's telephone calls via speaker phone had been approved by the HRC.</p> <p>A review of client #2's record was conducted on 12/30/14 at 2:00 P.M.. Review of client #2's BSP (Behavior Support Plan) dated 3/14 did not address the monitoring of client #2's telephone calls via speaker phone.</p> <p>The Area Director (AD) and Program Director/Qualified Intellectual Disabilities Professional(PD/QIDP) were interviewed on 1/2/15 at 2:45 P.M.. When asked if the monitoring of client</p>		<p>reviewed this standard. The Area Director has retrained the QDDP on this Standard. The QDDP will obtain documented HRC approval of the cited restrictions for which no evidence of HRC review/approval was available at the time of survey. The QDDP will review all restrictions on all clients' rights and obtain documented HRC approval if not currently available. Ongoing, the QDDP will ensure all new/revised restrictions on client rights are approved by the client's IDT and the HRC, and that documentation of this approval is obtained prior to implementing the restriction.</p> <p>The QDDP will promptly notify the administrator of all new/revised restrictions on client rights and the administrator will review to ensure HRC approval has been granted and documented.</p> <p>Will be completed by: 2/1/15</p> <p>Persons Responsible: QDDP and Area Director</p>				

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W000323	<p>#2's telephone calls had been approved by the HRC and addressed in he BSP, the QIDP indicated the restriction had not been reviewed and approved by the HRC.</p> <p>9-3-4(a)</p> <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 2 of 2 sampled clients (clients #1 and #2), to have hearing and vision evaluation/assessments as recommended by the audiologist and optometrist.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 12/30/14 at 1:15 P.M.. Client #1's record indicated a most current vision assessment/evaluation dated 7/17/13 which indicated "Return 1</p>	W000323	<p>W 323 483.460(a)(3)(i) PHYSICIAN SERVICES</p> <p>The House Manager, QDDP, and Nurse have reviewed this standard. The Area Director has retrained the House Manager, QDDP, and Nurse on this Standard. The Nurse will schedule a vision examination for client #1 and hearing examination for client #2 for ASAP. The nurse will review the records of all other clients to ensure they have undergone their annual physical, vision, and hearing</p>	02/01/2015

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	<p>year for eye exam." Further review of the record did not indicate client #1 returned in 1 year for an eye exam as recommended by the optometrist.</p> <p>A review of client #2's record was conducted on 12/30/14 at 2:00 P.M.. Client #2's record indicated a most current hearing assessment/evaluation dated 7/22/13 which indicated "The hearing test showed borderline normal to mild hearing loss right ear. The left ear showed normal hearing to a moderate-severe hearing loss...Retest annually." Further review of the record did not indicate client #2 had her hearing retested annually as recommended by the audiologist.</p> <p>An interview with the Registered Nurse (RN) was conducted on 1/2/15 at 1:20 P.M.. The RN indicated client #1 should have gone for the vision evaluation/assessment as recommended by the optometrist and client #2 should have had her hearing retested as recommended by the audiologist. The RN indicated there was no evidence clients #1 and #2 had their vision and hearing evaluated/assessed as recommended.</p> <p>9-3-6(a)</p>		<p>examinations annually and as recommended by their physician(s). In the future, all clients will be scheduled for their annual physical, vision, and hearing examinations per this Standard.</p> <p>Ongoing, the facility Nurse will review the dates of all required medial examinations/assessments and all Dr.'s recommendations on at least a quarterly basis, to ensure compliance.</p> <p>Will be completed by: 2/1/15</p> <p>Persons Responsible: Nurse and QDDP</p>		

