

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G436		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/24/2013	
NAME OF PROVIDER OR SUPPLIER TRANSITIONAL SERVICES SUB LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 11 WASHINGTON ST BROWNSBURG, IN 46112			
(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			
W000000	<p>This visit was for an extended recertification and state licensure survey.</p> <p>Dates of Survey: 4/16/13, 4/17/13, 4/18/13, 4/22/13 and 4/24/13.</p> <p>Facility Number: 000950 Provider Number: 15G436 AIMS Number: 100244690</p> <p>Surveyor: Keith Briner, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed April 30, 2013 by Dotty Walton, Medical Surveyor III.</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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W000143	<p>483.420(c)(1) COMMUNICATION WITH CLIENTS, PARENTS & The facility must promote participation of parents (if the client is a minor) and legal guardians in the process of providing active treatment to a client unless their participation is unobtainable or inappropriate. Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to ensure client #1's guardian participated and/or was notified of client #1's change in day service provider.</p> <p>Findings include:</p> <p>Observations were conducted at the facility operated day services location on 4/22/13 from 10:24 AM through 11: 20 AM. Client #1 was present at the facility operated day services throughout the observation period.</p> <p>Interview with AS (Administrative Staff) #1 on 4/22/13 at 11:00 AM indicated client #1 attended the facility operated day services.</p> <p>Client #1's record was reviewed on 4/18/13 at 10:47 AM. Client #1's ISP (Individual Support Plan) dated 10/24/12 indicated client #1 had a guardian. Client #1's record did not indicate documentation of client #1's guardian</p>	W000143	<p>Area Director will retrain Program Director on guardian participation in client programming; including the change of day program providers.</p> <p>Program Director will document guardian participation when it related to changes in client programming</p> <p>Program Director will include family/guardian communication in monthly summary reports; which are submitted to the Area Director monthly for review.</p> <p>Responsible Party: Area Director, Program Director</p>	05/24/2013			

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	<p>participation in client #1's change in day services.</p> <p>Client #1's guardian was interviewed on 4/22/13 at 2:06 PM. Client #1's guardian stated, "I had no idea. Last I knew [client #1] was still going to [name] day services."</p> <p>Electronic correspondence (EC) from AS #2 on 4/22/13 at 2:45 PM indicated client #1 had switched day services on 11/12/12. EC dated 4/22/13 at 3:11 PM indicated, "The change was discussed between [PC (Program Coordinator) #1] and the guardians over the phone. [PC #1] states that the guardians were in agreement of the change."</p> <p>9-3-2(a)</p>			

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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. Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to implement its policy and procedures to prevent neglect of client #1 in regard to providing medical care for an infection, PRN (As Needed) medication and a recommended gynecologist evaluation.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/16/13 from 4:20 PM through 6:00 PM. Client #1 was observed in the group home throughout the observation period. At 4:20 PM client #1 was seated on a couch in the group home living room area. Client #1 stood up from the couch and walked to her bedroom. Client #1 used her hands to scratch and rub her vaginal area as she walked from the living room to her bedroom. AS #1 (Administrative Staff) stated, "I think [client #1] needs to use the restroom." At 4:25 PM client #1 returned to the couch in the living room area. Client #1 used her hands to scratch and rub her vaginal area. Staff #1 encouraged client #1 to use the restroom. Client #1 declined using the restroom and sat down on the couch.</p>	W000149	<p>Program nurse will retrain staff on medication administration; including the use of PRN medication</p> <p>Program Nurse will retrain staff on Client #1 protocol associated with the use of her PRN medications.</p> <p>Program Director will retrain Home Manager on medical record review related to observation of client health status and the use of PRN medications</p> <p>Home Manager will complete active treatment observations 3xs weekly to ensure adequate implementation of protocols and PRN usage.</p> <p>Ongoing, Home Manager will complete observations per established frequency.</p> <p>Responsible Party: Program Nurse, Home Manager, Program Director</p>	05/24/2013			

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	<p>Client #1 scratched and rubbed her vaginal area each time she stood up from the couch and/or walked through the group home. Client #1 was not offered a PRN (As Needed) treatment/medication for vaginal itching by AS #1, staff #1 or staff #2.</p> <p>Observations were conducted at the group home on 4/17/13 from 6:15 AM through 8:15 AM. Client #1 was observed in the group home throughout the observation period. Client #1 scratched and rubbed her vaginal area each time she stood or walked through the group home. Client #1 was not offered a PRN treatment/medication for vaginal itch by AS #1, staff #3 and/or staff #4.</p> <p>Client #1's record was reviewed on 4/18/13 at 10:47 AM. Client #1's Physician's Order (PO) form dated 4/16/13 indicated client #1's diagnosis included, but was not limited to, "Recurrent Yeast Infection." Client #1's PO form dated 4/16/13 indicated the following PRN orders: (1) Fluconazole (anti-fungal) tablet 150 milligrams, give one tablet by mouth, one dose as needed for signs/symptoms of vaginal infections (vaginal itching and discharge), prescription dated 6/18/12; (2) Hydrophor ointment (skin cream), apply topically to irritated vaginal area daily after shower as</p>						

