

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G602	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 11/10/2014
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NAME OF PROVIDER OR SUPPLIER ABILITIES SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 850 MAPLELEAF DR FRANKFORT, IN 46041
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W000000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: October 27, 28, 31 and November 3, 10, 2014.</p> <p>Facility number: 001116 Provider number: 15G602 AIM number: 100245620</p> <p>Surveyors: Amber Bloss, QIDP-TC Christine Colon, QIDP</p> <p>The following federal deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 12/1/14 by Ruth Shackelford, QIDP.</p>	W000000		
W000149	<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.</p>	W000149	In response to W149, the facility	12/13/2014

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

TITLE

(X6) DATE

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

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	<p>Based on record review and interview, the facility failed to develop and/or implement the facility's abuse/neglect policy to ensure incidents of client to client abuse was investigated and reported to the state agency BDDS (Bureau of Developmental Disabilities Services) for 8 or 8 internal reports of client to client abuse for 4 of 4 sampled clients (#1, #2, #3, and #4), to ensure thorough investigation of an injury of unknown origin for 1 of 4 sampled clients (#3), and to implement sufficient corrective action to prevent recurrence of client to client abuse for 1 of 4 sampled clients (#3).</p> <p>Findings include:</p> <p>1) On 10/28/14 at 11:20 AM, the facility BDDS (Bureau of Developmental Disabilities Services) reports from 4/28/14 to 10/28/14 and internal incident reports from 7/28/14 to 10/28/14 were reviewed. An internal incident report dated 8/14/14 indicated "[Client #1] was working on towels when female consumer smacked a female consumer then ran over to [Client #1] and smacked him on his upper middle back area with her open hand. Staff redirected female consumer and checked on [Client #1]."</p> <p>An incident report dated 10/16/14</p>		<p>failed to develop and/or implement the facility's abuse/neglect policy to ensure incidents of client to client abuse was investigated and reported, the system failed in the instances cited in this W for a few reasons:</p> <p>1. Confusion as to exact incidents needing investigated in consumer to consumer abuse and injuries of unknown origin 2. Thorough review of investigation once completed. To address these issues, ASI has revamped its Incident Reporting process for all Group Homes. Any time an Incident Report is written, the DSP must call the Director, Programming Coordinator, QIDP, and Nurse to report the incident. This begins the notification process for them in case a BDDS report is required or an investigation must be initiated. These individuals are on-call 24-7. The Incident Report is then electronically scanned to these same persons so that the paperwork process follows their actions. There is no opportunity for delay in an investigation process with this notification system. If it is an investigation of unknown injury or consumer to consumer abuse, the QIDP and Nurse conduct the investigation. If the allegation involves staff abuse, the Director is notified and she/he initiates the investigation. Staff is immediately suspended in these instances. The policy, procedure, and form for</p>				

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	<p>indicated "[Client #2] was kicked by another consumer." The report indicated "checked for injuries none apparent."</p> <p>An internal incident report dated 9/5/14 indicated "[Client #3] was walking out of Day Services at 2:30pm when she passed another consumer and made contact with her. [Client #3] struck other consumer on the shoulder and then grabbed other consumers neck." The report indicated "[Client #3] and other consumer were separated. [Client #3] was instructed to apologize to other consumer. [Client #3] was also informed that hitting or grabbing others is inappropriate. [House Coordinator] was notified during nightly notification calls at 9pm."</p> <p>An internal incident report dated 9/11/14 indicated "[Client #3] kept saying hot dog, being bossy, and another consumer said [Client #3] hit another consumer." The report indicated "staff asked her to apologize (sic) and she said sorry."</p> <p>An internal incident report dated 9/26/14 indicated "[Client #3] was walking through the breakroom when another female consumer was having a behavior and struck [Client #3], when this happened [Client #3] struck her on the back." The report indicated "staff redirected [Client #3] from the situation</p>		<p>investigating allegations of abuse/neglect/exploitation have been up-dated to address the timeliness and thoroughness of the investigation. When a Director initiates an investigation, she will email the Executive Director with the staff's name and brief description of the allegation. When the investigation is complete, a second email will be sent to the ED for him to ensure it is completed in a timely manner. This also ensures that he has been informed and is up-to-date on any allegations. In addition, the Quality Assurance Committee is tracking all staff investigations as an outcome to profile how many are being done each month and to ensure that they are conducted within the 5 days. The Executive Director is on this committee. In regard to allegations of unknown injury or consumer to consumer abuse, the investigating QIDP, Nurse or PC will send an email to the PD upon the initiation of an investigation as well as at the conclusion of the investigation so that he/she is able to monitor the timeliness of these events. The facility will implement sufficient corrective action to prevent reoccurrence of client to client abuse by formally training staff on the protocol to follow when any client to client abuse is reported. As part of any investigation, staff will be interviewed to ensure protocol</p>		

