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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G365 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 06/07/2013 | |
| NAME OF PROVIDER OR SUPPLIER VOCA CORPORATION OF INDIANA | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 605 QUEENSWOOD DR INDIANAPOLIS, IN 46217 | | | |
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| W000000 | <p>This visit was for an annual fundamental recertification and state licensure survey.</p> <p>Dates of Survey: May 23, 24, 29, 30 and June 7, 2013.</p> <p>Facility Number: 000879 Provider Number: 15G365 AIM Number: 100244310</p> <p>Surveyor: Vickie Kolb, RN</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed June 13, 2013 by Dotty Walton, QIDP.</p> | | | W000000 | | | |

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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| W000126 | <p>483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities.</p> <p>Based on interview and record review for 1 of 4 sampled clients (#2), the facility failed to provide client #2 training in money management skills.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 5/29/13 at 3 PM. Client #2's financial assessment of 10/2012 indicated client #2 was not independent in filling out a check, completing a deposit slip and/or completing bank transactions. The assessment indicated client #2 could not identify the amount of money needed to make a purchase for anything over \$50.00. Client #2's 10/25/12 ISP (Individual Support Plan) indicated client #2 did not receive training in regard to money management.</p> <p>Interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/30/13 at 3 PM indicated client #2 required assistance with purchases over \$50.00 and with banking transactions. The QIDP indicated client #2 did not have a money management goal.</p> | W000126 | <p>CORRECTION: <i>The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. Specifically, the interdisciplinary team will develop and implement a money management objective for Client #2.</i></p> <p>PREVENTION: The QIDP will be retrained regarding the need to provide measurable money management training to all clients. Members of the Operations and Quality Assurance Teams will review facility support documents as part of a monthly and quarterly audit process to assure that money management skill deficits are addressed with formal objectives.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Quality Assurance Team, Operations Team</p> | 07/07/2013 | | | |

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| | 9-3-2(a) | | | |

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| W000140 | <p>483.420(b)(1)(i) CLIENT FINANCES</p> <p>The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to maintain a system that assured a full and complete account of the clients' personal funds.</p> <p>Findings include:</p> <p>Client #1's, #2's, #3's and #4's financial records for February 2013 through May 2013 were reviewed on 5/24/13 at 1 PM.</p> <p>Client #1's Resident Fund Management Service Statements indicated: ___ On 2/19/13, client #1 received \$11.51 spending money. ___ On 3/5/13, client #1 received \$17.40 spending money. ___ On 3/27/13, client #1 received \$4.13 spending money. ___ On 4/17/13, client #1 received \$8.00 spending money. ___ On 5/22/13, client #1 received \$20.00 spending money. ___ On 5/28/13, client #1 received \$20.00 spending money.</p> <p>Client #2's Resident Fund Management Service Statements indicated:</p> | W000140 | <p>CORRECTION:</p> <p><i>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.</i></p> <p>Specifically, for Clients #1 – #4, the Residential Manager will maintain an up to date ledger to track purchases for all clients including a sign-out log for money to be spent at day service and workshops. All staff will assure that clients provide receipts for purchases as appropriate and the QIDP will maintain copies of receipts for purchases recorded on the ledgers.</p> <p>PREVENTION:</p> <p>The Residential Manager will maintain responsibility for maintaining client financial records and the QIDP will audit these records no less than weekly. All staff will be retrained regarding the need to assist clients with budgeting and collecting receipts. The QIDP will turn in client financial records to the Business Manager no less than monthly for review and filing. Additionally, members of the Operations and Quality Assurance Teams will include audits of client finances as part of</p> | 07/07/2013 | | | |

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| | <p>__ On 2/5, 2/12, 2/19, 2/27, 3/5, 3/12, 3/19, 3/26, 4/5, 4/9, 4/16, 4/23, 4/30, 5/7, 5/14, 5/22 and 5/28, 2013, client #2 received \$40.00 for spending money.</p> <p>__ On 3/1/13, client #2 received \$75.00 for clothing.</p> <p>__ On 3/29/13, client #2 received \$160.00 for clothing.</p> <p>__ On 4/26/13, client #2 received \$150.00 for clothing.</p> <p>Client #3's Resident Fund Management Service Statements indicated: __ On 2/5, 2/12, 2/19, 2/27, 3/5, 3/12, 3/19, 3/26, 4/4, 4/9, 4/16, 4/23, 4/30, 5/7, 5/14, 5/22 and 5/28, 2013, client #3 received \$20.00 for spending money.</p> <p>Client #4's Resident Fund Management Service Statements indicated: __ On 2/5, 2/12, 2/19, 2/27, 3/5, 3/12, 3/19, 3/26, 4/4, 4/9, 4/16, 4/23, 4/30, 5/7, 5/14, 5/22 and 5/28, 2013, client #4 received \$20.00 for spending money.</p> <p>On 5/23/13 the QIDP (Qualified Intellectual Disabilities Professional) was asked to provide 6 months of documentation of client #1's, #2's, #3's and #4's financial records, COH (cash on hand) ledgers and receipts for all purchases made.</p> <p>During interview with the QIDP on</p> | | <p>an ongoing facility audit process</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Quality Assurance Team, Operations Team</p> | | | | |