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	<p>needed for redness/irritation, prescription dated 9/28/07; (3) Vagisil (anti-itch/fungal) cream, apply about a 1' (one inch) strip to outside of vagina daily as needed for vaginal itching/ discharge, prescription date 6/18/12." Client #1's MAR (Medication Administration Record) forms dated 1/1/13 through 4/18/13 did not indicate documentation of the use of Fluconazole tablet 150 milligrams, Hydrophor ointment and/or Vagisil cream. Client #1's Pain Protocol form dated 7/2/12 indicated, "Signs and Symptoms of Pain:.... Grabbing, touching, holding a body part can indicate pain." Client #1's Pain Protocol form dated 7/2/12 indicated, "Interventions: Consider that any changes in behavior can indicate the presence of pain and administer PRN medication for pain and monitor client...."</p> <p>Client #1's Health Care Coordination Monthly Health Review (HCCMHR) forms (reviewed 4/18/13 10:47 AM) indicated</p> <p>-HCCMHR form dated August 2012 indicated, "Vagisil cream applied: 08/14, 08/17, 08/18, 08/19, 08/20, 08/21 for management of vaginal itching with "itching calmed" documented after application." Client #1's HCCMHR form dated August 2012 indicated, "08/22/12 ...</p>			

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	<p>reports that [client #1] has been scratching crotch, but no vaginal discharge has been noted. Staff instructed to make appointment with PCP (Primary Care Physician) for evaluation of possible vaginal infection."</p> <p>-HCCMHR form dated September 2012 indicated, 'Diflucan (anti-fungal) administered 09/10/12 for management of vaginal itching with "no change" noted after RX (Prescription). Client #1's HCCMHR form dated 9/11/12 indicated, "[Client #1] has also be (sic) scratching herself and had a scratch in her vaginal area. Staff asked if they could use Desitin (anti-rash) on her rectum and Vagisil to the scratch. Asked if the bleeding had stopped and informed that it had. Told staff it was ok to use Desitin to rectum but suggested they use Barrier Cream (anti-rash) to scratch..." Client #1's HCCMHR form dated September, 2012 did not indicate documentation of the use of Desitin Cream, Vagisil Cream and/or Barrier Cream.</p> <p>-HCCMHR form dated October 2012 indicated, "10/23/12- Staff, again, will be instructed to make appointment with gynecologist for evaluation of possible vaginal infection." Client #1's HCCMHR form dated October 2012 indicated, "No PRN medication administered 10/12</p>			

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	<p>(sic)."</p> <p>-HCCMHR form dated November 2012 indicated, "Client continues to scratch her crotch. No vaginal discharge reported. Staff, again, requested to make appointment with gynecologist for evaluation of possible vaginal infection. [Client #1's] PCP states she needs to be seen by a gynecologist for this problem." Client #1's HCCMHR form dated November 2012 indicated, "No PRN medication administered 11/12." Client #1's HCCMHR form dated November 2012 indicated, "Staff has called gynecologist office who is working with dentist to schedule annual dental exam under anesthesia, so that both exams can be completed at the same time. Staff is waiting to hear from gynecologist surgery scheduler with appointment date and time."</p> <p>-HCCMHR form dated December 2012 indicated, "Staff continues to wait for gynecologist and dentist (sic) agree on time for exams under anesthesia." Client #1's HCCMHR form dated December 2012 indicated, "No PRN medication administered 12/12."</p> <p>-HCCMHR form dated January 2013 indicated, "Client has been scratching at her crotch. Staff, ...has been in contact</p>						

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	<p>with both [doctor #1's] scheduler... and [doctor #2's] office, numerous times, attempting to schedule dental and gynecologist exams under anesthesia and is waiting on return calls." Client #1's HCCMHR form dated January 2013 indicated, "No PRN medications administered 01/13."</p> <p>-HCCMHR form dated February 2013 indicated, "Client continues to scratch at her crotch. PCP referred her to gynecologist for exam. AM staff has left several messages with [doctor #1's] scheduler... and with [doctor #2's] office, attempting to schedule gynecologist and dental exam under anesthesia." Client #1's HCCMHR form dated February 2013 indicated no PRN's for vaginal scratching/itching had been administered for February 2013.</p> <p>-HCCMHR form dated March 2013 indicated, "Neither, [doctor #1's] scheduler... or [doctor #2's] office called back with appointment for gynecologist and dental exams. Appointment made with [doctor #3] for dental exam late March, 2013, and with [doctor #4] for gynecologist exam early May, 2013...." Discuss establishing client with new dentist and gynecologist with program director, [PD (program director) #1], who is agreeable with changes. No dental</p>			

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	<p>issues reported at this time. Client continues to grab her crotch, but no vaginal discharge reported by staff." Client #1's HCCMHR form dated March 2013 indicated, "No PRN medications administered 03/13."</p> <p>Client #1's appointment list form dated 7/17/12 through 3/29/13 was reviewed on 4/18/13 at 10:47 AM. Client #1's appointment list form dated 7/17/12 through 3/29/13 indicated client #1's PCP visit was 10/11/12. Client #1's appointment list form dated 7/17/12 through 3/29/13 did not indicate documentation of PCP appointments or visits from 7/17/12 through 10/11/12. Client #1's appointment list form dated 7/17/12 through 3/29/13 did not indicate documentation of gynecologist appointment/visit. Client #1's appointment list form dated 7/17/12 through 3/29/13 did not indicate a PCP appointment/visit between 10/11/12 and 2/22/13.</p> <p>Client #1's record, reviewed on 4/18/13 at 10:47 AM, indicated documentation of client #1 scratching her vaginal area in August 2012 with an 8/22/12 recommendation to be assessed for a possible vaginal infection. Client #1's record indicated client #1 visited her PCP on 10/11/12 at which time the PCP</p>			
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	<p>recommended client #1 be evaluated and treated by a gynecologist. Client #1's record indicated client #1 had vaginal itching from 8/2012 through the 4/18/13 review. Client #1's record indicated client #1 had not received a PRN medication to address her vaginal discomfort/itching since 8/22/12. Client #1's record indicated the facility nurse and/or staff had not discussed/identified alternate gynecologist evaluation options from the 10/11/12 recommendation through March 2013.</p> <p>Nurse #1 was interviewed on 4/18/13 at 12:09 PM. When asked about client #1's vaginal scratching, Nurse #1 stated, "Yes, I have noticed it. I have observed her scratching.... Noticed it starting, maybe early winter. Couldn't say for sure without my notes, the chart in front of me." Nurse #1 indicated she had observed client #1 scratching her vaginal area while doing observations in the home and group home staff had reported the scratching to her. Nurse #1 indicated facility staff should have applied client #1's PRN for vaginal itching as indicated in the order. Nurse #1 indicated facility staff should document each PRN administration on client #1's MAR. Nurse #1 indicated she had not ensured staff had been administering client #1's available PRN's regarding vaginal itching/scratching. Nurse #1 indicated she and facility staff had</p>			