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	<p>by taking her over to lunch table and sitting down and talking to her about the importance of keeping our hands to ourselves."</p> <p>An internal incident report dated 9/29/14 indicated "[Client #3] was sitting at table. She turned and hit female consumer, one (sic) because female consumer was also using the crayons. She hit female consumer on lower arm." The report indicated "talked to [Client #3] about hitting and moved [Client #3] to a different chair."</p> <p>An internal incident report dated 10/8/14 indicated "A female consumer hit [Client #3]'s chair by mistake with her wheelchair. [Client #3] then hit female consumer two times. Female consumer then started kicking [Client #3]." The report indicated "talked to [Client #3] informed her she does not get her pop at break for hitting."</p> <p>An internal incident report indicated "[Client #4] was sitting at her table when another female consumer walked past her hitting her back." The report indicated "staff checked [Client #4]'s back. No visible marks at this time. Encouraged [Client #4] if starts hurting to advise staff."</p>		was followed when in place. Investigations are reviewed weekly by the Quality Assurance Committee. Staff will receive disciplinary action if not following protocol.		

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	<p>Review of the facility's BDDS reports and internal reports indicated no further documentation that the above incidents of client to client abuse were reported to BDDS.</p> <p>On 10/28/14 at 5:00 PM during an interview, the QIDP (Qualified Intellectual Disabilities Professional) indicated the facility had a change of policy and had stopped reporting client to client abuse to BDDS when there was no injury. The QIDP indicated the facility thought the requirement to report client to client abuse to BDDS had changed. The QIDP stated if there is "client to client aggression" the facility does an "incident report on it but do not report to BDDS unless injury, then it becomes a BDDS report." The QIDP stated the facility does investigations of client to client abuse "normally, if a BDDS report is done" on the client to client abuse. The QIDP (Qualified Intellectual Disabilities Professional) indicated there was no further documentation to indicated the client to client abuse was investigated.</p> <p>2) On 10/28/14 at 11:20 AM, the facility's investigations from 10/28/13 to 10/28/14 and were reviewed. An investigation dated 10/17/14 indicated "Bruises on Right (sic) underarm resembling finger print marks found</p>			

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	<p>during AM care." The investigation indicated "[DSP (direct support professional) #7] stated that [Client #3] fell on Wednesday at special (sic) Olympics bowling and was picked up by her using her right arm to help her get up and IR (incident report) was not written and [DSP #6] was suppose (sic) to write IR because she is the witness of fall." The summary of the investigation indicated "[Client #3] was noted to have bruising on her right under arm of unknown origin at the beginning of the investigation." The investigation indicated "upon investigation [Client #3] (sic) bruising was from a fall on Wednesday 10-15-2014 when she was at Special Olympics. Staff [DSP #7] was told that IR needed to be written by her since she assisted her up. [DSP #6] will be asked to write an IR for witnessing fall." Review of the investigation indicated no interviews with other staff or clients in attendance.</p> <p>On 10/28/14 at 5:00 PM during an interview, the QIDP (Qualified Intellectual Disabilities Professional) indicated there was no further documentation of other interviews. The QIDP indicated she could understand the investigation was not thorough.</p> <p>3) On 10/28/14 at 11:20 AM, the facility</p>				

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	<p>BDDS (Bureau of Developmental Disabilities Services) reports from 4/28/14 to 10/28/14 and internal incident reports from 7/28/14 to 10/28/14 were reviewed. An internal incident report dated 9/5/14 indicated "[Client #3] was walking out of Day Services at 2:30pm when she passed another consumer and made contact with her. [Client #3] struck other consumer on the shoulder and then grabbed other consumers neck." The report indicated "[Client #3] and other consumer were separated. [Client #3] was instructed to apologize to other consumer. [Client #3] was also informed that hitting or grabbing others is inappropriate. [House Coordinator] was notified during nightly notification calls at 9pm."</p> <p>An internal incident report dated 9/11/14 indicated "[Client #3] kept saying hot dog, being bossy, and another consumer said [Client #3] hit another consumer." The report indicated "staff asked her to apologize (sic) and she said sorry."</p> <p>An internal incident report dated 9/26/14 indicated "[Client #3] was walking through the breakroom when another female consumer was having a behavior and struck [Client #3], when this happened [Client #3] struck her on the back." The report indicated "staff</p>				

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	<p>redirected [Client #3] from the situation by taking her over to lunch table and sitting down and talking to her about the importance of keeping our hands to ourselves."</p> <p>An internal incident report dated 9/29/14 indicated "[Client #3] was sitting at table. She turned and hit female consumer, one (sic) because female consumer was also using the crayons. She hit female consumer on lower arm." The report indicated "talked to [Client #3] about hitting and moved [Client #3] to a different chair."</p> <p>An internal incident report dated 10/8/14 indicated "A female consumer hit [Client #3]'s chair by mistake with her wheelchair. [Client #3] then hit female consumer two times. Female consumer then started kicking [Client #3]." The report indicated "talked to [Client #3] informed her she does not get her pop at break for hitting."</p> <p>On 10/28/14 at 5:00 PM during an interview, the QIDP (Qualified Intellectual Disabilities Professional) indicated Client #3 had a BSP (Behavior Support Plan) with the target behaviors of attention seeking and physical aggression. The QIDP indicated client to client abuse should be prevented when</p>			