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| | <p>5/30/13 at 3 PM, the QIDP indicated she was on sick leave in April 2013 and came back in May 2013 and the way the staff were to record and track the clients' expenditures had changed. The QIDP indicated during her absence, the facility instructed the group home staff to start keeping all the receipts for each of the clients' purchases, placing them in a ledger and keeping a balance of the clients' cash on hand. The QIDP indicated the clients' ledgers were incomplete and did not accurately reflect each clients' cash on hand.</p> <p>The facility's policies and procedures were reviewed on 5/30/13 at 11 AM. The revised Client Finance Management policy of 12/12/07 indicated "For every cash withdrawal, the client must sign the 'Acknowledgement of Receipt', if the money is not handed over to the client, a cash spending ledger must be maintained. A separate ledger sheet should be kept for each account and food stamps. If the client has a savings account, a checking account and receives food stamps, they will have three different ledger sheets each month. If their weekly spending money is not handed to them, a separate cash on hand ledger will be used.... For every transaction, whether it is listed on the Resource ledger or Cash Spending Ledger..., receipts must be present. All</p> | | | |

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| | <p>receipts must detail the date of transaction, amount of transaction, name of the vendor, method of payment and the items purchased. Receipts must also have consumers' first and last initial on it.... All receipts must be taped on a blank sheet of paper in such a way that the tape is not covering any of the details of the receipt. Receipts may never be folded. They may not be stacked on top of each other. Should you need to cut the receipt, do so in such a way that none of the information gets cut. Use scissors for cutting the receipts. When a client returns from a shopping trip, staff will enter the transaction on the Resource Ledger Sheet and tape the receipt on the designated receipt form by the end of his/her shift. Staff must record the purchase and complete a receipt buddy check with a second staff person. If there is a single staffing, the buddy check must be done as soon as possible when the next staff arrives. Both staff must sign the receipt form as verification that all items on the receipt are present.... The Program Director (PD) has the overall responsibility for maintaining balanced client finances. PDs are also responsible for the security of the client finances...."</p> <p>9-3-2(a)</p> | | | |

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| W000159 | <p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on interview and record review for 4 of 4 sample clients (#1, #2, #3 and #4), the QIDP (Qualified Intellectual Disabilities Professional) failed to integrate, coordinate and monitor the clients' programs. The QIDP failed:</p> <p>___ To review and/or revise the clients' programs and objectives.</p> <p>___ To provide client #2 with training in money management skills.</p> <p>___ To maintain a system that assured a full and complete accounting of the clients' funds.</p> <p>___ To develop training objectives to assist client #3 with bathing, dressing, tooth brushing and hand washing.</p> <p>___ To ensure the staff documented client #1's, #2's, #3's and #4's program data as directed.</p> <p>___ To ensure a specific plan of reduction to reduce and eventually eliminate the behaviors for which each psychoactive medication was to target in regard to clients #1's, #2's and #3's BSPs (Behavior Support Plans).</p> <p>___ To provide evidence an annual medication reduction had been attempted or specific contraindications as to why an attempt was not made in regard to client</p> | W000159 | <p>CORRECTION: <i>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Specifically, the QIDP will receive additional training to improve integration, coordination, and monitoring of Client #1 - #6's active treatment programs. The training will focus on: 1. Timely review and modification of learning objectives and other supports. 2. Full and complete accounting of client funds 3. Assuring clients have measureable training goals toward independence including but not limited to hygiene (hand washing, bathing and tooth brushing) skills. 4. Assuring that staff collect data on learning objectives per the implementation schedule. 5. Assuring that behavior supports include specific, measureable and time limited plans for the reduction and eventual elimination of behavior controlling medications. 6. That the team must attempt, at least annually, to attempt a reduction of behavior controlling medication for all clients who receive them. 7. Assuring that all clients have prioritized learning objectives that train toward self-administration of</i></p> | 07/07/2013 | | | |

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| | <p>#2's and #3's behavior modification medications.</p> <p>__ To develop medication objectives for client #4.</p> <p>__ To ensure client #3 received a mechanical soft diet.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 5/30/13 at 3 PM. Client #1's ISP (Individualized Support Plan) dated 12/9/12 indicated client #1 had the following objectives:</p> <p>__ To thoroughly and independently bathe herself.</p> <p>__ To identify one of her medications.</p> <p>__ To clean her bedroom.</p> <p>__ To record all purchases on a financial ledger.</p> <p>__ To prepare one dish independently using the stove.</p> <p>__ To independently complete her hygiene, tooth brushing, etc.</p> <p>__ To get out of bed independently.</p> <p>__ To participate in community activities.</p> <p>Client #1's record indicated no QIDP reviews for client #1 from May 2012 through May 2013.</p> <p>Client #2's record was reviewed on 5/16/13 at 2 PM. Client #2's ISP dated 10/25/13 indicated client #2 had the following objectives:</p> | | <p>medication. PREVENTION:</p> <p>ADDENDUM, 6/28/13: Members of the Operations and Quality Assurance Teams will conduct weekly audits of facility support documents and conduct active treatment observations for the next 60 days and twice monthly audits for an additional 30 days. After three months the administrative team will evaluate the ongoing support needs of the facility with the goal of reducing gradually the administrative presence in the home to no less than monthly observations designed to assure that the QIDP integrates, coordinates and monitors, the active treatment program effectively. Administrative staff will provide guidance, mentorship and corrective measures as needed. RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Quality Assurance Team, Operations Team</p> | | | | |