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W000331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility failed for 2 of 2 sampled clients and 2 additional clients (clients #1, #2, #3 and #4), by not ensuring the facility's nursing services reported the pharmacist's recommendations to the physician and Interdisciplinary Team (IDT).</p> <p>Findings include:</p> <p>A review of the facility's pharmacy reviews was conducted on 1/2/15 at 12:50 P.M.. The consulting pharmacist indicated:</p> <p>Consultant Pharmacist dated 4/21/14 for client #1 indicated:</p> <p>"The following medication can be given as prn (as needed) therapy to help reduce possible drug interactions and other side effects. Also prn therapy will reduce the patient's cost of care. Omeprazole (gastroesophageal reflux disease) and Doc q lace (stool softener.) This patient's labs are out of date. Please order new labs or add most recent labs to chart for</p>	W000331	<p>W 331 483.460(c) NURSING SERVICES</p> <p>The QDDP and Nurse have reviewed this standard. The Area Director has retrained the QDDP and Nurse on this Standard. The Nurse has arranged for all clients' PCPs to review all pharmacy recommendations and to document their recommendations. The nurse will then present the pharmacy recommendations and doctor recommendations to each clients' IDT for review and comment.</p> <p>Ongoing, the facility Nurse will review and arrange to present all quarterly pharmacy reviews to the clients' doctor and then IDT for review/discussion, at least every quarter. The results will be documented on at least the client's quarterly nursing summaries.</p> <p>The Nurse will forward all nursing summaries promptly to the Area Director for review. The Area</p>	02/01/2015

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	<p>review." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>Consultant Pharmacist dated 4/21/14 for client #2 indicated:</p> <p>"The following medication can be given as prn (as needed) therapy to help reduce possible drug drug (sic) interactions and other side effects. Also prn therapy will reduce the patient's cost of care. Flonase (allergies) and Zyrtec (allergies) This patient's labs are out of date. Please order new labs or add most recent labs to chart for review." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>Consultant Pharmacist dated 4/21/14 for client #3 indicated:</p> <p>"This patient's labs are out of date. Please order new labs or add most recent labs to chart for review." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>Consultant Pharmacist dated 4/21/14 for</p>		<p>Director will review to ensure pharmacy reviews were addressed by the nurse, PCP, and IDT.</p> <p>Will be completed by: 2/1/15</p> <p>Persons Responsible: Nurse and QDDP</p>				

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W000336	<p>client #4 indicated:</p> <p>"This patient's labs are out of date. Please order new labs or add most recent labs to chart for review." Further review failed to indicate the facility's nursing staff reported the pharmacist's recommendations to the IDT and physician.</p> <p>An interview with the Registered Nurse (RN) was conducted on 1/2/15 at 1:30 P.M.. The RN indicated the facility's nursing staff was responsible for reviewing the pharmacist's recommendations and reporting the recommendations to the IDT. The RN indicated the pharmacist's recommendations were not reported to the prescribing physician or the IDT by the nurse.</p> <p>9-3-6(a)</p> <p>483.460(c)(3)(iii) NURSING SERVICES Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must be on a quarterly or more frequent basis depending on client need.</p> <p>Based on record review and interview for</p>	W000336	W 336 483.460(c)(3)(iii) NURSING SERVICES	02/01/2015

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	<p>2 of 2 sampled clients (clients #1 and #2), the facility's nursing services failed to conduct quarterly nursing assessments of each client's health status and medical needs.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 12/30/14 at 1:15 P.M.. Client #1's record indicated no nursing quarterlies were completed for 4/14. Client #1's most current annual physical was dated 6/4/14. Client #1's 6/11/14 Individual Support Plan (ISP) indicated client #1's diagnoses included, but were not limited to, phonological disorder, seizure disorder, enuresis, asthma, cerebral palsy and muscular dystrophy. Client #1's 12/14 physician orders indicated client #1 received routine medications.</p> <p>A review of client #2's record was conducted on 12/30/14 at 2:00 P.M.. Client #2's record indicated no nursing quarterly completed for 2/14. Client #2's annual physical was dated 6/4/14. Client #2's 7/14/14 Individual Support Plan (ISP) indicated client #2's diagnoses included, but were not limited to, constipation, seizure disorder and GERD (gastroesophageal reflux disease). Client #2's 12/14 physician orders indicated</p>		<p>The QDDP and Nurse have reviewed this standard. The Area Director has retrained the QDDP and Nurse on this Standard. The Nurse completes monthly summaries on all clients' health status. The nurse will now complete quarterly assessments on each client's health status.</p> <p>The Nurse will forward all nursing summaries promptly to the Area Director for review. The Area Director will review to ensure the summaries are completed at least quarterly and that pharmacy reviews were addressed by the nurse, PCP, and IDT.</p> <p>Will be completed by: 2/1/15</p> <p>Persons Responsible: Nurse and QDDP</p>	