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	<p>possible and indicated no further documentation was available for review to indicate corrective action was put in place.</p> <p>On 10/28/14 at 6:04 PM, the facility "ABUSE, NEGLECT, AND EXPLOITATION" policy (dated January 2014) was reviewed and indicated "it is the policy of Abilities Services, Inc. to protect and advocate for the protection and safety of all consumers in accordance with all applicable federal, state, and local laws. Abilities Services also sets forth procedures for staff to report all incidents or suspected incidents of abuse, neglect, exploitation, and violation of rights in accordance with all applicable rules, regulations, and laws."</p> <p>9-3-2(a)</p>				
W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as</p>				

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	<p>injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview, the facility failed to report 8 of 8 incidents of client to client abuse to the state agency BDDS (Bureau of Developmental Disabilities Services) for 4 of 4 sampled clients (#1, #2, #3, and #4) in accordance with state law.</p> <p>Findings include:</p> <p>On 10/28/14 at 11:20 AM, the facility BDDS (Bureau of Developmental Disabilities Services) reports from 4/28/14 to 10/28/14 and internal incident reports from 7/28/14 to 10/28/14 were reviewed. An internal incident report dated 8/14/14 indicated "[Client #1] was working on towels when female consumer smacked a female consumer then ran over to [Client #1] and smacked him on his upper middle back area with her open hand. Staff redirected female consumer and checked on [Client #1]."</p> <p>An incident report dated 10/16/14 indicated "[Client #2] was kicked by another consumer." The report indicated "checked for injuries none apparent."</p> <p>An internal incident report dated 9/5/14</p>	W000153	<p>In response to W153, the facility failed to report incidents of consumer to consumer abuse to the state, the facility addressed these issues, by updating the Incident Reporting process for all Group Homes. Anytime an Incident Report is written, the DSP must call the Director, Programming Coordinator, QIDP, and Nurse to report the incident. This begins the notification process for them in case a BDDS report is required or an investigation must be initiated. These individuals are on-call 24-7. The Incident Report is then electronically scanned to these same persons so that the paperwork process follows their actions. There is no opportunity for delay in an investigation process or delay in filing the report to the state with the notification system. A review of all incident reports is done daily by the PD assistant to ensure all reportable incidents have been filed. All reportable incidents are reviewed weekly by the Quality Assurance and or Safety Committee.</p>	12/13/2014			

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	<p>indicated "[Client #3] was walking out of Day Services at 2:30pm when she passed another consumer and made contact with her. [Client #3] struck other consumer on the shoulder and then grabbed other consumers neck." The report indicated "[Client #3] and other consumer were separated. [Client #3] was instructed to apologize to other consumer. [Client #3] was also informed that hitting or grabbing others is inappropriate. [House Coordinator] was notified during nightly notification calls at 9pm."</p> <p>An internal incident report dated 9/11/14 indicated "[Client #3] kept saying hot dog, being bossy, and another consumer said [Client #3] hit another consumer." The report indicated "staff asked her to apoligize (sic) and she said sorry."</p> <p>An internal incident report dated 9/26/14 indicated "[Client #3] was walking through the breakroom when another female consumer was having a behavior and struck [Client #3], when this happened [Client #3] struck her on the back." The report indicated "staff redirected [Client #3] from the situation by taking her over to lunch table and sitting down and talking to her about the importance of keeping our hands to ourselves."</p>			

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	<p>An internal incident report dated 9/29/14 indicated "[Client #3] was sitting at table. She turned and hit female consumer, one (sic) because female consumer was also using the crayons. She hit female consumer on lower arm." The report indicated "talked to [Client #3] about hitting and moved [Client #3] to a different chair."</p> <p>An internal incident report dated 10/8/14 indicated "A female consumer hit [Client #3]'s chair by mistake with her wheelchair. [Client #3] then hit female consumer two times. Female consumer then started kicking [Client #3]." The report indicated "talked to [Client #3] informed her she does not get her pop at break for hitting."</p> <p>An internal incident report indicated "[Client #4] was sitting at her table when another female consumer walked past her hitting her back." The report indicated "staff checked [Client #4]'s back. No visible marks at this time. Encouraged [Client #4] if starts hurting to advise staff."</p> <p>Review of the facility's BDDS reports and internal reports indicated no further documentation that the above incidents of client to client abuse were reported to BDDS.</p>			