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| | <p>__ To identify a solution to a problem.</p> <p>__ To participate in a leisure activity.</p> <p>__ To exercise for 10 - 15 minutes a day.</p> <p>__ To assist in preparing a simple meal.</p> <p>__ To communicate her wants and needs.</p> <p>__ To state one side effect of her medications.</p> <p>__ To place a single bite size portion of food in her mouth, chew and swallow prior to taking another bite.</p> <p>Client #2's record indicated no QIDP reviews for client #2 from May 2012 through May 2013.</p> <p>Client #3's record was reviewed on 5/29/13 at 2 PM. Client #3's ISP dated 12/26/12 indicated client #3 had the following objectives:</p> <p>__ To slow his rate of speech.</p> <p>__ To make his bedroom and bathroom a private area while getting dressed/undressed.</p> <p>__ To exercise for 10 minutes.</p> <p>__ To help prepare one dish by opening the can/package and pouring it into a dish.</p> <p>__ To state one way of earning money to obtain desired items.</p> <p>__ To repeat back the dosage of his Zyprexa.</p> <p>__ To place one single bite size of food in his mouth, chew and swallow it prior to taking another bite.</p> <p>Client #3's record indicated no QIDP reviews from May 2012 through May</p> | | | |

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| | <p>2013.</p> <p>Client #4's record was reviewed on 5/29/13 at 1 PM. Client #4's ISP dated 9/14/12 indicated client #4 had the following objectives:</p> <ul style="list-style-type: none"> __ To clean his glasses. __ To prepare a simple meal. __ To follow through with tasks. __ To maintain a healthy lifestyle by choosing an exercise of his choice. __ To maintain his personal hygiene. __ To brush his teeth. __ To follow through with a complaint. __ To manage his own finances. <p>Client #4's record indicated no QIDP reviews from May 2012 through May 2013.</p> <p>During interview with the QIDP on 5/30/13 at 2 PM, the QIDP stated the facility required the QIDPs to review and/or revise the clients' objectives "at least monthly" depending on each client's progress toward attaining their objectives. The QIDP indicated she was unable to find any monthly and/or quarterly reviews of the clients' objectives for the previous 12 months.</p> <p>2. The QIDP failed to provide client #2 with training in money management skills. Please see W126.</p> | | | | | | |

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| | <p>3. The QIDP failed to maintain a system that assured a full and complete account of client #1's, #2's, #3's and #4's personal funds. Please see W140.</p> <p>4. The QIDP failed to develop training objectives to assist client #3 with bathing, dressing, tooth brushing and hand washing. Please see W242.</p> <p>5. The QIDP failed to ensure the staff documented client #1's, #2's, #3's and #4's program data as directed. Please see W252.</p> <p>6. The QIDP failed to ensure a specific plan of reduction to reduce and eventually eliminate the behaviors for which each psychoactive medication was to target in regard to clients #1's, #2's and #3's BSPs (Behavior Support Plans). Please see W312.</p> <p>7. The QIDP failed to provide evidence an annual medication reduction had been attempted or specific contraindications as to why an attempt was not made in regard to clients #2's and #3's behavior modification medications. Please see W316.</p> <p>8. The QIDP failed to develop medication objectives for client #4. Please see W371.</p> | | | |

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| | <p>9. The QIDP failed to ensure the staff provided client #3's food in accordance with the client's diet orders. Please see W460.</p> <p>9-3-3(a)</p> | | | |

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| W000242 | <p>483.440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them.</p> <p>Based on record review, and interview, for 1 of 4 sample clients (#3), the facility failed to develop training objectives to assist client #3 with bathing, dressing, tooth brushing and hand washing.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 5/29/13 at 2 PM. Client #3's ISP/Individualized Support Plan dated 12/6/12 indicated client #3 "has learned to dress himself although he continues to need some guidance regarding wearing clean clothing appropriate for the weather and occasion." Client #3's CFA (Comprehensive Functional Assessment) of 12/26/12 indicated client #3 could not prepare and complete his bathing without assistance, client #3's skin was "often [unclean]" if not assisted and client #3 did not use soap while washing his hands. Client #3's CFA indicated client #3 was not independent in toothbrushing. Client</p> | W000242 | <p>CORRECTION:</p> <p><i>The individual program plan must include, for those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of acquiring them. Specifically, the team will develop and initiate learning objectives that address Client #3's hygiene needs</i></p> <p>PREVENTION:</p> <p>The QIDP will be retrained regarding the need to review the comprehensive functional assessment, incident documentation and progress notes to assure each client receives training in needed personal skills. Members of the Quality Assurance and Operations Teams will periodically compare current</p> | 07/07/2013 | |

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| | <p>#3's ISP indicated no training objectives to assist client #3 with his bathing, dressing, tooth brushing and hand washing.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/30/13 at 2 PM, the QIDP indicated client #3 was not independent with bathing, dressing, tooth brushing and hand washing. The QIDP indicated client #3's ISP did not include any objectives to assist the client with bathing, dressing, tooth brushing and/or hand washing.</p> <p>9-3-4(a)</p> | | <p>support documents to assessment data to assure training needs are addressed in each client's individual support plan.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Quality Assurance Team, Operations Team</p> | | |