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	<p>attempted to make client #1's gynecologist appointment but were unable to coordinate the exam between her gynecologist and dentist in order to perform both exams while client #1 was under anesthesia. Nurse #1 indicated client #1's PCP made a recommendation for client #1 to be seen by a gynecologist in November 2012. Nurse #1 indicated she had not participated in or been aware of any IDT (Interdisciplinary Team) meetings to identify alternate gynecological evaluation options. Nurse #1 indicated she had discussed seeking alternate dental and gynecologist exams with PD #1 in March 2013.</p> <p>PD #1 was interviewed on 4/18/13 at 12:45 PM. PD #1 indicated the facility had not been able to coordinate client #1's gynecologist and dental examinations. PD #1 indicated client #1 had been displaying the scratching/itching since October 2012. PD #1 indicated she had not conducted an IDT to identify alternative treatment/assessment options for client #1 for her recommended gynecologist examination. PD #1 indicated staff should have administered and documented client #1's PRN's regarding her vaginal discomfort/itching. PD #1 indicated she had not reviewed client #1's MAR to ensure staff were administering client #1's medication PRNs.</p>			

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	<p>AS (Administrative Staff) #1 was interviewed on 4/18/13 at 12:50 PM. AS #1 indicated the facility's abuse and neglect policy should be implemented.</p> <p>The facility's policy's and procedures were reviewed on 4/22/13 at 3:51 PM. The facility's policy entitled, "Quality and Risk Management" dated April 2011 indicated alleged, suspected, or actual abuse, neglect, or exploitation may include, "1. (e) Failure to provide appropriate supervision, care or training; (g) Failure to provide food and medical services as needed." The facility's policy entitled, "Quality and Risk Management" dated April 2011 indicated, "4. (o) A medication error...as determined by the individual's personal physician, including the following; (2) Failure to administer medication as prescribed." The facility's policy entitled, "Quality and Risk Management" dated April 2011 indicated, "4. (q) Inadequate medical support for an individual, including failure to obtain; (1) Necessary medical services."</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 observation, record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the QIDP (Qualified Intellectual Disabilities Professional) failed to ensure client #1's guardian participated and/or was notified of client #1's change in day service provider. The QIDP failed to ensure the facility implemented it's policy and procedures to prevent neglect of client #1 in regard to providing medical care for an infection, PRN (As Needed) medications and a recommended gynecologist evaluation. The QIDP failed to monitor client #4's program in regard to data collection. The QIDP failed to ensure clients #1, #2, #3 and #4's training objectives were monitored and revised on a routine basis. The QIDP failed to coordinate the repair of and payment for client #4's prescription eyeglasses.</p> <p>Findings include:</p> <p>1. The QIDP failed for 1 of 4 sampled clients (#1), to ensure client #1's guardian participated and/or was notified of client #1's change in day service provider. Please see W143.</p>	W000159	<p>Area Director will retrain Program Director on guardian participation in client programming; including the change of day program providers.</p> <p>Area Director will retrain Program Director on following recommended medical care; including monitoring the use of PRN medications and following MD recommendations.</p> <p>Area Director will retrain Program Director on goal training documentation being available in the home before the start of each month.</p> <p>Area Director will retrain Program Director and Home Manager on documentation review standards; including the review and revision of training objectives.</p> <p>Area Director will retrain Program Director on Documentation standards; including monitoring, reviewing and revising training objectives.</p> <p>Area Director will retrain Program Director on the overall coordination of health care services pertaining to client programming; including the</p>	05/24/2013

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	<p>2. The QIDP failed for 1 of 4 sampled clients (#1), to ensure the facility implemented its policy and procedures to prevent neglect of client #1 in regard to providing medical care for an infection, PRN medications and a recommended gynecologist evaluation. Please see W149.</p> <p>3. The QIDP failed for 1 of 4 sampled clients (#4), to monitor client #4's program in regard to data collection. Please see W252.</p> <p>4. The QIDP failed for 4 of 4 sampled clients (#1, #2, #3, and #4), to ensure clients #1, #2, #3 and #4's training objectives were monitored and revised on a routine basis. Please see W255.</p> <p>5. The QIDP failed for 1 of 4 sampled clients (#4), to coordinate the repair of and payment for client #4's prescription eyeglasses. Please see W436.</p> <p>9-3-3(a)</p>		<p>use of adaptive equipment.</p> <p>Ongoing, Program Director will complete Monthly Summaries and submit to the Area Director by the 10 th of each month. These summaries will include the review and revision of goals as well as the status of recommendations associated with training objectives.</p> <p>Program Director will include family/guardian communication in monthly summary reports; which are submitted to the Area Director monthly for review.</p> <p>Program Director will include significant health status changes and recommendations in the monthly summary report; which are submitted to the Area Director Monthly for review. Responsible Parties: Area Director, Program Director, Home Manager</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 1 of 4 sampled clients (#3), the QIDP (Qualified Intellectual Disabilities Professional) failed to monitor client #3's program in regard to measurable data collection.</p> <p>Findings include:</p> <p>Client #3's record was reviewed on 4/18/13 at 2:22 PM. Client #3's ISP (Individual Support Plan) dated 12/15/12 indicated missing data for the following goals from 4/1/13 through 4/17/13</p> <ul style="list-style-type: none"> -will name three medications and purposes daily in the AM and the PM. -will shave daily in the AM. -will assist with meal preparation one time a week. -will participate in completing all his laundry tasks one time a week. -will participate in practicing his speech therapy exercise with staff daily in the PM. 	W000252	<p>Area Director will retrain Program Director on goal training documentation being available in the home before the start of each month.</p> <p>Area Director will retrain Program Director and Home Manager on documentation review standards; including the review of goal tracking.</p> <p>Program Director will retain staff on goal implementation and communication when needed materials are not available in the home.</p> <p>Ongoing, Program Director will complete Monthly Summaries and submit to the Area Director by the 10 th of each month. These summaries will include the review and revision of goals as well as the status of recommendations associated with training objectives.</p> <p>Responsible Party: Area Director, Program Director and Home Manager</p>	05/24/2013	