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W000362	<p>client #2 received routine medications.</p> <p>An interview with the Registered Nurse (RN) was conducted on 1/2/15 at 1:20 P.M.. The RN indicated nursing quarterlies are to be completed every three months. The RN further indicated the nursing quarterlies were not completed every three months.</p> <p>9-3-6(a)</p> <p>483.460(j)(1) DRUG REGIMEN REVIEW A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly.</p> <p>Based on record review and interview, the facility failed for 3 of 3 clients living at the group home, (clients #1, #2 and #3) to ensure the pharmacist reviewed clients' medications on a quarterly basis.</p> <p>Findings include:</p> <p>The pharmacist's medication review record was reviewed on 1/2/15 at 12:50 P.M.. Review of the pharmacist's medication review record indicated no medication reviews for the first, third and fourth quarters of 2014 for clients #1, #2 and #3.</p>	W000362	<p>W 362 483.460(j)(1) DRUG REGIMEN REVIEW</p> <p>The QDDP and Nurse have reviewed this standard. The Area Director has retrained the QDDP and Nurse on this Standard. The Nurse has arranged for the pharmacist to conduct a review for all clients. The nurse will then share the results with each clients' IDT and physician for review and recommendations. The Nurse will include these recommendations and results of Dr. and IDT discussion in the quarterly assessments on each client's health status.</p>	02/01/2015			

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W000369	<p>A review of client #1's record was conducted on 12/30/14 at 1:15 P.M.. The record indicated client #1 was prescribed medications.</p> <p>A review of client #2's record was conducted on 12/30/14 at 2:00 P.M.. The record indicated client #2 was prescribed medications.</p> <p>A review of client #3's record was conducted on 12/30/14 at 2:30 P.M.. The record indicated client #3 was prescribed medications.</p> <p>An interview with the Registered Nurse (RN) was conducted at the facility's administrative office on 1/2/15 at 1:20 P.M.. When asked how often medications are to be reviewed by the pharmacist, the RN stated "They should be reviewed quarterly." The RN further indicated there was no written documentation available for review to indicate medications were reviewed by the pharmacist.</p> <p>9-3-6(a)</p> <p>483.460(k)(2) DRUG ADMINISTRATION The system for drug administration must</p>		<p>The Nurse will forward all nursing summaries promptly to the Area Director for review. The Area Director will review to ensure the summaries are completed at least quarterly and that pharmacy reviews were addressed by the nurse, PCP, and IDT.</p> <p>Will be completed by: 2/1/15</p> <p>Persons Responsible: Nurse and QDDP</p>				