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W000154	<p>On 10/28/14 at 5:00 PM during an interview, the QIDP (Qualified Intellectual Disabilities Professional) indicated the facility had a change of policy and had stopped reporting client to client abuse when there was no injury. The QIDP indicated the facility thought the requirement to report client to client abuse to BDDS had changed. The QIDP stated if there is "client to client aggression" the facility does an "incident report on it but do not report to BDDS unless injury, then it becomes a BDDS report."</p> <p>9-3-2(a)</p> <p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p>	W000154	In response to W154, the facility	12/13/2014
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	<p>Based on record review and interview, the facility failed to conduct investigations on 8 of 8 internal reports of incidents of client to client abuse for 4 of 4 sampled clients (#1, #2, #3, and #4).</p> <p>Based on record review and interview, the facility failed to thoroughly investigate an injury of unknown origin for 1 of 4 sampled clients (#3).</p> <p>Findings include:</p> <p>1) On 10/28/14 at 11:20 AM, the facility BDDS (Bureau of Developmental Disabilities Services) reports from 4/28/14 to 10/28/14 and internal incident reports from 7/28/14 to 10/28/14 were reviewed. An internal incident report dated 8/14/14 indicated "[Client #1] was working on towels when female consumer smacked a female consumer then ran over to [Client #1] and smacked him on his upper middle back area with her open hand. Staff redirected female consumer and checked on [Client #1]."</p> <p>An incident report dated 10/16/14 indicated "[Client #2] was kicked by another consumer." The report indicated "checked for injuries none apparent."</p> <p>An internal incident report dated 9/5/14 indicated "[Client #3] was walking out of</p>		<p>failed to develop and/or implement the facility's abuse/neglect policy to ensure incidents of client to client abuse was investigated and reported, the system failed in the instances cited in this W for a few reasons: 1. Confusion as to exact incidents needing investigated in consumer to consumer abuse and injuries of unknown origin 2. Thorough review of investigation once completed. To address these issues, ASI has revamped its Incident Reporting process for all Group Homes. Anytime an Incident Report is written, the DSP must call the Director, Programming Coordinator, QIDP, and Nurse to report the incident. This begins the notification process for them in case a BDDS report is required or an investigation must be initiated. These individuals are on-call 24-7. The Incident Report is then electronically scanned to these same persons so that the paperwork process follows their actions. There is no opportunity for delay in an investigation process with this notification system. If it is an investigation of unknown injury or consumer to consumer abuse, the QIDP and Nurse conduct the investigation. If the allegation involves staff abuse, the Director is notified and she/he initiates the investigation. Staff is immediately suspended in these instances. The policy, procedure, and form for</p>	

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	<p>Day Services at 2:30pm when she passed another consumer and made contact with her. [Client #3] struck other consumer on the shoulder and then grabbed other consumers neck." The report indicated "[Client #3] and other consumer were separated. [Client #3] was instructed to apologize to other consumer. [Client #3] was also informed that hitting or grabbing others is inappropriate. [House Coordinator] was notified during nightly notification calls at 9pm."</p> <p>An internal incident report dated 9/11/14 indicated "[Client #3] kept saying hot dog, being bossy, and another consumer said [Client #3] hit another consumer." The report indicated "staff asked her to apologize (sic) and she said sorry."</p> <p>An internal incident report dated 9/26/14 indicated "[Client #3] was walking through the breakroom when another female consumer was having a behavior and struck [Client #3], when this happened [Client #3] struck her on the back." The report indicated "staff redirected [Client #3] from the situation by taking her over to lunch table and sitting down and talking to her about the importance of keeping our hands to ourselves."</p> <p>An internal incident report dated 9/29/14</p>		<p>investigating allegations of abuse/neglect/exploitation have been up-dated to address the timeliness and thoroughness of the investigation. When a Director initiates an investigation, she will email the Executive Director with the staff's name and brief description of the allegation. When the investigation is complete, a second email will be sent to the ED for him to ensure it is completed in a timely manner. This also ensures that he has been informed and is up-to-date on any allegations. In addition, the Quality Assurance Committee is tracking all staff investigations as an outcome to profile how many are being done each month and to ensure that they are conducted within the 5 days. The Executive Director is on this committee. In regard to allegations of unknown injury or consumer to consumer abuse, the investigating QIDP, Nurse or PC will send an email to the PD upon the initiation of an investigation as well as at the conclusion of the investigation so that he/she is able to monitor the timeliness of these events. The facility will implement sufficient corrective action to prevent reoccurrence of client to client abuse by formally training staff on the protocol to follow when any client to client abuse is reported. As part of any investigation, staff will be interviewed to ensure protocol was followed when in place.</p>				

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	<p>indicated "[Client #3] was sitting at table. She turned and hit female consumer, one (sic) because female consumer was also using the crayons. She hit female consumer on lower arm." The report indicated "talked to [Client #3] about hitting and moved [Client #3] to a different chair."</p> <p>An internal incident report dated 10/8/14 indicated "A female consumer hit [Client #3]'s chair by mistake with her wheelchair. [Client #3] then hit female consumer two times. Female consumer then started kicking [Client #3]." The report indicated "talked to [Client #3] informed her she does not get her pop at break for hitting."</p> <p>An internal incident report indicated "[Client #4] was sitting at her table when another female consumer walked past her hitting her back." The report indicated "staff checked [Client #4]'s back. No visible marks at this time. Encouraged [Client #4] if starts hurting to advise staff."</p> <p>Review of the facility's BDDS reports and internal reports indicated no further documentation that the above incidents of client to client abuse were investigated.</p> <p>On 10/28/14 at 5:00 PM during an</p>		<p>Investigations are reviewed weekly by the Quality Assurance Committee. Staff will receive disciplinary action if not following protocol.</p>				