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	<p>-will decide on a group activity with at least one peer three times weekly in the PM.</p> <p>-will participate in a banking transaction at least once bi-weekly in the PM.</p> <p>-will verbally recite his home phone number twice weekly in the PM.</p> <p>-will complete one household task daily in the PM.</p> <p>PD #1 (Program Director)/QIDP was interviewed on 4/18/13 at 12:45 PM. PD #1 indicated client #3's ISP objectives should have tracking sheets available for data collection.</p> <p>9-3-4(a)</p>				

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W000255	<p>483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>Based on record review and interview for 4 of 4 sampled clients (#1, #2, #3 and #4), the QIDP (Qualified Intellectual Disabilities Professional) failed to ensure training objectives were monitored and revised on a routine basis.</p> <p>Findings include:</p> <p>1. Client #1's record was reviewed on 4/18/13 at 10:47 AM. Client #1's ISP (Individual Support Plan) dated 10/24/12 indicated the following objectives: will wash her upper body with soap; will brush her teeth twice daily for at least two minutes; will stop at a stop sign with staff supervision; will make a community purchase one time a week; will complete one step of her laundry tasks weekly; will use one to two words daily in the PM; will differentiate between good touch and bad touch with guidance; and will participate in a leisure activity with a peer for at least 10 minutes. Client #1's record indicated the QIDP had not monitored client #1's objectives as there were no</p>	W000255	<p>Area Director will retrain Program Director and Home Manager on documentation review standards; including the review and revision of training objectives.</p> <p>Program Director will review and revise (if needed) the training objectives for all the clients in the home.</p> <p>Ongoing, Program Director will complete Monthly Summaries and submit to the Area Director by the 10 th of each month. These summaries will include the review and revision of goals as well as the status of recommendations associated with training objectives.</p> <p>Responsible Party: Area Director, Program Director</p>	05/24/2013	

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	<p>monthly summaries and/or quarterly reviews from 12/12 through 4/18/13 done to determine if client #1 had achieved the objectives since client #1's objectives were started on 10/24/12.</p> <p>2. Client #2's record was reviewed on 4/18/13 at 9:29 AM. Client #2's ISP dated 11/23/12 indicated the following objectives: will discuss the benefits of wearing his glasses daily; will participate in discussing the benefits of wearing his partials (dentures); will participate in discussing problem solving skills with staff; will complete one household task daily in the PM; will fill out his deposit slip with staff guidance one time bi-weekly; will complete all steps of shaving when bathing daily in PM; will participate in completing his laundry tasks; will assist with meal prep at least one time weekly; and will brush his teeth thoroughly for at least two minutes. Client #2's record indicated the QIDP had not monitored client #2's objective as there were no monthly summaries and/or quarterly reviews from 11/12 through 4/18/13 done to determine if client #2 had achieved the objectives since client #2's objectives were started on 11/23/12.</p> <p>3. Client #3's record was reviewed on 4/18/13 at 2:22 PM. Client #3's ISP (Individual Support Plan) dated 12/15/12</p>				

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	<p>indicated the following goals: will name three medications and purposes daily in the AM and the PM; will shave daily in the AM; will assist with meal preparation one time a week; will participate in completing all his laundry tasks one time a week; will participate in practicing his speech therapy exercise with staff daily in the PM; will decide on a group activity with at least one peer three times weekly in the PM; will participate in a banking transaction at least once bi-weekly in the PM; will verbally recite his home phone number twice weekly in the PM; and will complete one household task daily in the PM. Client #3's record indicated the QIDP had not monitored client #3's objectives as there were no monthly summaries and/or quarterly reviews from 12/12 through 4/18/13 done to determine if client #3 had achieved the objectives since client #3's objectives were started on 12/15/12.</p> <p>4. Client #4's record was reviewed on 4/18/13 at 1:52 PM. Client #4's ISP dated 1/17/13 indicated the following goals: will participate in completing his assigned daily chore; will increase his social interaction by giving appropriate personal space when talking to others daily; will complete all steps of shaving daily in AM; will make sure his glasses are clean in the AM and PM; will assist in</p>			

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	<p>preparing a side dish at least one time weekly; will identify coins and their values two times weekly; will state the group home phone number twice weekly; will wear his glasses correctly in AM and PM. Client #4's record indicated the QIDP had not monitored client #4's objectives as there were no monthly summaries and/or quarterly reviews from 1/13 through 4/18/13 done to determine if client #4 had achieved the objectives since client #4's objectives were started on 1/17/13.</p> <p>Interview with QIDP #1 on 4/18/13 at 3:15 PM indicated clients #1, #2, #3 and #4's objectives should be monitored on a monthly basis to determine if revisions were needed. QIDP #1 indicated the QIDP monthly summary should be completed each month and was used to track and document clients' goals, progress and need for revisions.</p> <p>9-3-4(a)</p>			