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	<p>assure that all drugs, including those that are self-administered, are administered without error.</p> <p>Based on observation, record review and interview, the facility failed for 1 of 2 sampled clients (client #1) to ensure staff administered 2 of 14 of the client's medications, as ordered without error.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 12/30/14 from 7:20 A.M. until 9:00 A.M.. At 7:40 A.M., Direct Support Professional (DSP) #4 retrieved a purple, circular inhaler from client #1's medication bin. Review of the Medication Administration Record (MAR) dated 12/2014 at 7:42 A.M. indicated "Advair Diskus 250/50 mcg (micrograms)...rinse mouth." DSP #4 then administered client #1's "Ziprasidone 80 mg (milligram) capsule (schizophrenia)...1 capsule orally twice daily with food." Review of the medication packet label and the MAR dated 12/2014 was done at 7:50 A.M. and indicated "Ziprasidone 80 mg (milligram) capsule (schizophrenia)...1 capsule orally twice daily with food." Client #1 did not take her medications with food and did not have any food during the observation period. Client #1 did not and was not prompted to rinse her mouth.</p>	W000369	<p>W 369 483.460(k)(2) DRUG ADMINISTRATION</p> <p>The House Manager, QDDP, and Nurse have reviewed this standard. The Area Director has retrained the House Manager, QDDP, and Nurse on this Standard. The staff responsible for the cited med errors will be retrained on medication administration.</p> <p>The QDDP and/or House Manager will conduct regular observations at the home, at least 3 times per week until compliance is demonstrated, and thereafter, at least weekly, to ensure staff are following all client's protocol/plans as written, including medication administration observations to ensure all medications are administered according to physician's orders.</p> <p>Will be completed by: 2/1/15</p> <p>Persons Responsible: House Manager, QDDP, and Nurse</p>	02/01/2015			

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NAME OF PROVIDER OR SUPPLIER DUNGARVIN INDIANA LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 474 WHITEWOOD DR VALPARAISO, IN 46385
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W000388	<p>An interview with the Registered Nurse (RN) was conducted at the facility's administrative office on 1/2/15 at 1:20 P.M.. The RN indicated the client should have been given her medication with food and further indicated client #1 should have rinsed her mouth after using her inhaler. The RN further indicated staff should have followed the directions on the MAR and label.</p> <p>9-3-6(a)</p> <p>483.460(m)(1)(i) DRUG LABELING Labeling for drugs and biologicals must be based on currently accepted professional principles and practices. Based on observation, record review, and interview, the facility failed for 1 of 2 sampled clients observed during morning medication administration (client #1), to have her medication labeled.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 12/30/14 from 7:20 A.M. until 9:00 A.M.. At 7:40 A.M., Direct Support Professional (DSP) #4 retrieved a purple, circular inhaler from</p>	W000388	<p>W 388 483.460(m)(1)(i) DRUG LABELING</p> <p>The House Manager, QDDP, and Nurse have reviewed this standard. The Area Director has retrained the House Manager, QDDP, and Nurse on this Standard. The Nurse will ensure client #1's inhaler is labeled per this Standard and Agency policy. The nurse will then ensure all client medications are labeled</p>	02/01/2015

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W000436	<p>client #1's medication bin. The inhaler did not have a label and was not retrieved from a labeled box or labeled bag. Review of the Medication Administration Record (MAR) dated 12/2014 at 7:42 A.M. indicated "Advair Diskus 250/50 mcg (micrograms)...rinse mouth."</p> <p>An interview with the Registered Nurse (RN) was conducted on 1/2/15 at 1:20 P.M.. The RN indicated all medications should be labeled with each client's name and instructions for administration.</p> <p>9-3-6(a)</p> <p>483.470(g)(2) SPACE AND EQUIPMENT The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. Based on observation, record review, and interview, for 3 of 3 clients who were prescribed eyeglasses (clients #1, #2 and #3), the facility failed to encourage and</p>	W000436	<p>appropriately. All staff will be retrained on this Standard.</p> <p>The Nurse, QDDP and/or House Manager will conduct regular observations at the home, at least 3 times per week until compliance is demonstrated, and thereafter, at least weekly, to ensure staff are following all client's protocol/plans as written, including medication administration observations to ensure all medications are administered according to physician's orders, and that all client medications are labeled appropriately.</p> <p>Will be completed by: 2/1/15</p> <p>Persons Responsible: House Manager, QDDP, and Nurse</p> <p>W 436 483.470(g)(2) SPACE AND EQUIPMENT</p>	02/01/2015	