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| W000252 | <p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the facility failed to ensure the staff documented the clients' program data as directed.</p> <p>Findings include:</p> <p>Client #1's, #2's, #3's and #4's DCS (Data Collection Sheets/ goal methodology sheets) for December 2012 through May 2013 were reviewed on 5/30/13 at 12 PM.</p> <p>1. Client #1's record was reviewed on 5/30/13 at 3 PM. Client #1's ISP/Individualized Support Plan indicated client #1 had the following objectives: ___ To thoroughly and independently bathe herself. The methodology/DCS sheet indicated this goal was to be implemented whenever client #1 bathed. The DCS indicated no documentation of staff initials for this objective being offered and/or refused for December 2012, January, February, March, April and May 2013. ___ To identify one of her medications. The methodology sheet indicated this goal was to be implemented whenever client #1</p> | W000252 | <p>CORRECTION: Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. Specifically, direct support staff will be retrained regarding facility expectations for documentation program data for all clients.</p> <p>PREVENTION: Professional staff will be retrained regarding the need to monitor program documentation each time they are present in the home in order to provide guidance and corrective measures to direct support staff in a timely manner to assure appropriate documentation of skills training occurs. Additionally, members of the Quality Assurance and Operations Teams will review data and documentation no less than monthly to assure data is being collected per each client's implementation schedule.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Quality Assurance Team, Operations Team</p> | 07/07/2013 | |

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| | <p>took her medication. The DCS indicated no documentation of staff initials for this objective being offered and/or refused for December 2012, January, February, March, April and May 2013.</p> <p>__ To clean her room. The methodology sheet indicated this goal was to be implemented whenever the staff saw items on client #1's bedroom floor that did not belong. The DCS indicated no documentation of staff initials for this objective being offered and/or refused for December 2012, January, February, March, April and May 2013.</p> <p>__ To independently manage her money. The methodology sheet indicated this goal was to be implemented whenever client #1 was dealing with money. The DCS indicated no documentation of staff initials for this objective being offered and/or refused for December 2012, January, February, March, April and May 2013.</p> <p>__ To prepare one dish independently using the stove. The methodology sheet did not indicate when this goal was to be implemented. The DCS indicated no documentation for this objective from December 2012 through April 2013.</p> <p>__ To independently complete her hygiene, tooth brushing, etc. AM and PM. The methodology sheet indicated this goal was to be implemented every morning and evening. The DCS indicated no</p> | | | |

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| | <p>documentation of staff initials for this objective being offered and/or refused for December 2012, January and February, 2013.</p> <p>__ To get out of bed independently. The methodology sheet indicated this goal was to be implemented every evening prior to bedtime. The DCS indicated no documentation of staff initials for this objective being offered and/or refused for December 2012, January, February, March, April and May 2013.</p> <p>__ To participate in activities. The methodology sheet indicated this goal was to be implemented anytime the staff had a chance to and/or client #1 had free time, "particularly in the evenings after dinner." The DCS indicated no documentation of staff initials for this objective being offered and/or refused for December 2012, January, February, March, April and May 2013.</p> <p>2. Client #2's record was reviewed on 5/16/13 at 2 PM. Client #2's ISP dated 10/25/12 indicated client #2 had the following objectives:</p> <p>__ To identify a solution to a problem. The methodology sheet indicated this goal was to be implemented across all skills training environments and whenever the staff were working with client #2. The DCS indicated no documentation for this objective for February and March 2013.</p> | | | | | | |

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| | <p>__ To participate in a leisure activity. The methodology sheet indicated this goal was to be implemented whenever there was downtime and/or client #2 chose to participate in a leisure activity. The DCS indicated no documentation for this objective for February and March 2013.</p> <p>__ To exercise for 10 - 15 minutes a day. The methodology sheet indicated this goal was to be implemented anytime the staff had a chance to, or anytime client #2 had a free moment, "particularly in the evenings after dinner." The DCS indicated no documentation for this objective for February and March 2013.</p> <p>__ To assist in preparing a simple meal. The methodology sheet indicated this goal was to be implemented whenever client #2 was scheduled to prepare a meal "which is typically every 7 days." The DCS indicated no documentation for this objective for February and March 2013.</p> <p>__ To communicate her wants and needs. The methodology sheet indicated this goal was to be implemented anytime the staff were engaged in conversation with client #2. The DCS indicated no documentation for this objective for February and March 2013.</p> <p>__ To state one side effect of her medications. The methodology sheet indicated this goal was to be implemented daily each time client #2 received her medications. The DCS indicated no</p> | | | |

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| | <p>documentation for this objective for February and March 2013.</p> <p>__ To place a single bite size portion of food in her mouth, chew and swallow prior to taking another bite. The methodology sheet indicated this goal was to be implemented daily during all meal times and/or when client #2 was eating. The DCS indicated no documentation for this objective for February and March 2013.</p> <p>3. Client #3's record was reviewed on on 5/29/13 at 2 PM. Client #3's ISP of 12/26/12 indicated client #3 had the following objectives:</p> <p>__ To slow his rate of speech. The methodology sheet indicated this goal was to be implemented across all skills training environments and whenever the staff were working with client #3. The DCS indicated no documentation of staff initials for this objective being offered and/or refused for December 2012, January and February 2013.</p> <p>__ To make his bedroom and bathroom a private area while getting dressed/undressed. The methodology sheet indicated this goal was to be implemented across all skills training environments and whenever the staff were working with client #3. The DCS indicated no documentation of staff initials for this objective being offered</p> | | | | | | |