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	<p>interview, the QIDP (Qualified Intellectual Disabilities Professional) indicated the facility had a change of policy and had stopped reporting client to client abuse when there was no injury. The QIDP indicated the facility thought the requirement to report client to client abuse to BDDS had changed. The QIDP stated if there is "client to client aggression" the facility does an "incident report on it but do not report to BDDS unless injury, then it becomes a BDDS report." The QIDP stated the facility does investigations of client to client abuse "normally, if a BDDS report is done" on the client to client abuse.</p> <p>On 10/28/14 at 11:20 AM, the facility's investigations from 10/28/13 to 10/28/14 and were reviewed. An investigation dated 10/17/14 indicated "Bruises on Right (sic) underarm resembling finger print marks found during AM care." The investigation indicated "[DSP (direct support professional) #7] stated that [Client #3] fell on Wednesday at special (sic) Olympics bowling and was picked up by her using her right arm to help her get up and IR (incident report) was not written and [DSP #6] was suppose (sic) to write IR because she is the witness of fall." The summary of the investigation indicated "[Client #3] was noted to have bruising on her right under arm of</p>			

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W000157	<p>unknown origin at the beginning of the investigation." The investigation indicated "upon investigation [Client #3] (sic) bruising was from a fall on Wednesday 10-15-2014 when she was at Special Olympics. Staff [DSP #7] was told that IR needed to be written by her since she assisted her up. [DSP #6] will be asked to write an IR for witnessing fall." Review of the investigation indicated no interviews with other staff or clients in attendance.</p> <p>On 10/28/14 at 5:00 PM during an interview, the QIDP (Qualified Intellectual Disabilities Professional) indicated there was no further documentation of other interviews. The QIDP indicated she could understand the investigation was not thorough.</p> <p>9-3-2(a)</p>				
	483.420(d)(4)				

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	<p>STAFF TREATMENT OF CLIENTS If the alleged violation is verified, appropriate corrective action must be taken.</p> <p>Based on record review and interview, the facility failed to implement sufficient corrective action to prevent recurrence of client to client abuse for 1 of 4 sampled clients (#3).</p> <p>Findings include:</p> <p>On 10/28/14 at 11:20 AM, the facility BDDS (Bureau of Developmental Disabilities Services) reports from 4/28/14 to 10/28/14 and internal incident reports from 7/28/14 to 10/28/14 were reviewed. An internal incident report dated 9/5/14 indicated "[Client #3] was walking out of Day Services at 2:30pm when she passed another consumer and made contact with her. [Client #3] struck other consumer on the shoulder and then grabbed other consumers neck." The report indicated "[Client #3] and other consumer were separated. [Client #3] was instructed to apologize to other consumer. [Client #3] was also informed that hitting or grabbing others is inappropriate. [House Coordinator] was notified during nightly notification calls at 9pm."</p> <p>An internal incident report dated 9/11/14</p>	W000157	<p>In response to W157, the facility failed to implementsufficient corrective action to prevent recurrence of client to client abuse, thefacility failed to implement sufficient corrective action to preventreoccurrence of client to client abuse by not formally training staff on theprotocol to follow when any client to client abuse is reported. All staff will be trained upon any client toclient abuse reported, as to how to ensure clients are free from abuse fromanother client. As part of anyinvestigation, staff will be interviewed to ensure protocol was followed whenin place. Investigations are reviewed weekly by the Quality AssuranceCommittee. Staff will receivedisciplinary action if not following protocol. All recent consumer to consumer abuse is being reviewed to ensure properprotocol is followed and in place. A reviewof all consumer to consumer abuse reports is done weekly by the QualityAssurance and or Safety committee. Corrective action is in place to prevent client to client abuseby addressing the consumer's behavior in the individual behavioral plan. Staff has been retrained on plan and QIDP,Nurse and PC are observing in the home three times a week to identify anyadditional aids to prevent the client to client</p>	12/13/2014	

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	<p>indicated "[Client #3] kept saying hot dog, being bossy, and another consumer said [Client #3] hit another consumer." The report indicated "staff asked her to apoligize (sic) and she said sorry."</p> <p>An internal incident report dated 9/26/14 indicated "[Client #3] was walking through the breakroom when another female consumer was having a behavior and struck [Client #3], when this happened [Client #3] struck her on the back." The report indicated "staff redirected [Client #3] from the situation by taking her over to lunch table and sitting down and talking to her about the importance of keeping our hands to ourselves."</p> <p>An internal incident report dated 9/29/14 indicated "[Client #3] was sitting at table. She turned and hit female consumer, one (sic) because female consumer was also using the crayons. She hit female consumer on lower arm." The report indicated "talked to [Client #3] about hitting and moved [Client #3] to a different chair."</p> <p>An internal incident report dated 10/8/14 indicated "A female consumer hit [Client #3]'s chair by mistake with her wheelchair. [Client #3] then hit female consumer two times. Female consumer</p>		<p>aggression. All IR's are being reviewed daily to ensure the consumer is not showing signs of aggression in any way that might lead to consumer to consumer aggression. Staff has been retrained on common signs that there might be a medical problem causing aggression. All IR's are being reviewed daily by the PD and QIDP, Nurse and PC are submitting reports of visits to be reviewed immediately by the PD. HRC will continue to review any consumer to consumer abuse reports and ensure there is corrective action in place to keep it from happening again. Daily the PC will review case notes/ IR's and tracking from the home to identify any behavioral concerns.</p>				