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W000318	<p>483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. Based on observation, record review and interview for 1 of 4 sampled clients (#1), the facility failed to meet the Condition of Participation: Health Care Services. The facility's health care services failed to ensure healthcare/nursing services met the health needs of clients in regards to ensuring successful treatment of a recurring infection identified in 8/2012, providing client #1 with PRN (as needed) medications, an annual physical assessment and a recommended gynecologist evaluation.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The facility's health care services failed to provide preventative medical care for 1 of 4 sampled clients (#1), by not providing an annual physical examination for client #1. The facility's health care services failed to provide general medical care by not providing gynecologist evaluation recommended in 10/12. Please see W322. 2. The facility's health care services failed for 1 of 4 sampled clients (#1), to ensure nursing services met the medical needs of client #1 in regards addressing an infection by not providing PRN 	W000318	Area Director will retrain Program Nurse on following MD recommendations and the completion of preventative medical care within a timely matter. Client #1 annual physical exam was completed on 4.18.12 Client #1gynecology exam was completed on 5/6/13. Program nurse will retrain staff on medication administration and reccommendations from GYN appointment; including the use of PRN medication. Program Nurse will retrain staff on Client #1 protocol associated with the use of her PRN medications. Program Director will retrain Home Manager on medical record review related to observation of client health status and the use of PRN medications. Ongoing, Program Nurse will complete monthly nursing reviews and submit them to the Program Director monthly for review of trends and recommendations. Home Manager will complete active treatment observations 3xs weekly to ensure adequate implementation of protocols and PRN usage. Responsible Party: Area Director, Program Nurse, Program Director, Area Director	05/24/2013			

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	medications and a 10/12 recommended gynecologist evaluation. Please see W331. 9-3-6(a)				

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W000322	<p>483.460(a)(3) PHYSICIAN SERVICES The facility must provide or obtain preventive and general medical care. Based on record review and interview for 1 of 4 sampled clients (#1), the facility failed to provide preventative medical care for client #1 by failing to ensure she received an annual physical examination. The facility failed to provide general medical care by failing to ensure a 10/12 recommendation for a gynecologist evaluation was completed.</p> <p>Findings include:</p> <p>Client #1's record was reviewed on 4/18/13 at 10:47 AM. Client #1's Physician's Order (PO) form dated 4/16/13 indicated client #1's diagnosis included but was not limited to, "Recurrent Yeast Infection." Client #1's Health Care Coordination Monthly Health Review (HCCMHR) forms indicated:</p> <p>-HCCMHR form dated August 2012 indicated, "08/22/12 ... reports that [client #1] has been scratching crotch, but no vaginal discharge has been noted. Staff instructed to make appointment with PCP (Primary Care Physician) for evaluation of possible vaginal infection."</p> <p>-HCCMHR form dated September 2012 indicated, "[Client #1] has also be (sic)</p>	W000322	<p>Area Director will retrain Program Nurse on following MD recommendations and the completion of preventative medical care within a timely matter.</p> <p>Client #1 annual physical exam was completed on 4.18.12</p> <p>Client #1 has a gynecology appointment scheduled with dental exam under anesthesia scheduled on 6.2.13.</p> <p>Ongoing, Program Nurse will complete monthly nursing reviews and submit them to the Program Director monthly for review of trends and recommendations.</p> <p>Responsible Party: Area Director, Program Nurse, Program Director</p>	05/24/2013			

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	<p>scratching herself and had a scratch in her vaginal area."</p> <p>-HCCMHR form dated October 2012 indicated, "10/23/12- Staff, again, will be instructed to make appointment with gynecologist for evaluation of possible vaginal infection."</p> <p>-HCCMHR form dated November 2012 indicated, "Client continues to scratch her crotch. No vaginal discharge reported. Staff, again, requested to make appointment with gynecologist for evaluation of possible vaginal infection. [Client #1's] PCP states she needs to be seen by a gynecologist for this problem." Client #1's HCCMHR form dated November 2012 indicated, "Staff has called gynecologist office who is working with dentist to schedule annual dental exam under anesthesia, so that both exams can be completed a the same time. Staff is waiting to hear from gynecologist surgery scheduler with appointment date and time."</p> <p>-HCCMHR form dated December 2012 indicated, "Staff continues to wait for gynecologist and dentist (sic) agree on time for exams under anesthesia."</p> <p>-HCCMHR form dated January 2013 indicated, "Client has been scratching at</p>						

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	<p>her crotch. Staff, ...has been in contact with both [doctor #1's] scheduler... and [doctor #2's] office, numerous times, attempting to schedule dental and gynecologist exams under anesthesia and is waiting on return calls."</p> <p>-HCCMHR form dated February 2013 indicated, "Client continues to scratch at her crotch. PCP referred her to gynecologist for exam. AM staff has left several messages with [doctor #1's] scheduler... and with [doctor #2's] office, attempting to schedule gynecologist and dental exam under anesthesia."</p> <p>-HCCMHR form dated March 2013 indicated, "Neither, [doctor #1's] scheduler... or [doctor #2's] office called back with appointment for gynecologist and dental exams. Appointment made with [doctor #3] for dental exam late March, 2013, and with [doctor #4] for gynecologist exam early May, 2013...." Discuss establishing client with new dentist and gynecologist with program director, [PD (program director) #1], who is agreeable with changes. No dental issues reported at this time. Client continues to grab her crotch, but no vaginal discharge reported by staff."</p> <p>Client #1's appointment list form dated 7/17/12 through 3/29/13 was reviewed on</p>				