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| | <p>and/or refused for December 2012, January and February 2013.</p> <p>__To exercise for 15 minutes. The methodology sheet indicated this goal was to be implemented anytime the staff had a chance to, or anytime client #3 had a free moment, "particularly in the evenings after dinner." The DCS indicated no documentation of staff initials for this objective being offered and/or refused for December 2012, January, February, March, April and May 2013.</p> <p>__To help prepare one dish by opening the can/package and pouring it into a dish. The methodology sheet indicated this goal was to be implemented during meal times at least 2 times a week. The DCS indicated no documentation of staff initials for this objective being offered and/or refused for December 2012, January, February, March, April and May 2013.</p> <p>__To state one way of earning money to obtain desired items. The methodology sheet indicated this goal was to be implemented anytime client #3 discussed his desire to purchase items of his own and when the client was having difficulties motivating himself to get ready for work. The DCS indicated no documentation of staff initials for this objective being offered and/or refused for December 2012, January and February 2013.</p> | | | | | | |

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| | <p>__ To repeat back the dosage of his Zyprexa. The methodology sheet indicated this goal was to be implemented anytime client #3 received his Zyprexa. The DCS indicated no documentation of staff initials for this objective being offered and/or refused for December 2012, January, February, March and April 2013.</p> <p>__ To place one single bite size of food in his mouth, chew and swallow it prior to taking another bite. The methodology sheet indicated this goal was to be implemented daily during all meal times or whenever client #3 was eating. The DCS indicated no documentation of staff initials for this objective being offered and/or refused for December 2012, January and February 2013.</p> <p>4. Client #4's record was reviewed on on 5/29/13 at 1 PM. Client #4's ISP of 9/13/12 indicated client #4 had the following objectives: __ To clean his glasses. The methodology sheet indicated this goal was to be implemented "at least daily." The DCS indicated no documentation for this objective being offered and/or refused December 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 16, 17, 18, 20, 22, 23, 24, 29, 30, 31 of 2012, January 2, 4, 5, 6, 7, 8, 9, 10, 11, 12, 14, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25, 26, 28, 29, 30, 31, February 1, 3, 5, 6,</p> | | | | | | |

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| | <p>7, 8, 9, 10, 12, 14, 15, 16, 17, 18, 19, 20, 21, 24, 25, 26, 27, 28, March 1, 3, 4, 5, 6, 7, 8, 9, 13, 14, 15, 16, 17, 18, 19, 21, 23, 24, 25, 26, 27, 28, 29, 30, 31, April 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 29, 30, May 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 19, 20, 21, 22, 23, 24, 25, 26 and 27, 2013.</p> <p>___To prepare a simple meal. The methodology sheet indicated this goal was to be implemented whenever client #4 was scheduled to prepare a meal. The methodology sheet did not indicate when client #4 was to prepare a meal. The DCS indicated no documentation for this objective being offered and/or refused December 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 29, 30, 31, 2012, January 1, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, February 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, March 2, 3, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, April 1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 27, 28, 29, 30, May 1, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 21, 22, 23, 24, 25, 26, 27, 2013.</p> | | | |

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| | <p>__ To follow through with tasks. The methodology sheet indicated this goal was to be implemented across all skills training environments and whenever the staff were working with client #4. The DCS indicated no documentation for this objective being offered and/or refused December 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 2012, January 1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, February 1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, March 2, 3, 4, 5, 6, 7, 8, 9, 10, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 26, 27, 28, 29, 30, 31, April 1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 24, 25, 26, 30, May 1, 2, 3, 4, 7, 8, 10, 11, 12, 14, 16, 17, 18, 19, 20, 21, 22, 23, 2013.</p> <p>__ To maintain a healthy lifestyle by choosing an exercise of his choice. The methodology sheet indicated this goal was to be implemented anytime the staff had a chance to, or anytime client #4 had a free moment, "particularly in the evenings after dinner." The DCS indicated no documentation for this objective being offered and/or refused December 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 2012,</p> | | | |

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| | <p>January 6, 7, 8, 9, 12, 13, 14, 15, 19, 20, 21, 28, 29, 30, 31, February 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 21, 22, 23, 24, 25, 26, 28, March 1, 2, 3, 5, 6, 7, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 27, 28, 29, 30, 31, April 9, 10, 11, 12, 13, 14, 17, 18, 19, 20, 21, 22, 23, 24, 25, 30, May 4, 5, 6, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 2013.</p> <p>__To brush his teeth for 3 minutes in the AM. The methodology sheet indicated this goal was to be implemented every time client #4 brushed his teeth. The DCS indicated no documentation for this objective being offered and/or refused December 1, 2, 3, 4, 5, 6, 7, 9, 10, 13, 14, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 2012, January 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 28, 29, 30, 31, February 1, 2, 3, 4, 5, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, March 1, 2, 3, 4, 5, 6, 7, 14, 15, 16, 21, 22, 23, 29, 30, 31, April 1, 6, 7, 8, 9, 10, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 27, 28, 29, May 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 26, 2013.</p> <p>__To brush his teeth for 3 minutes in the PM. The methodology sheet indicated this goal was to be implemented every time client #4 brushed his teeth. The DCS</p> | | | | |