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W000249	<p>then started kicking [Client #3]." The report indicated "talked to [Client #3] informed her she does not get her pop at break for hitting."</p> <p>On 10/28/14 at 5:00 PM during an interview, the QIDP (Qualified Intellectual Disabilities Professional) indicated Client #3 had a BSP (Behavior Support Plan) with the target behaviors of attention seeking and physical aggression. The QIDP indicated client to client abuse should be prevented when possible and indicated no further documentation was available for review to indicate corrective action was put in place.</p> <p>9-3-2(a)</p> <p>483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p>			
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	<p>Based on observation, record review and interview for 7 of 8 clients who reside at the group home (clients #2, #3, #4, #5, #6, #7 and #8), the facility failed to implement the clients' training objectives when formal and/or informal opportunities existed at the group home.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 10/27/14 from 4:50 P.M. until 6:45 P.M.. From 5:20 P.M. until 6:45 P.M., clients #2, #3, #4, #5, #6, #7, and #8 sat in the living room with no interaction and/or meaningful activity. Direct Support Professionals (DSP) #1 and #2 would walk into the room and occasionally check on clients #2, #3, #4, #5, #6, #7 and #8, but did not offer any meaningful activity.</p> <p>A review of Client #2's record was conducted on 10/31/14 at 10:00 A.M.. A review of client #2's Individual Support Plan (ISP) dated 7/23/14 indicated the following objectives that could have been implemented during the observation: "Will read to retain his reading skills...Will go over his checklist...."</p> <p>A review of Client #6's record was conducted on 10/31/14 at 10:20 A.M.. The ISP dated 4/16/14 indicated the</p>	W000249	In regard to W249, the agency failed to implement the clients' training objectives when formal and/or informal opportunities existed at the group home, the agency identified that more in depth active treatment schedules are needed to ensure staff and consumers are aware of the goals and opportunities to offer meaningful activity Staff have been retrained on how to assist consumers with all of their goals Active treatment schedules will be re-done by the QIDP and reviewed by the Programming Director and Programming Coordinator All active treatment schedules and goals will be reviewed quarterly Staff will be trained/reminded of goals of each consumer at monthly staff meetings Regular site checks are completed (weekly) by the nurse, QIDP, PC and Assistant to ensure compliance QIDP will review meaningful day activities and tracking daily to ensure plans are being followed. Any change needed will be made immediately. QIDP will assist staff in following plans and available for questions regarding the plans daily. QIDP will Send an update on progress to PD daily to ensure plan is followed. On site monitoring will consist of both the QIDP and the PC splitting a schedule of being at the group home daily to ensure that staff knows how to follow the active treatment schedules. The QIDP	12/13/2014			

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	<p>following objective that could have been implemented during the observation: "Will use a consumer spending log."</p> <p>A review of Client #8's record was conducted on 10/31/14 at 10:45 A.M.. The ISP dated 10/15/14 indicated the following objectives that could have been implemented during the observation: "Will participate in a group activity... Will write his name... Will match either colors or shapes... Will participate in a daily memory group."</p> <p>A review of Client #3's record was conducted on 10/31/14 at 11:00 A.M.. The ISP dated 11/13/13 indicated the following objectives that could have been implemented during the observation: "Will participate in a group activity... Will trace the letter 'P' made with dots."</p> <p>A review of Client #7's record was conducted on 10/31/14 at 11:20 A.M.. The ISP dated 4/9/14 indicated the following objectives that could have been implemented during the observation: "Will make a shopping list... Will prepare his lunch."</p> <p>A review of Client #4's record was conducted on 10/31/14 at 11:45 A.M.. The ISP dated 9/10/14 indicated the following objectives that could have been</p>		andPC will meet weekly with the PD to discuss progress with active treatmentschedules. The schedule will includerotating between morning and evening shifts.				