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	<p>4/18/13 at 10:47 AM. Client #1's appointment list form dated 7/17/12 through 3/29/13 indicated client #1's PCP visit was 10/11/12. Client #1's appointment list form dated 7/17/12 through 3/29/13 did not indicate documentation of PCP appointments or visits from 7/17/12 through 10/11/12. Client #1's appointment list form dated 7/17/12 through 3/29/13 did not indicate documentation of gynecologist appointment/visit. Client #1's appointment list form dated 7/17/12 through 3/29/13 did not indicate a PCP appointment/visit between 10/11/12 and 2/22/13.</p> <p>Client #1's record, reviewed on 4/18/13 at 10:47 AM, indicated documentation of client #1 scratching her vaginal area in August 2012 with an 8/22/12 recommendation to be assessed for a possible vaginal infection. Client #1's record indicated client #1 visited her PCP on 10/11/12 at which time the PCP recommended client #1 be evaluated and treated by a gynecologist. Client #1's record indicated client #1 had vaginal itching from 8/2012 through the 4/18/13 review. Client #1's record indicated the facility nurse and/or staff had not discussed/ identified alternative gynecologist evaluation options from the 10/11/12 recommendation through March</p>			

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	<p>2013. Client #1' record did not indicate documentation of an annual physical examination.</p> <p>Nurse #1 was interviewed on 4/18/13 at 12:09 PM. When asked about client #1's vaginal scratching, Nurse #1 stated, "Yes, I have noticed it. I have observed her scratching.... Noticed it starting, maybe early winter. Couldn't say for sure without my notes, the chart in front of me." Nurse #1 indicated she had observed client #1 scratching her vaginal area while doing observations in the home and group home staff had reported the scratching to her. Nurse #1 indicated she and facility staff had attempted to make client #1's gynecologist appointment but were unable to coordinate the exam between her gynecologist and dentist in order to perform both exams while client #1 was under anesthesia. Nurse #1 indicated client #1's PCP made a recommendation for client #1 to be seen by a gynecologist in October 2012. Nurse #1 indicated she had not participated in or been aware of any IDT (Interdisciplinary Team) meetings to identify alternative gynecological evaluation options. Nurse #1 indicated she had discussed seeking alternate dental and gynecologist exams with PD #1 in March 2013.</p> <p>PD #1 was interviewed on 4/18/13 at</p>			

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	<p>12:45 PM. PD #1 indicated the facility had not been able to coordinate client #1's gynecologist and dental examinations. PD #1 indicated client #1 had been displaying the scratching/itching since October 2012. PD #1 indicated she had not conducted an IDT to identify alternative treatment/assessment options for client #1 for her recommended gynecologist examination.</p> <p>Interview with PC (Program Coordinator) #1 and AS (Administrative Staff) #2 on 4/18/13 at 12:00 PM indicated there was not an annual physical in client #1's chart for review. AS #2 and PC #1 indicated they would follow up with the facility nurse to secure documentation of an annual physical examination for client #1.</p> <p>EC (Electronic Correspondence) from AS #2 dated 4/22/13 at 2:39 PM indicated the facility was unable to provide documentation of an annual physical for client #1.</p> <p>9-3-6(a)</p>				

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W000331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs. Based on observation, record review and interview for 1 of 4 sampled clients (#1), the nurse failed to ensure nursing services met the medical needs of client #1 in regards to providing PRN (As Needed) medications and a recommended gynecologist evaluation.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/16/13 from 4:20 PM through 6:00 PM. Client #1 was observed in the group home throughout the observation period. At 4:20 PM client #1 was seated on a couch in the group home living room area. Client #1 stood up from the couch and walked to her bedroom. Client #1 used her hands to scratch and rub her vaginal area as she walked from the living room to her bedroom. AS #1 (Administrative Staff) stated, "I think [client #1] needs to use the restroom." At 4:25 PM client #1 returned to the couch in the living room area. Client #1 used her hands to scratch and rub her vaginal area. Staff #1 encouraged client #1 to use the restroom. Client #1 declined using the restroom and sat down on the couch. Client #1 scratched and rubbed her vaginal area each time she stood up from</p>	W000331	<p>Area Director will retrain Program Nurse on following MD recommendations and the completion of preventative medical care within a timely matter.</p> <p>Client #1 has a gynecology appointment scheduled with dental exam under anesthesia scheduled on 6.2.13.</p> <p>Program nurse will retrain staff on medication administration; including the use of PRN medication</p> <p>Program Nurse will retrain staff on Client #1 protocol associated with the use of her PRN medications.</p> <p>Program Director will retrain Home Manager on medical record review related to observation of client health status and the use of PRN medications.</p> <p>Ongoing, Program Nurse will complete monthly nursing reviews and submit them to the Program Director monthly for review of trends and recommendations.</p> <p>Home Manager will complete active treatment observations 3xs weekly to ensure adequate implementation of protocols and PRN usage.</p>	05/24/2013			