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| | <p>indicated no documentation for this objective being offered and/or refused December 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 13, 14, 15, 16, 18, 19, 20, 21, 22, 23, 24, 27, 28, 29, 30, 31, 2012, January 1, 2, 3, 5, 6, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, February 1, 2, 3, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 27, 28, March 3, 4, 5, 6, 7, 14, 15, 16, 21, 22, 23, 31, April 2, 4, 5, 6, 7, 8, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, May 1, 5, 6, 8, 9, 11, 12, 13, 16, 17, 18, 19, 20, 21, 22, 23, 24, 2013.</p> <p>__To follow through with a complaint. The methodology sheet indicated this goal was to be implemented across all skills training environments and whenever the staff were working with client #4. The DCS indicated no documentation for this objective being offered and/or refused December 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 2012, January 1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, February 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, March 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, April 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23,</p> | | | |

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| | <p>24, 25, 26, 27, 28, 29, 30, May 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 2013.</p> <p>__ To manage his own finances. The methodology sheet indicated this goal was to be implemented whenever client #4 was working with and/or talking about money. The DCS indicated no documentation for this objective being offered and/or refused December 5, 6, 7, 15, 16, 17, 18, 19, 20, 21, 29, 30, 31, 2012, January 1, 5, 6, 7, 9, 10, 11, 15, 16, 17, 18, 19, 21, 22, 23, 24, 27, 28, 30, 31, February 4, 5, 6, 7, 15, 16, 23, 24, 25, 26, 27, 28, March 5, 6, 7, 8, 9, 12, 13, 14, 15, 16, 23, 24, 25, 26, 27, 28, 29, 30, 31, April 1, 2, 3, 4, 9, 10, 11, 12, 13, 14, 15, 19, 20, 21, 25, 26, 27, 28, 29, 30, May 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 23, 2013.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/30/13 at 2 PM, the QIDP indicated the staff were to document the clients' objectives daily and/or as indicated on the DCS and were to initial the DCS when the objectives were offered.</p> <p>9-3-4(a)</p> | | | | | | |

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| W000312 | <p>483.450(e)(2) DRUG USAGE</p> <p>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Based on record review and interview for 3 of 4 sampled clients receiving medications to control behaviors (#1, #2 and #3), the facility failed to ensure a specific plan of reduction to reduce and eventually eliminate the behaviors for which each psychoactive medication was to target.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 5/30/13 at 3 PM. Client #1's 2012/2013 physician's orders indicated client #1 took Abilify 60 mg (milligrams) a day for mood disorders, Wellbutrin 200 mg a day for depression and Clozaril 200 mg a day for behaviors related to Schizophrenia. Client #1's revised BSP (Behavior Support Plan) of 2/21/13 indicated client #1 had targeted behaviors of arguing, making false accusations, delusions and elopement. Client #1's BSP indicated a medication reduction plan of, "She (client #1) is monitored at least quarterly or as needed by a psychiatrist. The IDT (Interdisciplinary Team) will continue to</p> | W000312 | <p>CORRECTION:</p> <p><i>Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Specifically, Client #1, #2 and #3's Behavior Support Plans will be updated to include short term and long term plans for the reduction of psychotropic medications.</i></p> <p>PREVENTION:</p> <p>The QIDP will be retrained on the development of Medication Reduction Plans. The retraining will focus on the need to target a specific medication for reduction, prioritize the order in which attempts will be made to reduce behavior controlling medications as well as the need to maintain current behavior data with which to determine the criteria for reduction attempts. Members of the Operations and Quality Assurance Teams will review Behavior Support Plans as part of an ongoing internal audit process that will include assuring that behavior support programs include specific plans to reduce</p> | 07/07/2013 | | | |

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| | <p>monitor [client #1's] behavioral symptoms and recommendations of reduction in medication dosage will be forwarded to the psychiatrist, at which time the psychiatrist will agree/disagree to the recommendations set forth by the IDT." Client #1's BSP indicated no specific plan of reduction to reduce and eventually eliminate the behaviors for which each psychoactive medication was to target.</p> <p>Client #2's record was reviewed on 5/29/13 at 3 PM. Client #2's 2012/2013 physician's orders indicated client #2 took Prozac 20 mg and Risperdal 2 mg a day for depression. Client #2's BSP of 10/22/12 indicated client #2 had targeted behaviors of hitting herself on the head, biting herself, pulling her hair and suicidal ideations. Client #2's BSP indicated a medication reduction plan of, "She (client #1) is monitored at least quarterly or as needed by a psychiatrist. The IDT (Interdisciplinary Team) will continue to monitor [client #2's] behavioral symptoms and recommendations of reduction in medication dosage will be forwarded to the psychiatrist, at which time the psychiatrist will agree/disagree to the recommendations set forth by the IDT." Client #2's BSP indicated no specific plan of reduction to reduce and eventually eliminate the behaviors for which each</p> | | <p>the use of behavior controlling drugs. Operations and Quality Assurance Team members will conduct site visits that incorporate BSP reviews no less than monthly.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Quality Assurance Team, Operations Team</p> | | | | |