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	<p>implemented during the observation: "Will fold laundry...Will participate in memory activities...Will write her first and last name in cursive...After each meal she will be able to complete the steps involved in loading her utensils in the dishwasher."</p> <p>A review of Client #5's record was conducted on 10/31/14 at 12:00 P.M.. The ISP dated 1/22/14 indicated the following objectives that could have been implemented during the observation: "Will fold either towels or wash rags...Will participate in a group activity...Will trace an 'S' on a worksheet."</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 11/3/14 at 2:20 P.M.. The QIDP indicated facility staff should implement training objectives at all times of opportunity.</p> <p>9-3-4(a)</p>				

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W000368	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.</p> <p>Based on record review and interview, the facility failed to ensure for 2 of 4 sampled clients (#1 and #2) and 3 additional clients (#5, #7, and #8) medications were administered as the physician ordered.</p> <p>Findings include:</p> <p>On 10/28/14 at 11:20 AM, the facility BDDS (Bureau of Developmental Disabilities Services) reports from 4/28/14 to 10/28/14 were reviewed. A BDDS report dated 7/7/14 indicated "Mother picked up [Client #1] on Thursday after work for LOA (Leave of Absence) with family. Staff and mother signed off on medications for LOA. Upon return it was stated that mother did not have DDVAP (to help control bed wetting). Mother did not call to inform ASI (the facility) that they did not have that medication." The report indicated "staff will verbally go over medications and amount sent with family before consumer leaves on an LOA. Then after</p>	W000368	<p>In response to W368, the agency failed to assure medications administered were in compliance with the physician's orders, the facility nurse has reviewed all client's MAR to ensure instructions are clear and that any issues with administration are identified and the doctor contacted. For future issues, the newly contracted pharmacy will note any potential issues with administration of medications during quarterly reviews. On a monthly basis, the MAR will also be reviewed by the contracted RN as an additional check to the agency Nurse. Any noted issues will be documented in nursing notes and handled accordingly. Random monthly med evaluations are conducted to decrease med errors. Additionally, ASI has policy for med error that includes retraining and disciplinary action. All staff involved in the med errors received retraining and verbal or written disciplinary action. When consumers go home with family, ASI nurse will review meds with the family before leaving the agency. The agency nurse is also conducting weekly med pass evals at</p>	12/13/2014

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	<p>verbally and physically examined staff and guardian will sign form that medications are correct."</p> <p>A BDDS report dated 8/12/14 indicated "[Client #2] started a new medication 8/6/14 Midodrine 10.5mg (milligrams) 1 tab 2 times daily. Staff [DSP (Direct Support Professional) #1] did not administer the medication on the morning of 8/7/14 and 8/8/14, stating it was not available." The report indicated "Program Coordinator [PC] discussed with [DSP #1] the importance of following her 3 checks as trained in Med Core (community medication administration training) and to make sure to read through each MAR (medication administration record) to ensure no medications are missed. [DSP #1] submitted for disciplinary action as per agency policy. The medication was available and was in a pill bottle from [pharmacy store] instead of the bubble packs from pharmacy. No adverse effects noted ...".</p> <p>A BDDS report dated 9/13/14 indicated "[Client #2] received propranolol 60mg er (extended release) twice daily since sept (sic) 1st 2014. Blood pressure has been monitored twice daily as ordered no abnormalities noted. [DSP #2] and [DSP #3] were staff who administered the</p>		<p>the group home All med errors are reviewed weekly in safety committeeto discuss further ways to eliminate the med error. Daily the MAR for each gh client is beingbrought to the facility to be reviewed by the PC assistant.</p>	

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	<p>propranolol in the evening since sept (sic) 1st." The report indicated "Pcp (primary care physician) notified of med error. Pcp wants the propranolol to stay as a morning medication."</p> <p>A BDDS report dated 9/19/14 indicated "Staff [DSP #4] was sweeping the dining room and discovered a pill. Upon checking it was discovered to be [Client #5]'s evening dose of Klonopin (anti-anxiety)." The report indicated "outcome pending investigation from agency nurse [Nurse]."</p> <p>A BDDS report dated 5/6/14 indicated "[Client #7] received his Keflex (antibiotic) late on 5-3-14 due to being at a church function with his guardian. The medication is ordered at 12:00 noon and was not taken until 1:45 PM. No adverse effects were noted." The report indicated "when [Client #7] goes on an outing with his guardian staff will clarify when he will be returning and if he has a medication to take during the time he will be away the medication will be sent with guardian."</p> <p>A BDDS report dated 5/6/14 indicated "[Client #7] received his Keflex (antibiotic) late on 5-3-14 due to being at a church function with his guardian. The medication is ordered at 12:00 noon and</p>			

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	<p>was not taken until 1:45 PM. No adverse effects were noted."</p> <p>A BDDS report dated 5/9/14 indicated "Consumer [Client #7] did not receive his 6PM Keflex (antibiotic) at scheduled time. Consumer was on an outing with [DSP #5]. No adverse reactions noted." The report indicated "Staff will be retrained on taking medications with them on outing. [DSP #5] will be submitted for disciplinary action."</p> <p>A BDDS report dated 6/11/14 indicated "[Client #7] did not receive the full dose of fish oil. Dose is 2 tabs (tablets) he received 1 tab." The report indicated "Pharm (pharmacy) did not send the fish oil back to the facility after [Nurse] sent back the cycle fill meds for quality control. Package came open during cycle fill. Pharm (sic) notified the facility has not yet received the med and it was called into back up and delivered to the house."</p> <p>A BDDS report dated 6/30/14 indicated "[Client #7] did not receive his correct dose of concerta (sic) (medication for treatment of Attention Deficit Hyperactivity Disorder) on 6-29-2014 at 7AM. He was to receive 2 tabs and only received 1. He has not had any adverse reaction to this. Dr. (sic) has been notified of missed med and no orders</p>						