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	<p>the couch and/or walked through the group home. Client #1 was not offered PRN medication for vaginal itching by AS #1, staff #1 or staff #2.</p> <p>Observations were conducted at the group home on 4/17/13 from 6:15 AM through 8:15 AM. Client #1 was observed in the group home throughout the observation period. Client #1 scratched and rubbed her vaginal area each time she stood or walked through the group home. Client #1 was not offered a PRN treatment/medication for vaginal itch by AS #1, staff #3 and/ or staff #4.</p> <p>Client #1's record was reviewed on 4/18/13 at 10:47 AM. Client #1's Physicians Order (PO) form dated 4/16/13 indicated client #1's diagnosis included, but was not limited to, "Recurrent Yeast Infection." Client #1's PO form dated 4/16/13 indicated the following PRN orders: (1) Fluconazole (anti-fungal) tablet 150 milligrams, give one tablet by mouth, one dose as needed for signs/symptoms of vaginal infections (vaginal itching and discharge), prescription dated 6/18/12; (2) Hydrophor ointment (skin cream), apply topically to irritated vaginal area daily after shower as needed for redness/irritation, prescription dated 9/28/07; (3) Vagisil (anti-itch/fungal) cream, apply about a 1'</p>		<p>Ongoing, Home Manager will complete observations per established frequency.</p> <p>Responsible Party: Area Director, Program Nurse, Program Director, Area Director</p>	

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	<p>(one inch) strip to outside of vagina daily as needed for vaginal itching/ discharge, prescription date 6/18/12."</p> <p>Client #1's MAR (Medication Administration Record) forms dated 1/1/13 through 4/18/13 did not indicate documentation of the use of Fluconazole tablet 150 milligrams, Hydrophor ointment and/or Vagisil cream.</p> <p>Client #1's Pain Protocol form dated 7/2/12 indicated, "Signs and Symptoms of Pain:... Grabbing, touching, holding a body part can indicate pain." Client #1's Pain Protocol form dated 7/2/12 indicated, "Interventions:Consider that any changes in behavior can indicate the presence of pain and administer PRN medication for pain and monitor client..."</p> <p>Client #1's Health Care Coordination Monthly Health Review (HCCMHR) (reviewed 4/18/13 10:47 AM) forms indicated:</p> <p>-HCCMHR form dated August 2012 indicated, "Vagisil cream applied: 08/14, 08/17, 08/18, 08/19, 08/20, 08/21 for management of vaginal itching with "itching calmed" documented after application." Client #1's HCCMHR form dated August 2012 indicated, "08/22/12 ... reports that [client #1] has been</p>			

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	<p>scratching crotch, but no vaginal discharge has been noted. Staff instructed to make appointment with PCP (Primary Care Physician) for evaluation of possible vaginal infection."</p> <p>-HCCMHR form dated September 2012 indicated, 'Diflucan (anti-fungal) administered 09/10/12 for management of vaginal itching with "no change" noted after RX (Prescription). Client #1's HCCMHR form dated 9/11/12 indicated, "[Client #1] has also be (sic) scratching herself and had a scratch in her vaginal area. Staff asked if they could use Desitin (anti-rash) on her rectum an Vagisil to the scratch. Asked if the bleeding had stopped and informed that it had. Told staff it was ok to use Desitin to rectum but suggested they use Barrier Cream (anti-rash) to scratch." Client #1's HCCMHR form dated September, 2012 did not indicate documentation of the use of Desitin Cream, Vagisil Cream and/or Barrier Cream.</p> <p>-HCCMHR form dated October 2012 indicated, "10/23/12- Staff, again, will be instructed to make appointment with gynecologist for evaluation of possible vaginal infection." Client #1's HCCMHR form dated October 2012 indicated, "No PRN medication administered 10/12 (sic)."</p>						

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	<p>-HCCMHR form dated November 2012 indicated, "Client continues to scratch her crotch. No vaginal discharge reported. Staff, again, requested to make appointment with gynecologist for evaluation of possible vaginal infection. [Client #1's] PCP states she needs to be seen by a gynecologist for this problem." Client #1's HCCMHR form dated November 2012 indicated, "No PRN medication administered 11/12." Client #1's HCCMHR form dated November 2012 indicated, "Staff has called gynecologist office who is working with dentist to schedule annual dental exam under anesthesia, so that both exams can be completed a the same time. Staff is waiting to hear from gynecologist surgery scheduler with appointment date and time."</p> <p>-HCCMHR form dated December 2012 indicated, "Staff continues to wait for gynecologist and dentist (sic) agree on time for exams under anesthesia." Client #1's HCCMHR form dated December 2012 indicated, "No PRN medication administered 12/12."</p> <p>-HCCMHR form dated January 2013 indicated, "Client has been scratching at her crotch. Staff, ...has been in contact with both [doctor #1's] scheduler... and</p>			

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	<p>[doctor #2's] office, numerous times, attempting to schedule dental and gynecologist exams under anesthesia and is waiting on return calls." Client #1's HCCMHR form dated January 2013 indicated, "No PRN medications administered 01/13."</p> <p>-HCCMHR form dated February 2013 indicated, "Client continues to scratch at her crotch. PCP referred her to gynecologist for exam. AM staff has left several messages with [doctor #1's] scheduler... and with [doctor #2's] office, attempting to schedule gynecologist and dental exam under anesthesia." Client #1's HCCMHR form dated February 2013 indicated no PRN's for vaginal scratching/itching had been administered for February 2013.</p> <p>-HCCMHR form dated March 2013 indicated, "Neither, [doctor #1's] scheduler... or [doctor #2's] office called back with appointment for gynecologist and dental exams. Appointment made with [doctor #3] for dental exam late March, 2013, and with [doctor #4] for gynecologist exam early May, 2013...." Discuss establishing client with new dentist and gynecologist with program director, [PD (program director) #1], who is agreeable with changes. No dental issues reported at this time. Client</p>			