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| | <p>psychoactive medication was to target.</p> <p>Client #3's record was reviewed on 5/29/13 at 2 PM. Client #3's 2012/2013 physician's orders indicated client #3 took Elavil 10 mg at night for insomnia, Ativan 0.5 mg and Zyprexa 20 mg for "Psychosis." Client #3's BSP of 12/26/12 indicated client #3 had targeted behaviors of verbal aggression and inappropriate touching. Client #3's BSP indicated a medication reduction plan of, "The IDT (Interdisciplinary Team) will continue to monitor [client #3's] behavioral symptoms and recommendations of reduction in medication dosage will be forwarded to the psychiatrist, at which time the psychiatrist will agree/disagree to the recommendations set forth by the IDT." Client #3's BSP indicated no specific plan of reduction to reduce and eventually eliminate the behaviors for which each psychoactive medication was to target.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/30/13 at 2 PM, the QIDP indicated client #1's, #2's and #3's BSPs included the same titration criteria and was not specific to the clients' behaviors for which each psychoactive medication was to target.</p> <p>9-3-5(a)</p> | | | | | | |

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| W000316 | <p>483.450(e)(4)(ii) DRUG USAGE Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.</p> <p>Based on record review and interview for 2 of 3 sample clients receiving medications to control maladaptive behaviors (#2 and #3), the facility failed to provide evidence an annual medication reduction had been attempted or specific contraindications as to why an attempt was not made.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 5/29/13 at 3 PM. Client #2's 2012/2013 physician's orders indicated client #2 took Prozac 20 mg (milligrams) and Risperdal 2 mg a day for depression. Client #2's BSP (Behavior Support Plan) of 10/22/12 indicated client #2 had targeted behaviors of hitting herself on the head, biting herself, pulling her hair and suicidal ideations. Client #2's physician's "Record of Visit" forms with the psychiatrist indicated:</p> <p>__3/20/13, no problems noted and for client #2 to continue current medications. __1/30/13, no problems noted and for client #2 to continue current medications. __8/22/12, no problems noted and for client #2 to continue current medications. Client #2's record indicated no evidence</p> | W000316 | <p>CORRECTION: <i>Drugs used for control of inappropriate behavior must be gradually withdrawn at least annually.</i> Specifically, the facility will review current behavior data for Client #2 and Client #3 with their attending psychiatrists and request a reduction attempt. If the psychiatrist is unwilling to attempt a reduction based on clinical contraindication, the facility will provide data and documentation to support the doctor's findings.</p> <p>PREVENTION: The QIDP will be retrained regarding the need to assure that annual reduction attempts occur for all individuals who receive behavior controlling medications unless well-documented clinical contraindication exists. Members of the Operations and Quality Assurance will review Medication Reduction plans and current medication orders as part of the agency's audit process to assure medication reduction attempts occur as required. Members of the Quality Assurance and Operations Teams will review facility records as needed but no less than monthly monitor compliance with medication reduction expectations.</p> | 07/07/2013 |

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| | <p>an annual medication reduction had been attempted or specific contraindications as to why an attempt was not made.</p> <p>Client #3's record was reviewed on 5/29/13 at 2 PM. Client #3's 2012/2013 physician's orders indicated client #3 took Elavil 10 mg at night for insomnia, Ativan 0.5 mg and Zyprexa 20 mg for "Psychosis." Client #3's BSP of 12/26/12 indicated client #3 had targeted behaviors of verbal aggression and inappropriate touching. Client #3's physician's "Record of Visit" forms with the psychiatrist indicated: ___3/14/13, "No symptoms of psychosis or behavior problems." ___12/20/12, "Patient unchanged, doing well. No problems with meds (medications)." ___9/20/12, "Patient doing well with current meds." Client #3's record indicated no evidence an annual medication reduction had been attempted or specific contraindications as to why an attempt was not made.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/30/13 at 2 PM, the QIDP indicated she was unable to provide 6 months of data in regard to client #2's and #3's behaviors. The QIDP indicated she did not know when client #2's and</p> | | <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Quality Assurance Team, Operations Team</p> | | | | |

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| | #3's last behavioral medication reduction had been attempted. The QIDP could not provide evidence an annual medication reduction had been attempted or specific contraindications as to why an attempt was not made. 9-3-5(a) | | | |

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| W000371 | <p>483.460(k)(4) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Based on record review and interview for 1 of 4 sampled clients (#4), the facility failed to develop medication objectives to provide medication training.</p> <p>Findings include:</p> <p>Client #4's record was reviewed on 5/25/13 at 11:00 AM. Client #4's physician's orders of 5/1-31/13 indicated client #4 was taking Ocean nasal spray for sinusitis, ear drops for excessive ear wax in his ears, a multivitamin and a vitamin C tablet for dietary supplements. Client #4's CFA (Comprehensive Functional Assessment) indicated client #4 was not independent with taking his medication. Client #4's ISP (Individual Support Plan) of 9/14/12 did not indicate any training objectives to assist client #4 with taking and/or identifying his medications.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/30/13 at 3 PM, the QIDP indicated client #4 was not independent in taking medications and</p> | W000371 | <p>CORRECTION: <i>The system for drug administration must assure that clients are taught to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective, and if the physician does not specify otherwise. Specifically, the team will develop a medication education objective for Client #4 and staff will be trained toward proper implementation of the goal. Additionally direct support staff will be retrained regarding the need to provide self-administration of medication training to all clients each time medication is administered.</i></p> <p>PREVENTION: <i>The QIDP will be retrained regarding the need to assure that all individuals have prioritized training objectives targeting self-administration of medication. Members of the Quality Assurance and Operations Teams will periodically compare current support documents to assessment data to assure medication education training needs are addressed in each client's individual support plan.</i></p> | 07/07/2013 | |