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	<p>received at this time." The report indicated "[DSP #5] will be submitted for disciplinary action."</p> <p>A BDDS report dated 9/28/14 indicated "[Client #7] did not receive his Benadryl (used for sleep) upon returning home from LOA (leave of absence) with biological family per staff report."</p> <p>A BDDS report dated 9/19/14 indicated "Staff [DSP #6] found a pill on the floor under the desk in the medication room. The pill was [Client #8] evening dose of Donepezil (Aricept, used to slow the progression of dementia)." The report indicated "pending outcome of investigation by agency nurse, [Nurse]."</p> <p>On 10/28/14 at 5:00 PM during an interview, the QIDP (Qualified Intellectual Disabilities Professional) indicated the facility had recently changed the system of medication packaging to help ensure medications were administered as ordered by the physician. The QIDP indicated the facility Nurse reviewed the house MAR (medication administration record) weekly. The QIDP indicated medications should be administered without error.</p> <p>9-3-6(a)</p>						

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W000460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>Based on observation and interview, the facility failed to ensure a client received a nourishing, well-balanced diet by not offering substitute meal when 1 of 4 sampled clients (Client #3) was not given the opportunity to finish a meal.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 10/27/14 from 4:50 P.M. until 6:45 P.M. At 5:10 P.M., Client #2 grabbed Client #3's plate off the table containing her complete uneaten meal, discarded the food in the trash and loaded the plate in the dishwasher while Direct Support Professional #1 stood and watched. At 5:20 P.M., Client #2 grabbed Client #3's cup containing milk out of her hand, discarded the milk in the sink and loaded the cup in the dishwasher. Client #3 was not done eating and drinking. DSP #1 did not prompt or redirect Client #2. Client #3 did not complete eating her meal and staff did not offer Client #3 alternative food options.</p>	W000460	<p>In response to W460, a consumer took another consumers plate to the sink without asking the consumer if she was finished eating Staff have been trained that consumers should not assist each other at any time. Consumers that have been identified as doing this will have it addressed in their individual behavior plan. An alternative menu is provided for each meal Staff have been trained to offer the alternative if a consumer asks or to offer if they don't seem to like the prepared meal To ensure that staff follow dining procedures, site checks are done three times a week by the QIDP, Nurse, and PC to include a meal time to observe the staff and consumers and ensure they are following the plan for alternatives and to identify any consumer behaviors that need addressed individually in their behavior plan. All site check paperwork is submitted to the PD assistant and reviewed daily and weekly in safety committee IDT will also review any issues weekly so that no behaviors needing identified are</p>	12/13/2014	

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W000484	<p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 11/3/14 at 2:20 P.M. The QIDP indicated all clients should be provided with a substantial meal. The QIDP further indicated Client #3 should have been able to complete eating her meal.</p> <p>9-3-8(a)</p> <p>483.480(d)(3) DINING AREAS AND SERVICE The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>Based on observation and interview, the facility failed for 3 of 7 clients (clients #3, #5 and #7) residing in the group home to provide butter knives and condiments at the dining table.</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 10/27/14 from 4:50 P.M. until 6:45 P.M.. Upon entering the group home, Client #3, Client #5 and Client #7 were observed sitting at the dining table eating their meal which consisted of chicken wings, tater tots and</p>	W000484	<p>missed On site monitoring will consist of both the QIDP and the PC splitting a scheduleof being at the group home daily to ensure that staff knows how to follow theactive treatment schedules. The QIDP andPC will meet weekly with the PD to discuss progress with active treatmentschedules. The schedule will includerotating between morning and evening shifts.</p> <p>In regard to W484, the facility failed to provide condiments and butter knives at the dining table, staff have been retrained on the condiments that should be available at each meal Additionally, each menu lists needed condiments Program Coordinators will do weekly checks of a meal time to ensure condiments are being made available Additionally, the nurse has put in place assistive placemats to ensure all silverware are placed on the table when setting the table Also, a condiment basket has been made to keep all condiments together and available for each meal All</p>	12/13/2014			

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	<p>pineapple chunks. From 4:50 P.M. until 5:10 P.M., Client #3 kept holding up her chicken wing saying "Bone. Cut." At 5:10 P.M., Direct Support Professional (DSP) #2 retrieved a table knife from the kitchen drawer and began cutting Client #3's chicken. No butter knives and ketchup or barbeque sauce were observed on the table for clients #3, #5 and #7's use.</p> <p>An interview with the Qualified Intellectual Disabilities Professional (QIDP) was conducted on 11/3/14 at 2:20 P.M.. The QIDP indicated butter knives and condiments should be put on the table for the clients to use.</p> <p>9-3-8(a)</p>		<p>weekly site check paperwork is submitted to the PD assistant and reviewed weekly in safety committee</p>	