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	<p>continues to grab her crotch, but no vaginal discharge reported by staff." Client #1's HCCMHR form dated March 2013 indicated, "No PRN medications administered 03/13."</p> <p>Client #1's appointment list form dated 7/17/12 through 3/29/13 indicated client #1's PCP visit was 10/11/12. Client #1's appointment list form dated 7/17/12 through 3/29/13 did not indicate documentation of PCP appointments or visits from 7/17/12 through 10/11/12. Client #1's appointment list form dated 7/17/12 through 3/29/13 did not indicate documentation of gynecologist appointment/visit. Client #1's appointment list form dated 7/17/12 through 3/29/13 did not indicate a PCP appointment/visit between 10/11/12 and 2/22/13.</p> <p>Client #1's record indicated documentation of client #1 scratching her vaginal area in August 2012 with an 8/22/12 recommendation to be assessed for a possible vaginal infection. Client #1's record indicated client #1 visited her PCP on 10/11/12 at which time the PCP recommended client #1 be evaluated and treated by a gynecologist. Client #1's record indicated client #1 had vaginal itching through the 4/18/13 review. Client #1's record indicated client #1 had not</p>			

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	<p>received a PRN medication to address her vaginal discomfort/itching since 8/22/12. Client #1's record indicated the facility nurse and/or staff had not discussed/ identified alternate gynecologist evaluation options from the 10/11/12 recommendation through March 2013.</p> <p>Nurse #1 was interviewed on 4/18/13 at 12:09 PM. When asked about client #1's vaginal scratching, Nurse #1 stated, "Yes, I have noticed it. I have observed her scratching.... Noticed it starting, maybe early winter. Couldn't say for sure without my notes, the chart in front of me." Nurse #1 indicated she had observed client #1 scratching her vaginal area while doing observations in the home and group home staff had reported the scratching to her. Nurse #1 indicated facility staff should have applied client #1's PRN for vaginal itching as indicated in the order. Nurse #1 indicated facility staff should document each PRN administration on client #1's MAR. Nurse #1 indicated she had not ensured staff had been administering client #1's available PRN's regarding vaginal itching/scratching. Nurse #1 indicated she and facility staff had attempted to make client #1's gynecologist appointment but were unable to coordinate the exam between her gynecologist and dentist in order to perform both exams while client #1 was</p>			

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	<p>under anesthesia. Nurse #1 indicated client #1's PCP made a recommendation for client #1 to be seen by a gynecologist in October 2012. Nurse #1 indicated she had not participated in or been aware of any IDT (Interdisciplinary Team) meetings to identify alternate gynecological evaluation options. Nurse #1 indicated she had discussed seeking alternate dental and gynecologist exams with PD #1 in March 2013.</p> <p>PD #1 was interviewed on 4/18/13 at 12:45 PM. PD #1 indicated the facility had not been able to coordinate client #1's gynecologist and dental examinations. PD #1 indicated client #1 had been displaying the scratching/itching since October 2012. PD #1 indicated she had not conducted an IDT to identify alternate treatment/assessment options for client #1 for her recommended gynecologist examination. PD #1 indicated staff should have administered and documented client #1's PRNs regarding her vaginal discomfort/itching. PD #1 indicated she had not reviewed client #1's MAR to ensure staff were administering client #1's PRNs.</p> <p>9-3-6(a)</p>				

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W000436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review and interview for 1 of 7 clients with adaptive equipment client #4, the facility failed to coordinate the repair of and payment for client #4's prescription eyeglasses.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 4/16/13 from 4:20 PM through 6:00 PM. Client #4 was observed in the group home throughout the observation period. Client #4 did not wear eyeglasses throughout the observation period.</p> <p>Observations were conducted at the group home on 4/17/13 from 6:15 AM through 8:15 AM. Client #4 was observed in the group home throughout the observation period. Client #4 did not wear eyeglasses throughout the observation period.</p> <p>Client #4's record was reviewed on 4/18/13 at 1:52 PM. Client #4's ISP (Individual Support Plan) dated 1/17/13 indicated client #4 was prescribed full time use eyeglasses. Client #4's Medical</p>	W000436	<p>Area Director will retrain Program Director on the overall coordination of health care services pertaining to client programming; including the use of adaptive equipment.</p> <p>Program Director will replace client #4 eye glasses.</p> <p>Ongoing, Home Manager will complete active treatment observation per established frequency to ensure use of adaptive equipment.</p> <p>Responsible Party: Area Director, Program Director, Home Manager.</p>	05/24/2013			

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	<p>Appointment (MA) form dated 1/17/13 indicated, "[Client #4's] frame has been broke (sic) and it was the decision of the group home manager to file the insurance claim so the the (sic) above mentioned [client #4] may receive a new set of glasses (frames only)." Client #4's MA form dated 1/17/13 indicated, "During the appointment the receptionist informed [staff #5] that the current lenses are from 2009....[Client #4] is eligible for a new exam in August 2013." Client #4's MA form dated 1/17/13 indicated client #4's eyeglasses were not replaced. Client #4's Health Care Coordination Review (HCCR) forms indicated the following:</p> <p>-January 2013, "Instructed to obtain estimate for repair and turn into program director. Frames broken, staff took frames to optometrist office and was told that [client #4] was eligible for new glasses in August 2013. Discussed issue with [PD #1 (Program Director), with request that [facility] provide payment for new glasses frames."</p> <p>-February 2013, "Glasses broken."</p> <p>-March 2013, "Continue to wait for repair of eye glasses frames, instructed to obtain estimate for repair of glasses and turn into [PD #1] for [facility] payment."</p>			

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	<p>PD #1 was interviewed on 4/18/13 at 3:15 PM. PD #1 indicated client #4 sat on and broke his prescription eyeglasses in January 2013. PD #1 indicated client #4 should wear his prescription eyeglasses full time. PD #1 indicated the facility should pay for client #4's replacement eyeglasses. PD #1 indicated the facility had not provided client #4 with replacement prescription eyeglasses.</p> <p>9-3-7(a)</p>			