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	<p>teach the use of their prescribed eyeglasses.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 12/29/14 from 6:00 P.M. until 7:30 P.M.. During the entire observation period, clients #1, #2 and #3 did not and were not prompted to wear their prescribed eyeglasses. Direct Support Professionals (DSPs) #1, #2 and #3 did not prompt clients #1, #2 and #3 to wear their eyeglasses.</p> <p>A morning observation was conducted at the group home on 12/30/14 between 7:20 A.M. and 9:00 A.M.. Clients #1, #2 and #3 were observed the entire observation period not wearing eyeglasses. Direct Support Professionals (DSP) #3 and #4 did not prompt clients #1, #2 and #3 to wear their eyeglasses.</p> <p>A review of client #1's record was conducted on 12/30/14 at 1:15 P.M.. A review of client #1's Individual Support Plan (ISP) dated 6/11/14 indicated client #1 was prescribed eyeglasses. Client #1's "General Eye Exam" dated 7/17/13 indicated she was prescribed eyeglasses.</p> <p>A review of client #2's record was conducted on 12/30/14 at 2:00 P.M.. A</p>		<p>The House Manager, QDDP, and Nurse have reviewed this standard. The Area Director has retrained the House Manager, QDDP, and Nurse on this Standard. The House Manager and QDDP will retrain all staff on ensuring the client's are encouraged to wear their prescribed eyeglasses per their individual plans and protocol.</p> <p>The Nurse, QDDP and/or House Manager will conduct regular observations at the home, at least 3 times per week until compliance is demonstrated, and thereafter, at least weekly, to ensure staff are following all client's protocol/plans as written, including, encouraging the individuals to wear their prescribed eyeglasses.</p> <p>Will be completed by: 2/1/15</p> <p>Persons Responsible: House Manager, QDDP, and Nurse</p>				

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W000440	<p>review of client #2's ISP dated 7/14/14 indicated client #2 was prescribed eyeglasses. Client #2's "General Eye Exam" dated 11/12/14 indicated she was prescribed eyeglasses full time.</p> <p>A review of client #3's record was conducted on 12/30/14 at 2:30 P.M.. A review of client #3's "General Eye Exam" dated 11/11/14 indicated she was prescribed eyeglasses.</p> <p>The Qualified Intellectual Disabilities Professional (QIDP) was interviewed at the facility's administrative office on 1/2/15 at 2:45 P.M.. The QIDP indicated staff should be teaching clients to wear their eyeglasses at all times. The QIDP further indicated staff should have prompted clients #1, #2 and #3 to wear their eyeglasses.</p> <p>9-3-7(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, the facility failed to conduct evacuation</p>	W000440	W 440 483.470(i)(1) EVACUATION DRILLS	02/01/2015			

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	<p>drills for shifts of personal which affected 3 of 3 clients living in the facility (clients #1, #2 and #3).</p> <p>Findings include:</p> <p>The facility's records were reviewed on 12/30/14 at 7:30 A.M.. The review failed to indicate the facility held an evacuation drill for clients #1, #2 and #3 on the morning shift (8:00 A.M. to 4:00 P.M.), evening shift (4:00 P.M. to 12:00 A.M.) and overnight shift (12:00 A.M. to 8:00 A.M.) during the last quarter (October 1st through December 31st) of 2013 and during the overnight shift (12:00 A.M. to 8:00 A.M.) for the second quarter (April 1st through June 30th) of 2014.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 1/2/15 at 2:45 P.M.. The QIDP indicated evacuation drills are to be conducted during each quarter for each shift of staff.</p> <p>9-3-7(a)</p>		<p>The House Manager and QDDP have reviewed this standard. The Area Director has retrained the House Manager and QDDP on this Standard. Agency policy is to complete an evacuation drill for each shift every month. The House Manager and QDDP will retrain the house Lead DSP and all staff on this Standard and Agency Policy. All evacuation drill will be documented and filed in the home's Life Safety binder and available for inspection.</p> <p>The QDDP and/or House Manager will conduct regular observations at the home, at least 3 times per week until compliance is demonstrated, and thereafter, at least weekly, to ensure all evacuation drills have been completed, documented, and filed per this Standard and Agency Policy</p> <p>Will be completed by: 2/1/15</p> <p>Persons Responsible: House Manager and QDDP</p>		