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| | <p>required staff assistance and supervision. The QIDP indicated client #4 did not have any objectives in place to assist him with medication training.</p> <p>9-3-6(a)</p> | | <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Quality Assurance Team, Operations Team</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. Based on observation, interview and record review for 1 of 4 sampled clients (#3) on a modified diet, the facility failed to assure the staff provided food in accordance with the client's diet order.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 5/23/13 between 4:30 PM and 6:15 PM. During this time, client #3 ate his evening meal which consisted of a barbequed chicken wing and a barbequed chicken thigh (both with the meat on the bone), pasta salad, green beans, mixed greens, bread with butter and skim milk. Client #3 was not provided a mechanical soft diet in regard to the chicken on the bone.</p> <p>Client #3's record was reviewed on 5/29/13 at 2 PM. Client #3's swallow evaluation of 2/7/12 indicated recommendations for client #3 to have a mechanical soft diet/chopped and thin liquids. Client #3's physician's orders of 5/1/13 indicated client #3's food was to be "chopped into bite size pieces-Mechanical Soft Living Lite Diet." Client #3's dietary assessment of 4/12/13 indicated client #3</p> | W000460 | <p>CORRECTION: <i>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Specifically, staff have been retrained on Client #3's dining plan and his diet is being prepared and served as prescribed.</i></p> <p>PREVENTION: Professional staff will be retrained regarding the need to provide ongoing supervision during meal preparation and during family style dining to assure foods are prepared and served in an appropriate texture. Additionally, members of the Operations and Quality Assurance Teams will periodically observe active treatment sessions at the facility, on an ongoing basis, to assure food is prepared and served per prescribed diets.</p> <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Quality Assurance Team, Operations Team</p> | 07/07/2013 | | | |

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| | <p>was to have a Mechanical Soft Living Lite Diet. Client #3's ISP/Individual Support Plan dated 12/6/12 indicated no special instructions of how client #3's food was to be prepared.</p> <p>During interview with the QIDP (Qualified Intellectual Disabilities Professional) on 5/30/13 at 2 PM, the QIDP indicated client #3's meal on the evening of 5/23/13 was not altered to provide client #3 a mechanical soft diet. The QIDP indicated she was not aware client #3's food was to be altered to provide the client with a mechanical soft diet.</p> <p>9-3-8(a)</p> | | | |

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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 | | | |
| W009999 | <p>STATE FINDINGS:</p> <p>The following Community Residential Facilities for Persons with Developmental Disabilities Rule was not met. 460 IAC 9-3-3 Facility Staffing</p> <p>(e) Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin (TB) test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician.</p> <p>THIS STATE RULE WAS NOT MET AS EVIDENCED BY:</p> <p>Based on record review and interview for 1 of 4 sampled staff (staff #4) personnel records reviewed, the facility failed to obtain a yearly PPD and/or a chest x-ray</p> | W009999 | <p>CORRECTION: Prior to assuming residential job duties and annually thereafter, each residential staff person shall submit written evidence that a Mantoux (5TU, PPD) tuberculosis skin (TB) test or chest x-ray was completed. The result of the Mantoux shall be recorded in millimeter of induration with the date given, date read, and by whom administered. If the skin test result is significant (ten (10) millimeters or more), then a chest film shall be done with other physical and laboratory examinations as necessary to complete a diagnosis. Prophylactic treatment shall be provided as per diagnosis for the length of time prescribed by the physician. Specifically, Staff #4 has received an annual Tuberculosis screening.</p> <p>PREVENTION: The health services team has established a bi-annual tuberculosis testing process that will assure all staff receive annual screening. Health Services personnel will track employee compliance and staff who do not comply with the testing procedure will be removed from the work schedule until such time as they complete the required PPD or chest X-Ray. Additionally, the agency's Safety Committee will coordinate with Health Services to follow-up and ensure compliance.</p> | 07/07/2013 | | | |

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| | <p>and/or PPD screening checklist for employed staff.</p> <p>Findings include:</p> <p>Review of the facility personnel records on 5/24/13 at 2 PM indicated staff #4's most recent TB/PPD testing was conducted on 4/2/12. Staff #4's record did not indicate a yearly PPD, chest x-ray or screening checklist had been completed since 4/2/12.</p> <p>Interview with HRC (human resources coordinator) #1 on 5/30/13 at 2:20 PM indicated staff #1 had been on an extended leave of absence and had not completed the annual screening check. When asked the beginning date of staff #1's absence, HRC #1 indicated she would follow up. HRC #1 did not provide a date for staff #1's leave of absence.</p> <p>During interview with the PM (Program Manager) on 5/30/13 at 2 PM, the PM stated staff #4 had not had an annual TB screening and "She's coming in today, so we can get that taken care of." The PM indicated staff #4's most recent TB test was conducted on 4/2/12. The PM stated, "It's facility policy that all staff be screened annually."</p> <p>9-3-3(e)</p> | | <p>RESPONSIBLE PARTIES: QIDP, Residential Manager, Direct Support Staff, Health Services Team, Quality Assurance Team, Operations Team</p> | | | | |

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